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Transactions

1965

AMERICAN DENTAL ASSOCIATION

AMERICAN DENTAL ASSOCIATION

Transactions

1965

106TH ANNUAL SESSION • LAS VEGAS • NOVEMBER 8-11, 1965

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Report of President

Fritz A. Pierson

Introduction: If it were not for the provision of the *Bylaws* which directs the President to make a report to the House of Delegates, I would have enjoyed delaying this assignment until 1967 when I will mark my fiftieth year in the general practice of dentistry. For almost all of this near half century, I have had the privilege of participating actively in the affairs of my profession. In addition to private practice, I have been a teacher, a secretary of a constituent society for 33 years, a member of this House of Delegates for 30 years, a member of the Board of Trustees for six years and President-elect of this Association. I address you now as President, but when my term of office expires three days from now I can tell you confidentially I have no intention of retiring either from my practice or from my interest and activity in the affairs of the Association and of the profession. Every farm boy like myself knows that it is not good to put a horse to pasture before it is ready to go.

My work in dentistry has been a richly rewarding experience for me, personally and professionally, and I would commend to all of you full participation in professional life for I believe, as many of you do, that "man shall not live by bread alone".

I am quick to tell you, however, that in this address I have no intention of recalling the big and the little events of the past half century. I will not—for two reasons. First, I have been too long a member of this House not to recall what lengthy presidential addresses do to both body and soul. Second, those of you who know me will agree that I resist long speeches both as a matter of personal conviction and as a contribution to public health and welfare.

While there have been many changes in dentistry in the last 50 years, it seems to me that the last 20 years have produced more significant advances than any other period in the history of modern dentistry. These changes are most readily recognized by our professional vocabulary, the coin we use to purchase new concepts and new materials in the practice of our profession.

Most members of the House can easily recall when terms in common use today fell strangely on our ears: fluoridation, penicillin, anticariogenic, hamsters, acrylic resins, ultrasonic, bonding, endodontics, high speed and dental prepayment. But this ever-changing vocabulary is only the symbol of more change still to come in the profession and in the society which it serves. We must try to anticipate future change, guide it insofar as possible and accept it when it benefits our people and our country.

Lesson of Social Security and Medicare Legislation: Just 30 years ago, as an aftermath of the great depression—which I like to recall when some youngster tells me how tough things are today—the Congress gave our country a basic system of social security which provided some protection against risks such as unemployment, dependency and old age. Many members of the health professions, along with other citizens, accepted this legislation with misgiving for they knew that, historically, no country has successfully resisted the pressure for ever-increasing benefits. Dentists and physicians were not covered under the OASDI benefits of the Act at the outset but the members of both professions now pay Social Security taxes along with almost everyone else.

The original Social Security Act did not provide health care benefits. In the intervening 30 years, there have been numerous, but unsuccessful efforts, to amend the Act to include health care benefits. The great confrontation on this issue occurred this year when the Congress easily enacted the so-called Medicare program over the strong protest of the major health professions. Health insurance for the aged is now a part of the Social Security system. Other amendments were made and will have an important bearing on the provision of health services for the American people for a long time to come. Medicare is now the law of the land. The health professions must join in making it work so that more people receive adequate, high quality health care; that the professional rights of practitioners are not impaired by the program to the eventual detriment of the nation's health.

The Medicare and Social Security legislation of 1965 will have, in my opinion, a greater impact on the health professions than did the passage of the original Social Security Act of 30 years ago. The new act authorizes 12 major programs in the three following categories: social insurance, public assistance and welfare services, and children's services. Medicare, or health insurance for the aged, is a part of the social insurance program. The immediate and practical effect of this legislation on the dental profession is not great, but its potential is. Under the thrust of public demand, political considerations, the rising standards of national life and the inevitable growth of government itself, there is no question that determined efforts will be made to expand health care benefits. On the record of the past 30 years, the dental profession and the Association must be concerned about the future expansion of the nation's health care program. The health professions have had a convincing and painful lesson that unremitting opposition to proposed legislation without constructive counter-proposal is a blunt and ineffective weapon and that it is relatively useless in a counter-attack. If this lesson has been learned well, the profession and the Association must advance the ideas which will channel future growth into programs that will insure the highest quality of service, safeguard the rights of the profession in the areas of its competence and maintain the independence and integrity of the private practitioner and of private practice.

The American Dental Association has consistently stated the policy that when dental programs are organized, priority attention must be given to children and younger age groups.

More than a quarter of a century ago, under political and legislative situations strikingly similar to those in which we find ourselves today, the House of Delegates, in 1939, with almost prophetic insight approved two recommendations which, in major part, are still valid today and which deserve the renewed attention of the Association and of the profession:

A program of preventive dentistry for children that would be based on the present knowledge of the subject, in order to decrease the future accumulation of dental disease. This would include a development of the educational program . . . to preserve the natural teeth and to teach both children and parents the importance of preventive dentistry during the prenatal, infant, preschool and school periods.

A program for providing "the highest quality of dental services for those of the population whose economic status, in the opinion of their local authorities, will not permit them to provide such care for themselves, to the extent of providing prenatal care, the detection and correction of dental defects in children and such other services as are necessary to the health and rehabilitation of both children and adults". (*Trans.* 1939:259-267).

It is not surprising to me that these two programs are essentially valid even after the passage of more than 25 years for they are based on two fundamental principles: (1) the value of a total program of preventive dentistry and (2) the need to concentrate available professional resources on caring intensively for children and the younger age groups.

When these programs were approved by the House of Delegates in 1939, official approval of the fluoridation of public water supplies was more than ten years away and the term "dental prepayment program", if used at all, expressed little more than an idea and a hope.

The Association has taken strong leadership in supporting fluoridation and dental prepayment plans. It is time that these two important developments be applied with other new resources of the dental profession to the development of a sound national dental program for the benefit of the children of this country. It is my opinion that the Association and the profession carry major responsibility for proposing a program that will effectively intercept politically motivated proposals to benefit persons who can vote. It is only too true that because children do not vote, there is no aggressive "children's lobby" as there has been for our old folks. Regardless of this fact, I am convinced that the people of this country will support a practical and effective dental care program for children if the Association and the dental profession provide the necessary leadership.

In the current administration and in the Congress, there has been markedly increased interest in providing health services to children, particularly the needy and the underprivileged. Project HEADSTART provides funds to communities for this purpose. The Office of Economic Opportunity, through other programs, will assist states and communities in developing health care programs. The recent amendments to the Kerr-Mills Act, which the Association has strongly supported, enable states to expand their health programs for needy and underprivileged children. If dental health is an essential part of total health, as it is, dentistry must participate in these programs.

Every constituent society, in consultation with the state dental division and the state health department, should interest itself actively in the development of a dental program for children in which the facilities of private practice will be utilized, the quality of service safeguarded and the professional competency of the dentist respected. Every constituent society should endeavor to expand dental prepayment programs for children so that non-indigent children can also receive the benefits of

a dental health service. All of these programs, of course, must be accompanied by continuing, effective programs of dental health education.

I am sure that the Association has the resources to design a sound and imaginative program built upon the principles and policies endorsed by the House of Delegates: the promotion of fluoridation and the use of all available preventive measures; the expansion of dental prepayment programs especially to children; an enlarged program of dental health education; emphasis on the private practitioner and on private practice as the major resource for the care of all patients, whether indigent or non-indigent and whether or not they are beneficiaries of dental prepayment programs or commercial insurance carriers.

I am firmly convinced that when such a program is developed, the profession and the Association will be meeting their obligations responsibly and will be safeguarding the public from ill-conceived, political programs. Such a program will demonstrate once again that the profession and the Association are not in perennial opposition to all changes and advances in the field of health service but are applying their professional competence constructively in advancing the health of the nation, particularly through an organized program for children and the younger age groups.

With the approval of the Board of Trustees, I am presenting a recommendation under which, if approved by the House of Delegates, work can begin on the design of the program which will be acceptable to the people of this country and to the dental profession.

Relations with Dental Auxiliaries: In the last five years, there has been a great deal of discussion in the profession on the utilization of dental auxiliaries as members of the dental health team. The experimental programs that have been conducted in the field of dental hygiene and dental assisting should provide significant information, and it is noteworthy that there are many new and anticipated programs for the training of these auxiliaries.

In the field of dental laboratory technology, progress has not been of a similar measure. The Certified Dental Technicians Program appears to need strengthening, and the increase in formal programs for training dental laboratory technicians has not been great. Individuals in the craft are openly urging independent legislation which would provide legal status for the dental laboratory technician. The National Association of Dental Laboratories has officially approved the direct legislative approach in order to gain its objectives. These problems deserve the attentive consideration of all levels of the dental profession. A responsibly organized craft, an adequate reservoir of well-trained dental laboratory technicians, an economically secure industry which enjoys the cooperation and confidence of the dental profession and programs for the recognition of the ethical dental laboratory and dental laboratory technician are essential elements in the relations between the profession and the craft.

It is encouraging to note that the Joint Commission on Accreditation of Dental Laboratories, with representatives from eight dental organizations and with three representatives from the dental laboratory industry, has taken a tremendous step, early in its career, in the identification of ethical dental laboratories and their listing as "accredited laboratories". The Joint Commission program deserves the active support of all constituent and component societies for it can contribute much to improved relations between profession and craft at all levels.

American Fund for Dental Education: In the past year, dentists have demonstrated an increasing concern about diminishing support from private, non-governmental sources for dental education. In the current campaign of the American Fund for Dental Education, 4,000 dentists have contributed \$45,000 to the support of dental education beyond the amount contributed to their own dental schools. While this effort has been encouraging, I do not believe it represents anything like the maximum contribution which individual dentists can and should make to the cause of dental education.

I believe we should be looking to the time when the annual campaign of the American Fund for Dental Education receives a quarter of a million dollars from the individual members of our profession.

Dental Prepayment Programs: With the obvious interest of government in health services, the dental profession should do all in its power to foster the expansion of voluntary dental prepayment plans by the use of all effective mechanisms. Dental service corporations should be established by constituent societies so as to provide not-for-profit plans under the guidance and control of the dental profession. The responsible commercial insurance carriers should also be encouraged to enlarge their coverage through sound prepayment programs. As soon as possible, the National Association of Dental Service Plans should become fully operative so that the benefits of prepayment service plans will be made available to groups with members in more than one state.

Trends in Association Activities: The dental profession could not hope, and should not hope, to rest unchanged in the mainstream of national life for it, too, must move with the currents of our time if it is to survive and prosper. Your officers and trustees are concerned seriously with the many current trends that will affect the practice of dentistry and the Association. To the best of their abilities and to the limits of the support which members provide, they have tried to anticipate and meet these trends and to marshal the resources that will be needed.

The new Headquarters Building in Chicago, which will be completed by year's end, is a striking symbol of the progress that the profession and the Association have made and must maintain. It is a sign of the unity of the profession that at least eight related groups in dentistry will share the life and activity of the new building with the members of the Association's staff. The greatly expanded scientific and research program which will be carried on in the Association's new laboratories is a response to the Association's and the profession's need to grow in these areas and to march apace with the advancing frontiers of science and new knowledge. The establishment of the American Dental Association Research and Educational Foundation will facilitate support for these activities from agencies and individuals in and out of the dental profession. The establishment of the Inter-Council Committee for Evaluation of Dental Devices, which will also conduct its program in the new building, is an effort to meet the needs of the practicing dentist in a time of increasingly complex technology.

The appearance of *The Journal of the American Dental Association* in a new and attractive format in January, 1966 is evidence of the desire to establish stronger communications with members and those related to the profession. The enlargement of the Association's publication program by the publishing of the *Journal of Dental Research* and the new *Oral Research Abstracts* is proof that the Association's communications are moving with the age of the transistor.

These and many more new and expanded programs will be developed in the next few years either because the members desire them or because of the changing nature of our professional and national life. I have the opinion that the dental profession will encounter these changes—not with undue fear and concern—but with leadership and wisdom so that change can be used productively to enrich the life and the work of this country.

When the new Headquarters building is dedicated next year on February 27—the day prior to the opening of the Midwinter Meeting of the Chicago Dental Society—I hope many members will join with the officers and trustees in presenting this splendid edifice to the people of this country as a mark of the progress the dental profession has made—and will make—in improving the level of dental health for all.

Stability in Change: It is a truism that in the midst of change, not all things should be changed for change's sake. Some things must endure. Some basic beliefs in our culture and in our way of life must remain unchanged to ennoble us and those who follow. Some monuments must remain unaltered to remind us of the splendor of earlier days and to point the way for new achievements in the future.

So it must be in dentistry. The general practitioner in private practice must inevitably remain as the essential center of the profession. Day in and day out, these practitioners, skilled in the arts and sciences of their profession, must make their services available to all people in our great cities as well as in our small towns and rural areas. They must, therefore, be products of a system of dental education which, although sophisticated in its research and organization, must still bear the indispensable burden of producing practitioners who can prevent and treat dental diseases. I am not afraid to predict that not in our time—nor in any time soon thereafter—will there be no need for the skills we evidence in operative dentistry or in crown and bridge construction; that the dentist will only diagnose and prescribe to accomplish his professional mission. This time is not yet, if ever to come. If this prediction is correct—and I am convinced that it is—dental education, especially at the undergraduate level, must continue to discharge its responsibility for producing highly qualified dentists for general practice even while carrying out new or expanded obligations to the scientific and academic communities of which the dental school should be an essential part.

In this world of change, then, none of us can forget that the complete eradication of any dental disease may lie many years in the future and that, until such time as the ideal is attained, the ministering hands of the practitioner must always be available to all of those who want dental health care

Presidential Visits: In the past two years, as President-elect and as President, I have had the pleasure of visiting with you in your constituent and component societies, often with the company of Mrs. Pierson. I have been pleased with these opportunities to discuss dental affairs with you and to share in your social events. Your hospitality has been most generous and we have accepted this sincerely as a sign of the respect which you hold for the office of President of your Association.

In these travels I have found concern about some of the trends which I have enumerated but I also found confidence that the profession would develop the resources to meet them through the instrumentalities of the American Dental Association and its constituent and component societies. I share your confidence in our profession and in our Association and it has been extremely rewarding to me as President to know that such confidence exists and to know that it is justified.

Appreciation: It is traditional that the President in this, his final report to the House, express appreciation to those who have assisted him during the past year. I find this perhaps the most difficult of the tasks placed before me during my tenure.

How is it possible fully to express the gratitude I feel toward those who have helped me. Words are so often impersonal conveyors of deeply personal feelings, that I am sure whatever I could say in this regard would best be termed inadequate.

I am a deeply fortunate man. Through the almost threescore and ten years of my life, I have been blessed with dedicated parents, a loving wife and family, and with generous and talented colleagues. Thanks to their help, inspiration and direction, my life has been enriched personally and professionally. I wish I could do justice to such assistance attempting to list each of them this afternoon. But I would try your patience with the length of such a list and I would inadvertently miss many who deserve to be saluted.

Fortunately, however, I can express a public debt of gratitude to the men with whom I have served in this House and on the Board of Trustees. Thirty years in this House and two terms on the Board have taught me the invaluable lesson that no man works alone—that no man wins the prize without the assistance of a great many others. Assistance was always forthcoming to me during the past year from many sources within both bodies. The effective leadership of this profession is not dependent upon one man but on the concerted team effort of a great number of individuals. No man could have had better support from his teammates in the House and Board than I have had during my tenure.

The long years that I have been privileged to work at the national level in the American Dental Association have also made me acutely aware of another source of strength. It is that selfless, dedicated group of individuals who make up our Central Office staff. Their willing assistance and complete cooperation in any and all problems confronting the profession too often are taken for granted. My job was made immeasurably easier by their constant help.

I don't believe anyone can mention the Central Office or the entire profession for that matter, without a profound feeling of gratitude to Dr. Harold Hillenbrand. This man has never spared himself in serving his profession. We are all in debt to a degree that can never be measured, never be repaid. He has given me his untiring assistance in all my duties. This is a characteristic which the other ADA presidents have gratefully noted in the past and one which I am sure future leaders of this profession will also cherish. When the history of this profession is written he will surely occupy a unique and honored place.

It remains for me to single out only one other individual, the one person to whom I owe the most. She has provided the compassion and inspiration which I have needed so much throughout our married life. Early in our marriage I discovered she had another rare trait, understanding. This is perhaps indispensable to a man who is apart from his family so much because of professional demands. During this time she has often been called on to serve a dual-parent role for our sons and daughter. That we are deeply proud of them I know, is more to her credit than to mine. No man has been more fortunate than I, thanks to my wife Alberta.

I hope that I may continue to serve the profession in the years ahead, but I will leave this post on Thursday with the confident knowledge that the office will be occupied by a most worthy man, Dr. Maynard K. Hine, and that the affairs of the Association will continue to be guided by the dedicated men of this House.

RESOLUTION

49. Resolved, that the Council on Dental Health, the Bureau of Dental Health Education, the Council on Legislation and other agencies of the Association be directed to develop a national program for children, particularly the needy and underprivileged, in order to make the benefits of modern dental health service available to all children of the nation.

Council on Constitution and Bylaws

Jordan, Frank W., Kentucky, 1965, chairman

Hughlett, Robert B., Florida, 1965

Lee, Ronald W., Iowa, 1966

Lewis, John B., New York, 1966

Zappe, H. Arthur, Texas, 1967

Noone, John P., secretary

Meetings: The Council has held no meetings since the 1964 annual session.

Assignments: The Council did not receive any requests or assignments from the 1964 House of Delegates.

RESOLUTIONS

This report is informational in nature and no resolutions are presented.

Council on Dental Education

Royer, R. Quentin, Southern California, 1967, chairman, A.D.A.*

Burket, Lester W., Pennsylvania, 1965, A.A.D.S.**

Dundon, Walter E., Illinois, 1965, A.D.A.

Humphrey, Robert I., Illinois, 1966, A.A.D.E.***

Lazarus, C. Hanford, New York, 1967, A.A.D.E.

Nagle, Raymond J., New York, 1966, A.A.D.S.

Steen, John F., Southern California, 1966, A.D.A.

Teuscher, George W., Illinois, 1967, A.A.D.S.

Walls, Milton G., Minnesota, 1965, A.A.D.E.

Wessels, Kenneth E., secretary

Ball, Warren G., assistant secretary

Coady, John M., assistant secretary

Miller, Ben F. III, assistant secretary

Ginley, Thomas J., director, Division of Educational Measurements

Panresis, Alice L., executive assistant

Meetings: The Council met in the Central Office, Chicago, on January 8-9 and May 27-28, 1965 and will meet on December 2-3. Other meetings involving Council members and consultants have been scheduled as follows: Committee A (accreditation policies and school resurveys), June 24-25; Committee B (dental specialties, internships, residencies and advanced education), May 26 and December 1; Committee C (auxiliary personnel), May 27; Committee D (aptitude testing and recruitment of personnel), September 13.

Personnel: The Council wishes to acknowledge with appreciation the contributions made to its programs by Dr. Walter E. Dundon, retiring representative of the American Dental Association who has served ably as a member of the Council during the past six years.

ACCREDITATION AND ENROLLMENT

A major activity of the Council continues to be in the area of educational program development. This agency provides information and guidance both in the planning and conduct of new programs. The Council believes that additional programs in dentistry, dental hygiene, dental assisting and dental laboratory technology urgently are needed and will continue its activities in this regard.

*A.D.A.—American Dental Association

**A.A.D.S.—American Association of Dental Schools

***A.A.D.E.—American Association of Dental Examiners

Dental Schools: There are 47 accredited dental schools in the United States and Puerto Rico. Two additional schools now in operation accepted initial classes in September, 1962 and September, 1964 respectively; the accreditation status of these programs has not been determined pending formal evaluation immediately prior to graduation of each initial class. Two additional schools presently are being developed.

During 1965, the Council will complete formal accreditation evaluations of eight dental school programs, including three special reevaluations of programs previously evaluated during the past three years.

During 1964, the Council achieved its objective of scheduling regular accreditation evaluations on a basis of seven to ten-year intervals, with special reevaluations scheduled at more frequent intervals for those programs manifesting problems requiring more constant surveillance. Special consultants and field representatives have been utilized in this and other accreditation programs of the Council. In order to provide evaluation teams of the highest capability, the Council continues to augment further its consultant list to include additional educators, examiners and representatives of dental practice.

For the third consecutive year, first-year class enrollment in the dental schools reached an all-time high for the 1964-65 academic year. As of October 15, 1964 there were 3,836 freshman students enrolled, including the first entering freshman class at the University of California in Los Angeles. This represents a capacity first-year enrollment on a nationwide basis. Considering the number of applicants participating in the Dental Aptitude Testing Program and subsequently applying to dental schools, it is obvious that a large number of qualified applicants are not being admitted to dental school. Analysis of dental school enrollment data for the last several years indicates that a consistent increasing trend exists. It is noted that the largest and perhaps one of the best educated freshman classes enrolled in dental school during 1964. Over 80 per cent of the applicants accepted completed three or more years of preprofessional education and the trend to accept students with more than minimum qualifications is quite definite. Following is a five-year summary of dental school applicant and enrollment data:

Year	Number of Schools	Freshmen	Total Enrollment	Graduates	Number Taking DATP
1960	47	3,616	13,580	3,253	5,182
1961	47	3,605	13,513	3,290	5,431
1962	48	3,680	13,576	3,207	5,992
1963	48	3,770	13,691	3,233	6,798
1964	49	3,836	13,876	3,213	7,629

Training Programs for Auxiliary Personnel: For over a decade, the Council has encouraged the profession to (1) make greater use of dental auxiliary personnel to assist the dentist in providing increased service to the public; (2) establish in accordance with need and demand, training programs for dental assistants, hygienists and laboratory technicians; (3) use its dental schools to teach dental students effective use of auxiliary personnel, particularly the dental assistant; (4) motivate educational institutions to investigate the possibility of assigning additional and increased duties to the dental assistant and dental hygienist; (5) seek expansion and placement of auxiliary education in dental schools, junior colleges and other comparable higher educational facilities; (6) plan new and remodeled dental school facilities to include space for dental auxiliary training.

The Council's accreditation responsibilities have been substantially increased within the past five years with the increased awareness of the need for formally trained auxiliary personnel in dentistry. In analyzing its current position, the Council has become aware of trends in junior college and vocational and technical education which already have affected or soon will affect policy for the training of dental auxiliaries. Some of these trends of current interest and concern to the Council are as follows: (1) private and public junior colleges are being developed at a phenomenal rate and programs for the training of dental assistants, hygienists and laboratory technicians also are rapidly increasing; (2) most universities either have adopted, or soon will adopt, policies which preclude establishment in these institutions of two-year, and less than two-year, vocational-technical training programs of the type recommended for the dental auxiliaries—accordingly, most new dental auxiliary programs will be located in junior colleges and vocational-technical training facilities; (3) federal legislation, such as the Manpower Development and Training Act of 1962 (Public Law 87-415) and the Vocational Education Act of 1963 (Public Law 88-210) have provided funds for expansion of educational programs in junior colleges and in vocational-technical training centers which will further accelerate the growth of a variety of health occupation training programs, including those needed by the dental profession; (4) the American Association of Junior Colleges, government agencies, foundations and state and local authorities are aware of the trend in dentistry to increase dental manpower through the use of formally trained auxiliaries—further, these agencies are aware of economic and social pressures which are compelling educators to reassess the functions of colleges and universities according to the needs of the nation for well-trained professional and technical manpower in all sectors of the economy; (5) within the past two years, the American Association of Junior Colleges, in particular, has expressed interest in collaborating with the dental profession in an effort to fulfill its needs for all types of supportive personnel; (6) with the growth of new programs for the dental auxiliaries, an acute need for qualified teachers in dental assisting, hygiene and laboratory technology has developed.

As of January, 1965 the Council's accrediting purview for the training of auxiliaries has been expanded to include the following operating and prospective programs:

Type of Program	Fully Accr.		Prov. Accr.		Preliminary Accr.		Planning Stage		Total
	(1)	(2)	(1)	(2)	(1)	(2)	(1)	(2)	
Length (years)									
Dental Assistant* (118 schools)	24	15	1	1	10	6	59	7	123
Dental Laboratory Technician (11 schools)	—	5	—	—	—	—	—	6	11
Length (years)	(2)	(4)	(2)	(4)	(2)	(4)	(2)	(4)	
Dental Hygiene* (51 schools)	37	20	6	—	4	1	2	—	70
Subtotals	101		8		21		74		204
TOTAL, ALL PROGRAMS:	<u>204</u>								

*Some schools offer both one-year and two-year dental assistant training programs, and some schools offer both two-year and four-year dental hygiene training programs.

In the past year, the Council has been studying the trends in relation to the development of new programs for training auxiliary personnel and has noted that more training programs for auxiliaries are being located in non-dental school settings than in dental schools. Since July, 1959, 27 of 66 hygiene programs have been accredited in junior or community colleges; 52 dental assisting programs have been established in non-dental school settings; all five accredited dental technology programs are located in junior colleges or comparable institutions. Nearly two-thirds of all training programs for dental auxiliary personnel are currently located in non-dental school settings and in all probability this trend will continue.

Dental Assisting Programs: During 1964 and the spring of 1965, Council evaluating committees, or field representatives and consultants, visited 19 dental assistant schools. Nine new programs were granted "preliminary provisional approval" in 1964; an additional ten new programs were considered for preliminary review in May, 1965. Council records indicate that 12 institutions have recently applied for accreditation of newly developed and operating programs; it is expected that several of these may receive some accreditation recognition from the Council before the end of this year. Currently, more than 40 inquiries have been received requesting information and advice concerning development of new programs.

Among the 50 dental assisting programs currently fully approved or provisionally approved, there were 1,019 students enrolled as of October 15, 1964. This represents an approximate 20 per cent increase over the enrollment in accredited dental assisting programs in 1963.

Dental Hygiene Programs: In the past year, the Council conducted site visits to two new dental hygiene programs, resurveyed five existing programs, and completed special resurveys to determine whether the accreditation status of two programs should be maintained as fully approved or provisionally approved. In addition, one dental hygiene program was evaluated in cooperation with a regional accrediting agency of the National Commission on Accrediting.

The Council will continue its effort to maintain a maximum seven-year interval between site visits to dental hygiene programs by scheduling three regular accreditation surveys in the fall of 1965.

With the establishment of a number of new hygiene programs, enrollment increased significantly during 1964-65. With 3,502 students enrolled, the total dental hygiene enrollment was approximately 7 per cent greater than for 1963. A significant increase in the total number of hygiene graduates was again experienced in 1964, when 1,429 students graduated, a 12 per cent increase over the total of 1963 graduates. In reviewing the number of applicants requesting admission to present hygiene programs, it is quite apparent that additional schools must be established to accommodate the qualified applicants seeking admission.

Dental Technology Programs: At present, all five dental technology programs are fully approved and no new programs are expected to be eligible for accreditation this year. Council records indicate, however, that six new programs are in the advanced planning stage and several others are under study by local advisory committees. The Council believes that the impact of recent legislation affecting vocational-technical education, previously described, will substantially facilitate and stimulate the growth of new dental technology programs in community colleges and vocational-technical centers in the near future.

There are five fully approved dental laboratory technician training programs currently in operation, with total enrollment of 343 students as of October 15, 1964. This represents a 17 per cent increase over the preceding year. The Council views with concern the limited number of training programs for dental laboratory technicians, and believes that additional formal training programs must be established to meet the demands of the industry and the dental profession for trained laboratory personnel.

Hospital Dental Internship and Residency Programs: The Council has approved 234 dental internship programs, including rotating and mixed internships, as well as straight internships in oral surgery and pedodontics. These programs offer advanced educational opportunity for over 500 dental graduates annually.

The Council has approved 153 residencies, most of which are programs in oral surgery, pedodontics, prosthodontics, oral pathology and periodontics. Only two general practice residencies have been approved. Approximately 300 dentists are engaged in advanced study in these programs each year.

Specialty Oriented Postgraduate Programs: The 1962 House of Delegates authorized the Council (*Trans.* 1962:247) to develop a program to evaluate and approve postgraduate programs which have as their primary objective the qualification of dental specialists in areas of practice recognized by the Association. The 1963 House of Delegates approved *Requirements for the Approval of Postgraduate Programs in Dentistry* (*Trans.* 1963:242) and urged the Council "to make every effort to develop this activity as an integral part of the total program for evaluating dental schools, rather than accrediting postgraduate programs individually".

Accreditation survey forms have been transmitted to directors of specialty oriented postgraduate programs in dental schools and in other institutions offering advanced dental education designed for the preparation of dental specialists. As soon as the information received from postgraduate program directors can be analyzed and collated, the Council will publish a list of specialty related postgraduate programs in dentistry for use by candidates seeking advanced education and by all specialty boards which review the educational preparation of candidates seeking certification as diplomates.

The Council is currently developing procedure for postgraduate program evaluation utilizing representatives from the specialty areas as consultants in preliminary accreditation review of these programs. When these procedures are fully developed and operational, it is planned to publish, early in 1966, a listing of programs which merit preliminary provisional approval by the Council. Site visit evaluation of these programs subsequently will be made by Council committees as accrediting visits are made routinely to dental school undergraduate programs. Since there are at present more than 200 specialty related postgraduate programs to be evaluated by the Council, a period of several years will be required before all programs will receive site evaluation by Council accrediting committees.

TESTING PROGRAMS

Dental Aptitude Testing Program: The Dental Aptitude Testing Program conducted by the Council in cooperation with the American Association of Dental Schools,

now has been in operation on a nationwide basis since 1950 and approximately 80,000 dental school applicants have been examined. The primary objective of this testing program is the reduction of student attrition from scholastic deficiencies. It appears that the Dental Aptitude Testing Program has met this objective during its years of operation. A recent study of student attrition experienced by the dental schools indicated less than a 5 per cent first-year failure rate as compared with the 15 per cent failure rate experienced prior to the establishment of this admissions test. The number of students participating in this testing program continues to increase annually, with 8,040 applicants examined in 1965 as compared with 4,666 in 1952.

New procedures were utilized in the administration of the testing program on April 30-May 1, 1965, with modification of test booklets to permit computerized scoring and processing. The following benefits will result from this change: reduction in test administration time; greater test security; prompt submission of test reports to dental schools; permissiveness to conduct test research on an automated basis.

During the 1964 annual session in San Francisco, the Council in cooperation with the Council of National Board of Dental Examiners, conducted a demonstration exhibit of both the Dental Aptitude Testing Program and National Board examinations. The exhibit again included descriptive panels detailing the procedures utilized in both programs. Those in attendance were encouraged to answer a 20-question test, available in English, Spanish, French and German, which simulated the type of items contained in the two testing programs. The exhibit provided an opportunity for approximately 3,000 dentists to take the test and have it processed on IBM equipment made available for the demonstration. In addition, some 10,000 pieces of explanatory material were distributed during the meeting. As in the past, the exhibit was located at the scientific session exhibit area and afforded the members visiting the convention hall an opportunity to observe one aspect of the Council's program.

Evaluation of Qualifications of Foreign Dental Graduates: During 1965, a testing program was established to determine the qualifications of foreign dental graduates seeking admission to dental educational programs in the United States. Development of this program related primarily to the plight of Cuban refugee dentists in exile.

The Science Achievement Examination for Dentistry was administered initially on a pilot basis on June 30, July 1 and July 2, 1964, to 54 Cuban dentists in exile. On the basis of test results, 18 Cuban dentists were admitted with advanced standing in several United States dental schools for the September, 1964 entering class. The Science Achievement Examination program now has been made available to all foreign dental graduates residing in the United States. On April 12-14, 1965, 109 applicants submitted completed applications and took the entire battery of examinations. The results of these examinations have been forwarded to all dental schools for use by the admissions committees.

At the time of initial administration of this test, few schools were in a position to accept foreign dental graduates, primarily because of the difficulties in assessing the credentials for these individuals. Subsequent to inauguration of this program, additional dental schools have indicated a willingness to participate in the program and admit additional students with advanced standing.

To date, the primary objective of this program has been to assess the basic science background of applicants seeking admission to the D.D.S. or D.M.D. degree pro-

grams. However, it is anticipated that the program may be a useful mechanism to assist in appraising the qualifications of foreign dental graduates whether seeking admission to the D.D.S. or D.M.D. degree program or to internships, residencies or other advanced education. It is planned to offer this test in foreign testing centers during 1966.

Examination Program of the Certifying Board of the American Dental Assistants Association: Waivers of formal education requirements for dental assistant certification were first established between the Certifying Board and the Committee on Education of the American Dental Assistants Association and the Council in 1960, after the American Dental Association adopted (*Trans. 1960:207*) *Requirements for Approval of Educational Programs for Dental Assistants*.

Waiver Agreement No. 2 permitted persons completing less training than the minimum of one academic year prescribed in Association educational standards to qualify for the examination conducted by the Certifying Board of the American Dental Assistants Association. For the past five years, the majority of certification candidates have been trained in 104-hour ADAA locally sponsored training programs—long referred to by dental assistants and dentists as “extension study courses”. In addition, many courses, ranging in length from six weeks to six months, also have been accepted to qualify certification candidates for the examination under Waiver Agreement No. 2.

In conferences held in 1964 and 1965, representatives of the Council, the Certifying Board and the ADAA Committee on Education, discussed the desirability of terminating educational waivers in order to strengthen the educational basis for certification in dental assisting. It may be recalled that all three agencies initially agreed upon the waivers for an interim period of time needed to effect the development of an adequate number of one-year and two-year training programs structured to meet the Association’s accreditation standards in dental assisting. During its July, 1964 meeting, the Council adopted the following resolution relating to the continued renewal of educational waivers for dental assistant certification:

Resolved, that Educational Waiver Agreement No. 2 be extended until July 1, 1965 with the understanding that this agreement shall be considered for termination at that time if the present trend continues in the development of new dental assistant educational programs, and be it further

Resolved, that examination dates be established by the Certifying Board to coincide with graduation dates.

Council representatives met with the Certifying Board and the Committee on Education of the ADAA in February, 1965 to discuss further the possibility of terminating waiver agreements this year in accordance with the resolution adopted by the Council in July, 1964. The two ADAA agencies were in agreement with Council representatives that serious attention now should be directed to the problem of upgrading the educational basis for certification by ending *ad interim* educational waiver agreements. It was agreed also that the number of accredited training programs has increased during the last five years to the point where there is a sufficient number of programs operating or being developed to consider early phasing-out and termination of training programs which do not meet the minimum requirements for accreditation by the Council.

Since waiver agreements were established primarily in the interest of continuity of the certification program, Council representatives have agreed with representatives of the ADAA agencies that students in accredited training programs should be given greater encouragement to qualify for and take the certification examination.

In prior years, less than 20 per cent of candidates applying for the examination have been from Council accredited programs. The majority of candidates processed in the past five years have qualified through local ADAA extension study courses. In addition, a few candidates have qualified through study in longer training programs although still less than the minimum one-year in length.

This year, a network of testing centers was established to permit candidates to take the examination at accredited schools in which they received training. The Certifying Board has reported that nearly half of the applicants processed for the May, 1965 examination were students enrolled in accredited programs.

The Council's alerting resolution of July, 1964, indicating that educational waivers for certification might be terminated in 1965, led to a request by the Certifying Board for guidance and direction in the mechanics of waiver termination and phasing-out extension study courses. Inquiries to the Council and the Board concerning the 1965-66 scheduling of these courses, as a basis for preparing certification candidates, were increasing in frequency in the early months of 1965. Many local extension study course sponsors appeared to have concluded that termination of waivers and of extension study courses would be concurrent. Also, representatives of the Academies of General Dentistry and Dental Practice Administration registered opinions that existing waivers should be extended further by the Council.

In response to these inquiries, and in response to the request of the Certifying Board for guidelines to use in advising local extension study sponsor groups, the following informal statement was transmitted in February, 1965 to the Certifying Board:

We (the Council) now intend to recommend that educational waivers be terminated on December 31, 1965. However, in so recommending, we will urge that a period of one year be authorized to phase-out the program, so that any extension study course announced and initiated between May, 1965 and December, 1965 would be completed on or before December 31, 1966. Further, any trainee enrolled in, and successfully completing, a course which has run full cycle prior to the phase-out deadline would be considered eligible to take the certification examination up to, and including, the spring, 1969 testing period.

The Certifying Board has affirmed its concurrence with the proposed termination of waivers and the phasing-out of extension study courses, as well as all other less than one-year programs in dental assisting. The ADAA Committee on Education also reviewed and approved the Council advisory statement. In view of the significantly increased number of dental assistant training programs meeting Association *Requirements*, the Council believes that it is appropriate now to terminate the educational waiver for dental assistant certification.

An appropriate resolution is appended to this report and the Council recommends its approval.

NADL Certified Dental Technician (CDT) Examination: Since 1957, in accordance with certification standards approved by the Association (*Trans.* 1957:362) the Council

has supported the certification program conducted by the National Association of Dental Laboratories' (NADL) National Board for Certification (NBC). The Council also has assumed accrediting responsibility for formal educational programs for dental laboratory technicians (*Trans.* 1957:361) and continues to encourage development of additional programs.

During its January, 1965 meeting the Council reviewed actions of the NADL relating to education and certification of technicians taken during its 1964 annual session in Denver. In the light of a long-standing commitment to both education and certification programs for the dental laboratory technician, the Council directed attention primarily to the following actions of that Association's House of Delegates: (1) the NADL firmly rejected recommendations to separate the NBC from the NADL; (2) the NADL adopted policies calling for formulation of educational standards by its own agencies and for accrediting educational programs for the laboratory technician; (3) the NADL adopted a resolution creating an NBC Long Range Planning Commission to evaluate the CDT program and to make recommendations for its continued operation.

These actions also were studied in light of further recommendations adopted at the Denver meeting to withhold NADL support for the development of the laboratory accreditation program conducted by the Joint Commission for the Accreditation of Dental Laboratories. The laboratory accreditation program is vigorously supported by this Association's Council on Dental Trade and Laboratory Relations and by ten other agencies of the dental profession.

While recognizing that a widening difference of opinion and a basic conflict of policies exist between the profession and the laboratory association, the Council nevertheless appointed representatives to attend the January, 1965 NBC meeting. Further, a decision was reached to appoint representatives to serve on the NADL-sponsored NBC Long Range Planning Commission, provided that assurances could be obtained that NADL agencies would not implement policies to formulate educational standards in dental technology, nor engage in the accreditation of two-year formal training programs.

During the January, 1965 meeting of the NBC, the Council and Board representatives were able to resolve apparent policy differences between the two associations relating to formulation of educational standards and the accreditation of two-year training programs. In support of this view, the NBC adopted the following resolution for transmittal to the NADL Executive Council:

It now appears to this Board that the 1964 NADL House of Delegates' Resolution No. 37 has been subject to misinterpretations to the extent that it may result in undue harm to the CDT program.

While the NBC does not presume to interpret or explain NADL policy, this Board does hereby reaffirm and support educational policies adopted by NADL in 1956 and ADA in 1957 and thereby continues to regard the Council on Dental Education of the ADA as the sole accrediting agency for formal educational programs in the field of dental laboratory technology.

And the NBC does hereby recommend that the NADL House of Delegates adopt policy consistent with the above and that Resolution No. 37 passed by the 1964 House of Delegates be amended and clarified to be in accordance with previous policy.

In view of the foregoing, the Council now has named two representatives to serve on the NBC Long Range Planning Commission, an agency composed of representatives of the NADL, the Certification Board and the Council on Dental Education. The Commission has not yet held its first meeting. If and when it convenes, however, Council representatives will be prepared to discuss a number of issues, among which will be the following:

1. **Education and Training:** (a) review of educational standards for post-high school training programs for laboratory technicians, to include development of new criteria reflecting current needs of the profession and industry for an adequate supply of formally trained laboratory personnel; (b) the need for accelerated development of educational programs which conform to present standards approved by the profession and industry; (c) the need for refresher and continuing education and training for both certified and non-certified personnel in dental technology; (d) methods and procedures for obtaining funds with which to establish new training programs; (e) experimentation with, and application of, new teaching devices and methods for training technical personnel.
2. **Certification:** (a) the future status of the National Board of Certification examination program; (b) sponsorship of the certification program jointly by agencies of the NADL and the dental profession; (c) implementation of an equivalency program to permit certification of technicians having seven years of employment experience but not satisfying formal training requirements; (d) possible mechanism needed to integrate the certification and laboratory accreditation programs; (e) development of advanced education programs for CDT's in connection with annual certificate renewal; (f) development of short and long range publicity programs for certification.

Since educational waivers for entering the certification program were terminated on December 31, 1963, the NBC has continued to conduct a national testing program for all candidates who are able to establish certification eligibility as of that time. It is anticipated that the final testing series involving waiver-eligible candidates will be completed in June, 1965, when an additional 500 to 600 candidates will have earned the Certified Dental Technician rating without having completed a two-year accredited training program.

Since 1958, and including the additions previously mentioned, about 6,500 technicians have received certificates granted by the NBC under joint Association-approved waiver clauses. Until an equivalency program is developed by the Board, only graduates of programs accredited by the Council will be considered eligible to take the certification examinations. An equivalency program permitting certain technicians lacking formal training in accredited programs to qualify for the CDT examination now is under study by the Council and the Board.

SPECIALISTS AND SPECIALTIES

Reports of National Certifying Boards for Special Areas of Dental Practice: The Council, as a part of its responsibility to the Association, maintains current records

of the rules, regulations and procedures of the national certifying boards for special areas of dental practice. Annual reports of board activities are submitted for Council review to provide evidence that the respective boards are conducting their activities in accordance with Association requirements.

A revised and more comprehensive survey form was utilized in 1965 to secure data from the boards on the number of candidates passing and failing the examination, total current number of individuals certified, professional education and qualifications of candidates seeking examination and other aspects of the boards' administrative and educational requirements. Information received from each of the boards on an annual basis is utilized to up-date the Council's publication, *Requirements of Certifying Boards in Dental Specialties*, and for other publications containing information on the special areas of dental practice.

Qualifications for Examination by Specialty Boards: In 1959, the House of Delegates approved revision of the *Requirements for the Approval of Examining Boards in Dental Specialties* (Trans. 1947:254) under the title, *Requirements for National Certifying Boards for Special Areas of Dental Practice* (Trans. 1959:204). The educational requirements for certification examination in the amended document, which remains in effect, specify that:

Each board shall require for eligibility for certification as a diplomate a minimum of two academic years of postgraduate study in recognized institutions, or two calendar years of postgraduate study if the programs involve hospital training. Until January 1, 1967 candidates entering the preceptorship program operated by the American Association of Orthodontists may have the study and training of such program accepted as a substitute for a formal education program.

In response to a directive from the 1963 House of Delegates (Trans. 1963:248) to "rewrite paragraph (2) of the certification requirements in *Requirements for National Certifying Boards for Special Areas of Dental Practice* to clarify its intent and language", the Council presented the following resolution (Trans. 1964:28) for consideration by the 1964 House of Delegates:

Resolved, that the *Requirements for National Certifying Boards for Special Areas of Dental Practice* adopted in 1959 (Trans. 1959:204) be amended by deleting the present paragraph (2) under the section titled "Certification Requirements" and substituting in lieu thereof the following:

Each board shall require for eligibility for certification as a diplomate a minimum of two academic years of postgraduate study in recognized educational institutions, or two calendar years of advanced study if the programs involve hospital internships and residencies. The period of postgraduate study need not be continuous, nor completed within successive calendar years. A postgraduate program equivalent to two academic years in length, successfully completed on a part-time basis over an extended period of time, may be considered acceptable in satisfying this requirement. Short continuation and refresher courses and teaching experience in specialty departments in dental schools will not be accepted in meeting any portion of this requirement, since these experiences are not encompassed within the definition of a postgraduate program. Until January 1, 1967 candidates entering the preceptorship program operated by the American Association of Orthodontists may have the study and training of such program accepted as a substitute for a formal education program.

This resolution was reviewed by the Reference Committee on Dental Education and

transmitted to the House of Delegates with committee approval. During House of Delegates consideration of this issue, an amendment to the Council's resolution was adopted. The wording of the amended paragraph follows:

Each board shall require for eligibility for certification as a diplomate a minimum of two academic years of postgraduate study in recognized institutions, or two calendar years of advanced study if the programs involve hospital internships and residencies. The period of postgraduate study need not be continuous, nor completed within successive calendar years. A postgraduate program equivalent to two academic years in length, successfully completed on a part-time basis over an extended period of time, may be considered acceptable in satisfying this requirement. Short continuation and refresher courses and teaching in specialty departments in dental schools may be evaluated by the individual specialty boards for meeting some portion of this requirement. Each specialty board is capable of evaluating the type of education, training, skill and clinical judgment essential to the practice of the individual specialty and each specialty board is capable of determining the value of continuation courses and teaching experience in specialty departments in dental schools for preparing dentists for examination in the specific specialty. Whenever a specialty board accepts continuation courses or teaching in specialty departments of dental schools as a substitute for part of the postgraduate education requirements for certification, the specialty board must add other requirements such as additional time in practice, published research reports, significant contributions to the dental literature, etc., to the basic requirements in this section. Until January 1, 1967, candidates entering the preceptorship program operated by the American Association of Orthodontists may have the study and training of such programs accepted as a formal education program.

At its May, 1965 meeting, the Council considered the action of the 1964 House of Delegates (*Trans.* 1964:250) to postpone definitely until the 1965 annual session action on Reference Committee Resolution 219 as amended. In its review of this issue, the Council reaffirmed its belief that only formal postgraduate or graduate programs, whether conducted on a full or part-time basis, could be presumed to guarantee educational experience sufficiently comprehensive and in proper sequence to prepare properly an individual for specialty practice or diplomate certification.

In an effort to determine the present position of national certifying boards regarding educational prerequisites to diplomate certification, the Council reviewed statements submitted by the respective certifying boards regarding Reference Committee Resolution 219 as amended. It was noted that with the exception of the American Board of Prosthodontics, all national certifying boards indicated opposition to permitting fulfillment of educational requirements for diplomate certification by other than formal educational programs.

The Council also noted that approval of the amended resolution would necessitate amendment of the *Bylaws* of the Association pertinent to the duties of the Council on Dental Education. Implementation of the amended resolution, if approved, would grant the respective national certifying boards in special areas of practice the prerogative of evaluating and approving or disapproving educational programs at the continuation course level. This would grant accreditation authority to organizations not responsible to the American Dental Association, rather than to an official agency of the Association as presently specified in the *Bylaws*. The Council believes that transfer of such authority from an agency of the Association to agencies or organizations not related to the Association would not be in the best interests of the specialty groups, the profession or the Association. For that reason, the Council does not recommend amendment of the *Bylaws* to permit such transfer of authority.

The Council has reviewed the action taken by the Board of Trustees during its

April, 1965 session (p. 233) affirming its approval of the amendment of the *Requirements for National Certifying Boards for Special Areas of Dental Practice* as proposed by the Council in its 1964 annual report (*Trans.* 1964:28), and registering its disapproval of Reference Committee Resolution 219 as amended (*Trans.* 1964:250). The Council firmly believes that its amendment of the *Requirements for National Certifying Boards for Special Areas of Dental Practice*, as presented in the 1964 annual report should be reconsidered.

An appropriate resolution is appended to this report and the Council recommends its approval.

Advisory Committee on Advanced Education in Oral Surgery: During the American Society of Oral Surgeons' Sixth Conference on Graduate Education in Oral Surgery, held in Chicago on April 20, 1964, a proposal was developed for the organization of an agency to be known as the Review Commission on Advanced Education in Oral Surgery. It was suggested that the proposed agency have equal representation from the American Board of Oral Surgery, American Society of Oral Surgeons and Council on Dental Education, and act in an advisory and consultative capacity to the Council in matters relating to advanced education in this special area of dental practice.

At its July, 1964 meeting, the Council elected to adopt the proposal, with some modifications, and implement the organization of the agency currently known as the Advisory Committee on Advanced Education in Oral Surgery. Accordingly, two representatives were nominated by each of the two participating oral surgery organizations and appointed by the Council, and two Council representatives were appointed.

In its role as a consultative body to the Council, the functions of the Advisory Committee on Advanced Education in Oral Surgery are stated as follows:

1. Preliminary evaluation of programs of advanced education in oral surgery with reference to the *Essentials of an Adequate Advanced Training Program in Oral Surgery* and the *Requirements for the Approval of Dental Internships and Residencies* established by the Council on Dental Education.
2. Preliminary reevaluation of approved programs to assure maintenance of acceptable standards.
3. Encouragement and assistance in the establishment of new educational programs by providing a pattern of uniform basic standards.
4. The upgrading of proficiency in existing programs by indicating areas of weakness and suggesting remedial measures, with concrete assistance wherever possible.
5. Assessment of proficiency of specific programs as measured by the performance of their trainees in examinations given by the American Board of Oral Surgery.

With Council approval, the Advisory Committee has been authorized to conduct preliminary review of applications for approval of oral surgery internships and residencies prior to site evaluation by Council field representatives, as well as preliminary review of materials pertaining to reevaluation of approved hospital programs in oral surgery. The Advisory Committee also is authorized to examine evaluation reports submitted by Council field representatives and develop recommendations

concerning Council approval of oral surgery programs. These recommendations are forwarded to Committee B of the Council (dental specialties, hospital dental internships and residencies, graduate and continuing education) and subsequently to the Council for final accreditation action.

A special accreditation survey form for use by the Advisory Committee in preliminary review of postgraduate programs in oral surgery has been prepared by the Council. In experimenting with this procedure, Council Advisory Committee representatives have encountered some difficulty in establishing common baselines for reporting on reviewing activity and obtaining consultant recommendations in a uniform manner. Conferences have been scheduled with Advisory Committee consultants to develop guidelines to assist in effective preliminary evaluation of postgraduate programs in oral surgery. Similar cooperation will be requested from consultants representing other specialty areas to assist the Council in its development of procedures for evaluation of postgraduate programs in all recognized special areas of dental practice.

Other functions currently being performed by the Advisory Committee on Advanced Education in Oral Surgery include consideration of revision of forms used in evaluation of oral surgery internships and residencies and nomination of oral surgery field representatives for appointment by the Council. Based on site evaluation, recommendations on continuing accreditation status of 25 currently approved oral surgery internships and residencies are to be developed for the Council during the present year.

Certification Program, American Board of Endodontics: Recognition of endodontics as a special area of dental practice was granted by action of the 1963 House of Delegates (*Trans.* 1963:244). During the 1964 annual session, the House of Delegates approved the American Board of Endodontics (*Trans.* 1964:251) as the recognized national certifying board for this area of practice.

Present *Requirements for National Certifying Boards for Special Areas of Dental Practice* became effective in 1959 (*Trans.* 1959:204) when the previous *Requirements for the Approval of Examining Boards in Dental Specialties* were rescinded. The previous document, which had governed the activation of the seven specialty boards prior to the approval of the American Board of Endodontics, included the following waiver provision for those practitioners already active in the particular specialty:

Waivers: Specialty certificates issued upon an equivalent basis prior to the adoption of these requirements by boards already in operation will be honored by the Council upon the approval of such boards; and other boards, which secure approval before issuing certificates, may grant certificates under waiver to specialists with recognized standing and ten years of experience upon requirements mutually satisfactory to the Council and the boards.

Provision for waiver of educational requirements is not specified in the present *Requirements*.

Prior to activation of the American Board of Endodontics, the Council was requested to consider approval of waiver agreements to permit recognition by certification of an initial group of specialists and leaders in the area of endodontics who, nonetheless, might not qualify for certification on the basis of educational requirements. The Council agreed that the provisions of the present *Requirements for National Certifying Boards for Special Areas of Dental Practice* were not in-

tended to penalize certifying boards which might be approved subsequent to adoption of these *Requirements*. Believing that the American Board of Endodontics should be permitted to initiate its activities in a manner comparable to that permitted boards previously approved, the Council, in February, 1965, adopted the following statement of policy applicable to the special area of endodontics:

For a limited period of time, those candidates for certification who have devoted themselves primarily to the area of endodontics for a period of ten or more years, and who made application for examination or who were eligible to make application for examination under the *Requirements* in effect at the time of application (*Trans.* 1947:254) may, at the discretion of the Board, be accepted for examination without evidence of satisfaction of the formal educational requirements specified in the present *Requirements for National Certifying Boards for Special Areas of Dental Practice*.

During its May, 1965 meeting, the Council again reviewed problems relating to initiation of certification activities of the American Board of Endodontics and adopted the following policy statement in this regard:

The Council has given serious attention to the problems relating to the creation of a new special area of dental practice in endodontics. In view of the fact that the House of Delegates, in revising the requirements for the approval of special areas of dental practice, eliminated the waiver provisions under which all specialty board programs were approved, the Council found it necessary to establish waiver provisions applicable to the special area of endodontics. When these provisions were announced, the Council had called to its attention the possibility that an inequity would ensue if the original provisions were enforced.

The Council, therefore, has restated the waiver provision for the special area of endodontics to require that all candidates meeting the requirements of the American Board of Endodontics, and applying before January 1, 1967, be permitted to take the certifying examination without complying with the formal requirement of two years of formal, advanced education.

TRAINING OF AUXILIARIES

Statement of "Policies and Guidelines for the Training of Auxiliary Personnel": In the last five years, the number of new training programs for dental assistants and dental hygienists has been substantially increased, as the profession has attempted to expand its auxiliary manpower to meet a growing demand for dental services. Many agencies and organizations of the profession have collaborated recently in sponsoring conferences and workshops to emphasize the importance of effective utilization of auxiliary personnel as one of the most practical and expedient approaches towards maintenance of existing levels of dental service and towards provision of extended services for the public.

In view of the trend in dental practice to use the services of formally trained auxiliaries in greater numbers, and in view of the trend towards establishment of local junior and community colleges and vocational-technical centers, the Council recently has directed its attention to the need to develop policies and guidelines which will

encourage development of new training programs in accordance with policies acceptable to the profession. Particularly, there is an immediate need for reference material which can be used by local school planning committees and college educators to plan and initiate new schools and curriculums for dental auxiliaries.

Most training programs for auxiliary personnel are planned and conducted under the auspices of dental advisory committees consisting of local dentists, educators and administrators. To aid and encourage these advisory committees in the planning and activation of new programs, the Council has developed and approved a statement of "Policies and Guidelines for the Training of Auxiliary Personnel". This statement has been carefully prepared in collaboration with Council consultants and educators from within and outside of the dental profession. This advisory statement of policies and guidelines may be used by dental societies, dentists and educators to continue development of training programs for dental assistants, hygienists and laboratory technicians.

Briefly summarized, the new statement includes the following: (1) current statistics relating to the number of training programs conducted for the three dental auxiliaries and total enrollment, by category of auxiliary, during the 1963-64 academic year; (2) consideration of recent trends in dental education in the training of auxiliary personnel; (3) analysis of the types of educational settings considered desirable for the training of auxiliaries; (4) Council accrediting relationships and responsibilities; (5) descriptions of authorized duties assigned to dental assistants, hygienists and laboratory technicians, together with Council recommendations relating to selection of faculty, descriptions of facilities needed and curriculum guidelines and suggestions.

Revision of Standards for Dental Hygiene Education Programs: The *Requirements for the Accrediting of a School for Dental Hygienists* were approved by the 1947 House of Delegates (*Trans.* 1947:254) with subsequent amendments adopted in 1953 (*Trans.* 1953:216). Council evaluation of dental hygiene programs was initiated in 1952 and the first announcement of accredited programs was published in 1953.

Subsequent to approval of the *Requirements*, the Council conducted conferences and workshops to assist members of the dental profession, practicing dental hygienists and educators to understand better the function of the hygienist in dental practice. These conferences also have been designed to assist educators in developing programs to equip the graduate most effectively to serve as a member of the dental health team. The Council constantly studies the effectiveness of these programs to determine whether they are continuing to meet this objective.

For the past several years, many individuals and groups within the dental profession have expressed concern regarding the need for a thorough reevaluation of the role of the hygienist and the length of time required to train dental hygienists as members of the health team. The Council, in 1962, recommended that the length of time required to train dental hygienists as stipulated in the present *Requirements* should not be reduced. Further, the Council indicated need for an additional two to three years of continuing accreditation experience to decide properly what revisions of the present *Requirements* should be recommended to the House of Delegates. The 1962 House of Delegates reaffirmed (*Trans.* 1962:248) this existing Association policy. The 1963 House of Delegates of the American Association of Dental Schools adopted a resolution supporting the American Dental Association policy in regard to the education requirements for the dental hygienist.

In October, 1964, as a result of continued interest in re-examining the functions of the hygienist and length of curriculum specified by the Association, the Council, in cooperation with the American Association of Dental Schools and the American Dental Hygienists' Association, sponsored a profession-wide workshop on dental hygiene education and licensure. The workshop was designed to provide an opportunity for all interested segments of the dental profession to express their views and recommendations on dental hygiene practice and education.

Workshop participants reviewed a "Statement on the Responsibilities and Functions of a Dental Hygienist", as developed by the Workshop Planning Committee, and agreed that the following principles and concepts represented the consensus of the participants:

1. The dental hygienist's service is largely professional in nature; and therefore, the educational program should be professional in character.
2. The hygienist's professional services for a patient are at the direction of and under the responsibility of the dentist.
3. The dental hygienist's services are preventive, educational and therapeutic.
4. Manual skills of dental hygiene probably can be learned in one academic year but preparation for a professional career requires a longer period of time.
5. The caliber and nature of the educational program and the image of the profession of dental hygiene will determine the degree to which qualified persons are attracted to a career in dental hygiene.
6. The nature of the educational program for dental hygiene is affected by state licensure laws; thus, serious consideration should be given to achieving more uniformity in state laws.
7. The role of the dental hygienist will grow in importance.

Further, Workshop participants recommended that the Council consider the following for inclusion in the policy statement:

The role of the dental hygienist is to assist members of the dental profession in providing oral health care to the public.

The best interests of the public indicate that dental care be provided under the responsibility of the dentist qualified by education, licensure and experience to have full regard for the dental and total health of the patient. This concept recognizes the valuable services which can be performed by hygienists, but requires that all hygienists employed in making dental services available should serve under the supervision or direction of a fully qualified dentist who shall assume full responsibility.

The professional duties and responsibilities of the dentist which he may not delegate are:

1. Diagnosis, treatment planning and prescription.
2. Surgical procedures on hard and soft tissues.
3. All restorative, prosthetic, orthodontic and other procedures which require the knowledge and skill of the dentist.
4. Prescriptions for drugs, medicaments and/or work authorization.

The duties which may be delegated to the dental hygienist may include but should not necessarily be limited to:

1. Dental health education.
2. Non-surgical, manipulative preventive procedures.
3. Topical medication.

It is the recommendation of this Workshop that the Council on Dental Education, through appropriate channels, encourage the dental profession in all states and territories to seek revisions in dental practice acts to conform to this policy statement.

In April, 1965, the American Dental Hygienists' Association sponsored a Conference of Dental Hygiene Educators, which was oriented primarily to a reevaluation of the "Statement on the Responsibilities and Functions of the Dental Hygienist" as adopted at the October, 1964 Workshop. Recommendations from this conference have been referred to the Council for its consideration at the time of revision of the *Requirements for the Accrediting of a School for Dental Hygienists*.

Dental Assistant Teacher-Training Workshops: During its January, 1965 meeting, the Council reviewed recent activities of an inter-agency joint committee, formed in 1964, to stimulate interest in the development of training programs for auxiliary personnel. The committee is comprised of representatives from the Council, the American Association of Dental Schools, the American Association of Junior Colleges, the American Dental Assistants Association and the American Dental Hygienists' Association. Representatives of the U. S. Public Health Service Division of Dental Public Health and Resources, the W. K. Kellogg Foundation and the Office of Education have participated in meetings of the committee as consultants.

While the committee's interests have been directed primarily towards development of new training programs for dental assistants and dental hygienists among the nation's junior colleges, present activities have been concentrated upon sponsorship of teacher-training workshops to train teachers for present and anticipated program expansion. Subsequent to a November, 1964 meeting of the committee, an effort to finance several teacher-training workshops in 1965 and 1966 was undertaken. Leadership responsibility and initiative for obtaining funds for such projects was assumed by Council staff. Accordingly, in recent months, two grant requests were filed—one with a private agency and one with a government agency—requesting funds to initiate dental assistant teacher-training workshops.

A four-week dental assistant teacher workshop at the University of North Carolina has been scheduled between June 14 and July 9, 1965, for 25 trainees. The 1965 project will be supported by a Kellogg Foundation grant. The primary objective of the North Carolina workshop is to present a short and intensive course of instruction in dental assisting teaching for presently employed teachers in this field and for qualified dental assistant practitioners who may wish to become teachers. Secondly, the committee hopes that this project will serve as a prototype for further ventures into teacher-training efforts planned in 1966 at four dental schools.

In March, 1965, an Association grant request to the Office of Education was filed to fund the operation in 1966 of four teacher-training workshops under Section 4(c) of the Vocational Education Act of 1963.

The committee hopes that basic concepts will be developed during the 1965 University of North Carolina workshop and the four dental school projects planned for 1966 to enable the profession to maintain, on a continuing basis, a supply of qualified teachers in dental assisting. In addition, the committee anticipates that teachers now employed in dental assisting will avail themselves of opportunities provided by presently scheduled workshops to improve further their skills and competencies.

It is expected that each participating dental school in the 1966 project will develop original designs for teacher training, using experiences gained from the 1965 University of North Carolina workshop. It is envisioned that the four 1966 projects will be administered under the supervision of the Council, acting in behalf of the inter-agency joint committee. The following criteria were used in selecting the university training centers identified in the Association's 1965 grant request: (1) the university must have a dental school facility and faculty qualified and willing to plan a teacher-training workshop on comparatively short notice; (2) workshop centers should be established regionally to provide locations in the East, Midwest, West and South; (3) dental faculties at each center must be oriented to the profession's manpower needs for formally trained dental assistants; (4) workshop planning staffs should be receptive to having participation by junior college consultants to assist with project planning and administration.

National Workshop on Curriculum in Dental Assisting: The Council received and discussed a report on the Workshop for Dental Assisting Instructors sponsored by an Ad Hoc Committee of California dental assisting instructors at the University of California Medical Center on November 7, 1964. During its January, 1965 meeting, the Council's attention was called to the following resolution adopted by Workshop participants:

Resolved, that the Ad Hoc Committee request the Council on Dental Education of the American Dental Association to give serious consideration to sponsoring a national workshop to more accurately determine the role and function of the dental assistant, including a curriculum study of existing accredited dental assisting programs, and that representation be invited from the American Association of Junior Colleges, the American Association of Dental Schools, the American Dental Assistants Association and the American Dental Association.

Early in 1965, Council representatives met with the Chairman of the Certifying Board of the American Dental Assistants Association, the Chairman of the Committee on Education of the American Dental Assistants Association and the Chairman of the Ad Hoc Committee of California dental assisting instructors to discuss implementation of the Workshop resolution. Agency representatives participating in this conference agreed that a national workshop to evaluate the dental assisting curriculum was worthy of further consideration by the profession. However, in view of extensive preparation needed for this type of workshop, it was agreed that scheduling of the workshop would not be possible before 1966. In addition, agency representatives concurred that planning and administering the proposed conference would require a direct participation and involvement of American Dental Assistants Association staff. In considering this view, Council representatives' attention was directed to the need for an additional American Dental Assistants Association staff member to support the Committee on Education in developing this project. At

present, the Committee's activities are conducted primarily through services provided by volunteer members whose dedication to its mission within the organizational framework of the American Dental Assistants Association is beyond question. Realistically however, Council representatives expressed their view that a major share of planning and administrative responsibilities required for the presentation of a national level workshop, as proposed, should be assumed by the American Dental Assistants Association.

Accordingly, it was determined that a 1966 workshop on the dental assisting curriculum should be undertaken, provided that the Council received assurances that a major role in the preparation and planning of the proposed workshop would be assumed by the Committee on Education of the American Dental Assistants Association through effective staff support.

In subsequent meetings this year, the Council will continue to study the feasibility of holding a national workshop to evaluate the dental assisting curriculum.

Experimental Training Programs for Auxiliary Personnel: The 1960 House of Delegates granted authority to the Council (*Trans.* 1960:208) to urge accredited dental schools and the training activities of the federal dental services to undertake experimental programs in the training of dental hygienists and dental assistants to determine more precisely their roles as members of the dental health team. In 1961, the House of Delegates approved the *Statement of Policy Regarding Experimentation in Training and Utilization of Dental Hygienists and Dental Assistants* (*Trans.* 1961:222) which specified the principles for the conduct of such experimentation.

In 1962, the following Council recommendations for the review of research findings were adopted (*Trans.* 1962:249) by the House of Delegates:

1. Accredited dental schools or training agencies of the federal government will be expected to submit a report of their research findings and recommendations as soon as practicable to the Council on Dental Education and through it, to the constituent dental society and state board of dental examiners for consultation and evaluation in order to insure consistency with the policies of the profession in the area. This shall be accomplished prior to reporting to the House of Delegates.
2. The Council on Dental Education will review reports of each experimental program, giving particular attention to recommendations relating to the application of the research findings to the practice of dentistry.
3. The Council on Dental Education will transmit each final report to the Association's House of Delegates for further review and consideration.
4. Subsequent to this review, the comments of the House of Delegates will be transmitted to constituent dental societies and state boards of dental examiners for their appropriate consideration.

In October, 1962, a research proposal titled "Greater Utilization of Dental Technicians" was submitted to the Council for review by the Chief of the Dental Division of the Bureau of Medicine and Surgery. The prospectus for this program was reviewed by the Council during its January, 1963 meeting and the Council commented on this experimental program (*Trans.* 1963:28) in its 1963 annual report.

During its July, 1964 meeting, the Council reviewed the report of the study titled, "Greater Utilization of Dental Technicians, II: Report of Clinical Tests", sub-

mitted following conclusion of the study by the Dental Research Facility of the U. S. Naval Training Center at Great Lakes, Illinois. In accordance with approved procedure for review of research findings, the Council subsequently transmitted the report of the study to the Illinois State Dental Society and the Illinois Board of Dental Examiners. A summary of the design of the program likewise was included in the joint report (*Trans.* 1964:132) of the Council on Dental Education and the Council on Federal Dental Services presented to the House of Delegates at the 1964 annual session. It was noted that the experiment was designed basically to determine the increase in operative treatment by delegation of certain treatment procedures to dental assistants, whether the treatment is comparable to that accomplished by conventional methods and the amount and type of training necessary for the dental assistant.

The experimental program was divided into three parts: the first phase was designed to train the assistant primarily to place and carve amalgam restorations after preparation of cavities by the dentist; the second and third phases of the program were designed to test clinically the performance of dental assistants trained in this manner and to determine operating efficiency of the dentist when utilizing varying numbers of chairs and assistants.

The following conclusions derived from study data were included in the report submitted to the Council following completion of the study:

1. A dental officer operating at three chairs and delegating certain operative procedures to trained technicians can treat twice the number of patients and can significantly increase the number of restorations placed when compared to his one-chair productiveness. Two of three dental officers tested increased their productivity by more than 100 per cent and the third by 80 per cent.
2. Short-term evaluations of random samples of restorations placed by the dental officer-technician teams were found to be comparable to restorations placed by conventional treatment procedures. Delegating certain operative procedures to trained technicians did not appear to alter the quality of the treatment because the dental officer had the final responsibility and replaced any restoration not meeting his standard.
3. Dental officers and technicians did not experience any adverse mental or physical effects when utilizing the three-chair system for 20 weeks.

The text of the report submitted to the Council is included as Appendix 1.

Comments on this report now have been received from the members of the Ad Interim Committee of the Illinois State Dental Society. Although the majority of the members of the Ad Interim Committee expressed approval of the method of conduct of the study, considerable apprehension was registered regarding possible implementation of the findings of the study. The Council also has been advised by the Secretary of the Illinois State Board of Dental Examiners of the opposition of that agency to implementation of the findings of this study.

The Council believes that data from this and similar studies reported in the 1964 joint report of the Council on Dental Education and the Council on Federal Dental Services will be most useful to the profession in its continuing appraisal of the role of auxiliary personnel in dental practice. The Council further believes, however, that the profession should not give consideration to implementation of the findings

of this study pending completion of other experimental studies in auxiliary training and utilization currently being conducted.

The report of the Navy experimental study is submitted for the information of the House of Delegates in accordance with the Association's *Statement of Policy Regarding Experimentation in the Training and Utilization of Dental Hygienists and Dental Assistants*.

RECRUITMENT OF PERSONNEL

One of the Council's major activities is the preparation and distribution of materials designed to stimulate the interest of qualified young people in preparing for careers in dentistry and related occupations. The Council fulfills this responsibility through participation in recruitment conferences and through direct contact with guidance counselors, constituent and component societies, members of the dental profession and potential students.

Dental Career Guidance Materials: A marked increase has been noted in the number of individual requests for career information pertinent to dentistry and its auxiliaries. For example, approximately 19,500 requests were processed during 1964, as compared to about half that number in 1963. The total number of potential students reached through this activity is much greater than indicated by the above figure, since many requests are from dental societies, dentists participating in local career day programs and guidance counselors requiring materials in volume. The processing of requests this year indicates a continued growth in this area of Council activity. As in the past, *Careers in Dentistry* was the most frequently requested career guidance booklet. It is expected that some 75,000 copies will be distributed during 1965, and a major revision of the publication is anticipated.

Numerous requests again were received from guidance counselors and career day speakers for the folio, *Opportunities in Dentistry*, indicating the continued acceptance of this collection of career materials. In addition, during 1964 the Council prepared the *Dentists' Career Guidance Packet*, which was widely distributed among members of the profession. The following brochures are included in the packet: *Careers in Dentistry*, *Dental Aptitude Testing Program*, *How to Decide on Dentistry*, *New Dimensions in Dentistry* and *A Career of Service, Satisfaction, Distinction—Dentistry*.

In November, 1964, the Council displayed a career exhibit at the Association's annual session in San Francisco, and in February, 1965 an exhibit was displayed at the Chicago Midwinter Meeting. Substantial quantities of career publications were distributed at both events.

Recruitment Conferences: In August, 1964, the Council hosted the National Health Council and a committee of representatives from various professional organizations to discuss current problems in recruitment of health science personnel. The meeting was limited primarily to a review of existing recruitment programs and to defining the responsibility for career guidance activities of the individual professional organizations, the National Health Council and state career councils.

It was agreed that regional meetings of health profession associations should be con-

tinued on a periodic basis and further, that the National Health Council should develop a recruitment manual to serve as a guide for health career recruitment programs. Conference representatives indicated approval of development of state career councils and encouraged the inclusion of health career programs at national meetings of the respective health professions. It also was agreed that closer liaison with other organizations, such as the American Personnel and Guidance Association and the American Association of Junior Colleges, should be maintained by both the National Health Council and the individual professional organizations.

In January, 1965, Council representatives participated in a regional meeting of representatives of the health professions hosted by the American Medical Association. Topics of discussion included methods of reorganization of national recruitment programs to eliminate duplication of effort and to develop more concentrated programs of demonstrable effectiveness. Further meetings of this type are anticipated on an annual basis.

OTHER COUNCIL ACTIVITIES

Joint Studies and Projects: The Council's 1963 annual report (*Trans.* 1963:30) and the 1964 annual report (*Trans.* 1964:26) referred to the dental school cost analysis study sponsored by the American Association of Dental Schools in cooperation with the Council. Council representatives serve on the advisory committee responsible for policy decisions and direction of this study, the major objective of which is the development of a system of cost analysis of dental education that can be used on a continuing basis by the dental schools and also by the Council in its accrediting activities. The study is nearing completion and will be reported on further in the Council's 1966 annual report.

The second annual Workshop of Dental Educators and Dental Examiners was convened in Chicago in February, 1965. This conference, jointly sponsored by the American Association of Dental Examiners, American Association of Dental Schools, Council of National Board of Dental Examiners and the Council, replaced the former Congress on Dental Education and Licensure and the Seminar of Dental Examiners. The basic objective of this Workshop was a continuing effort to develop mechanisms which would improve communications between dental examiners and dental educators. This year the program included a consideration of the evaluation of clinical competency of dental students and the implementation of more effective continuing education programs for the profession.

All state dental examining board members, representatives of dental school faculties and representatives of constituent dental societies were invited to attend. Participants agreed that there is a need for continuous exchange of information and ideas between educators and examiners to improve methods of clinical evaluation. Examiners and educators agreed that there is a need for a coordinated joint study to develop a better degree of correlation between school and board performance and to make greater attempts to measure the understanding of the various procedures utilized by educators and examiners. All groups encouraged the development of regional conferences between educators and examiners. Further, the majority of participants agreed that there is a need for constituent dental societies to explore the desirability of continuing education as a requirement for society membership. All participants agreed

that there was a need for school societies and boards to meet and establish guidelines for continuing education programs which would meet the variable needs of urban and rural dental practitioners.

The reports presented at the closing session of the Workshop will be reviewed further by the liaison committee of the American Association of Dental Schools, American Association of Dental Examiners and the Council. It appears that in view of the success of the second Workshop, a similar conference will be planned for 1966.

The fifth conference on training dental students to use dental assistants, sponsored by the Division of Dental Public Health and Resources of the U. S. Public Health Service and the American Association of Dental Schools, was convened in Chicago on April 12-13, 1965. Participants attending the meeting included directors of Chair-side Dental Assistant Training Programs of accredited dental schools, representatives of the American Association of Dental Schools, U. S. Public Health Service, W. K. Kellogg Foundation, American Dental Hygienists' Association, American Dental Assistants Association and the Council.

This two-day conference, structured by the Advisory Committee on Dental Student Training, was convened with an opening session in which a progress report pertinent to the development and present status of DAU Programs was delivered by the Chairman of the Advisory Committee. This was followed by a synchronized tape and slide presentation, "Four Handed Dentistry", prepared by school representatives from the University of Alabama. The remaining time of the meeting was devoted to small group sessions in which school representatives discussed dental assisting technics, teaching aids, the dental assistant's role in teaching the use of auxiliaries, organizing for effective utilization of auxiliaries, orienting the student to the effective use of auxiliaries, planning for DAU facilities and grant administration. These formal sessions were followed by group discussions which allowed program directors and supervisors the opportunity to discuss informally potential changes or revisions in established programs and the opportunity to comment on the effectiveness of the conference.

The Council wishes to acknowledge the efforts of the Advisory Committee and the Manpower and Education Branch of the Division of Dental Public Health and Resources for the excellent DAU Programs which have been established in the majority of the dental education programs. In addition, the Council is pleased that a staff representative has been appointed to a three-year term on the Advisory Committee.

Each year, representatives of the Chicago-based health accrediting agencies, including the Council on Medical Education of the American Medical Association, American Council on Pharmaceutical Education, American Veterinary Medical Association and Council on Dental Education, meet in informal conference to discuss issues of mutual interest. The Council was pleased to serve as host and coordinator for the 1965 conference. The one-day meeting was convened on May 4 at the Central Office of the American Dental Association.

Representatives of last year's conference indicated agreement that the 1965 session would be more productive if the American Public Health Association and the National League for Nursing were invited to participate. In addition, it was agreed that representatives from the Federation of Higher Commissions of the Regional Accrediting Association should be invited to the informal discussion and that the meeting should be devoted to a discussion of coordination of health science accreditation.

The recently developed Federation of Higher Commissions of the Regional Accrediting Association has the responsibility for coordinating evaluation criteria and the mechanics for site-visit evaluation with a view to establishing a national policy on university accreditation. The Vice-Chairman of the Federation keynoted the conference with the aims and objectives of the Federation, emphasis on better coordination of accreditation reporting, exchange of accreditation schedules with the view to accomplishing accreditation on a simultaneous basis in schools where more than one health science is being taught and the possibility of accrediting agencies having the opportunity to prepare more comprehensive evaluation reports which would enhance the overall education program. Each representative had the opportunity to discuss the position of individual organizations with a view to better coordination of health science accreditation. There was unanimous agreement that the Federation was vital to the improvement of accreditation reporting and that the participating organizations would make every effort to coordinate accreditation evaluation visits when possible. The Council will continue to maintain liaison with the respective health accrediting agencies and with the Federation of Higher Commissions.

Dental Licensure and Reciprocity: During its May, 1965 meeting, the Council noted that the topic of reciprocal agreements regarding dental licensure has been the subject of discussion at several of the congresses on dental education and licensure sponsored by the Council. This agency has taken no formal action regarding reciprocity in dental licensure, although it continues to include routinely in its publication, *Requirements and Registration Data: State Dental Examining Boards*, reciprocal agreements reported by the various state boards. The Council notes that the majority of states have dental practice acts which do not preclude entering into reciprocal licensure agreements with other states. However, the Council further notes that only a few of the states have exercised this prerogative.

In its consideration of this issue, the Council directed attention again to the following comments of the Board of Trustees made during the special session in January, 1962 (*Trans.* 1962:314):

There was extended discussion of the steps the Association might take to bring about greater reciprocity for dental practice among the states. The Board was agreed that basic determinations in this area would be made by the individual states. The Board, however, agreed that the following steps should be urged at the national level: (1) all states should accept the scores of the National Board of Dental Examiners with all possible speed to remove, in part, the barriers to free movement of dental personnel that are occasioned by examinations in the didactic subjects; (2) the individual state boards of dental examiners should attempt as soon as possible to unify their approach to, and standards for the clinical examinations which are a prerequisite to licensure; (3) that a study be made of those conditions and attitudes which presently diminish the opportunity for reciprocity between the states.

The Council has had opportunity to review the recommendations from the 1964 and 1965 Workshop of Dental Educators and Dental Examiners, and has noted the interest on the part of the Workshop participants in exploring the possibility of developing more uniform clinical examinations and in the use of the so-called "merit system" of state board examinations as presently conducted in several states. The

Council consequently adopted the following resolution stating its position regarding state dental licensure examinations:

Resolved, that the Council on Dental Education reaffirm its position in support of the program of the National Board of Dental Examiners, and be it further **Resolved**, that the Council encourage further studies regarding the development of uniform clinical examinations by state boards of dental examiners and studies regarding the development of regional agreements exempting students with high academic standing from examination, and be it further **Resolved**, that the Council encourage prompt development of programs which will facilitate freer movement of dentists among states for purposes of dental practice.

Use of D.D.S. and D.M.D. Degrees: During its May, 1965 meeting, the Council noted the following 1964 House of Delegates action (*Trans.* 1964:253) regarding the Washington State Dental Association resolution on the use of the D.D.S. and D.M.D. degree:

8-1964-H. **Resolved**, that the Council on Dental Education continue its study to eliminate the confusion which is occasioned by the use of the two degrees, D.D.S. and D.M.D., and report back to the 1965 House of Delegates.

In its consideration of this issue, the Council noted that the Executive Council of the American Association of Dental Schools had adopted the following resolution for transmittal to the 1965 AADS House of Delegates:

Resolved, that although recognizing the authority and prerogative of each educational institution to determine the degree to be awarded for satisfactory completion of a University program, the American Association of Dental Schools supports the desirability of establishing a single degree connoting the completion of the dental curriculum, and be it further **Resolved**, that the American Association of Dental Schools express the opinion that the Doctor of Dental Medicine (D.M.D.) degree more precisely describes the objectives of dental education and the practice of dentistry.

The Council supports the above resolution of the Executive Council of the American Association of Dental Schools and believes that its adoption by the AADS House of Delegates will provide the dental schools with sufficient guidance in further institutional consideration of the degree granted for satisfactory completion of the undergraduate curriculum in dentistry. The Council now believes that further Association action regarding this issue is not warranted at this time.

Publications: During 1964, the Council revised its *Requirements for the Approval of Dental Schools* which were approved by the House of Delegates (*Trans.* 1964:251) as *Requirements for an Accredited School of Dentistry*. The following publications also were revised by the Council: *Dental Students' Register*, *Requirements and Registration Data: State Dental Examining Boards*, *Dental Aptitude Testing Program* and listings of accredited dental and auxiliary educational programs. These have been distributed and are available on request to the Council office. In addition,

the following may be obtained from the Council's office: *Report on Graduate and Postgraduate Programs in Dentistry, Hospital Dental Internships and Residencies Approved by the Council* and other publications related to various phases of dental education.

In cooperation with the American Association of Dental Schools, the Council compiled a listing of continuing education courses to assist dentists in selecting short courses in various areas of advanced study; the listing is being published quarterly in *The Journal of the American Dental Association*.

The Council anticipates early publication of a revised edition of its 1962 compilation of *Requirements for the Approval of Education and Certification Programs for Dental Personnel*, to include the *Requirements for the Approval of Postgraduate Programs in Dentistry*, as approved by the 1963 House of Delegates (*Trans.* 1963: 243) as well as current amendments to other requirements. The revised edition of the publication also will include the amended "Aims and Purposes of the Council" and the statement of the American Association of Dental Schools on "Objectives of Dental Education" as edited to conform to Association policy for publication.

RESOLUTIONS

1. Resolved, that Education Waiver No. 2, approved jointly by the Council on Dental Education and agencies of the American Dental Assistants Association in 1960, be terminated on December 31, 1965, and be it further

Resolved, that in order to provide an orderly transition period, those students who enroll in courses now identified under Educational Waiver No. 2 must complete their studies prior to December 31, 1966, and be it further

Resolved, that trainees enrolled in courses during the phase-out period described in this resolution be permitted to take the national certification examination up to, and including, the spring, 1969 testing period.

2. Resolved, that the *Requirements for National Certifying Boards for Special Areas of Dental Practice* adopted in 1959 (*Trans.* 1959:204) be amended by deleting the present paragraph (2) under the section titled "Certification Requirements" and substituting in lieu thereof the following:

Each board shall require for eligibility for certification as a diplomate a minimum of two academic years of postgraduate study in recognized institutions, or two calendar years of advanced study if the programs involve hospital internships and residencies. The period of postgraduate study need not be continuous, nor completed within successive calendar years. A postgraduate program equivalent to two academic years in length, successfully completed on a part-time basis over an extended period of time, may be considered acceptable in satisfying this requirement. Short continuation and refresher courses and teaching experience in specialty departments in dental schools will not be accepted in meeting any portion of this requirement, since these experiences are not encompassed within the definition of a postgraduate program. Until January 1, 1967 candidates entering the preceptorship program operated by the American Association of Orthodontists may have the study and training of such program accepted as a substitute for a formal education program.

**APPENDIX I
GREATER UTILIZATION OF DENTAL TECHNICIANS
II. REPORT OF CLINICAL TESTS***

In the first report of this study the details of the specialized training given to 12 naval dental technicians were presented. In seven weeks the technicians were taught to insert amalgam or silicate restorations in cavities which had been prepared by dental officers. A random sample of the restorations inserted during the training program was evaluated by three examiners. Since it was observed that the technicians could insert satisfactory restorations, they were considered to be properly prepared for a series of clinical tests. The objectives of the tests were to determine how much more operative treatment a dental officer could accomplish when delegating certain treatment procedures to trained technicians, to evaluate the quality of the restorations inserted, and to determine the mental and physical effects on the dental officers and technicians when operating under these conditions for prolonged periods.

The purpose of this report is to describe the clinical tests and to explain how three dental officers and 12 technicians operated as treatment teams.

Clinical Test A

This 12-week test was designed to measure the operative productivity of a dental officer when operating under a variety of conditions. The authors (Captain William E. Ludwick, Commander E. O. Schnoebelen, Lt. Commander D. J. Knoedler) were assigned to one of three different operative systems and the assignments were changed weekly until they had operated under each system four times. The following three operating systems were tested:

System 1: One dental officer and two technicians operating at one chair and utilizing conventional treatment procedures.

System 2: One dental officer and three technicians operating at two dental chairs with the technicians placing the restorative materials in the cavities prepared by the dental officer.

System 3: One dental officer and four technicians operating at three chairs with the technicians placing the restorative materials in the cavities prepared by the dental officer.

The patients were naval personnel stationed at Great Lakes and the majority of them required eight restorations. Eight was the average number of restorations personnel required at the time of entrance into the naval service. The patients usually had cavities of a moderate size or less and required either one, two, or three-surface restorations. For the purpose of this study, effort was made to treat cavities which could be classified as routine, or of moderate complexity. As a rule, badly broken down teeth, requiring large complicated restorations, were referred to another clinic for restoration by dental officers with routine technics.

Each patient reported to the clinic with bite-wing roentgenograms and a preliminary diagnosis. There were 18 patients scheduled for treatment in the morning and 15 in the afternoon.

The dental officer operating at one chair was scheduled to treat four patients in the morning and three in the afternoon. He accomplished all the treatment himself and did not delegate any treatment procedures to his technicians. The amount of treatment completed was recorded and this became the foundation for comparison of treatment accomplished at two and three chairs.

The dental officer operating at two chairs and delegating certain operative procedures to his technicians was scheduled to treat six patients in the morning and five in the afternoon. He limited his services to making the final diagnosis, administering the local anesthetics, and cutting and severing the hard and soft tissues involved in the treatment of carious teeth. During the time he was preparing the cavities, the technician assigned to the chair worked as his assistant. The

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technician would seat the patient, get the instruments ready, and perform those duties which an assistant normally performs. When the cavity preparations were completed, the dental officer gave the technician specific instructions for the treatment procedures the technician was to accomplish. In the event a base was required, the dental officer specified the type of material to be used and gave directions for its placement. After the base was inserted by the technician and was checked by the dental officer, the technician applied a matrix to each tooth that required one and inserted the prescribed restorative materials. In the case of silicate restorations, the technicians used sharp instruments to trim away the excess material and to establish contour. Abrasive linen strips were also used in the interproximal areas. For the amalgam restorations, the technicians used an assortment of amalgam carvers to establish the proper contour and occlusion.

After the technician had completed his assignment, the dental officer checked all restorations, as he alone was responsible for the entire treatment. If a restoration was not acceptable, the dental officer directed the technician to replace it. In those cases where the dental officer believed the treatment procedure was beyond the capability of the technician, the officer either did the treatment or gave direct assistance to the technician. In the early phases of this test every procedure was checked by the dental officer, but as the skills of the technicians increased, the final checking was primarily limited to the completed restorations.

Pulp exposures were usually treated by the dental officer. However, in a few instances, the more competent technicians placed the pulp capping materials under the supervision of the dentist.

During the time the technician was placing the restorations, the dental officer moved to the second chair and started treating another patient. The technician assigned to the second chair assisted the officer and inserted the restorative materials after the cavity preparations had been made.

Since the dental officer had three technicians on his treatment team but only two chairs available, the third technician served as a roving assistant. This technician's duties were to mix and to pass the restorative material to the technicians who were inserting the restorative materials and to assist in any other way possible. So that the technicians would have equal experience in restoring teeth, each one served as the roving assistant every third day.

In the three-chair system the dental officer also delegated the same treatment procedures. He operated at three chairs and was assisted by four technicians. The same pattern was followed as for the two-chair system except that eight patients were scheduled for the morning and seven for the afternoon.

All treatment procedures were recorded in the patient's dental health record but were not signed by the dental officer who was responsible for the treatment. Instead of affixing his signature in the dental health record, a code number was used such as "Great Lakes—228". Code numbers were also used by seven other dental officers in another clinic who used only conventional treatment procedures. These dental officers served as the controls for the dental officer-technician teams.

In order to evaluate the quality of the restorations inserted by the dental officer-technician teams or by the seven control dentists, an evaluation form was developed and inserted into the dental health record of every patient treated. The form requests that the restorations be examined one year after placement and be rated as satisfactory or unsatisfactory. It is realized that this is a very broad method of evaluating restorations and that there is a difference among examiners as to what constitutes a satisfactory restoration. Nevertheless, past experience with this two-rating system has yielded definitive data which could be analyzed.

Early in Clinical Test A it became apparent that some patients scheduled for treatment were unable to keep their appointments. While this did not occur every day, it did occur frequently enough to become a problem in measuring the productivity for a day. Broken appointments often ranged from 3 to 24 per cent. On some occasions other patients could be made available but this was not always possible. Therefore, daily work rates were not used in measuring productivity. Instead, hourly work rates were calculated as broken appointments only reduced the number of hours worked for a day.

Since broken appointments were a major problem it is believed that an explanation is due. One of the reasons was that some military assignments took priority over the scheduled dental appointments. While every possible effort was made to keep this to a minimum, in a training activity which processes approximately 50,000 personnel a year, some scheduling errors do occur. Sickness on the day of the appointment and forgetting appointments were other causes. However, the broken appointments for this study were no different than those experienced in the clinics where conventional treatment procedures were employed.

During the fourth, fifth and sixth weeks of the test, dental officer G substituted for S and operated at one, two and three chairs. The treatment accomplishments of G are included for this test.

After the twelfth week, an analysis was made of the three systems used in this test. Table 1 shows that all four of the dental officers accomplished the most treatment when operating at three chairs and were delegating certain operative procedures to the trained technicians. Not only was there more treatment accomplished, but twice the number of patients were treated. The increases in productivity ranged from a low of 74 per cent for dental officer K to a high of 120 per cent for L. The two-chair system showed increases over the one-chair system, but the dental officers were not being fully utilized during the day. Some treatment time was lost each day by the dental officers as they had to wait for the technicians to place the restorations. In the case of the three-chair system, the dental officers were gainfully employed for the greater part of each day.

Table 1 also indicates that there were marked differences in the operating capabilities of the dental officers. The average number of restorations inserted per hour varied among the officers. Since each officer was being tested to determine how much more work he could accomplish when he delegated some of the treatment procedures, his actual operating speed was not an important factor.

Clinical Test B

In view of the fact that the one-chair operation was the least productive of those tried in Clinical Test A, it was eliminated. The second 12-week test was designed to determine how many chairs a dental officer could operate efficiently. The original three dental officers (L, S, & K) operated at two, three and four chairs on a weekly schedule. All other conditions remained the same except that the dental officer operating at four chairs had five technicians and was scheduled to treat ten patients in the morning and eight in the afternoon.

During this test it was again necessary to make substitutions for two of the three dental officers. Dental officer F substituted for L for a three-week period and had an opportunity to try the two, three and four-chair systems. Dental officer KK substituted for K during a week in which the four-chair system was being tested.

All dental officers were able to operate at four chairs and to treat the number of patients scheduled. Approximately 20 minutes of the dental officer's time could be allotted to each patient. This included the time to make the final diagnosis, to inject the local anesthetic, to prepare the cavities and to check the restoration before dismissing the patient. Not only were the officers extremely busy treating the patients, but it was necessary for them to wash their hands approximately 60 times a day. This averaged three times for each patient: before making the final diagnosis and injecting the local anesthetic, before operating, and before examining the completed restorations. Cleansing the hands was a greater factor in the four-chair operation than in the two or three-chair operation and was a time factor that was not anticipated.

Table 2 depicts the productivity for all the officers who participated in the test. Greater emphasis should be placed on the values for L, S, and K when assessing this test as the values for F and KK were for shorter periods, and they did not have the advantage of using this system of treating patients prior to the time they served as substitutes. Nevertheless, the values for F and KK permitted other comparisons which would not have been otherwise possible.

The average number of restorations L inserted per hour at two and three chairs was about the same as for the previous test. However, S showed a marked increase over his previous trials at two and three chairs. It is of interest to observe that his second trial at the three-chair system produced a 139 per cent increase over his one-chair operation. Perhaps additional experience with this type of treatment system was the factor which accounted for the increases shown by S. Both officers had increases at four chairs over their best three-chair operations.

The average number of restorations inserted per hour for K was almost the same regardless of whether he operated at two, three or four chairs. This indicates that some officers may reach a peak at a two-chair operation and that the cost of operating at the third chair would not produce increases sufficient to justify the additional costs involved. K's peak insertion rate was 3.5 per hour which is an 84 per cent increase over his one-chair operation. When KK substituted for K during a week in which the four-chair system was being tested, KK averaged 6.7 restorations per hour. This is considered especially significant since he operated with K's technicians and illustrates that the relatively low productivity was characteristic of K, not his technicians.

The values for dental officer F are also given in Table 2. It is of interest to note that his work rates approximate those of L and S. It was impossible to calculate his increase over a one-chair operation as this information was not obtained during Clinical Test A. The values for KK and F are included in order to present all the data accumulated.

The four-chair system taxed the energies of the dental officers. The technicians were not being fully utilized because they were frequently waiting for the dental officers to cut the cavities.

At the end of this 12-week test, dental officers L, S, and K had tried the four-chair system for either three or four weeks and agreed that a continuous assignment would be very stressful. The three-chair system was, therefore, judged to be the best of those tested.

Eleven well-known civilian dentists were invited to visit Great Lakes. The purpose of the visit was to orient these dentists with the objectives of the study and to seek their assistance in evaluating groups of patients who had either been treated by the dental officer-technician teams or by dental officers using only conventional treatment procedures. The invited included two deans of dental schools who serve as dental consultants to either the Department of Defense or to the Department of the Navy, four professors of operative dentistry, three representatives of the American Dental Association, and representatives of the Illinois State Dental Society and the Illinois State Board of Dental Examiners.

It was impossible to select a date which was convenient for the nine consultants planning to visit the study. Therefore, it was necessary to schedule the briefing for two dates. Seven attended the first briefing. The objectives of the study were explained and it was pointed out that the Navy was conducting the study in accordance with the guidelines set forth by the American Dental Association. Following the briefing, the consultants toured the clinic where the research teams were treating patients. All consultants had an opportunity to observe the treatment procedures in progress and to inspect the completed restorations. In some cases the consultants viewed the completed restorations before the dental officer responsible for the treatment had checked the restorations. Thus, some restorations were evaluated by the consultants before the responsible dental officer had approved them.

After observing the dental officer-technician teams for more than an hour, the consultants were taken to another clinic to examine the patients who had either been treated by one of the teams or by dental officers using conventional treatment procedures. There were 30 companies, with approximately 80 recruits to a company, available for examination. Two days before the visit, one consultant had been asked to select three companies for evaluation. After he had made his selection, 15 random recruits from each company were scheduled for the evaluation. Only 37 of those scheduled presented themselves on the date of the consultant's visit.

The seven consultants independently examined the 37 recruits and scored the completed restorations (not the cavity design) as either satisfactory or unsatisfactory. The examinations were made with the aid of mouth mirrors, explorers, and a dental light. The consultants were told that biting roentgenograms would be made for any or all of the patients, but none were requested.

After the examinations had been completed, the results were tabulated by the consultants. A tentative rating for a restoration was determined when four or more of the seven consultants concurred. Then the envelope containing the code for the evaluation was opened and, for the first time, it was possible for the consultants to separate the patients into three groups. One group had been treated by the dental officer-technician teams and the other two groups had been treated by dental officers using conventional procedures. In one of these two control groups the dental officers knew that their restorations were going to be evaluated at a later date (known control) but in the other control group the dental officers did not know that their restorations would be evaluated (unknown control).

The final scores for the restorations were determined two weeks later when the other two consultants examined the same patients. In a few instances their scores changed the tentative values established by the first seven consultants. Therefore, the final scores represented the opinion of five or more of the nine consultants. With the exception of one patient treated by one of the officer-technician teams, there were no appreciable differences in the number of satisfactory restorations for the three groups of patients. For the patient in question, three of the five silicates placed by a team were considered unsatisfactory by five of the consultants, while four consultants found them satisfactory.

The number of unsatisfactory amalgam restorations was: one for the dental officer-technician teams, two for the known control group and three for the unknown control group, indicating that the experimental restorations were comparable in quality to those placed by conventional methods.

Clinical Test C

The three-chair system was found to be the most satisfactory one tried in the previous tests. Therefore, it was the only one used in Test C, which was designed to determine the ability of dental officer-technician teams to operate at this pace for 12 consecutive weeks. All other conditions were the same as for the other three-chair tests.

The dental officers and technicians did not find the three-chair system fatiguing or stressful and the same increases remained in the productiveness over the one-chair system. There were 3,709 restorations placed and the hourly work rates were 7.0 for L, 6.5 for S, and 3.4 for K.

Figure 1 presents the productive values for Clinical Tests A, B, and C for dental officers L, S, and K and for the substitutes. It will be noted that the productivity for the authors remained fairly constant for the two and three-chair systems. As has been mentioned before, on occasions it was necessary to make a substitution for one of the authors for short periods of time. Without exception, the substitutes established values approximating those of L and S and exceeding those of K. At the conclusion of Clinical Test C another evaluation of the restorations inserted by either the experimental teams or two control groups was made. The accomplishment of eight dental officers comprised the known control group and the work of six dental officers made up the unknown control group. The examiners were seven naval dental officers who had not operated on the experimental teams or in either control group. They examined 67 patients, 23 had been treated by the experimental teams and each control group had treated 22 patients. This evaluation was similar to the one described in Clinical Test B with the exception that the restorations were rated as unsatisfactory, fair, good or excellent. The change to a four-rating system was in keeping with one of the suggestions made by the civilian consultants.

While the four-rating system provided more sophisticated rating values than a two-rating system, it produced greater divergencies among the examiners. The scores ranged from unsatisfactory to excellent for 9 per cent of the restorations and there was unanimous agreement for only 4 per cent of them.

It was possible to determine the final score for 82 per cent of the restorations when four or more of the seven examiners concurred. For 11 per cent of the restorations, a final score was assigned when one rating received three votes and the other four votes were spread among the other rating categories. The other 7 per cent of the restorations received three votes in two categories and the seventh vote was used to establish a majority.

Table 3 shows that the quality of the restorations inserted by the experimental group rated very favorably when compared to those inserted by the dental officers in the known control group. Thirty-three per cent of the restorations for both of these groups had a final score of excellent. This is in contrast to only 11 per cent excellent for the dental officers in the unknown control group. The experimental and known control groups had a slightly better quality rating for their restorations than the unknown control group. This suggests that if dental officers know that their restorations are going to be examined and compared they may stress quality a bit more.

The number and types of restorations evaluated are presented in Table 4. Fifty-four of the 152 restorations had been placed by the experimental group, 45 by the known control group, and 53 by the unknown control group. The average number of restorations placed per patient was computed. The values for the experimental and unknown control groups were slightly higher than the value for the known control group. The quality and quantity for the restorations inserted by the experimental group were comparable to the quality of the known control group and the quantity of the unknown control group. This demonstrates the value of having two control groups for studies of this type.

Discussion

The Royal Canadian Dental Corps has conducted a study similar to this study. Their pilot study demonstrated that it was possible to train auxiliary personnel to accomplish certain of the more routine treatment procedures and, thus, more fully utilize the professional skills of dentists. The candidates selected for specialized training had a minimum of three and a half years' experience as clinical technicians. They were given 16 weeks of training and the subjects taught included restorative dentistry, periodontics, prosthodontics, oral surgery, and public health dentistry. Upon

completion of the training, they were designated "Technician Dental Therapists". The therapists were made a component of dental treatment teams. A team consisted of a dental officer, a therapist, a chair-side assistant, a roving assistant and a clerical assistant. Three treatment rooms were utilized by a team. Two were equipped for any type of treatment and the third contained equipment necessary for the therapist. They had a dental productivity increase from 110.2 time points per duty day (one dental officer working with one assistant) to 219.4 when the full dental team was functioning. This was almost 100 per cent increase in productivity.

In our study we limited the training to certain operative procedures which we thought the technicians could accomplish under the supervision of a dental officer and we did not include training in any other field of dentistry.

In the Canadian study there were two key members on a treatment team, the dental officer and the therapist, whereas, in this study the dental officer was the only key member of the team and it was possible to replace him without seriously disrupting the function of the team. The substitution of a dental officer on a team usually was accomplished by having the substitute observe the operation for an hour or two until he became oriented. Having four fully trained technicians on our teams gave us flexibility in operating during the absence of a technician due to sickness or leave. During these times the technicians worked without the assistance of a roving technician and helped each other as much as possible.

The number of restorations that a dental officer-technician team can place during one day is dependent on many factors. The most important of these are the operative skills of the dental officer and the capability of his technicians. Also, the type of patients being treated is another important factor. It was found that the ideal patients for this type of treatment were recruits who required four to eight conventional restorations and who had little or no previous operative treatment. The most restorations placed by a team in one day was 65. This was accomplished by S and his four technicians when operating at three chairs. He treated 15 patients and inserted 35 compound amalgams, 17 simple amalgams, and 13 silicates. This was the only day during the study that 60 or more restorations were inserted by a single team. On occasions L and S placed 50 or more restorations but usually these two officers ranged between 30 and 45. The values for K were appreciably lower and he was usually between 15 and 22 for a three-chair operation.

During the study, the research teams treated 5,019 patients and inserted 10,680 restorations. The treatment accomplishments for the dental officers in the known control group were approximately the same.

We were concerned about the patient's acceptance of this treatment method. For several of the months that the study was in progress, the system was explained to the patients while they were in the waiting room. This explanation was usually given by a dental officer. Since none of the patients ever expressed any objections, this was discontinued. While the vast majority of the patients were young adults undergoing training at Great Lakes, there were a few older patients treated. Some of these had received routine dental treatment for as long as 22 years in the naval service. They accepted the treatment and many could immediately see the advantage of utilizing this system as a means of treating more patients. Many of the younger patients had never had any previous treatment so they were unable to make a comparison. Most of them assumed that this was the only way that treatment could be accomplished. Since many of our patients were told that trained technicians would be placing the restorations, this information may be related to dental officers who subsequently examined our patients. This might possibly influence his assessment of the long-term quality of the restoration.

To date only two of 5,019 patients treated by the team method have indicated less than unanimous acceptance. One naval officer received treatment and was not pleased that technicians were performing some of the treatment procedures usually accomplished by the dentist. He did not return for further treatment and later related that one of the restorations placed had been adjudged faulty by a civilian dentist and was replaced. The patient told one of his friends about this experience and the friend avoided seeking treatment at our clinic. Another patient expressed his concern during a second appointment when he was being treated by a dental officer utilizing conventional treatment procedures. While these are the only incidents known by us, there may be others.

We are of the opinion that a dental officer, who inserts high quality restorations when operating conventionally, will continue to do so when delegating certain operative procedures to trained technicians. Delegating should not alter the quality of the restorations because the dental officer has the final responsibility and he should replace any restoration that does not meet his standard.

Early in Test A, one of the male technicians was replaced because he did not work in harmony with the other members of the team. As the study progressed, it was necessary to select replacements for three of the original five wave technicians because of marriage. The replacements were given intensive on-the-job training and filled the vacancies very well with the exception of one who lacked interest in the program. Since the vacancies occurred throughout the study, it was possible to train the replacements and gradually break them in to the program without too much trouble. It was found that females were as capable as the male technicians, but we had less difficulties with the male technicians. Perhaps our appraisal of the female technicians is biased because their replacement rate was much higher than for the male technicians.

Throughout the study it was obvious that some technicians were more capable and faster than others. If technicians of this type were selected for a team and if the dental officer could fully utilize their talents, it is conceivable that more treatment could be accomplished. Since no effort was made to assemble such a team, the productive values reported here could be surpassed.

The dental officer-technician teams operated under the three-chair system for a total of 20 weeks, four in Test A, four in Test B and 12 in Test C. The dental officers were of the opinion that it was less fatiguing than treating patients by conventional methods. The technicians enjoyed their work and only one asked to be relieved. As was mentioned before, this technician lacked interest in the program when selected and never became properly motivated. The dental officers gained a certain amount of personal satisfaction because they were able to treat more patients. In a sense this was also true for the technicians as they knew that they were valuable members of dental health teams.

The dental officers worked less hours per day than when operating conventionally. It was necessary for them to have all the cavities prepared early enough in the morning or afternoon so that the technicians could insert the restorative materials before the end of the treatment periods. Therefore, a portion of each day was spent waiting for the technicians to complete their assignments. There was also a time in each treatment period when some of the technicians were waiting for the cavities to be prepared. When the dental officer started operating at one chair, the technicians were waiting at the second and third chairs. In the Canadian study these waiting times were used by the technicians to accomplish a scaling. The technicians in our study also worked less hours per day than they would normally work when assisting a dental officer who was treating patients by conventional methods.

The dental officers and technicians worked as teams and continued operating until all scheduled patients had been treated. It was to everyone's advantage to work as efficiently as possible in order to accomplish the treatment in the minimum amount of time. Once the scheduled patients had been completed in the morning or afternoon session, no attempt was made to obtain more patients even though additional treatment time was available. This was the incentive used to keep the teams motivated.

On occasions when a treatment session was almost over, there might be one more patient to treat. Sometimes the technicians would begin a slowdown in their work in order not to have to take the last patient. Once in a while this even caused hard feelings among them. Probably this would never occur in a system where salaries were directly related to the amount of work accomplished. While this was not a major problem, it did arise to some degree almost every day, since, in the three-chair system, there were eight patients scheduled for treatment in the morning and seven in the afternoon. If six patients were scheduled for each session, then each technician would have two patients and this problem would be eliminated. Decreasing the number of patients would permit longer appointments and might further increase the productivity of a team.

Another matter which should be considered in future tests concerns the roving technician. The roving technician was able to assist one technician at a time and frequently other technicians had to wait for him. Usually they proceeded without his assistance. Also, it was difficult to keep the roving technician gainfully employed throughout the day as there were frequent periods when the other technicians did not require assistance. Perhaps, it would be possible for a team to work without a roving technician, particularly if less patients were scheduled for treatment.

In the final comments it should be noted that increased production quadrupled the number of technicians, tripled the number of operating chairs, and increased training. To date no comparative cost has been ascertained.

Conclusions

1. A dental officer operating at three chairs and delegating certain operative procedures to trained technicians can treat twice the number of patients and can significantly increase the number of restorations placed when compared to his one-chair productiveness. Two of three dental officers tested increased their productivity by more than 100 per cent, and the third by 80 per cent.
2. Short-term evaluations of random samples of the restorations placed by the dental officer-technician teams were found to be comparable to restorations placed by conventional treatment procedures. Delegating certain operative procedures to trained technicians did not appear to alter the quality of the treatment because the dental officer had the final responsibility and replaced any restoration not meeting his standard. The results of the long-term evaluations will be reported in early 1965.
3. Dental officers and technicians did not experience any adverse mental or physical effects when utilizing the three-chair system for 20 weeks.

Figure 1. Average Number of Restorations per Hour — Dental Officers Operating at One, Two, Three and Four Chairs

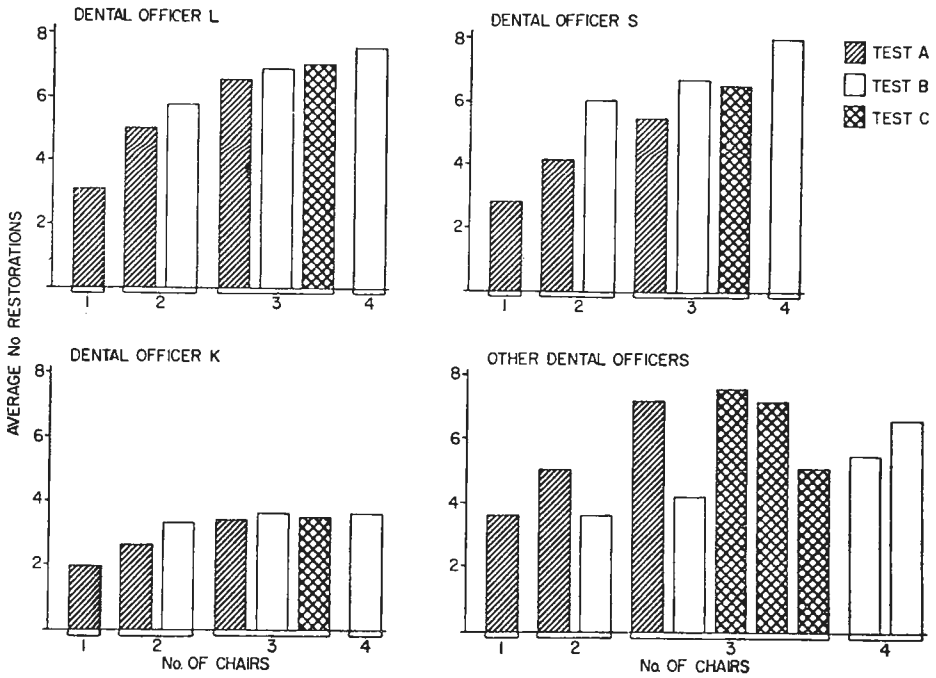


Table 1. Productivity of Four Dental Officers Operating at One, Two and Three Chairs

Dental Officers	Number of Restorations	Number of Hours Operated	Average Restorations Per Hour	Per Cent Increase Over One Chair
Dental Officer L				
One Chair	232	77	3.0	—
Two Chairs	408	81.5	5.0	67
Three Chairs	510	77.5	6.6	120
Dental Officer S				
One Chair	187	67	2.8	—
Two Chairs	202	49	4.1	46
Three Chairs	321	58.5	5.5	96
Dental Officer K				
One Chair	161	83.5	1.9	—
Two Chairs	233	95.0	2.5	32
Three Chairs	304	91.0	3.3	74
Dental Officer G				
One Chair	70	20	3.5	—
Two Chairs	92	18.5	5.0	43
Three Chairs	137	19	7.2	106
Totals				
One Chair	650	247.5	2.6	—
Two Chairs	935	244	3.8	46
Three Chairs	1272	246	5.2	100

Table 2. Productivity of Five Dental Officers Operating at Two, Three and Four Chairs

Dental Officers	Number of Restorations	Number of Hours Operated	Average Restorations Per Hour	Per Cent Increase Over One Chair*
Dental Officer L				
Two Chairs	318	55	5.8	93
Three Chairs	472	68.5	6.9	130
Four Chairs	442	58.5	7.6	153
Dental Officer S				
Two Chairs	466	77.5	6.0	114
Three Chairs	477	71.0	6.7	139
Four Chairs	647	81.0	8.0	186
Dental Officer K				
Two Chairs	247	77.5	3.2	68
Three Chairs	326	94.0	3.5	84
Four Chairs	268	77.0	3.5	84
Dental Officer F				
Two Chairs	83	23.5	3.5	—**
Three Chairs	91	21.5	4.2	—**
Four Chairs	113	20.5	5.5	—**
Dental Officer KK				
Two Chairs	—	—	—	—**
Three Chairs	—	—	—	—**
Four Chairs	164	24.5	6.7	—**
Totals (L, S, and K only)				
Two Chairs	1031	210	4.9	89
Three Chairs	1275	233.5	5.5	112
Four Chairs	1357	216.5	6.3	142

*One chair values are given in Table 1.

**Dental officers F and KK did not operate at one chair during Test A and their accomplishments are not included in the totals.

Table 3. Percentage of Unsatisfactory, Fair, Good and Excellent Restorations Inserted by Dental Officer-Technician Teams or by Dental Officers*

GROUPS	PERCENTAGES			
	Unsat.	Fair	Good	Excellent
Experimental Group (dental officer-technician teams). Dental officers delegating certain operative procedures to specially trained dental technicians	2	15	50	33
Known Control Group. Dental officers utilizing conventional treatment procedures. The dental officers knew that their restorations were going to be evaluated.....	2	9	56	33
Unknown Control Group. Dental officers utilizing conventional treatment procedures. The dental officers did not know that their restorations were going to be evaluated.....	5	24	60	11

*Cavity preparations were not evaluated.

Table 4. Number and Types of Restorations Evaluated

GROUPS	Silicates	One Surface Amalgams	Two or More Surface Amalgams	Total Restorations	Number of Patients	Average per Patient
Experimental Group (dental officer-technician teams). Dental officers delegating certain operative procedures to specially trained dental technicians	0	23	31	54	23	2.3
Known Control Group. Dental officers utilizing conventional treatment procedures. The dental officers knew that their restorations were going to be evaluated	5	18	22	45	22	2.0
Unknown Control Group. Dental officers utilizing conventional treatment procedures. The dental officers did not know that their restorations were going to be evaluated.....	2	28	23	53	22	2.4
Totals	7	69	76	152	67	2.3

COUNCIL ON DENTAL EDUCATION: SUPPLEMENTAL REPORT 1

"Requirements for an Accredited Program in Dental Hygiene Education": The *Requirements for the Accrediting of a School for Dental Hygienists* initially were approved in 1947 (*Trans.* 1947:254) by the House of Delegates. With only minor revisions, this document has provided the guidelines for evaluation of dental hygiene education programs since then. During the current year, the Council conducted an intensive study of this document and now has approved numerous changes to reflect better the aims and objectives of modern dental hygiene education.

The Council submits for the consideration of the House of Delegates the following amended document titled, *Requirements for an Accredited Program in Dental Hygiene Education*.

Requirements for an Accredited Program in Dental Hygiene Education

Statement of General Policy: It is the responsibility of the Council on Dental Education to administer the following principles and requirements. Although the primary purpose of the Council is

accreditation, in fulfilling this function it will undertake to aid institutions in strengthening their educational programs. The final appraisal of each program in dental hygiene education will be determined in the light of its total educational effort.

The Council will expect an accredited program in dental hygiene education to be established on a nonprofit basis, affiliated with or conducted by a dental school or other responsible institution of higher learning approved or eligible for approval by an accrediting agency recognized by the National Commission on Accrediting.

Developing programs in dental hygiene education will be evaluated only at the request of the parent institution. Institutions desiring accreditation will be asked at an early stage of development to provide the Council with detailed reports and basic information pertinent to organization and administration, physical plant, enrollment, library, admissions, curriculum, faculty and financial support for the proposed program. If the plan of operation appears to satisfy the Council's published requirements, an accreditation visit will be scheduled when the program is in full operation and prior to graduation of the initial class; and thereafter, at intervals determined by the Council.

The Council publishes a periodic listing of accredited programs in dental hygiene education, classifying those programs in full operation as either *approved* or *provisionally approved*. Developing programs are eligible for *preliminary provisional approval*. It is emphasized that both approved and provisionally approved programs satisfy minimum educational requirements of the Council. Provisional approval indicates certain correctable weaknesses or deficiencies which precluded full approval at the time of evaluation. Despite these weaknesses, however, the program was considered to fulfill minimum requirements for accreditation. Provisional approval will remain in effect until program weaknesses have been corrected and verified by an additional resurvey.

Students graduated from provisionally approved programs in dental hygiene education are, in the opinion of the Council, eligible for state and National Board examinations.

Organization and Administration: A program in dental hygiene education should be a recognized department, division, school or college of the parent institution. In both structure and administration the program should be conducted in accordance with the general policies of the parent institution. In all instances, however, provision should be made in the dental hygiene education program for effective liaison with the dental profession.

A dental hygiene program administrator should have responsibility and authority equal to that accorded other administrators conducting comparable programs at the parent institution. The administrator or director of the program should have educational qualifications and experience in administration to understand and to implement the objectives of a program in dental hygiene education. The Council will expect to find the program's internal administration organized so that duties, functions and responsibilities of all staff members are clearly defined.

Physical Plant: The physical plant and equipment should be adequate to meet the requirements implied in the institution's objectives. Examination of the physical plant and equipment will include consideration of buildings, classrooms, teaching and research laboratories, clinics, and their equipment; ventilation, heating, lighting, cleanliness and other features which contribute to effective functioning.

The number of students enrolled in a dental hygiene education program should be in keeping with its physical facilities, its faculty and administrative personnel. The Council will regard overcrowding in any class or in the institution as a whole as a factor operating against the attainment of sound objectives.

Library: The library facility may be maintained separately or in connection with the library of the parent institution. It should be generously supported and efficiently administered. The collection should have up-to-date reference texts on dentistry, dental hygiene, allied health sciences and related areas of physical science, biological science and liberal arts. The periodical section should include recognized dental and dental hygiene publications and those of various allied health fields. Current health pamphlets, brochures, guides and teaching aids should be available.

Admission: Minimum admission requirements include completion of a four-year high school college preparatory course (or its equivalent) which permits entrance to an accredited college of liberal arts. The admissions committee will be expected to evaluate the high school and college record of the applicant from the standpoint of scope and quality of scholarship, performance on standardized tests and other factors which may assist in final admission determination.

Curriculum: Education and training should prepare the dental hygienist for a role as a member of the dental health team. Even though the hygienist is responsible to the dentist and works under his direction, the services are professional in nature.

The Council believes that the curriculum for a dental hygiene education program should be appropriately balanced between liberal arts, the sciences and clinical dental hygiene; and should be designed to emphasize the interrelationships of these components. The curriculum should be structured to permit flexibility and to embody advances and changes in concepts pertinent to dental hygiene education. The curriculum should be predicated upon and related to the broad aims and purposes of dental hygiene education.

The achievement of the objectives of the program, without the establishment of uniformity, is encouraged. In the evaluation of a curriculum, reliance will not be placed upon arbitrary patterns, rigid standards or quantitative means of measurement alone. Curriculum experimentation is encouraged.

A minimum of two academic years is required for an accredited dental hygiene curriculum. Instruction leading to a certificate and/or degree in dental hygiene should prepare the graduate for competence in the field of dental hygiene. The Council recognizes the trend toward longer curriculums leading to the baccalaureate or higher degree. Degree programs, in the Council's view, will enable dental hygiene to develop appropriate research programs and better serve the public in education and dental public health.

An acceptable dental hygiene education program should include the following subject areas as they relate to dental hygiene:

Anatomy (gross and microscopic)	Nutrition
Chemistry	Pathology
Dental Materials	Pharmacology
Embryology	Physiology
Microbiology	Radiology
	Tooth Morphology

The following subject areas also should be included in the dental hygiene education program:

Chairside Dental Assisting	Medical and Dental Emergencies
Clinical Dental Hygiene	Orientation to Dental Practice and Office Procedures
Dental Health Education	Psychology
English (written and oral)	Public Health
Ethics	Sociology
History and Jurisprudence	

Program administrators should not interpret these subject areas as denoting or describing titles of specific courses in the dental hygiene curriculum.

Instruction within the dental hygiene curriculum should include lectures, seminars and conferences, laboratory experience and clinical practice under supervision. Thoroughness of accomplishment in the academic and laboratory requirements and competency in clinical skill will be definite factors in evaluation of the curriculum.

Faculty: The faculty of an education program in dental hygiene must be adequate in size for the number of students enrolled. The faculty should be well qualified in their specific areas of responsibility. Dental hygienists should be an integral part of the teaching staff.

It is expected that a nucleus of full-time faculty will be responsible for all phases of the pre-clinical and clinical instruction, although part-time teachers may be employed. All faculty members should be familiar with and have an understanding of the objectives of dental hygiene education. The Council will be concerned about the time available to the full-time faculty to continue their scholarly development.

Level of Instruction: The Council will expect the curriculum for a dental hygiene certificate to be at a level comparable to the Associate degree programs offered by an accredited junior college or to the first two years of education offered in a baccalaureate program of study. It is expected that credits for a significant number of courses will be transferable toward a baccalaureate degree.

RESOLUTION

13. Resolved, that the *Requirements for an Accredited Program in Dental Hygiene Education* be approved; and be it further Resolved, that the *Requirements for the Accrediting of a School for Dental Hygienists*, as approved in 1947 (*Trans.* 1947:254), with subsequent amendments, be rescinded.

Council on Dental Health

Ryan, Kenneth J., Michigan, 1966, chairman
 Phelan, John K., New Mexico, 1965, vice chairman
 Cane, John J., New Jersey, 1965
 Dixon, F. Gene, California, 1965
 Gernert, Edward B., Kentucky, 1967
 Kramer, Harold M., Oregon, 1967
 Lachnicht, Vitus J., New York, 1967
 McDermott, Charles F., Pennsylvania, 1966
 Norton, Robert A., Illinois, 1966, *ad interim*
 Sebelius, Carl L., secretary
 Zur, John E., assistant secretary
 Driscoll, Marian F., executive assistant
 Bernhardt, Mary, staff writer

Meetings: The Council met in the Central Office on December 10-11, 1964, and on April 29-30, 1965. Dr. John K. Phelan was unanimously re-elected vice-chairman at the December meeting which was attended by all members. The April meeting was saddened by the death of Dr. Clifton B. Clarno on April 27. The other eight Council members adopted the following resolution:

Resolved, that the Council on Dental Health express its deep sorrow over the loss of one of its most beloved and highly respected members, Clifton B. Clarno, whose contributions to the program of the Council will long be reflected in benefits to the dental profession and the public, and be it further

Resolved, that the sympathy of the Council be extended to the members of his bereaved family, to whom his devotion was inspiring, and to the Illinois State Dental Society, to which his service was exemplary.

Dr. Donald J. Galagan, assistant surgeon general and chief, Division of Dental Public Health and Resources, U. S. Public Health Service, and a consultant to the Council, was present at both meetings.

National Association of Dental Service Plans: As authorized by the House of Delegates at the 1964 annual session (*Trans.* 1964:272), the National Association of Dental Service Plans was incorporated in Illinois on January 7, 1965. The six incorporators were: Dr. Fritz A. Pierson, Dr. Maynard K. Hine, Dr. John M. Deines, Dr. E. Jeff Justis, Dr. Hubert A. McGuirl and Dr. Kenneth J. Ryan. The articles of incorporation are appended to this report for the information of the members of the House of Delegates.

An organizational meeting of the incorporators was held on March 31 to fulfill the legal requirements for the formation of a corporation under the statutes of the State of Illinois. Since NADSP does not yet have members, the incorporators became the

first Board of Directors and will serve until their successors are elected under the bylaws accepted by the House of Delegates. A temporary executive director, Dr. John E. Zur, was appointed to give attention to the development of suitable recommendations for the enrollment of members and for structuring of dues which will provide financial support for NADSP.

As could be reasonably expected in any major undertaking by the profession, questions have been raised about the "new" coordinating agency. Although the questions have been many in number, they called for reassurance in only four general areas: that the majority of the Board of Directors be dentists; that constituent dental societies be represented in the membership; that votes be weighted to reflect the member's dues contribution and to prevent undue control by any one member or class of members, and that underwriting of contracts by NADSP be prohibited. The Council, therefore, recites the efforts that have been made to alleviate the foregoing concerns.

The House of Delegates (*Trans.* 1964:273) directed that the bylaws "stipulate that a majority of the Board of Directors of the agency be composed of ethically and legally qualified members of the dental profession" and that "the bylaws and other supporting documentary material relating to the agency be presented to the 1965 session of the House of Delegates for its review and acceptance". Accordingly, the Council revised the bylaws and membership standards and transmitted them to the Board of Trustees at its April 1-2, 1965, session. The Board approved the revised documents for circulation to the constituent societies, the dental service corporations and other interested parties. The Council circulated the documents prior to the 16th National Dental Health Conference in Chicago on April 26-28 and arranged for a half-day session of the conference to be devoted exclusively to discussion of NADSP. Each constituent society was invited to send one or more representatives to participate in this discussion, and the conference attendance represented 45 states. The Council met on the two days following the conference and incorporated the further changes recommended during the conference discussion.

The Council is now satisfied that the extensive study and comprehensive discussion at all levels of organized dentistry have produced an acceptable set of bylaws and membership standards. The bylaws provide for the majority of the Board of Directors to be dentists; for constituent societies, as well as dental service corporations, to be members; for dues to be weighted so that all members will have a voice in the development of policy and operation, and for the proscription of underwriting of contracts by the agency. Under the bylaws, the autonomy of each state dental service corporation will be preserved.

To assure that every member of the Association would have complete and up-to-date information on the events that were taking place, an *ADA Information Bulletin* was published in which the entire field of prepaid dental care was discussed. Detailed information on NADSP was included. This *Bulletin* was mailed to the entire membership in May.

Culmination of the foregoing events is the transmittal herewith of the bylaws and membership standards as directed by the House of Delegates (*Trans.* 1964:273). These documents are appended, and an appropriate resolution appears at the end of this report.

Prepayment Policies of the American Dental Association: A resolution (*Trans.* 1964:

299), introduced in the 1964 House of Delegates by Delegate Charles J. Sabel, Indiana State Dental Association, was referred to the Council for report at the 1965 annual session. The referral was made on the recommendation of the Reference Committee on Public Health which stated it did not believe that the House of Delegates "should be asked to revise policies in the important area of dental prepayment without an opportunity to study the suggested changes and procure the advice of the appropriate agencies of the Association". The resolution follows:

Resolved, that the 1964 House of Delegates of the American Dental Association declares that it is the policy of this Association that in those cases where systematic programs of prepayment or budgeting of the cost of dental services are instituted, this Association endorse features of such programs which provide for the remuneration of the dentist on the basis of his usual and customary fee, or on a table of allowance, and be it further

Resolved, that it is the policy of this Association to disapprove those features of such programs which fix the fee a dentist may charge or provide for a per capita method for remuneration for professional services, and be it further

Resolved, that it is the policy of this Association to encourage features of such programs which maintain deductible clauses and co-insurance mechanisms which work to maintain a financial responsibility on the part of the patient for at least a portion of the cost of his dental services.

With regard to the first and second clauses, the Council refers to Item 4 of the statement, *Role of American Dental Association in Development of Dental Service Corporations* (Trans. 1963:41):

4. The Council, with the cooperation of the active service organizations, should assume the responsibility of developing standard nomenclature, coding, reporting forms and other pertinent materials to facilitate the exchange of information among dental service organizations and interested constituent societies. However, policy for prepaid dental care should be determined by the state service organization in cooperation with the constituent dental association involved.

The Council believes that this principle rightly places the responsibility for determining fee concepts on the constituent society. The Council believes further that any endorsement by the American Dental Association of a specific method of determining fee concepts would restrict the right of the constituent societies to determine the acceptability of plans for the group purchase of dental care in their states.

With regard to the third clause, the Council points to Item 3 of the statement, *Group Dental Care Programs as Employment Benefits* (Trans. 1959:46):

3. The Association encourages the development of group dental care programs in which the individual is permitted to assume responsibility for a portion of the costs of his dental care.

The Council agrees with the comments of the 1964 Reference Committee on Public Health (Trans. 1964:299) that it does "not believe that long standing policies of the House of Delegates need continual reaffirmation". The Council recommends that the referred resolution be rejected.

Joint Statement of AFL-CIO and American Dental Association on Principles for Dental Prepayment Programs: In response to the directive of the House of Delegates (*Trans.* 1964:299), the Council has prepared a statement indicating the compliance of the *Joint Statement of AFL-CIO and American Dental Association on Principles for Dental Prepayment Programs* with official policies of the Association. The statement is appended to this report.

Solicitation of Contracts by Dental Service Corporations: The solicitation of patients by dentists as proscribed in the *Principles of Ethics* has apparently led to confusion about the propriety of solicitation of business by dental service corporations. The prohibition in the *Principles of Ethics* relates to efforts by *individual dentists* to solicit patients and not to the solicitation of purchasing groups by a dental service corporation. The Council recommends adoption of the following statement, and an appropriate resolution appears at the end of this report:

**Solicitation of Contracts
by Dental Service Corporations**

In order to make the benefits of dental prepayment through dental service corporations available to as many persons as possible, the active solicitation and promotion of prepayment coverage by dental service corporations is encouraged within policies established by the sponsoring constituent society and the individual dental service corporation.

Payment for Covered Procedures under Health Insurance and Health Service Contracts: The 1964 House of Delegates adopted a resolution introduced by the Illinois State Dental Society (*Trans.* 1964:276) by which the appropriate agencies of the Association were directed to accelerate their efforts to eradicate from health insurance and health service contracts "restrictions which, directly or by administrative interpretation, permit the underwriters to determine their liability respecting covered services or procedures involving the oral cavity solely on the basis of the character of professional degree and licensure held by the provider of such services". The Council is pleased to report that agencies both within and without the Association have been pursuing the accomplishment of this directive.

In April, 1965, Association representatives met with officials of the Health Insurance Council, which is a federation of seven insurance associations that, together, represent more than 900 companies active in the health insurance field. The Association representatives pointed out that one of the subjects which deserved immediate attention was the continuing practice of some companies to indemnify their policyholders for covered surgical procedures involving the oral cavity only when the procedures were performed by a physician. After some discussion, it was agreed that a liaison committee should be established between the two organizations to function until the problem was resolved satisfactorily. Subsequently, the Association was informed that the Health Insurance Council had officially urged all of its members to examine their contracts and administrative practices with a view to eliminating discriminatory language and procedures. While the April meeting and follow-up discussions with HIC personnel undoubtedly led to this commendable action, additional contributing influences this year were the joint sponsorship by the HIC and the American Society of Oral Surgeons of a conference on oral surgical claims in Chicago in February; the participation of the HIC Assistant Director in the 16th National Dental Health Conference in Chicago in April, and the p

ticipation of the Assistant Secretary of the Council on Dental Health in the HIC West Central Regional Meeting in St. Louis in June. The Council emphasizes that the Health Insurance Council, as a trade association, can only recommend on matters of this kind; it cannot dictate. Neither can it enforce any sanction on a member company that does not comply with its recommendations. Coverage provisions in insurance policies relate intimately to the premiums charged for such policies, and any apparent attempt to influence inordinately the construction of such provisions would be scrutinized carefully by the Federal Trade Commission and the Justice Department. In the light of this factor, the Council and other agencies of the Association can only continue to appeal to the industry organizations and the individual companies for recognition and correction of the problem.

The elimination of the subject discriminatory practices from health service contracts, particularly those issued by Blue Shield plans, is being achieved. In some states, notably Illinois and Ohio, success has been minimal. Elsewhere, however, either through voluntary recognition by the administrators of the plan of the need to change, or through the militant efforts of the constituent society whose members were affected, corrective measures have been adopted. In some instances, such as in Pennsylvania, Massachusetts and Connecticut, legislative amendment of the enabling statute governing the Blue Shield plan was necessary and was obtained. In others, such as New York, favorable interpretations of existing statutory language by the state Attorney General and Superintendent of Insurance were solicited and granted. The Council and other Association agencies, including the Council on Insurance, the Council on Legislation and the Washington Office, have maintained continuing liaison with the National Association of Blue Shield Plans and the Blue Cross Association in efforts to accomplish the resolution of this problem.

These efforts, while not entirely without their frustrations, have been productive. For example, the activities of the Council on Legislation and the Director of the Washington Office were directly responsible for the elimination of inequitable features from most of the plans developed under the Federal Employees Health Benefits Act, the largest single health insurance program in the country. Many major underwriters have been influenced by the Council on Insurance to rephrase their policies and adjust their administrative procedures voluntarily. While the Association agencies will continue to attack the problem, vigilance and action on the part of the constituent societies will also be necessary if the complete elimination of the discriminatory practices involved is to be effected. Actions in North Carolina and West Virginia are recent demonstrations of what constituent dental societies can do. Both societies successfully supported legislation to amend their state statutes to require payments to dentists, as well as physicians, for covered services which are within the scope of the professional license.

Uniform Claim Form: The Council has reviewed a uniform claim form developed by the Health Insurance Council's Subcommittee for Development of Uniform Dental Claim Form after consultation with Association staff. Companies represented on the subcommittee were Aetna Life Insurance Company, Connecticut General Life Insurance, Continental Casualty Company, Equitable Life Assurance Company, Occidental Life Insurance Company of California and Prudential Insurance Company. The Council is of the opinion that until a form is accepted by the health insurance industry, approval by the Council would be premature.

Limitation of Payments to Specialty Groups: The Executive Council of the Southern

California State Dental Association was alerted to an attempt by a specialty group in that state to have payment for the provision of any prepaid dental benefits within its specialty area limited to members of its group. The SCSDA Executive Council adopted a resolution designed to prevent such limitation and, because of the potential national ramifications of the problem, asked the Council to comment to the House of Delegates and to offer an appropriate recommendation.

The Council points out that the limitation of payments under prepaid dental care programs to those "qualified" in a particular specialty would constitute an infringement on the legal rights of the general practitioner and would violate the right of the patient to select the dentist of his own choice. The Council presents the following statement for the consideration of the House of Delegates, and an appropriate resolution appears at the end of this report:

Limitation of Payments to Specialty Groups

The American Dental Association opposes the limitation of payments under prepaid dental care programs to those "qualified" in a particular specialty of dentistry for the following reasons:

1. The patient's right to freedom of choice in the selection of a dentist should not be abridged.
2. The legally licensed dentist is permitted to perform all operations and provide all services prescribed in the state dental practice act.
3. The patient should have access, when desired, to any practitioner with competence in any field of dental practice.
4. Dentists have the professional competence to make patient referrals when necessary.

Dental Health, Inc., Dental Care Program for Central States Teamsters Welfare Fund (CSTWF): Representatives of Dental Health, Inc., an insurance agency incorporated for profit under Illinois law, appeared before the Council at its December, 1964, meeting to outline a dental care program for the Central States Teamsters Welfare Fund. The DHI representatives explained that the program was underwritten by the Republic National Life Insurance Company, of Dallas, Texas, and would be administered by DHI.

The Council was advised that the CSTWF program was designed on a basis under which the "participating dentists" would agree to accept the amounts paid by the insurance company as full payment for services rendered. The program, as outlined by the DHI representatives, violated three of the *Principles for Determining the Acceptability of Plans for the Group Purchase of Dental Care* (Trans. 1957: 389), and the Council advised DHI and all constituent and component societies on December 18, 1964, to that effect. After further discussions, DHI agreed to eliminate the provisions of the plan that conflicted with Association policy. The Council was informed that the patients covered in the plan would have free choice of dentist and would be personally responsible for any fees in excess of the table of allowances. In addition, there would be no attempt to have "participating dentist" agreements. Accordingly, on February 15, 1965, the Council advised DHI and all constituent and component societies that the revised plan was no longer in conflict with the Association's *Principles for Determining the Acceptability of Plans for the Group Purchase of Dental Care*.

The CSTWF program was initiated on February 1, 1965, in 13 states: Alabama, Arkansas, Florida, Illinois, Indiana, Kentucky, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Oklahoma and Texas.

Poor communications between the DHI administrator of the Teamsters programs and the union locals, plus the DHI requirements of preauthorization and the submission of x-rays, resulted in numerous problems. At the request of several of the constituent societies in the states in which Teamsters programs are operating, the Council arranged for a meeting in the ADA Central Office on June 9 to discuss the problems. Thirty-four representatives from 14 constituent societies were present. The three DHI dental consultants attended part of the meeting. They are Drs. Martin Unterman, Irving Tockman and James Gordon, all of Chicago.

The consensus at the meeting was that each constituent dental society should (1) establish principles to govern the acceptability of all prepayment dental care programs in its area before attempting to evaluate the Teamsters programs, (2) assign to a committee the responsibility to work out any problems arising in the Teamsters or other prepayment programs; (3) send the name of the chairman of the committee assigned to handle prepayment to the Council on Dental Health of the American Dental Association; (4) report local developments to the ADA Council for dissemination to other states.

Dental Care Foundations: A dental care foundation is an adaptation of the medical care foundation concept to dental prepayment. A medical care foundation is a not-for-profit mechanism employed by some county medical societies, principally in California, to assist in administering health insurance plans which meet the foundation's standards for prepaid health care. Although most of these plans are for-profit programs, they are, in effect, service types of programs since participating physicians sign agreements to accept the fees listed in the plan's schedule as full payment for services rendered. Participating physicians also agree to abide by the decisions of a review committee of the foundation. All claims are reviewed by this committee which is comprised of physicians. The committee members are not compensated for their services.

In the area of dental prepayment, application of the "foundation concept" has involved a formal relation between a dental service corporation and a commercial insurance carrier. Before the effects of such a merger of not-for-profit and for-profit programs can be properly evaluated, more experience will be needed. For the information and guidance of the constituent and component dental societies in the meantime, the Council has developed the following statement:

The "Foundation Concept" in Dental Prepayment

In the rapidly expanding field of dental prepayment, attention is being given in some quarters to the so-called "foundation concept" which essentially involves a formal relation between a dental service corporation and a commercial insurance carrier. The concept originally was applied in medical programs on a limited basis, largely on the West Coast.

In a foundation program, as presently designed for dental prepayment, the dental service corporation turns over to a commercial insurance carrier the day-to-day administration of the program on a for-profit basis. The dental service corporation retains the burden of making the professional determinations for the program in regard to fees, quality control and matters related to professional ethics.

The foundation concept, therefore, involves a merger of for-profit and not-for-profit programs in the field of dental prepayment. The advantages of such a merger must be weighed carefully in the interests of the best service to the patient and to the dental profession. Experience with the foundation concept is needed in order to demonstrate its effectiveness.

As preliminary comment, the Council is of the opinion that the foundation concept might demonstrate some effectiveness in states where the dental service corporation has limited scope and limited resources in the administration of the program. It should be realized, however, that the utilization of for-profit administrative facilities dilutes the original purpose of a dental service corporation: to provide dental care for groups on a not-for-profit basis. Before approving the foundation concept, the dental service corporation may wish to give alternate consideration to the utilization of a not-for-profit agency for handling administrative matters. Blue Cross and Blue Shield, at the state or local level, may be willing to assume the administrative responsibilities and thus the not-for-profit environment of the dental service corporation would be preserved.

In considering the foundation concept, it should also be recognized that, under this program, two of the most difficult problems of dental prepayment will still rest with the dental service corporation: the maintenance of all professional standards and their enforcement, when necessary, on the participating dentists. Unless great care is taken in the design of the foundation program, the dental service corporation could find itself in the anomalous position of attempting to serve the best interests of the patient and of the commercial carrier when these interests were in real or apparent conflict.

The Council recommends that if a dental service corporation determines to utilize the foundation concept, the agreement with the commercial carrier be made for a limited, trial period so that experience may be gained and the advantages and disadvantages analyzed.

Statement of Principles for Prepaid Dental Care—Massachusetts: The Council was asked to review a statement of principles for prepaid dental care prepared by the Council on Dental Care of the Massachusetts Dental Society. The Council found that the report reflected a realistic approach to the question of dental prepayment at the level where dental prepayment programs must be evaluated. The Council is pleased to know that a summary of the recommendations contained in the report was accepted by the MDS House of Delegates and will provide principles for determining the acceptability of dental prepayment programs in that state.

Project Head Start: Project Head Start is an activity of the Office of Economic Opportunity, the agency concerned with President Johnson's "War on Poverty". This program is administered at the local level and is designed to provide health, educational and other benefits to culturally and economically disadvantaged children. At the time this report is being prepared, it is anticipated that a total of 530,000 children will receive such benefits in 11,000 child development centers in 2,500 areas during July and August and that the program will become a year-round effort. The initial cost for the first year is estimated at \$112 million in federal funds plus local contributions of \$16 million.

The Council developed guidelines and an outline of types of dental programs, and has transmitted these recommendations to the program director for Project Head Start, Julius B. Richmond, M.D. Copies have been sent also to officers of constituent and component dental societies, officers of constituent societies of the American Dental Hygienists' Association and dental personnel of state and local health departments. The statement of recommendations follows:

Guidelines for Head Start Projects in Dental Health

1. In the national planning of the dental phases of Project Head Start, technical assistance and consultation should be sought from the American Dental Association and the U. S. Public Health Service. Technical assistance and consultation in the community planning for the project should be sought from the local dental society.
2. Dental care programs should be developed with the advice and assistance of the dental pro-

fession. There should be coordination of the activities of local health departments and dental societies to provide for the most efficient use of facilities and personnel.

3. Dental personnel which is available locally should be used in Head Start dental programs.
4. When personnel or facilities are not available locally, assistance should be sought from the the state dental society and the state health department.
5. When personnel or facilities cannot be provided through existing local or state organizations, assistance should be sought from appropriate federal agencies.
6. Dental care should be provided only by legally licensed dentists and dental hygienists with the assistance of properly trained auxiliaries.

Types of Dental Programs for Head Start Projects

Screening programs for kindergarten and first grade children do not appear to be useful in themselves and, therefore, it is suggested that available funds and facilities should be utilized to provide dental service programs.

A dental program should have three essential components: health education, prevention and treatment. The initial stages of the dental program should include emergency care for the relief of pain, examination and charting, prophylaxis and topical fluoride applications and dental health education for the child and his parents. The next stage should be a comprehensive dental care program for the children involved. Toothbrushes and demonstrations of their proper usage should be provided.

It is strongly recommended that the local governing bodies be urged to initiate fluoridation in communities where it is needed, since dental caries in the child population is reduced by 60 per cent and the cost of treatment is reduced in communities where the fluoride content of the water is adjusted to the optimum level.

There will be considerable variance in the programs of Project Head Start because of the amount of local autonomy permitted and because of the different size and characteristics of the 2,500 individual project areas which range from one neighborhood in an urban area to several counties in a rural area. While the dental society should be the prime adviser on the dental aspects of an urban project, the responsibility will fall to the individual dentist in a community where a dental society does not exist. The Association has provided Project Head Start officials with the names of the chairmen of the constituent society councils on dental health and of the state dental directors. It is suggested that these individuals select either themselves or a representative to work with local Head Start agencies in developing sound dental health programs. In communities where a dental society does not exist, it is suggested that any dentists practicing in those communities offer their advice as a community service as well as a professional responsibility.

There are three general situations that may arise in which special difficulties will be encountered in providing facilities, personnel, or both, and none can be solved at the national level. In urban areas where public health facilities and personnel are lacking, the local dental societies should see that such mechanisms as dental service corporations are utilized or that other contract arrangements are made. In remote areas where neither facilities nor equipment are available, mobile dental clinics may be the solution. Other alternatives may be the purchase or leasing of equipment, when circumstances indicate, or the use of military bases. For example, use of facilities in some military bases is subject to fluctuation and might be made available for care of children during slack periods of use by military personnel. In those periods, personnel would, of course, have to be supplied. The third general situation would be an inadequate supply of professional manpower or their lack of participa-

tion. Consequently, dentists from another locality or even from another state may have to be sought. In such instances, the government might arrange to have dentists provided under the auspices of the VISTA program (see elsewhere in this report) or the U. S. Public Health Service. Such an arrangement would require an examination of the licensure problem in the state involved. Another solution might be the transportation of the children to the nearest health center.

As pointed out in the *Guidelines*, it would be unrealistic and uneconomical to apply any funds available for dentistry to the conduct of screening examinations. Such funds would be more productive if applied to dental care. Equally important to the provision of dental services is the dental health education of the children, their parents and the staff of the child development center. A statement *Dental Health Education in Head Start Programs* was prepared by the Bureau of Dental Health Education and distributed to the agencies that received the previously mentioned *Guidelines*. Additional copies of the statement are available from the Council.

Job Corps: The Job Corps is a voluntary program of the federal Office of Economic Opportunity under which residential centers will be established for young men and women, aged 16 through 21, who need basic education, skill training and constructive work experience in order to become employable. At the time of this report, more than 80 Job Corps conservation camps, located primarily on unused federal lands, are operating or have been announced. Four Job Corps urban centers, three for men and one for women, are in operation, and six centers for men and four for women have been announced. The urban centers are operated on a contract basis by private corporations or universities, or jointly. Forty thousand are expected to be enrolled by the end of this year and 100,000 by the end of 1966.

Trainees will be paid a terminal allowance of \$50 for each month they spend in the Corps. During training, they will receive \$30 a month for room, board and clothing, and the Corps will arrange for their health care.

The Association has nominated two dentists to serve on the Health Advisory Committee to the Job Corps. The Association has also recommended that dental care programs be developed in close cooperation with constituent and component dental societies and that, wherever possible, local dental personnel be utilized in providing services. Mr. Otis A. Singletary, director of the Job Corps, has advised that the Association's recommendations are being followed. It is desirable, therefore, that constituent and component dental societies approach the directors of Job Corps centers in their areas to discuss ways of providing dental treatment.

VISTA: The VISTA program (Volunteers in Service to America, popularly known as the "Domestic Peace Corps"), an activity of the Office of Economic Opportunity, offers Americans the opportunity to join the "War on Poverty" by working directly with needy persons through assignments in community action programs, Job Corps camps, migrant worker communities, Indian reservations, hospitals, schools and institutions for the mentally ill and retarded. The period of service is one year, including a four-to-six week training program conducted by local private and public organizations, including selected colleges and universities. Volunteers are assigned at the request of local agencies and receive a monthly living allowance, plus a readjustment allowance of \$50 for each month of satisfactory performance paid upon completion of their service.

At the time of this report, direct communication has been established with VISTA

through Robert W. Roddy, M.D., medical officer of the Division of Volunteer Support. Dr. Roddy has pointed out that the concept of health care services for the trainees and volunteers differs from that of Project Head Start and the Job Corps in that VISTA will not be liable for rehabilitative dental treatment any more than it will be liable for elective surgery on the medical side. Rather, he has explained, VISTA plans to take care of dental impairments which impede the effectiveness of the trainees and volunteers, and the dental benefits are expressed in the contract language as follows: "Cosmetic surgery and dental work (including x-rays) required for the repair of accidental injury suffered while covered by this contract" and "Emergency dental work for the relief of pain".

Blue Cross and Blue Shield have contracted to administer the all-inclusive hospital, surgical and medical aspects of the VISTA program.

Study of Relative Values of Dental Procedures: The relative value scale is a mechanism for establishing the value of one dental procedure in relation to other procedures. The value of a procedure is determined through application of a formula based on responsibility, knowledge, judgment, skill and other factors required in its performance. To translate the value into a fee that is commensurate with the worth of the service in a particular locality, a unit dollar conversion factor is applied.

The unit dollar conversion factor is specifically selected by each individual dentist according to the economic conditions in his community, local standards of living and character of his practice. Thus, the fee may vary from locality to locality, and from time to time, through alteration of the value of the conversion factor, but the relative value of the service will remain constant.

The Council believes that a well-designed relative value scale would be useful to the dental profession, particularly to recent graduates as an aid in determining fees; to dental service corporations and insurance companies in developing premiums for prepaid dental care programs, and to group purchasers of dental care in estimating the cost of various types of programs from which they could select the best possible with the funds they have available. The Council has, therefore, designed a "Study of Relative Values of Dental Procedures" and has submitted an application to the Division of Dental Public Health and Resources of the U. S. Public Health Service for a research grant to support the study.

National Dental Health Conference: "Threshold 1965: Dental Health Programs for the Community, State and Nation" was the theme of the 16th National Dental Health Conference. Subjects for discussion included the status of the National Association of Dental Service Plans and other developments in dental prepayment, new government programs, fluoridation, dental health education, dental practice and activities of dental societies and health departments to increase the availability of care. The conference was held on April 26-28 at the Hotels Ambassador, Chicago, with 238 registrations from 45 states. Rep. Oren Harris, Arkansas, chairman of the Committee on Interstate and Foreign Commerce of the U. S. House of Representatives, delivered the keynote address.

The 17th National Dental Health Conference will be held on April 25-27, 1966.

Public Dental Health Services: World-Wide: The Council acknowledges with appreciation a grant from Johnson & Johnson, New Brunswick, New Jersey, which made possible the publication of the papers presented at the conference on "Public Dental

Health Services: World-Wide". The conference was sponsored by the Councils on Dental Health and Dental Education, the Commission on Public Dental Health Services of the *Fédération Dentaire Internationale* and the American Association of Public Health Dentists in San Francisco on November 6, 1964.

Fluoridation: This year marks the 20th anniversary of fluoridation. At the time of this report, however, only a third of the population on public water supplies is receiving the benefits of fluoridated water. An additional seven million persons drink water which contains fluoride naturally. To call attention to the anniversary, the Council adopted the following statement and recommends its approval by the House of Delegates. An appropriate resolution appears at the end of this report.

Twenty Years of Fluoridation

The year 1965 marks the twentieth anniversary of the start of controlled fluoridation of community water supplies. These two decades of experience have confirmed the findings of research in the establishment of controlled fluoridation as a safe, effective, economical and practical method of reducing the incidence of dental caries.

Yet two out of three communities still do not have fluoridated water. In spite of the overwhelming support of the scientific community, millions of children are denied the benefits of this proven public health measure by the obstructive tactics of antifluoridationists. To fight the scientifically established facts of fluoridation, the opponents employ the tools of political pressure and scare campaigns. Fluoridation is no longer debatable in the scientific community. Fluoridation should not be a topic for debate in the political arena.

Thus, it is fitting that the most striking development in fluoridation in this twentieth anniversary year was on the political front. The American Dental Association hails the epochal and courageous action of the Connecticut General Assembly in enacting legislation that requires fluoridation of the water supplies of all communities of 20,000 or more population. The elected leaders of that state have used their political powers to further the public health of the citizens they represent. The Association looks to the time when all community officials will take the steps necessary to make fluoridation a required procedure in all communities with public water supplies.

The *Fluoridation Reporter* continues to be an effective means of transmitting fluoridation news, with circulation averaging 20,000-22,000 an issue in 1965. During the year, increasing use has been made of the *Reporter* by local agencies in organized mailings to state legislatures, town councils or fluoridation committees.

The ADA-PHS Fluoridation Liaison Committee, comprising staff representatives of the Association and the U. S. Public Health Service, is presently exploring the possibility of co-sponsorship by the two agencies of a "National Assembly on Dental Health—Emphasis: Fluoridation".

National Commission on Community Health Services: At the time of this report, the National Commission on Community Health Services and its sponsors, the American Public Health Association and the National Health Council, are completing plans for four regional forums. The purpose of the forums is to obtain reaction to the findings and recommendations of the Commission's two studies: one by selected communities conducting self-studies to determine how communities go about getting needed health services; the other by task forces to set goals for the nation as a whole.

In the Community Action Program, 21 communities studied their own community health services, determining their needs, setting priorities and taking the necessary action to achieve their goals. The Task Forces explored six subjects: comprehensive personal health services, environmental health services, and the facilities, manpower, organization and financing that these services require. The results were presented as recommendations to communities and groups whose work affects the health services of the community, i.e., health and welfare councils, planning agencies at all levels and health departments.

The three-day forums will be held in September, 1965, in San Francisco, Chicago, Atlanta and Philadelphia. Three hundred conferees will be invited to each forum to discuss the findings and recommendations of the Commission's Community and Task Force studies and to advise the Commission on the use of the findings and recommendations as guidelines for community action. Following the forums, the Commission will prepare a "Report to the Nation" which will be presented at the National Health Forum in the spring of 1966. It is expected that this final report will chart the course for community health services in the United States for the coming two decades.

Association Secretary Harold Hillenbrand is serving as chairman of the planning committee for the Chicago forum, and Dr. John W. Knutson, Southern California, former chief dental officer of the U. S. Public Health Service and currently chairman of the Association's Council on International Relations, is serving as chairman of the San Francisco forum. The Council Secretary, Dr. Carl L. Sebelius, is a member of the Task Force on Comprehensive Health Care.

PTA Program for Continuous Health Supervision of Children: The Continuous Health Supervision Program of the National Congress of Parents and Teachers, *Keeping Children Healthy*, was described in *The Journal* (JADA 70:1275 May 1965) in a joint report of the Council and the Bureau of Dental Health Education. The Council believes that the PTA program is an excellent community activity in which all dentists should be encouraged to participate.

National Health Council: Dr. John W. Knutson, Southern California, was named president-elect of the National Health Council at its annual meeting March 15-16 in New York. The Association is one of 71 member organizations of the NHC which represents the major organizations interested in advancement of the nation's health. Three of the Association's four delegates participated in the meeting: Dr. Jay H. Eshleman, who is a member of the NHC board of directors, Dr. Kenneth J. Ryan and Dr. Carl L. Sebelius. Dr. Sebelius served as chairman of this year's nominating committee, and Dr. Eshleman was appointed to next year's nominating committee.

Dr. Knutson will become the first dentist to head the NHC when he assumes the presidency next March.

Council Personnel: The Council regrets that the annual session will mark the end of two three-year terms for two of its members: Dr. John K. Phelan, vice-chairman, and Dr. John J. Cane. The Council expresses deep appreciation for their wise counsel and notable contributions to the Council program.

RESOLUTIONS

3. Resolved, that the *Bylaws of the National Association of Dental Service Plans* be accepted.
4. Resolved, that the *Membership Standards of the National Association of Dental Service Plans* be accepted.
5. Resolved, that the statement *Solicitation of Contracts by Dental Service Corporations* be approved.
6. Resolved, that the statement *Limitation of Payments to Specialty Groups* be approved.
7. Resolved, that the statement *Twenty Years of Fluoridation* be approved.

APPENDIX 1
ARTICLES OF INCORPORATION OF
NATIONAL ASSOCIATION OF DENTAL SERVICE PLANS

The Articles of Incorporation are as follows:

1. The name of the Corporation is: National Association of Dental Service Plans.
2. The period of duration of the Corporation is: Perpetual.
3. The address of its initial Registered Office in the State of Illinois is: 222 East Superior Street in the City of Chicago, Zone 11, County of Cook and the name of its initial Registered Agent at said Address is: Carl L. Sebelius, D.D.S.
4. The first Board of Directors shall be six in number, their names and addresses being as follows:
 - Fritz A. Pierson, D.D.S., 134 South 13th Street, Lincoln, Nebraska
 - Maynard K. Hine, D.D.S., 1121 West Michigan Street, Indianapolis, Indiana
 - John M. Deines, D.D.S., 227 Broadway, East, Seattle, Washington
 - Hubert A. McGuirl, D.D.S., 170 Westminster Street, Providence, Rhode Island
 - E. Jeff Justis, D.D.S., 1504 Exchange Building, Memphis, Tennessee
 - Kenneth J. Ryan, D.D.S., 901 Welch Boulevard, Flint, Michigan
5. The purpose or purposes for which the Corporation is organized are: Professional and research and in furtherance of said purposes the Corporation shall promote an increase in the availability of dental care to the public by encouraging the expansion of dental prepayment plans administered through dental society approved non-profit service corporations and by providing the means for such service corporations to cooperate in providing multi-state and national group dental prepayment coverages.

APPENDIX 2
BYLAWS OF NATIONAL ASSOCIATION
OF DENTAL SERVICE PLANS

Chapter I—Name

The name of this Corporation is National Association of Dental Service Plans hereinafter referred to as "the Corporation" or "this Corporation".

Chapter II—Object

The object of the Corporation is to increase the availability of dental services to the public by encouraging the expansion of dental prepayment plans administered through dental society approved non-profit service corporations, and by providing the means for active or associate members to cooperate with this Corporation in providing multi-state and national group coverage.

Chapter III—Definitions

The term "Dental Society" or "Constituent Society" as used in these *Bylaws* means any Constituent Society of the American Dental Association.

The term "Board of Directors" as used in these *Bylaws* means the Board of Directors of the National Association of Dental Service Plans.

The term "Plan" as used in these *Bylaws* and in the *Membership Standards* means an Active Member of the Corporation.

Chapter IV—Offices

The Corporation shall have and continuously maintain in the State of Illinois a registered office and a registered agent whose office is identical with the registered office, and may have other offices, within or without the State of Illinois, as the Board of Directors may determine from time to time.

Chapter V—Organization and General Powers of the Corporation

Section 1. Members. (General Powers) Members shall elect officers and directors at the annual meeting as provided in Chapter VII of these *Bylaws*. Members at annual or special meetings, in accordance with the law and procedures defined in Chapters VII, XIV and XVII of these *Bylaws*, shall have the power (1) to amend the *Articles of Incorporation*, *Bylaws* and *Membership Standards* of this Corporation (2) to set and revise annual dues and assessments and (3) to elect the members of the Board of Directors.

Section 2. Members. (Voting Rights) The power to vote on matters specifically reserved to members by governing laws, the *Articles of Incorporation*, or *Bylaws* of this Corporation, shall reside in the members as described in Chapter VI of these *Bylaws*, and shall be exercised in accordance with Chapters VII, XIV, and XVII of these *Bylaws*.

Section 3. Board of Directors. (General Powers) A Board of Directors elected in accordance with Chapter VIII of these *Bylaws* shall manage the property, business and affairs of this Corporation. The Board shall exercise all corporate power not specifically reserved to members by governing laws, the *Articles of Incorporation* and these *Bylaws*.

Section 4. Rules of the Board of Directors. The Board shall adopt such rules as are required by these *Bylaws* or are deemed necessary for the efficient management of the Corporation. Such rules shall not be inconsistent with the *Bylaws* of this Corporation.

Section 5. Executive Committee. (Delegated Power) The Board at its discretion shall have the power to elect from the members of the Board an executive committee to act for the Board. The authority of the executive committee shall be as specifically defined in the Board's rules.

Section 6. Elected Officers. (General Functions) The elected officers of this Association shall be a President, one or more Vice-Presidents, and a Secretary-Treasurer. Their manner of election and their functions are described in Chapter IX of these *Bylaws*.

Section 7. Appointed Officer. (General Assignment) The Board shall have the power to employ an

Executive Director, who may be given the title of Executive Vice-President, to administer the affairs of this Corporation under the Board of Directors.

Chapter VI—Membership

Section 1. Members. Membership of this Corporation shall consist of constituent society approved non-profit dental service corporations, and constituent societies.

Section 2. Classes of Membership. There shall be four classes of membership:

A. Active Membership. Dental service corporations sponsored or approved by constituent dental societies and actively engaged in administering a prepayment plan or plans shall be eligible for active membership.

B. Associate Membership. Dental service corporations sponsored or approved by constituent dental societies but not yet administering dental prepayment plans shall be eligible for associate membership. Dental service corporations which delegate the administration of plans to commercial carriers or similar agencies shall also be eligible for associate membership. The Board of Directors shall establish within its rules the procedure for transferring from associate to active membership.

C. Constituent Society Membership. Constituent societies of the American Dental Association shall be eligible for constituent society membership.

D. Affiliate Membership. Any not-for-profit dental care plan located outside the United States, its territories and possessions, which plan has the approval of the recognized national or state dental society in the area in which it operates, shall be eligible for affiliate membership, provided such plan complies with standards established from time to time by the Board of Directors. On approval of its application by the Board of Directors, such plan shall be classified as an affiliate member. Affiliate members shall not have voting rights.

Section 3. Obtaining Membership. Membership in this Corporation may be obtained by applying to the Board of Directors in accordance with procedures established by the Board.

Section 4. Maintaining Membership. Members of this Corporation shall maintain membership by paying annual dues and assessments as provided in these *Bylaws* and by complying with all other requirements of these *Bylaws* and the *Membership Standards* adopted by the members.

Section 5. Resignation from Membership. A member may resign by giving a written notice to the Board of Directors. A resignation shall take effect 60 days from date of notice. If the effective date of a resignation is less than six (6) months from the beginning of the fiscal year of the Corporation, the resigning member shall be entitled to a return of one-half of any annual dues paid during the year of resignation. If the effective date of resignation is more than six (6) months after the beginning of the fiscal year of the Corporation, the resigning member shall not be entitled to the return of any annual dues. In no event shall a resigning member be entitled to a return of an assessment in whole or in part and shall have no claim on any other assets of this Corporation. A resigned member shall remain liable for the payment of any amount owed to the Corporation, including any unpaid dues or assessments for the year of resignation.

Section 6. Involuntary Loss of Membership. Membership in this Corporation may be terminated by action of the Board of Directors subject to the member's right to appeal as provided in these *Bylaws*. Failure to observe these *Bylaws* or the *Membership Standards* may be cause for termination of membership at the discretion of the Board.

Section 7. Appeal from Loss of Membership. Except for nonpayment of dues, a notice of loss of membership may be appealed to the Board. The Board shall appoint such committees and prescribe such procedures for hearings on loss of membership appeals as are needed to assure a full and fair hearing. Such procedure shall be included in the Board rules. A member which has an appeal

pending and which maintains its payment of annual dues and assessments shall retain its membership during the appeal procedure; and shall not lose its membership unless a decision adverse to such member has been agreed upon by the Board.

Section 8. Reinstatement to Membership. A member which resigns or has its membership terminated may reapply for membership after the expiration of one full year from effective date of resignation or termination. Such reapplication shall be treated the same as an original application for membership.

Chapter VII—Meetings of Members

Section 1. Delegates. Each member shall select one delegate and one alternate to represent such member at all meetings of members. The alternate delegate shall be authorized to act only in the absence of the delegate. The presence of any delegate or alternate delegate at any meeting of the members will constitute an attendance by that member.

Section 2. Annual Meetings. The annual Membership meeting shall be held at a place and time determined by the Board to transact business as required by Chapter V, Section 1, of these *Bylaws*.

Section 3. Special Meetings. A special meeting of members may be called at any time by the Board in its own behalf or upon notice from the Secretary-Treasurer that a majority of the votes of members has been recorded in favor of such a meeting.

Section 4. Notice of Meetings. The Secretary-Treasurer shall send written notice, stating the time and place, of each annual or special meeting, and the purpose or purposes for which the meeting is called. Such notice shall be delivered to members not less than thirty (30) days nor more than sixty (60) days before the date of the meeting, either personally or by mail. If mailed, such notice shall be deemed to be delivered when deposited in the United States mail and addressed to the member, its delegate and alternate delegate at their respective addresses appearing on the records of the Corporation. Any member, by its delegate or alternate delegate, may waive in writing notice of any meeting. The attendance of any delegate or alternate delegate at any meeting shall constitute a waiver of notice of such meeting.

Section 5. Quorum. A majority of the total vote assigned to all of the members, represented by their delegates or alternate delegates at any meeting, shall constitute a quorum for the transaction of business. Each member shall be entitled to cast its vote through its delegate or alternate delegate, as required in Chapter XIV, Section 2, of these *Bylaws*.

Section 6. Presiding Officer. The President or another elected officer appointed by the President shall preside at all meetings of members. The Executive Director shall arrange for such parliamentary assistance as the President or his appointee requests.

Section 7. Secretary-Treasurer. The Secretary-Treasurer of the Corporation shall be Secretary at all meetings of members. The Executive Director shall assist the Secretary-Treasurer and shall attend all sessions of each meeting.

Section 8. Parliamentary Rules. The rules contained in *Sturgis Standard Code of Parliamentary Procedure* shall govern the deliberations at all meetings of members.

Section 9. Action by Consent. Any action required to be taken at a meeting of members may be taken without a meeting if a consent in writing, setting forth the action so taken, shall be signed by all of the members.

Section 10. Proxies. Any member entitled to vote may vote by proxy executed in writing.

Section 11. Manner of Acting. The act of members representing a majority of the votes of members present in person or by proxy and voting at a meeting at which a quorum is present shall be the act of the members, except where otherwise provided by law or by these *Bylaws*.

Chapter VIII—Board of Directors

Section 1. Composition. The Board of Directors shall consist of nine (9) directors including the elected officers of the Corporation.

Section 2. Qualifications and Election. Three directors shall be elected by the members from nominees submitted by the American Dental Association from its active or life membership. The other six directors, three of whom must be licensed dentists, shall be elected by members from nominees submitted by the Board and each Board nominee must be either a member of the governing board of an active member or an employee in an executive capacity of an active member. The elected officers shall qualify in accordance with Chapter IX of these *Bylaws*.

Section 3. Term of Office. The terms of the office of the original American Dental Association nominees elected to the Board shall be one year for one nominee, two years for a second and three years for a third as determined by the said Association. The terms of office for the remaining members elected to the original Board shall be one year for two nominees, two years for another two nominees and three years for the remaining two nominees as determined by the Board. The term of each successor director shall be three years and no director may be elected for more than two consecutive three-year terms.

Section 4. Vacancy. The President, with the consent of the Board, shall fill any vacancy on the Board by selecting a qualified successor to hold office for the balance of the term.

Section 5. Duties. The Board shall be responsible for management and direction of the Corporation's activities as required by governing laws, the *Articles of Incorporation*, these *Bylaws* and the Board's own rules. The following listing of duties is not meant to preclude others required to be performed under the Board's general responsibilities:

- A. To maintain a central office and all other properties or offices of the Corporation.
- B. To determine the date and place of the annual meetings of member organizations.
- C. To have bonded all officers, directors or employees entrusted with funds of this Corporation.
- D. To have all corporate accounts audited by a Certified Public Accountant at least yearly.
- E. To prepare a budget for carrying out the Corporation's objectives and program.
- F. To supervise and coordinate such key programs and functions as:
 - 1. Research on and financial and statistical studies of plans.
 - 2. Consultation and information services to member organizations.
 - 3. Public education to promote use of plans.
 - 4. Preparation, revision and application of standards to govern acceptability of plans.
- G. To authorize the employment of staff, as the budget will permit, to carry out all approved policies and programs.
- H. To develop rules for the conduct of Board business, up-to-date copies of which shall be sent with an up-to-date copy of these *Bylaws* to each member organization yearly.

Section 6. Compensation. No compensation shall be paid to directors for their services as directors. The Board shall adopt within its published rules a system for reimbursing directors' expenses for attendance at meetings of the Board and expenses for performance of other duties assigned by the Board.

Section 7. Meetings of Board. The Board shall determine the number, place, time and duration of its meetings, both regular and special, and how meetings are to be called, except that the Board shall meet immediately before and immediately after the annual meeting of member organizations. The Board shall include within its published rules the system adopted for determining and calling meetings.

Section 8. Quorum. A majority of the voting members of the Board shall constitute a quorum.

Section 9. Mail Vote. The Board may transact business by mail vote but any action by mail vote shall require a two-thirds affirmative vote of all directors entitled to vote. All actions taken by mail vote shall be ratified at the next regular or special meeting of the Board. The Board shall set forth in its rules a procedure for handling mail votes.

Chapter IX—Officers

Section 1. Officers. The elected officers of the Corporation shall be a President, one or more Vice-Presidents, and a Secretary-Treasurer elected by the members from the Board of Directors in accordance with Chapter V, Section 1.

Section 2. Election. At each annual meeting, the member organizations shall elect the officers of the Corporation.

Section 3. Term of Office. Each elected officer shall hold office for one year and until his successor is elected and qualified.

Section 4. Qualifications of President and Vice-President. The President and Vice-President shall be dentists licensed in one of the United States jurisdictions and members of the American Dental Association.

Section 5. Removal. Any officer may be removed from office for cause by a two-thirds vote of the Board attending any regular or special meeting of the Board at which a quorum is present.

Section 6. Vacancies. A vacancy in any office because of death, resignation, removal or incapacity shall be filled by the Board at the meeting of the Board next following.

Section 7. President. The President shall preside at all meetings of the members and the Board of Directors. He may sign on behalf of the Board all contracts, documents and instruments authorized by the Board.

Section 8. Vice-President. The Vice-President shall act as President in the absence or incapacity of the President, and when so acting, shall have all the responsibility, power and authority of the President.

Section 9. Secretary-Treasurer. The Secretary-Treasurer shall be responsible for: (1) keeping the minutes of the meetings of member organizations and the Board of Directors; (2) preparing agenda for each meeting; (3) seeing that all notices are duly given in accordance with the provisions of these *Bylaws* or as required by law; (4) keeping the corporate records and the corporate seal of the Corporation and seeing that the seal is properly affixed to all documents requiring the same; (5) keeping a register of the name and address of each member organization, and (6) performing all other duties incident to the office of Secretary. The Secretary-Treasurer shall also have charge and custody of and be responsible for all funds and securities of the Corporation; receive and give receipts for monies due and payable to the Corporation from any source whatsoever, and deposit all such monies in the name of the Corporation in such banks, trust companies or other depositories as may be designated by the Board of Directors; make certain that all authorized accounts payable are paid promptly; make certain that an annual audit and accounting of the financial transactions of the Corporation are made and that reports of such transactions are presented to the Board, and in general perform all duties incident to the office of Treasurer.

Section 10. Bonds. All officers and agents of the Corporation responsible for the receipt, custody or disbursement of funds shall be bonded.

Chapter X—Committees

The Board shall have authority to designate such committees as it sees fit.

Chapter XI—Executive Director

The Executive Director shall be the chief administrative officer of the Corporation. He shall be executive head of the central office and all branch offices. He shall engage all employees and supervise their functions. The Executive Director shall assist the Secretary-Treasurer in all his duties and shall otherwise perform all duties assigned to him by the Board of Directors.

Chapter XII—Identifying Emblem for Active Member Organizations

Active members shall use an identifying emblem provided by the American Dental Association. The American Dental Association shall have title to such emblem. Loss of membership in this Corporation shall result in immediate forfeiture of the right to use such emblem.

Chapter XIII—Finances

Section 1. Funding. Funds for conducting this Corporation's affairs may be raised by (1) regular annual dues, (2) special assessments as the members determine and (3) contributions, devises and bequests.

Section 2. Appropriations and Expenditures. The Board shall have sole authority to prepare and adopt annual budgets or to grant any supplemental requests for funds.

Section 3. Fiscal Year. The fiscal year for this Corporation shall be determined by the Board of Directors.

Section 4. Dues and Assessments. Annual dues and special assessments for members shall be determined by the members at any annual or special session, provided that any proposed increase in dues or any proposed assessment shall be previously approved by the Board and provided that notice of the Board approved dues increase or assessment has been sent to each member by registered or certified mail at least thirty (30) days and not more than sixty (60) days before the start of the annual or special meeting at which the members will act on such increase in dues or assessment. The members may design a dues and assessment structure for members. Annual dues must be paid before February 1 of the year for which they apply. Assessments must be paid not later than thirty (30) days after the assessment has been adopted by the members. Failure of a member organization to pay annual dues or assessments within the time prescribed shall automatically cancel its membership in this Corporation. Members shall be reinstated upon payment of their delinquent dues or assessments within sixty (60) days of their due dates. Application for reinstatement thereafter will be treated the same as application for initial membership.

Chapter XIV—Rules of Order

Section 1. Parliamentary Rules. *Sturgis Standard Code of Parliamentary Procedure* shall govern all transactions and meetings of this Corporation not governed by laws, these *Bylaws* or rules of the Board where applicable.

Section 2. Right to Vote at Member Organization Meetings. The right to vote shall be vested in all members except that the weight of each member's vote will depend on the class of membership of the member and will reflect the dues burden the member must assume. The Board shall adopt a formula for weighting votes to reflect each member's dues contribution. The Secretary-Treasurer shall publish to each member, at least thirty (30) days before each annual meeting, a list showing the weighted votes of each member. At special meetings the votes of members will be weighted exactly as their votes were weighted at the last previous annual meeting.

Chapter XV—Indemnification

The Corporation shall hold harmless each director, officer and each member of a committee from any claim or liability to which he may become subject by reason of office or functions in connection with the Corporation. The Corporation shall reimburse any director, officer or committee member for legal and other expenses reasonably incurred in defending against such claims or in the determination of any liabilities. There shall be no indemnification or reimbursement for expenses where the liability resulted from an act of gross negligence or willful misconduct.

Chapter XVI—Dissolution

This Corporation is a non-profit Corporation organized under the laws of the State of Illinois. If this Corporation shall be dissolved at any time, no part of its funds or property shall be distributed to or among its member plans, but, after payment of all indebtedness, its surplns shall be used for activities of a non-profit nature within the terms of governing Illinois laws.

Chapter XVII—Amendments

These *Bylaws* and *Membership Standards* may be amended at any meeting of members by a two-thirds majority vote of delegates present and voting, provided the proposed amendments shall have been presented in writing at a previous meeting or a previous session of the same meeting. The "majority vote" shall mean a majority of the votes as weighted.

APPENDIX 3 MEMBERSHIP STANDARDS OF NATIONAL ASSOCIATION OF DENTAL SERVICE PLANS

Section 1. Dental Society Approval of Dental Service Plans. (A dental service plan is a constituent dental society approved dental service corporation.)

A. A Plan shall have the continuing approval of the state dental society or societies by which it is established or approved.

B. If, at any time, the approving dental society withdraws its approval of a Plan, such withdrawal shall place a Plan's membership on a conditional basis and subject to termination, pending inquiry into the circumstances as directed by the Board of Directors of the National Association of Dental Service Plans.

Section 2. Non-profit Operation. A Plan shall operate on a not-for-profit basis. A Plan organized under laws other than non-profit enabling acts shall include in its bylaws a specific provision for operation on a non-profit basis. No director, officer or any other individual shall receive, directly or indirectly, any profits from the operations of a Plan. Compensation for services performed or reimbursement for expenses incurred shall not be considered profit.

Section 3. Free Choice of Dentist. Subject to express provisions of law, there shall be free choice by the patient of any duly licensed, ethical dentist practicing in the area served by the Plan.

Section 4. Participating Dentist Agreements. If a Plan utilizes participating dentist agreements, which in any way affect the services and/or benefits provided in a subscriber's contract, such Plan shall secure and maintain the participation of a sufficient number of dentists to assure the patient a selection of practitioners.

Section 5. Patient-Dentist Relationship. The personal relationship between patient and dentist shall not be abridged by any service Plan.

Section 6. Subscriber Benefits. Benefits may be provided on a service or compensation basis, or both. Where indemnities are paid to the subscriber, it shall be clearly stated that this compensation is for the purpose of assisting in paying the charges incurred for dental service and does not necessarily cover the entire costs of dental service.

Section 7. Public Policy. A Plan shall be organized and operated to provide the greatest possible service to the subscriber.

A. Contracts or promotional literature issued by the Plan shall state clearly the benefits and the conditions under which such benefits will be provided. All exclusions, waiting periods and deductible provisions must be clearly indicated.

B. A Plan's promotional activities shall be reasonable and shall be in conformity with the *Principles of Ethics of the American Dental Association*.

C. Over a reasonable period, to be determined by the Board of Directors, no more than 15 per cent of the Plan's earned subscriber income shall be used for administrative expense.

Section 8. Reports and Records.

A. A Plan shall maintain such records as may be required by the Board of Directors and shall submit such reports and information as the Board may require.

B. A Plan shall notify the National Association of Dental Service Plans of any changes pertaining to the operations of the Plan, including changes in its bylaws, major policies, membership of governing board, officers, contracts, rates, basis for remuneration of dentists, promotional literature or other such information as may be required by the Board of Directors.

Section 9. Financial Responsibility.

A. A Plan shall maintain such reserves as are legally required and as are reasonably sufficient to protect interests of the subscribers and dentists.

B. A Plan shall establish and maintain accounting practices which conform with recognized accounting principles and will afford a reliable financial statement. All data contained in the operating statement of member Plans submitted to the Board of Directors shall be on an accrual basis.

C. A Plan shall provide adequate liabilities for dental claims reported but not yet paid and unreported dental claims, and shall reflect these liabilities in its operating statement.

D. A Plan shall submit to the Board of Directors a certified annual audit report, containing at least such information and certifications as the Board may require.

Section 10. Professional Relations. A Plan shall maintain, as part of its regular organizational structure and operation, an active program of professional relations directed toward securing and maintaining close cooperation with practicing dentists and with the state dental society in which it administers the program which shall include the following:

A. Publication of an annual report of Plan operations and activities progress to be submitted to the state dental society in which the Plan operates. The Plan shall solicit and welcome the advice and guidance of its approving dental society(ies) in all matters of dental policy, in the composition of Plan boards and committees having jurisdiction over dental matters and in the formulation of administrative procedures affecting professional relations.

B. Utilization of committees of the approving dental society or establishment and maintenance of a committee or committees, a majority of whose members shall be dentists who are members of the approving dental society, responsible for recommendations concerning (1) the establishment, review and modification of schedules of payment for professional services; (2) the review of dental claims requiring individual consideration and the establishment of claims administration policy.

C. Publication of a dental manual which shall include the schedule of benefits and other basic information pertaining to the operation of the Plan.

Section 11. Interplan Obligations. Active membership in the Corporation involves the following obligations, in addition to those set forth elsewhere in the *Bylaws* and *Membership Standards*: (1) Interplan Agreement on use of Name and Symbol; (2) Interplan Transfer Agreement; (3) National Group Coverage Agreements.

Section 12. Standard Subordinate to laws Governing Plans. The foregoing *Membership Standards*, and

each section and clause thereof, are subordinate to any law or governmental regulation governing the operation of activities of a member Plan, and the foregoing standards shall not be interpreted, construed or applied to require any Plan to violate the law or governmental regulation governing its operation or activities, or to impair a Plan's membership in the National Association of Dental Service Plans, if the Plan is acting under requirements of any law or governmental regulation.

APPENDIX 4
STATEMENT TO HOUSE OF DELEGATES:
COMPLIANCE OF AFL-CIO/ADA JOINT STATEMENT
WITH OFFICIAL ADA POLICIES

In response to the directive of the House of Delegates (*Trans.* 1964:299), the Council on Dental Health has again reviewed the *Joint Statement of AFL-CIO and American Dental Association on Principles for Dental Prepayment Programs* in relation to the official policies of the Association and again reports that there is no conflict with existing policies. However, for purposes of clarification, pertinent existing policies are presented in support of several sections, along with comment where deemed necessary. This documentation is prefaced with a description of the steps leading to the development of the joint statement.

Development of Statement: Under its assignment in the *Bylaws* of the Association, the Council on Dental Health is directed to work with other agencies to develop programs and policies that will be in the interest of both the public and the profession. Liaison with labor unions, specifically, is supported in several statements of the Association. In 1952 (*Trans.* 1952:199,33) and 1953 (*Trans.* 1953:7,49) the Council was directed to contact heads of welfare funds of labor unions. A positive outgrowth of this continuing liaison with labor unions, and other agencies, such as insurance companies, Blue Cross and Blue Shield, has been the development with the AFL-CIO of a joint statement on principles for dental prepayment programs.

Constituent and component societies are also encouraged to maintain liaison with unions at the state and local level as specifically called for in a 1954 policy statement in order to work out "guiding principles that will lead to the development of soundly conceived dental programs in their respective areas in the event the dental societies are approached by labor unions for such programs for their members and their families" (*Trans.* 1954:279).

In line with these policies, the Council at its April, 1963 meeting agreed to a request by a representative of the AFL-CIO's Department of Social Security that he be permitted to speak informally to the Council since he was in Chicago to address another dental organization on prepayment. During this meeting the AFL-CIO spokesman demonstrated not only lack of understanding of the Association's policies on prepayment but also serious misunderstanding of the nature of dental prepayment as opposed to other health insurance. After this initial liaison, representatives of the Association were invited to meet with AFL-CIO representatives in Washington, D. C., in August, 1963. Those present were: ADA—Drs. Kenneth J. Ryan, Harold Hillenbrand and Carl L. Sebelius and Messrs. Bernard J. Conway and Hal M. Christensen; AFL-CIO—Messrs. Nelson Cruikshank and Richard Shoemaker, director and assistant director of the social security department; Leo Perlis, director, community services activities, and Leonard Lesser, social security director, industrial union department.

As a direct result of the August meeting, the AFL-CIO in November, 1963 adopted a resolution directing its social security department "to develop guides and principles applicable to all dental prepayment plans. Such guides and principles, if possible, should be acceptable to both the AFL-CIO and the dental profession and the Department of Social Security is directed to develop them in consultation with the appropriate representatives of that profession".

Meetings of representatives of the ADA and the AFL-CIO's social security department resulted in the development of the principles which were jointly released in August, 1964. These principles were transmitted to the Association's House of Delegates at the 1964 annual session for information.

Documentation of Statement: The documentation and comment follow:

1. Dental prepayment programs should make provision for ensuring high quality comprehensive dental care.

The Association's *Principles for Determining the Acceptability of Plans for the Group Purchase of Dental Care* states: "The plan should encourage the maintenance of a high standard of dental treatment". (*Trans.* 1955:215)

2. Where dental prepayment programs are organized, preference should be given to programs organized to serve groups within the entire community.

In its 1949 statement, *A Dental Health Program for the Community, State and Nation*, the Association declared that "Dental care should be available to all regardless of income or geographic location as rapidly as resources will permit". (*Trans.* 1949:264,34)

Prepayment plans which are not available to all purchasing groups in the community do not serve the best interests of the community. Moreover, geographic location and other factors may deter utilization even by eligible patients themselves.

Principle 2 also discourages the establishment of a closed panel clinic by a single union to serve only its own beneficiaries, a not uncommon practice.

3. Regardless of the organizational structure of a prepaid dental care program, the practice of dentistry is, of course, the exclusive prerogative of the dental profession; however, the provision of dental health services must also be the concern of the consumer and the public.

The prerogative of the profession is acknowledged in *Principles for Determining the Acceptability of Plans for the Group Purchase of Dental Care*: "The administration of the professional phases of the plan should be entirely within the control of professional personnel. Professional standards and treatment should not be controlled by nondental administrators". (*Trans.* 1955:215)

The professional prerogative is upheld further by the principle that "The method of authorization of dental care under a prepayment plan should prevent any interference with the dentist-patient relationship or the professional judgment and decision of the dentist". (*Trans.* 1956:203)

The Association has also been realistic in recognizing that the consumer and the public have a legitimate concern. This recognition was expressed in 1951: "The initiative and interest of the individual in his own health is essential to the effective furtherance of the health of the community. The effective furtherance of community health is also dependent upon the initiative, interest, aggressive support and participation of individuals and groups in the entire community—professional workers in the field of health and laymen" "The maintenance and promotion of the health of all members of a community cannot be an isolated activity; planning for health is a part of—and should be coordinated with—planning for economic and social well-being. Uncoordinated planning in such fields as family life, rural life, education, recreation, delinquency, housing, welfare, health services and especially in the fields of specific diseases and other special health problems has led to and perpetuates an unrealistic separation of services". (*Trans.* 1951:159)

4. Freedom of choice for individuals under group programs should include not only free choice of dentists but free choice of plan or program as well.

The Association's basic tenet of freedom of choice of dentist was applied to group programs in 1955: "The patient must have freedom to choose, within the agreed limitations of the plan, the dentist to whom he may wish to apply for treatment. Similarly, the dentist, within the same limitations, must have the right to accept patients who apply for treatment" "All ethical, qualified dentists must be eligible to participate within the agreed limitations of the plan". (*Trans.* 1955:215)

Awareness of new developments and reflection of that awareness in policies to protect the public and the profession have been continuing activities of the Association since its founding more than a century ago. With the advent of a variety of plans through which dental services may be obtained, it is only logical to extend the principle of free choice of dentist to free choice of plan. Safeguards for the public and the profession lie in the Association's principles for evaluating the various types of plans.

5. Remuneration for professional services may be on a fee-for-service, per capita, salary or other basis, depending upon the plan or program. Such remuneration should meet standards of adequacy in relation to the training and experience of the dentist and to the standards established by the dental profession.

This principle merely recites possible methods of payment which must be agreed to for any program. Such agreements are worked out for each individual program by the authorized representatives of the dentists who will participate, a procedure that is rightfully the responsibility of the constituent dental society.

6. Dental prepayment programs should provide for an effective mechanism to insure that the fee procedures stipulated in the contract between the subscribers and the providers of professional services are maintained.

It is routine business practice for administrators to maintain accurate records to assure that expenditures do not exceed income. In dental prepayment programs, the "income" is the total amount paid by a purchasing group for a plan and is determined on the basis of the total cost, or proportion thereof, of the services to be provided under the plan. It is from this "income" that the dentists are paid. Obviously, any misuse of the prepayment mechanism employed in a plan, such as fee schedules, deductibles or coinsurance, could bankrupt the plan. For example, where deductibles and coinsurance are involved, no adjustment of fees should be permitted to relieve the patient of the responsibility for paying his portion of the costs of his care. In programs where maximum fees have been agreed upon by participating dentists, any variations above the maximums should require approval from the prepayment plan. Under a service plan, the patient should be required to pay only that percentage outlined in the contract unless he receives services specifically listed in the exclusions. He would, of course, be obligated for payment of excluded services. To permit individual violations of stipulated procedures with regard to fees would not only increase the cost of the program but reflect on the integrity of those involved. It is, therefore, essential that administrators of dental prepayment programs keep appropriate records and that dentists be provided with the necessary information to prevent misuse through misunderstanding.

7. Where funding limitations prevent consideration of a comprehensive prepayment program, deductibles and coinsurance should be considered but the minimization of such features should be given high priority in future developments of the plan or program. High priority should be placed on comprehensive coverage for all patients, particularly children.

In 1959, the House of Delegates enunciated the following principle in regard to deductibles and coinsurance in dental prepayment programs: "The Association encourages the development of group dental care programs in which the individual is permitted to assume responsibility for a portion of the costs of his dental care". (*Trans.* 1959:46)

It is obvious that, in poorly designed dental prepayment programs, the deductible and coinsurance factors can be placed at such levels as to vitiate the very purpose of the program: utilization by the participants. A program with very high deductibles or coinsurance factors would, therefore, place a sizeable barrier between the program participants and the service needed by the patient. In the AFL-CIO statement, an effort was made to anticipate this problem by recommending that the deductibles and coinsurance factors be *minimized*. It should be noted that the statement does not recommend the *elimination* of the deductible or of the coinsurance factor but merely that they be placed at limits which are consistent with utilization of the program and dental benefits for the patient.

It should be noted further that the Joint Statement recommends that the minimization of deductibles and coinsurance "be given high priority in *future* developments of the plan or program". The minimization of such features, after an initial period of relatively high individual contributions through deductible or coinsurance features, is a growing practice in the formulation of group dental service plans in existence, or now being written, and has been a basic concept in most forms of insurance coverage for many years. The Council believes that such practices are desirable and suggests that deductible and coinsurance features should be *minimized*, after an initial period, as an incentive to continued participation in the plan.

8. Any contract between an organization offering dental prepayment plans and a group of consumers should provide a means by which participants may receive the benefit of impartial review of grievances which may arise out of services provided by the plan or its administration.

Long before the development of prepaid dental care programs, the Association recognized that complaints arising out of the dentist-patient relationship called for the competency of professional judgment. Nearly 15 years ago, the House of Delegates approved in principle "the maintenance of an appropriate agency in all component societies for the purpose of adjusting complaints about the dentist-patient relation" and requested component societies "to give particular attention to the name applied to such agency so that local needs and customs may be served". (*Trans.* 1951:195)

Four years later, the foregoing recommendations were extended to group purchase plans: "The plan should make adequate provisions for the adjustment of any complaints that may arise in the dentist-patient relationship". (*Trans.* 1955:215)

Since differences between the patient and the dentist that cannot be resolved through their relationship should be handled within the profession and since component societies have established appropriate committees for adjusting such complaints, the interests of both patients and dentists will be served through referral of complaints to the existing committees by representatives of dental prepayment programs.

9. Provision should be made for public, consumer and professional representation on the governing boards of dental prepayment and direct service organizations.

The Association does not have policy with regard to the composition of the boards of directors of dental prepayment plans. However, state statutes, increasingly, are requiring lay representation on governing boards of health care plans. It would be unrealistic for the Association to develop policy that would be subject to reversal by court order. Moreover, the Association would contradict its own philosophy if it denied that the public or the consumer had a rightful interest in determining how health services are to be provided: "The effective furtherance of community health is also dependent upon the initiative, interest, aggressive support and participation of individuals and groups in the entire community—professional workers in the field of health and laymen The maintenance and promotion of the health of all members of a community cannot be an isolated activity; planning for health is a part of—and should be coordinated with—planning for economic and social well-being". (*Trans.* 1951:159)

Professional representation on boards of directors is supported in the Association's principle "The administration of the professional phases of the plan should be entirely within the control of professional personnel. Professional standards and treatment should not be controlled by nondental administrators". (*Trans.* 1955:215)

10. Dental health education should be a part of dental prepayment programs and should be jointly planned and conducted by the dental profession and the consumer organizations involved.

The need for dental health education in prepayment programs is specified in the Association's principle: "The plan should include a sound program of dental health education for its beneficiaries". (*Trans.* 1957:389)

Since dental health education will increase utilization and thereby help to attain the objective of better dental health for the beneficiaries, joint effort on the part of the profession and the consumer organization is in accord with the objectives of both groups.

COUNCIL ON DENTAL HEALTH: SUPPLEMENTAL REPORT 1

Restatement of Policies on Dental Prepayment: Since 1949, the American Dental Association has encouraged experimentation in dental prepayment plans in order to make dental care more readily available to the public (*Trans.* 1949:38). In the intervening years, the Association has developed policy statements to guide dental prepayment plans as they moved from the area of experimentation to acceptance by the public, the profession and the insurance industry.

Policies on various phases of dental prepayment have been stated and restated as experience dictated, with the result that the statement of policy in some areas is now either complicated or obscure. The Council on Dental Health, therefore, has consolidated these various policy pronouncements into a unified statement which it presents for the approval of the House of Delegates.

In some instances, the language of existing policies has been changed to clarify the points involved; in others, ideas which were inherent or implied in the original statement have now been made explicit. The revised statement also incorporates policies which will be considered by the 1965 session of the House of Delegates. The statement will be further revised, if necessary, in the light of actions taken by the 1965 session of the House of Delegates.

The text of the original statements from which this restatement was developed is appended to this report.

The Council requests approval of the restatement, and an appropriate resolution appears at the end of this report.

**Statement of Policies on Dental Prepayment
(Revised, November, 1965)**

The American Dental Association believes that dental prepayment programs provide a sound mechanism for making dental care more readily available. The development and growth of dental prepayment plans, therefore, are encouraged, provided that they meet the principles and standards established by the dental profession in the interest of providing the best possible level of dental care.

Benefit of Employment: The Association recognizes the propriety of providing prepaid dental care as a benefit of employment.

Use of Practitioners and Facilities: The development of dental prepayment plans in which dentists in private practice participate is preferred to the establishment of facilities staffed with salaried dentists.

Responsibility for Costs of Dental Care: Dental prepayment plans in which the individual is permitted to assume responsibility for a portion of the costs of his dental care are encouraged.

Evaluation of Dental Prepayment Plans: Constituent societies have the responsibility for evaluating dental prepayment plans which come within their jurisdiction, provided the societies' criteria are consistent with standards which have been established at the national level.

Determination of Fees: The determination of policies relating to fees and methods of remuneration should be made at the state or local level by authorized representatives of the dental profession.

National Criteria for Evaluation of Dental Prepayment Plans: The following are general principles which should be utilized in the evaluation of dental prepayment plans:

1. The plan should be developed, maintained and promoted to the public with the advice of authorized representatives of the constituent and component dental societies.
2. The plan should encourage the maintenance of high standards of dental treatment.
3. When direct service benefits are provided, the plan should be operated on a not-for-profit basis.
4. The promotional standards under which the plan is developed should meet the requirements of the *Principles of Ethics* of the American Dental Association and the codes of ethics of the constituent and component societies involved.
5. The benefits available under the plan, and any limitations, should be clearly defined.
6. The areas of responsibility involved in the administration of the plan should be clearly delineated:
 - a. The operation of the plan should be efficient and economical, and governing policies should provide freedom to experiment with methods of payment.
 - b. The administration of the professional phases of the plan should be entirely under the control of professional personnel. Professional standards and treatment should not be under the control of non-dental administrators.
 - c. The method used to authorize dental care under a plan should be limited to determining the eligibility of the patient and the extent of liability of the plan and should in no case infringe upon the professional judgment of the dentist or interfere with the dentist-patient relation.
7. The costs of dental care should be determined on the basis of accurate, current statistical data which reflect fees in the area in which the plan operates. Fee schedules and tables of allowances should be developed with the advice and assistance of the dental society in order that they may (a) assure high standards of treatment in providing benefits under the plan and (b) be subject to adjustment at reasonable intervals in accordance with changes in the economic level.
8. The patient must have freedom to choose, within the agreed limitations of the plan, the dentist to whom he may wish to apply for treatment. Similarly, the dentist, within the same limitations, must have the right to accept patients who apply for treatment.
9. The financial reserves of the plan should be adequate to assure continuity of operation.
10. All ethically and legally qualified dentists must be eligible to participate within the agreed limitations of the plan.
11. The plan should make adequate provisions for the adjustment of any complaints arising from the dentist-patient relation.
12. The plan should provide for the maximum use of existing facilities.
13. The plan should include a sound program of dental health education for all beneficiaries.

Payment to Dentists: The payment to dentists participating in the plan may be made on a full-time, part-time, hourly, unit of service or other professionally acceptable basis. The method of payment should be determined by authorized representatives of the constituent societies within policies established by those societies. In all cases, the payments should be consistent with the provision of a high standard of dental treatment.

In order to eliminate misunderstanding in the description of fee concepts, the following definitions are provided:

Maximum Fee Schedule: A compensation arrangement in which a participating dentist agrees to accept a prescribed sum as his total fee for one or more covered services shall be known as a "maximum fee schedule".

Table of Allowances: A list of covered services that assigns to each service a sum which represents the total obligation of the plan with respect to payment for such service, but which does not necessarily represent the dentist's full fee for that service, shall be known as a "table of allowances".

Payments to "Specialists" or Those "Limiting Practice": The limitation of payments in a dental prepayment plan to those qualified in a specialty or special area of dental practice is deemed improper for the following reasons:

1. The patient's right to freedom of choice in the selection of his dentist should not be abridged.
2. The legally licensed dentist is permitted to perform all operations and provide all services prescribed in the state dental practice act.
3. The patient should have access, when desired, to any practitioner with competence in any field of dental practice.
4. Dentists have the professional competence to make patient referrals when necessary.

Liaison with Other Groups in Dental Prepayment Plans: The Association and its constituent and component societies should maintain active communication with all groups and persons interested in the development and operation of dental prepayment plans.

Constituent and component societies are encouraged to keep their members informed of all developments in the area of dental prepayment. They should develop guiding principles which will lead to the establishment of soundly conceived dental plans by unions and other groups. The unions have evidenced a major interest in dental prepayment, and constituent and component societies should keep their members informed of labor union proposals as well as existing plans.

Mechanisms for Dental Prepayment: The four mechanisms devised to date for the prepayment of dental services for groups are:

Dental Service Corporations: A dental service corporation should be a legally constituted not-for-profit organization sponsored by a constituent dental society to negotiate and administer contracts for dental care.

Insurance Companies: Dental prepayment benefits may be underwritten by commercial or not-for-profit insurance companies.

Closed Panels: A closed panel practice is established when patients are obtained through the provisions of an agreement with a given group and when such agreement does not provide for the purchase of dental care by the patients from any other source. Because of the essential limitation which this method of practice imposes on the patient, it should be discouraged. Closed panel practices should be established only in special circumstances to meet needs which can not be met in any other way. When established, closed panel practices should be under the direct supervision of a dentist legally licensed in the state, should conform to the *Principles of Ethics* of the American Dental Association and the local codes of ethics and should maintain close liaison with the constituent and component societies in the area.

Self-Insured Plans: In a self-insured dental prepayment plan, the employer, employee or other sponsoring group assumes the role of the insuring agency and administers the plan directly.

Establishment of Dental Service Corporations: Constituent societies of the American Dental Association should give consideration to the establishment of a dental service corporation so that this not-for-profit mechanism will also be available when there is a group demand for dental services.

Administration of Dental Service Corporations: Dental service corporations may find it desirable to seek assistance in handling administrative, actuarial and fiscal procedures, and such assistance may be obtained from Blue Cross or Blue Shield plans or from commercial insurance carriers. Any affiliation of the dental service corporation with these organizations, however, should be limited to

administrative procedures, since the dental profession should remain in complete control of policy and program development.

Solicitation of Contracts by Dental Service Corporations: In order to make the benefits of a service corporation available to as many persons as possible, the active solicitation and promotion of dental prepayment plans by dental service corporations is encouraged within the policies established by the sponsoring constituent society and the individual dental service corporation.

National Association of Dental Service Plans: The National Association of Dental Service Plans, authorized by the House of Delegates in 1964, is the national coordinating agency for dental service corporations. The enabling resolution of the House of Delegates stipulated that the agency be independent of the American Dental Association, that the majority of its board of directors be ethically and legally qualified dentists, and that the bylaws and other documentary materials relating to the agency be reviewed and accepted by the House of Delegates.

The functions of the National Association of Dental Service Plans are as follows:

1. Provide assurance that the character of private dental practice will not be adversely affected in the development of dental prepayment plans at the national level.
2. Make technical assistance available to existing and developing dental service corporations.
3. Conduct research programs and provide a mechanism for the exchange of information in order to minimize the duplication of costly pilot programs.
4. Provide active liaison with other national agencies in the field, such as the national agencies of Blue Cross and Blue Shield plans.
5. Serve as a coordinating agency in developing acceptable methods for fostering multi-state dental prepayment plans.

Payments to Dentists Under Health Insurance Contracts: The insured person does not receive the full benefit of a policy which provides for medical and surgical treatment if payment of a claim is denied on the basis that the practitioner, though legally qualified, is not specified in the language of the contract. Appropriate agencies of the American Dental Association will continue their efforts to eliminate from health insurance and health service contracts the restrictions which, either directly or by administrative interpretation, permit the underwriters to determine their liability on covered services involving the oral cavity solely on the basis of the character of the professional degree and licensure held by the provider of such services.

Association agencies will assist in the development of more effective interpretation of existing health insurance contracts so that allowed procedures performed by qualified dentists will entitle the policyholder to reimbursement and will encourage clear identification within insurance contracts of allowed procedures which policyholders may have performed by qualified dentists.

Negotiations to achieve these objectives will continue through the joint efforts of the American Dental Association, the National Association of Blue Shield Plans, the Health Insurance Association of America and the Health Insurance Council.

If a constituent society is negotiating this problem with an insurance company, prior consultation with the American Dental Association is encouraged.

RESOLUTION

42. Resolved, that the *Statement of Policies on Dental Prepayment (Revised, November, 1965)* be approved.

APPENDIX

Prepayment Policies of the American Dental Association: Following are the existing policies of the American Dental Association in the area of dental prepayment:

**Responsibilities of Council on Dental Health
on Methods of Payment
(Trans. 1960:233)**

Resolved, that the Council on Dental Health be requested to (1) provide guidance to constituent dental societies on the organization and operation of dental service corporations; (2) provide a mechanism for interchanging information to minimize the duplication of costly pilot programs; (3) effect the development of interstate and national coverage that will be adaptable to the needs of the individual states and regions; (4) establish standards for the recognition of dental service corporations as official agencies; (5) provide guidance in the development of cooperative administrative arrangements with Blue Cross and Blue Shield agencies for the administration of claims, payment, sales and promotion; (6) develop effective liaison with national Blue Cross and Blue Shield agencies.

**Role of American Dental Association
In Development of Dental Service Corporations
(Trans. 1963:286)**

Because of the recent increased interest in methods of prepayment the Council on Dental Health has carefully reviewed its duties as set forth and approved by the House of Delegates in 1958 (*Trans. 1958:60*).

- a. To study, develop and compile information on plans and programs designed to increase the availability of dental care to all segments of the population by increasing the efficiency of private dental practice to meet the demand for dental care and by improving the methods for meeting the costs of dental care.
- b. To assist constituent societies and other agencies in the development of programs and policies related to public health and to increasing the availability of dental care to the public.

It should be noted that the position of the Council with respect to its responsibility concerning methods of payment was reaffirmed by actions of the Board of Trustees and House of Delegates in 1960 (*Trans. 1960:184, 233*). In view of these actions and because of increased demands by constituent societies for stronger leadership on the part of the Association, the Council outlines the course of action it believes it should pursue to serve the needs of the dental profession most effectively.

The Council reaffirms its position that it will be the responsible agency of the American Dental Association in the area of methods of payment for dental care and that all matters pertaining to this field should be channeled through it. The aid and cooperation of other Association agencies will be sought and utilized when necessary.

More recently, the Council has received many requests concerning the service organization method of payment, which has been referred to in some circles as the profession's plan. It has become evident that the constituent societies expect advice and vigorous leadership from the Association in the development of these service organizations, and, in response, the Council sponsored a major national conference in April, 1963. In addition to the continuation of such conferences, the Council recommends that the following steps be taken:

1. The Council should continue to develop and maintain a clearing house of information for dental service organizations.
2. The Council, with the assistance of appropriate Association agencies, should collect,

process, correlate, interpret and make available statistical data to all interested constituent societies and constituent-society-sponsored service organizations.

3. The Council should publish a concise handbook on procedures for establishing and implementing dental service organizations, including a glossary of terms.

4. The Council, with the cooperation of the active service organizations, should assume the responsibility of developing standard nomenclature, coding, reporting forms and other pertinent materials to facilitate the exchange of information among dental service organizations and interested constituent societies. However, policy for prepaid dental care should be determined by the state service organization in cooperation with the constituent dental association involved.

**Principles for Determining the Acceptability
of Plans for the Group Purchase of Dental Care
(Trans. 1957:389)**

1. The plan should be developed, maintained and promoted to the public with the advice of authorized representatives of the local and state dental societies.

2. The plan should encourage the maintenance of a high standard of dental treatment.

3. If the plan provides direct service benefits, it should be operated on a not-for-profit basis.

4. The promotional standards under which the prepayment plan is developed must meet the requirements of the *Principles of Ethics* of the American Dental Association and the codes of ethics of the state and local dental societies involved.

5. The limitations of benefits available under the plan must be clearly described.

6. The areas of responsibility involved in administration of the plan must be recognized and properly evaluated:

a. The basic policies and operation of the plan should be efficient and economical and should provide freedom to experiment with methods of payment by beneficiaries.

b. The administration of the professional phases of the plan should be entirely within the control of professional personnel. Professional standards and treatment should not be controlled by nondental administrators.

c. The method of authorization of dental care under a prepayment plan should prevent any interference with the dentist-patient relationship or the professional judgment and decision of the dentist.

7. The determination of costs of dental care should be based upon accurate, current statistical data which reflect fees in the area in which the plan operates. Fee schedules and tables of allowances should be developed with the advice and assistance of the dental society in order that they may (1) make possible high standards of treatment in providing benefits under the plan and (2) be adjusted in accordance with changes in the economic level at reasonable intervals.

8. The patient must have freedom to choose, within the agreed limitations of the plan, the dentist to whom he may wish to apply for treatment. Similarly, the dentist, within the same limitations, must have the right to accept patients who apply for treatment.

9. The financial reserves of the plan should be adequate to assure continuity of the program.

10. All ethical, qualified dentists must be eligible to participate within the agreed limitations of the plan.

11. The plan should make adequate provisions for the adjustment of any complaints that may arise in the dentist-patient relationship.

12. The plan should provide for the maximum use of existing facilities.

13. The plan should include a sound program of dental health education for its beneficiaries.

**Closed Panel System of Dental Practice
(Trans. 1961:254)**

A closed panel practice is established when patients are obtained through the provisions of an agreement with a given group and when such agreement does not provide for the purchase of dental care by the patients from any other source.

Because of the essential limitation which this method of practice imposes on the patient, it should be discouraged. Closed panel practices should be established only in special circumstances to meet needs which can not be met in any other way. When established, closed panel practices should be under the direct supervision of a dentist legally licensed in the state, should conform to the *Principles of Ethics* of the American Dental Association and the local codes of ethics and should maintain close liaison with the constituent and component dental societies of the area.

Dental Service Corporations
(Trans. 1957:390)

Constituent societies which may anticipate the development of sufficient demand for organized plans for the group purchase of dental care should give consideration to the establishment of a dental service corporation but only after consultation with competent legal counsel.

(Trans. 1961:252)

A dental service corporation should be a legally constituted not-for-profit organization sponsored by a state dental society to negotiate and administer contracts for dental care.

National Association of Dental Service Plans
(Trans. 1964:273)

Resolved, that a national coordinating agency for dental service corporations of cooperating constituent societies as an agency independent of the American Dental Association be established, and be it further

Resolved, that the bylaws of the agency stipulate that a majority of the Board of Directors of the agency be composed of ethically and legally qualified members of the dental profession, and be it further

Resolved, that the bylaws and other supporting documentary material relating to the agency be presented to the 1965 session of the House of Delegates for its review and acceptance.

Labor Union Dental Care Programs
(Trans. 1954:279)

Resolved, that constituent and component dental societies be encouraged to conduct informational programs for their members relating to labor unions' interest in and proposals for dental care programs, and be it further

Resolved, that constituent and component dental societies be encouraged to develop guiding principles that will lead to the development of soundly conceived dental programs in their respective areas in the event the dental societies are approached by labor unions for such programs for their members and their families.

Group Dental Care Programs as Employment Benefits
(Trans. 1959:46)

1. The American Dental Association recognizes the propriety of providing group dental care as a benefit of employment, provided that the methods of financing and administering such programs are in keeping with the policies and principles of the Association.
2. The Association encourages the development of acceptable group dental care programs with participation by dentists in private practice rather than the establishment of facilities by or for the group and the use of salaried dentists.
3. The Association encourages the development of group dental care programs in which the individual is permitted to assume responsibility for a portion of the costs of his dental care.
4. The Association and its constituent and component societies should maintain active commu-

nication with all groups interested in the development and operation of group programs for dental care.

Definitions
(Trans. 1959:231)

Resolved, that the following definitions be approved for use by the agencies of the Association in statements relating to dental care plans:

Fee Schedule: In all plans for meeting the cost of dental care in which the statement of fees for individual services represents the total which may be received by the person rendering the service, this statement of individual service fees shall be known as a "fee schedule".

Table of Allowances: In all plans for meeting the cost of dental care in which a statement of allowances for individual services represents the amount which the plan will contribute toward the payment for the service, but which is not necessarily the full fee for service, this statement of allowances shall be known as a "table of allowances".

Fee Schedules—Veterans Administration
(Trans. 1950:226)

Whereas, the present fee schedules which govern the provision of dental service by participating dentists in the Veterans Administration dental programs were established in 1946, and

Whereas, the reappraisal of such fee schedules is justifiable on the basis of social and economic changes which have taken place in the intervening four years, and

Whereas, under the traditional policy of the American Dental Association and under the actual practice of the Veterans Administration, fee determinations are made at the level of the state or territory in active cooperation with the state and territorial dental societies, therefore, be it Resolved, that the House of Delegates reiterates its policy that fees for dental treatment services should be determined only at the level of the state or territory where proper consideration may be given individual needs and variations, and be it further

Resolved, that the House of Delegates requests each constituent society to undertake as soon as possible a survey of the fees paid for dental treatment services within the areas of its jurisdiction for the purpose of aiding in the determination of a state fee schedule which will be equitable for those paying the cost of federal treatment and for all of the dentists practicing within the state, and be it further

Resolved, that the Board of Trustees be directed to make available for such surveys the advice and facilities of the Bureau of Economic Research and Statistics of the American Dental Association with a view to making available to the constituent societies uniform methods of procedure, uniform terminology for the treatment services and uniform methods of reporting, and be it further

Resolved, that the Secretary of the Association be authorized to communicate with appropriate officials of the Veterans Administration with a view to informing them of the content of this resolution and of the request made to the constituent societies for the initiation of studies on the reappraisal of state and territorial fee schedules.

Responsibility for Policy in Provision of Dental Service
(Trans. 1963:286)

Resolved, that the following statement be approved:

The Council on Dental Health has been advised that, in certain states, various non-dental agencies are attempting to prepay dental care. The Council re-emphasizes that the responsibility for policy in the provision of dental service rests with the dental profession and that any affiliation with allied organizations should be limited to administrative procedures. The dental profession should remain in complete control of policy and program development.

Underwriting Voluntary Dental Prepayment Plans
(Trans. 1951:193)

Resolved, that the Association recommend to constituent societies that financial grants for underwriting voluntary prepayment dental plans be considered acceptable (1) if the funds are under the full control of the governing body of the prepayment or the insurance organization, (2) if provision be made for an advisory committee selected by the official dental society affected, and (3) if there are no undesirable social, political or commercial implications involved in the acceptance of such grants as determined by the constituent society.

**Dental Care Programs—Evaluation by Constituent and
Component Societies**
(Trans. 1954:279)

Resolved, that the desirability and effectiveness of dental care programs, either governmental or private, be evaluated by constituent and component societies on the basis of the program's ability to provide dental services to all of its participants in terms of (1) its financial resources, (2) its procurement of sufficient competent personnel and (3) its consistency in rendering high standards of health services.

**Statistical Evaluation of
Group Dental Health Care Programs**
(Trans. 1955:216)

Resolved, that the constituent dental societies be advised that the statistical evaluation of group dental care programs is properly the responsibility of the agencies sponsoring and operating such programs in conjunction with the constituent dental societies. This evaluation should be conducted in cooperation with the American Dental Association through the constituent dental societies.

**Statement of Policy of American Dental Association
on Medical and Surgical Care Rendered by
Dentists Under Commercial Insurance Contracts**
(Trans. 1957:390)

The insured public is entitled to the health benefits which are provided in commercial health insurance contracts. The policyholder does not receive the full benefit of a policy which provides for medical or surgical treatment if payment of the claim is denied on the basis that the practitioner, though legally qualified, is not specified in the language of the contract.

The immediate objective of the Association should be to assist in the development of a more effective interpretation of existing health insurance contracts to provide a more satisfactory administration of claims under the contracts so that allowed procedures performed by qualified dentists will entitle the policyholders to reimbursement.

The long-range objective should be the clear identification, within the insurance contracts, of allowed procedures which the policyholder may have performed by qualified dentists.

Negotiations to achieve these objectives can be conducted most effectively through the joint efforts of the Health Insurance Association of America and the American Dental Association.

In any instance where a constituent dental society is in a position to negotiate effectively with an individual insurance company, that society should consult first with the American Dental Association in order that all efforts may be completely coordinated.

Payment to Dentists Under Blue Shield Programs
(Trans. 1957:390)

Resolved, that, in the best interest of the subscribing public, constituent dental societies be urged to insure that Blue Shield plans in their respective states provide for direct payment to dentists for those procedures which may be performed legally by both physicians and dentists.

**Payment for Covered Procedures
Under Health Insurance Carriers
(Trans. 1964:276)**

Resolved, that the appropriate agencies of the American Dental Association be directed to accelerate their efforts to eradicate from health insurance and health service contracts restrictions which, directly or by administrative interpretation, permit the underwriters to determine their liability respecting covered services or procedures involving the oral cavity solely on the basis of the character of professional degree and licensure held by the provider of such services.

**Excerpts from A Dental Health Program
for the Community, State and Nation
(Trans. 1949:264)
The National Program**

Dental Care: Dental care should be available to all regardless of income or geographic location as rapidly as resources will permit. . . .

Methods of Payment: Voluntary prepayment and postpayment plans consistent with sound experience should be developed as rapidly as possible. A federal compulsory health insurance program should be opposed on the grounds that it is not in the interest of the public or of the profession.

The State Program

The state dental health program should be developed within the broad framework of policies established by the dental profession through the state dental society and the American Dental Association. The right of determination on all points which vary from state to state should be reserved to the individual states. . . .

The Community Program

Methods of Payment: The need for finding a more satisfactory financing plan to meet dental health service costs, especially for the medium and low income groups, suggests the desirability of establishing experimental voluntary prepayment and postpayment plans. Although the successful application of the prepayment principle in meeting hospital and medical care costs has been well established, present knowledge of the subject is inadequate to determine whether a similar budgeting plan can be applied to dentistry.

Experimental prepayment plans for dental service should be inaugurated by dental societies. With proper management, it is believed that actuarial data can be obtained to analyze the now unknown factors of a prepayment system as they are related to dental care.

Efforts to develop satisfactory postpayment plans should be encouraged and the dental health education program should motivate the public to budget for dental care.

Facilities for Dental Health Services: Every effort should be made to use to the maximum extent existing facilities for rendering dental health service. Such facilities should include the offices of private practitioners, hospital dental clinics, mobile dental units and other private and public facilities.

Dental Fees: Payments to dentists participating in the program may be made on a full-time, part-time, hourly or unit-of-service basis. The dental fee schedule should be determined by authorized representatives of the dentists who will render the dental services. In all cases, payments should be consistent with the provision of a high-grade dental service.

Council on Dental Research

Kreiner, Robert L., Illinois, 1965, chairman
 Padelford, Donald C., New York, 1965, vice-chairman
 George, W. Arthur, Pennsylvania, 1967
 Mahan, Parker E., Georgia, 1966
 Stark, Carl J., Ohio, 1966
 Pearlman, Sholom, secretary
 Burrows, Leslie R., assistant secretary
 Paffenbarger, George C., director, Research Division,
 National Bureau of Standards
 Stanford, John W., assistant director, Research Division,
 National Bureau of Standards
 Hampp, Edward G., director, Research Division,
 National Institutes of Health

Meetings: The Council met in the Washington Office on December 3-5, 1964, and inspected activities of the Research Divisions at the National Bureau of Standards and at the National Institute of Dental Research. Dr. Donald C. Padelford was elected vice-chairman of the Council. A second meeting of the Council took place in Chicago, April 5-7, 1965.

Status of Dental Research Activity: The national development of dental research activity continues at an accelerated pace which may be impeded, however, by the appearance of a significant gap between scientific growth and available financial resources. More than 65 per cent of the funds for dental research is provided by grants from the U.S. Public Health Service. Those funds were exhausted early in 1965, and scores of important new projects will not be activated unless adequate support is provided. In cooperation with the Council on Legislation and the American Association of Dental Schools, the Council brought this situation vigorously to the attention of the Congress. The Associations have urged the appropriation of funds to accommodate an existing backlog of approximately \$4 million in grants that have been approved but without payment, and to provide for support of the increasing number of applications that are emerging as a normal consequence of the growth spurt which dental research is now undergoing.

The Council wishes to commend the Division of Dental Public Health and Resources and the National Institute of Dental Research on the initiative which they have shown in the further development of dental research activity of good quality on a national basis.

Recognizing that present financial limitations can only be temporary, the Council continues to emphasize the importance of attracting and training scientific manpower for participation in research. The Council also has supported legislative action in behalf of the Health Research Facilities program, for provision of adequate care for laboratory animals, for opposing restrictive legislation affecting copyrights and scientific freedom, and for development of better communication of scientific information.

The Council also has participated in the development of plans for the expansion of the Association's research program at the National Bureau of Standards and in the new headquarters building.

Dental Research Information Center: In July 1964, with the approval and support of the Association, the Council initiated the Dental Research Information Center (DRIC). The DRIC will collect, maintain and evaluate information about ongoing dental research activities. The first of a series of recurring national surveys is being made for the Association by IIT Research Institute, which will also develop the information storage and retrieval system for the Center. The DRIC will include registries of investigators, graduate students in training for a career in dental research, research projects currently in progress, and facilities where dental research is conducted. It is anticipated that the DRIC eventually will attain recognition as a clearinghouse for information on dental research resources, and will be invaluable to the Association and other agencies responsible for planning and fostering the development of dental research.

The DRIC is supported heavily by the U.S. Public Health Service and other federal agencies have indicated interest in participating in its future maintenance. Dr. Helen F. Ginsberg recently has joined the staff of the Council to coordinate the programs of the DRIC. Status reports on the progress of the DRIC will be issued at intervals as the programs develop.

The Council wishes to express appreciation of the assistance rendered by the Advisory Committee of the Dental Research Information Center, whose members are Drs. F. Earle Lyman, William R. Mann, Shailer Peterson, Joseph F. Volker, Charles E. Wilde, Jr., and the Council chairman.

Dental Research Manpower: With the expansion of dental research and with the creation of new dental educational facilities throughout the country, the need continues for additional personnel in the field of dental research. The Council initiated two new programs during 1965 which are designed to interest young scientists in dentistry and dental research. The Program of Participation in Dental Research for College Students provides opportunity for 15 pre-baccalaureate college students to spend the summer in the laboratories of dental scientists. These students will participate in research projects and will be exposed to many of the challenging problems in the field of dental research. This program is supported by a training grant from the National Institute of Dental Research.

On April 22-24, 1965, the first Dental Students Conference on Research was held in Washington, D. C. Fifty of the 56 dental schools in the United States, Canada and Puerto Rico sent a representative to the three-day conference which was designed to acquaint dental students with the broad field of dental research and opportunities which are available for future careers in this field. The conference was jointly supported by the participating dental schools and the Procter & Gamble Company.

In addition to these new activities, three established programs are also administered by the Council. The Junior Dental Scientist Awards program was initiated in 1964 when five high school students were selected to spend the summer in the laboratories of dental scientists. For the summer of 1965, the number of awardees has been increased to 13. This program is supported by a grant from the Dental Health Section of the General Electric Company.

In another, the Future Scientists of America Awards program, high school students

conduct research investigations and prepare a scientific paper which is judged in regional and national competition. From the papers submitted for national consideration, the Association presented awards to eight students in 1965.

Again this year the Council sent kits of information on science fair programs to all dental societies and affiliated groups. It is hoped that an increasing number of dental societies will provide special dental awards at local and regional science fairs and will otherwise participate more actively in these important programs. In May, 1965, the Association presented 13 awards at the National Science Fair in St. Louis, Missouri. The two top winners will display their projects as guests of the Association at the annual session in Las Vegas. In previous years only four awards had been made. The increase to 13 awards this year is referable to the growing number of exhibits at the National Science Fair which are related to dental research. This trend is undoubtedly the result of increased activity in the science fair movement by component and constituent dental societies.

Conferences: In cooperation with the *Fédération Dentaire Internationale*, the International Association for Dental Research, and the National Institute of Dental Research, the Council sponsored a highly successful Conference on Geographic Factors Influencing the Occurrence of Oral Disease, which was presented in San Francisco during the annual session in 1964. Most of the papers delivered at the Conference will be published in the *International Dental Journal*.

The Council cooperated in producing a National Conference on Research and Dental Education. This Conference, to be held in Washington, D. C. in October, 1965, brings together deans and directors of dental schools and major dental research institutions and university research administrators, to explore interrelationships and clarify the roles that each must play in the future development of research, education and related academic pursuits. The Conference is sponsored jointly by the American Dental Association, the National Dental Association and the American Association of Dental Schools, and is supported by the Procter & Gamble Company. By means of conferences of this kind, the Council continues to call attention to areas important to the advancement of research.

Laboratory Animal Care: A number of bills involving laboratory animal care were introduced into the Congress of the United States again this year. Most of the bills would unduly regulate the use of laboratory animals in research and would hinder the effectiveness of scientific investigation. The Council continues to oppose such legislation, and cooperates with various national, professional and scientific organizations and special committees to promote high standards of laboratory animal care. As an example of this cooperation, on April 30, 1965, the American Dental Association became a charter member of a new corporation, the American Association for Accreditation of Laboratory Animal Care, which was formed to promote a program for voluntary accreditation. This accreditation program was developed as a result of the feasibility study conducted in 1964 by the Animal Care Panel and financed by major health organizations, including the American Dental Association. It is anticipated that accreditation site visits will begin during the latter half of 1965.

Reviews of Dental Research: The annual Reviews of Dental Research were edited this year by Dr. Carl J. Stark. The following papers appeared in the June, 1965 issue of *The Journal*: "A Review of Research in Anatomy, Histology and Related

Sciences of the Orofacial Region", James K. Avery; "Research in Clinical Dentistry—1964", James W. Bawden; "A Review of Research in Biochemistry", Charles M. Dowse; "Radiation Biology Pertinent to Dentistry", James A. English; "Highlights of Enamel Caries Research: 1962-1964", Fred L. Losee; "Oral Cancer Detection", George G. Blozis. The Council appreciates the assistance of the editorial department of the Association in the preparation of the annual reviews.

Inter-Council Committee for Evaluation of Devices: In compliance with a directive from the Board of Trustees (*Trans.* 1964:427), a meeting was held in Chicago on May 23, 1965, to formulate plans for the initiation of a program for the evaluation of dental equipment and devices. At this Inter-Council Committee meeting, Drs. Kreiner and George represented the Council on Dental Research. It is anticipated that this important new activity of the Association will become operational during the latter part of 1965.

Radiation Hygiene: The Council continues to handle inquiries about radiation hygiene. Largely through the staff of the Research Division of the National Bureau of Standards, the Council provides information about radiation practice in the interest of safety to the public and to professional personnel. It is the Council's position that the necessity for diagnostic x-ray examination should be determined on the professional judgment of the individual dentist, and that he should assume responsibility for ensuring that the examination is performed with minimal exposure of the patient to radiation.

The Council continues to examine and review devices and procedures that are introduced for the further reduction of residual hazard in dental radiography. In this connection the Council appreciates the valuable assistance rendered by its many consultants. The Council is cooperating with the National Council on Radiation Protection and Measurement, which is producing a new handbook on dental radiography, and with other agencies and organizations that share interest in the improvement of radiography and hygiene.

Miscellaneous Activities: The Secretary and Assistant Secretary participated extensively in liaison activities with many organizations including agencies of the U.S. Public Health Service, National Research Council, National Science Foundation, Animal Care Panel and numerous professional organizations. The staff have appeared before several state and component dental societies, and have inspected a number of dental schools and research centers. A financial survey of national requirements for dental research was conducted again by the Council in the autumn of 1964. The Council continues to cooperate closely with other agencies of the Association on matters of scientific significance.

Publications: Publications since the last annual report follow:

1. Pearlman, Sholom, Directions for future research on the growth and development of the face, teeth and jaws. *J. D. Res.* 44:Suppl.: 297-306, Jan.-Feb. 1965.
2. Pearlman, Sholom, The Dental Research Information Center. *J. D. Educ.* 29:14-15 March 1965.
3. Hiatt, W. H., and Burrows, L. R., Periodontosis and neural crest tissues. *Periodontics* 3:152-156 May-June, 1965.

Registry of Dental and Oral Pathology

This report summarizes the activities of the Registry of Dental and Oral Pathology for the calendar year 1964.

Cases Selected for the Registry: Of the 2,946 dental and oral pathology cases received by the Armed Forces Institute of Pathology for review, diagnosis and/or consultation during 1964, 96 were selected for inclusion in the Registry. As of December 31, 1964, there were 9,492 cases in the Registry.

Study Loan Material: The Registry received 517 requests for the various lantern slide sets and microscopic slide sets available for loan through the Registry. Particular interest was manifest in the Registry of Oral Pathology "Case of the Month" program. This program, initiated in 1962, provides a method whereby rare, unusual or otherwise exceptionally interesting oral pathologic material is made available to institutions with active training programs in oral pathology. Each month a case is selected and a microscopic slide and protocol is sent to various teaching institutions. Eighty-five institutions in the United States and abroad currently are receiving these cases. Twenty-five sets consisting of 12 microscopic slides and protocols, representing the 1964 "Cases of the Month", were made available by the Registry for loan to individuals and institutions not otherwise eligible to receive them.

Two clinicopathologic conference cases, one on "Amelanotic Melanoma", and the other on "Ameloblastic Fibroma", are in preparation and will be available for loan in late summer 1965. A new lantern slide set entitled "Oral Exfoliative Cytology", prepared with the cooperation of Dr. Henry C. Sandler of the Veterans Administration, was made available for loan through the Registry. This set consists of 73 lantern slides and a syllabus which illustrate and describe in detail the characteristics of cancer cells obtained from histologically proven squamous cell carcinomas of the mouth.

Fascicles: The fascicle "Tumors of the Odontogenic Apparatus and Jaws" was reprinted September 1 and 347 copies were sold by December 31, 1964.

Research: The following research projects, supported in part by cases from the Registry, were active or completed during the year:

1. A statistical and morphological analysis of osteosarcomas and chondrosarcomas of the jaws.
2. Fibro-osseous lesions of the jaws.
3. A statistical, morphological and clinico-pathological study of odontogenic tumors.
4. Odontogenesis in craniopharyngiomas.
5. A study of the clinico-morphologic characteristics of lymphoid lesions of the oral region. (Completed.)
6. Comparative histology of giant cell granulomas of the jaws. (Completed.)

RESEARCH DIVISION: NATIONAL BUREAU OF STANDARDS

Activities from May, 1964 to June, 1965 included the specification and certification

programs for dental materials, research on existing materials, revision of the *Guide to Dental Materials*, development of new materials, and research on the calcified tissues and on calculus. Considerable portions of some of these programs were supported by grants-in-aid totaling \$128,000 from the National Institute of Dental Research.

Specification and Certification Programs: The *Fédération Dentaire Internationale* specifications for casting gold alloy and denture base polymer replaced the Association's specifications. The revision of one old and the formation of ten new specifications continues with the aid of the Specifications Committee of the Dental Materials Group of the International Association for Dental Research.

Fifteen new materials, certified by their manufacturers as complying with the Association's specifications, were added to the List of Certified Dental Materials. The recertifications of alloys for dental amalgam were completed. The testing of recertified casting gold alloys and the recertification of silicate cements, wrought gold wire alloys and denture base polymers continues.

With the combined support of the dental profession and the dental trade, the United States, through the American Standards Association, became a participating member of the International Organization for Standardization Technical Committee 106 (ISO/TC-106) for Dentistry.

Casting Gold Alloys: X-ray emission analysis is now being employed to analyze casting gold alloys and alloys for dental amalgam using about one-tenth of the time required in former procedures.

The degree of segregation in dental casting gold alloys was determined with an electron-probe microanalyzer. Comparisons of the effect of composition, grain size and solidification range are in progress.

Dental Amalgam: The strength and flow of amalgams at low temperatures and with different mercury contents continues to be studied.

Dental amalgam prepared from spherical alloy particles is being compared with conventional amalgam as relates to effective packing pressures, residual mercury, voids and microstructure.

"*Guide to Dental Materials (1966-1967)*, 3rd edition: An extensive revision of the *Guide*, containing 200 pages, will be available at the annual session of the Association.

Research on New Materials: *Functional impression materials*—The design of a functional impression material based upon forces exerted on complete dentures during swallowing and on the flow characteristics of ternary mixtures of waxes is now being tested clinically.

Gallium alloys—Histopathological studies conducted by Dr. Herbert Swerdlow at the National Institutes of Health on extracted human teeth have so far revealed no evidence of any undesirable effects on the pulp and there has been no visible corrosion in the oral environment during the five-week testing period. Gallium alloys implanted subdermally by Dr. H. W. Lyon at the Naval Medical Research Institute in rats have produced a severe reaction similar to the reactions obtained with implants of a commercial copper amalgam under the same conditions. Pathological

studies of the tissue reaction to the gallium alloys indicate that the irritation may be partially, if not entirely, due to a mechanical action since the alloy corrodes in the body fluids and disintegrates into fine particles.

The gallium-palladium alloy can be triturated mechanically in a Teflon capsule and laboratory specimens have recently been prepared which had an average compressive strength of 75,000 pounds per square inch as compared with values of about 50,000 pounds per square inch for amalgam at mouth temperature. The alloy has an exceptionally smooth surface appearance and may be handled satisfactorily in the clinic using ordinary dental instruments.

Direct-filling composites and adhesion studies.—The reinforced direct-filling composite for restoration of anterior teeth was not completely color stable. Therefore, research was shifted to improving accelerator and stabilizer systems which increased color stability.

The strength of adhesive bonding between a direct-filling resin and the cavity walls of a tooth must exceed the tensile stresses that develop during the hardening of the filling material, if the bond is to remain intact. A tensile stress of as high as 700 pounds per square inch developed at the walls of cavities during the hardening of an unreinforced direct-filling resin. The stresses produced by other filling materials including the reinforced direct-filling composite were less.

Clinical Studies: The evaluation of paired silicate cement fillings and paired silica-reinforced and unreinforced direct resin fillings continues into the fourth year. The silica-reinforced resin still continues to be as good as or superior to the unreinforced resins and silicate cements after approximately three years. Barium-containing glass, as part of the reinforcing filler, was demonstrated as being capable of giving the filling composite X-ray opacity that matches the hard tooth tissues. This allows for the detection of secondary or recurrent caries by means of roentgenograms.

The clinical evaluation of dentures made of 11 different bases is in its seventh year.

Calcified Tissues: An extensive program including measurement of solubilities of calcium phosphates, measurement of surface properties of calcium phosphates, studies of the growth of crystallites and their properties in hard tooth tissues and studies of the reaction of H_3PO_4 -HF solutions with enamel is continuing in cooperation with the National Institute of Dental Research. Many of the chemical and physical properties of crystallites in tooth and bone ultimately relate to the mechanism which controls their growth. As examples, the exchange properties of bone depend on the extreme fineness of the crystallites; the superior mechanical properties of enamel result from the fibrous character of its crystallites.

Studies of the luminescence of calcified tissues continue with improvement in laboratory and instrument procedures. *In vitro* treatment of powdered enamel with aqueous solutions of tin salts affected the enamel solubility rates along with a lowering in the natural phosphorescence of the treated enamel samples.

Chemical Studies of Dental Calculus—Organic Portion: Old and new technics using gas chromatography are being adopted for the separation of sugars in mucin and in calculus obtained from patients who have heavy deposits and those having slight formation of calculus.

Miscellaneous Activities: Association research associates serve on many committees both national and international which are involved in specifications for dental materials, in the development of standard test methods and in the selection of individuals for awards in science. In most instances the staff members are either chairmen or secretaries of these committees.

Publications: Publications since the last annual report follow:

1. Supplement to list of certified dental materials. *JADA* 68:773 May 1964.
2. Waterstrat, R. M., and Hicho, G. E. Detection of lattice deformation and recovery in epsilon phase silver-tin alloys. *J. Research NBS, Physics and Chemistry*, 68A:317 May-June 1964.
3. Supplement to list of certified dental materials. *JADA* 68:879 June 1964.
4. Waterstrat, R. M., and Longton, R. W. Gallium-palladium alloys as dental filling material. *Public Health Reports*, 79:638 July 1964.
5. Supplement to list of certified dental materials. *JADA* 69:201 Aug. 1964.
6. Council adopts American Dental Association specification no. 12. *JADA* 69:396 Sept. 1964.
7. Hoerman, K. C., and Mancewicz, S. A. Phosphorescence of calcified tissues. *Arch. Oral Biol.* 9:517 Sept.-Oct. 1964.
8. Mancewicz, S. A., and Hoerman, K. C. Characteristics of insoluble protein of tooth and bone—I. Fluorescence of some acidic hydrolytic fragments. *Arch. Oral Biol.* 9:535 Sept.-Oct. 1964.
9. Bowen, R. L. Effect of particle shape and size distribution in a reinforced polymer. *JADA* 69:481 Oct. 1964.
10. Supplement to list of certified dental materials. *JADA* 69:612 Nov. 1964.
11. Brauer, G. M., Argenter, H., and Durany, G. Ionization constants and reactivity of isomers of eugenol. *J. Research NBS, Physics and Chemistry*, 68A:619, Nov.-Dec. 1964.
12. Caul, H. J., Crowell, W. S., Kimmel, W. D., and Paffenbarger, G. C. Early strength, flow and dimensional changes obtained on amalgam prepared with a standardized mechanical technic. *JADA* 69:742 Dec. 1964.
13. Paffenbarger, G. C. Some activities of the cooperative dental research between the federal government and the American Dental Association at the National Bureau of Standards. *Ann. of Den.* 23:111 Dec. 1964.
14. MacGregor, J., and Brown, W. E. Blood: bone equilibrium in calcium homeostasis. *Nature* 205:359 Jan. 23, 1965.
15. Woelfel, J. B., and Paffenbarger, G. C. Pressure-indicator-paste patterns in duplicate dentures made by different processing technics for the same patients. *JADA* 70:339 Feb. 1965.
16. Certification program for dental materials: list of certified dental materials revised to January 1, 1965. *JADA* 70:439 Feb. 1965.
17. Paffenbarger, G. C.; Woelfel, J. B., and Sweeney, W. T. Resins and technics used in constructing dentures. *D. Clin. N. America*, March, 1965 p. 251.
18. Council adopts change in American Dental Association specification no. 15 for acrylic resin teeth. *JADA* 70:730 March 1965.
19. Ohashi, M., Paffenbarger, G. C., and Stanford, J. W. The definition of alginate impression materials by a specification, *J. Nihon Univ. School of Den.* 7:12 March 1965.
20. Ohashi, M., Paffenbarger, G. C., and Stanford, J. W. Some physical characteristics of agar impression materials. *J. Nihon Univ. School of Den.* 7:1 March 1965.
21. Bowen, R. L. Method of preparing a monomer having phenoxy and methacrylate groups linked by hydroxyglyceryl groups. U. S. Patent 3,179,623 April 20, 1965.
22. Woelfel, J. B., Paffenbarger, G. C., and Sweeney, W. T. Clinical evaluation of complete dentures made of 11 different types of denture base materials. *JADA* 70:1170 May 1965.
23. Dickson, George, and Waterstrat, R. M. Dimensional changes of dental amalgam associated with strain release in the silver alloy particles. *J. D. Res.* 44:620 May-June 1965.

RESEARCH DIVISION: NATIONAL INSTITUTES OF HEALTH

The following research projects are continuing problems investigated by the research associates since the last annual report.

Studies on the Oral Spirochetes: (Dr. Edward G. Hampp) Studies are being conducted on the physiology of a large group of cultured strains of spirochetes and include metabolic gas production by these organisms. The first phase of this problem has been completed and the pathways by which the organisms produce these gases are under investigation. In addition, attempts are being made to develop a better and less complex liquid medium than usually employed for the spirochetes and hopefully devoid of serum products, which is essential for studies relating to the metabolic activity of these microorganisms.

Metabolic Studies of *Butyribacterium Rettgeri*: (Dr. Charles L. Wittenberger) Basic studies on the mechanisms by which the chemical products of cellular metabolism may serve to regulate the over-all biochemical activity of *B. rettgeri* are being pursued. As previously reported, two enzymes (lactic dehydrogenases) have been isolated from this organism, one of which functions only in the production of lactate from glucose while the other participates in lactate degradation. Studies on the physical and kinetic parameters of these enzymes show that they possess different cofactors which are being studied and identified better to understand their role in the over-all metabolism of the cell.

Immunochemical Studies with Human Oral Gram-Negative Bacteria: (Dr. Richard T. Evans) Studies are in progress to investigate the mechanism of action of oral microorganisms and their products in oral and systemic diseases, particularly the gram-negative bacteria. Accordingly, experiments are being conducted to determine which members of the oral microbiota possess endotoxins or other antigens capable of inciting tissue damage, to analyze by immunologic technics the nature of the antigens, and to analyze serum and salivary proteins as a source of antibacterial antibody which may be operative against these bacteria. These studies will be extended to include the gingival crevicular fluid, which is an inflammatory exudate containing the majority of the serum globulins associated with antibody activity, and to study its relationship to oral infections.

The Chemistry and Biosynthesis of Elastin Fibers: (Dr. Edward J. Miller) Investigations have resulted in the isolation of mature elastin fibers in pure form by the use of solvents and selected purified enzymes and studies are being conducted on the composition, biosynthesis and crosslinking mechanisms of these fibers. Considerable significant findings have thus far been obtained in the preceding categories including the detection of soluble elastin precursor molecules. In addition, a comparative study is being conducted on the amino acid composition of elastin fibers from various tissues and animal species. These basic findings are essential to elucidate the mechanisms involved in elastin deficiencies in connective tissue as related to oral and systemic diseases.

The Comparative Pathogenesis of Experimentally Induced Oro-Facial Malformations: (Dr. Anthony J. Steffek) Studies are being conducted on the effect of specific em-

bryopathic agents on the connective tissue ground substance (mucopolysaccharides) during normal and arrested palatal growth in experimental animals. Histological data from antihistamine- and hypervitaminosis A-induced cleft palates are being organized and evaluated to determine whether the greater resistance of the palatine shelves to closure can be correlated with differences in connective tissue mucopolysaccharide metabolism. In addition, studies are in progress on the metabolism and distribution of antihistamines in various tissues in a variety of animal species.

Publications: Publications since the last annual report follow:

1. Evans, R. T. and Mergenhagen, S. E. Occurrence of natural antibacterial antibody in human parotid fluid. Proc. Soc. Exp. Biol. and Med. In press.
2. Krichevsky, M. I. and Hampp, E. G. Metabolic gas production by a variety of spirochetes. J. D. Res. In press.
3. Bladen, H. A. and Hampp, E. G. Ultrastructure of *Treponema microdentium* and *Borrelia vincentii*. J. Bacteriol. 87:1180 May 1964.
4. Kendrick, F. J. and King, C. T. G. Oral anomalies induced in the rat by meclizine hydrochloride. Oral Surg., Oral Med. and Oral Path. 18:690 Nov. 1964.
5. Miller, E. J., Martin, G. R. and Piez, K. A. Utilization of lysine in the biosynthesis of elastin crosslinks. Biochem. Biophys. Res. Comm. 17:248 Oct. 1964.
6. Piez, K. A., Miller, E. J. and Martin, G. R. The chemistry of elastin and its relationship to structure. Adv. in Biology of Skin, Academic Press, In press.
7. Miller, E. J., Martin, G. R., Mecca, C. E. and Piez, K. A. The biosynthesis of elastin crosslinks. The effect of copper deficiency and a lathrogen. J. Biol. Chem., In press.
8. Wittenberger, C. L., and Haaf, A. S. Lactate degrading system in *Butyribacterium rettgeri* subject to glucose repression. J. Bacteriol. 88:896 Oct. 1964.

RESOLUTIONS

This report is informational in nature and no resolutions are presented.

Council on Dental Therapeutics

Shira, Robert B., Army, 1966, chairman
 Hayward, James R., Michigan, 1967, vice-chairman
 Coy, Edward A., Ohio, 1967
 Guralnick, W. C., Massachusetts, 1965
 Holt, Harold J., Southern California, 1967
 Lynch, James N., Illinois, 1965
 Morris, Alvin L., Kentucky, 1966
 Wiebusch, F. B., Virginia, 1965
 Zegarelli, E. V., New York, 1966
 Doty, J. Roy, secretary
 Schrottenboer, Gordon H., assistant secretary
 Tiecke, Richard W., assistant secretary
 Hefferren, John J., director, Division of Chemistry
 Geiss, Melita B., executive assistant

Meetings: A meeting of the Council was held in the Central Office on February 12-13, 1965. With the exception of Dr. Harold J. Holt, all members of the Council were present. Also in attendance were K. J. Paynter, D.D.S., University of Toronto, as a representative of the Council on Dental Research of the Canadian Dental Association; Alvin F. Gardner, D.D.S., as a representative of the Food and Drug Administration; Gunnar Ryge, D.D.S., chief, Dental Materials and Technology Program, Dental Health Center, San Francisco, as a representative of the U.S. Public Health Service; R. M. Grainger, D.D.S., University of Toronto, Faculty of Dentistry, and Stanley C. Harris, Ph.D., Northwestern University Dental School, as consultants to the Council. Dr. James R. Hayward was re-elected vice-chairman of the Council.

The February meeting of the Council was again directed largely to a review of general Council policies and programs since much of the evaluation of individual products is accomplished through a *Bulletin* mailed at periodic intervals from the Council office. The Committee on Revision of *Accepted Dental Remedies* met on February 11, 1965 and May 19, 1965.

A second meeting of the Council was held May 20-22, 1965 in the Central Office. Much of this meeting was devoted to a final review of the proposed revisions for the 1966 edition of *Accepted Dental Remedies* and the remainder to the consideration of Council policies and programs for evaluating commercial products.

Inter-Council Committee for Evaluation of Devices: Dr. Shira and Dr. Holt met with other representatives to this Committee from the Council on Dental Research on May 23, 1965, to formulate further plans and initiate activities in the evaluation of devices marketed for use in dentistry.

"Accepted Dental Remedies": The 30th edition of this book (1965) became available for distribution in November, 1964. Of the 20,000 copies of the 1965 edition of this

book that were printed, only about 700 copies remained available for general distribution by June 1, 1965. A complimentary copy was provided to each senior dental student as one example of the continuing services provided by the Association for the profession. The distribution to this year's graduates was accomplished through a grant by the Professional Relations Division of the Procter & Gamble Company.

Increased emphasis has been placed in the current edition upon the importance of securing an adequate health history for each new patient before drugs are administered or extensive dental treatment is provided. The book has been reorganized into three principal sections as follows: General Principles of Medication, Therapeutic Agents and Therapeutic Aids. Color coding has also been employed to facilitate use of the book.

A news story in the April, 1965 issue of *The Journal* notes that the current edition of *Accepted Dental Remedies* received a Mead Award for "a high rating for its obviously competent organization of a large volume of technical material, and its presentation in a dignified format with nice typography and excellent press work".

The principal changes planned for the 1966 edition are in three somewhat new areas involving: therapeutic suggestions for certain clinical problems, current therapeutic trends and adverse reactions.

Powered Toothbrushes: In accordance with the authorization provided by the House of Delegates (*Trans.* 1963:249), the Council has published a report (JADA 69:404 Sept. 1964) which includes a statement of the standards utilized in the evaluation of powered toothbrushes. It was the conclusion of the Council that accepted brands of these devices should not be permitted to bear the Seal of Acceptance but might carry an authorized statement which would clearly delineate their recognized area of usefulness. The following statement was adopted for this purpose:

The _____ toothbrush has been accepted as an effective cleansing device for use as part of a program of good oral hygiene to supplement the regular professional care required for oral health.

Reporting Adverse Drug Reactions: The Council on Dental Therapeutics has been invited by the Food and Drug Administration to cooperate in its program of reporting adverse drug reactions in a manner similar to that followed by the American Medical Association. The Council has agreed to join with the Food and Drug Administration and will incorporate its efforts in this program as a part of its regular activities. A report has been prepared which will alert the profession to its responsibility for reporting these important data and will appear in an early issue of *The Journal*. An information card which the dentist can use to report adverse drug reactions will accompany the Council's publication.

An abstract of this report will also appear in the section on Emergency Treatment in *Accepted Dental Remedies* along with a sheet of the reply cards.

The staff of the Council on Dental Therapeutics will be responsible for follow up of all reports, coordination of these reports with the Food and Drug Administration, and the assembling and maintenance of such data for use by the Council. This information will also be used and incorporated in future editions of *Accepted Dental Remedies*. Separate reports for *The Journal* will also be prepared from these data. The staff of the Council has met with representatives from the American Medical Association with whom it will cooperate in this project to avoid duplication. Further

meetings are planned so that both groups may be aware of the others activities in this area and to keep these activities coordinated.

Cooperation with the American Heart Association: The American Heart Association in cooperation with the American Dental Association has prepared a self-contained exhibit entitled *Dental Problems in Patients with Cardiovascular Disease*.

The exhibit consists of two panels. One of these, by means of kodachrome slides for rear screen projection, will show the proper technic for injecting a local anesthetic solution. This panel will also contain literature published by the American Heart Association.

The second panel will consist of four sections of copy relating to such projects as subacute bacterial endocarditis, cardiac emergencies and the use of a medical history. This exhibit will be stored at the Dental Association headquarters and will be available to any and all dental or medical groups upon request. Several smaller tabletop models will also be constructed and will be available upon request.

The American Heart Association and this Association are also cooperating in the following activities:

1. Two members of the Council on Dental Therapeutics are on the Subcommittee on Medical-Dental Education of the American Heart Association.
2. The local societies of the American Heart Association are conducting scientific programs for dental societies at local, state and national meetings.
3. The American Heart Association will provide the electrocardiographic examination section for the Health Evaluation Program.
4. A dentist has been appointed to a new Subcommittee on Cardiopulmonary Resuscitation.
5. The American Heart Association has prepared a new pamphlet entitled *Prevention of Bacterial Endocarditis* and emphasized the role of dentistry.
6. The American Heart Association is continuing distribution of the report, *Management of Dental Problems in Patients with Cardiovascular Disease*.

Staff Activities: With the increasing submissions of widely-promoted products as well as the expansion in scope of *Accepted Dental Remedies* there has been an inevitable increase in the amount of staff time required for conferences with representatives of firms, for other activities associated with the acceptance program and for editorial duties. In addition to their work with Council programs, all members of the staff cooperate with other agencies both in and out of the Association. Non-routine activities include such projects as the direction of the Health Evaluation Program at the annual session, the collection of slides (under USPHS grant) depicting oral lesions, the planning of future research programs and the provision of information relating to the scientific aspects of fluoridation.

DIVISION OF CHEMISTRY

Studies have continued in an effort to provide more fundamental information on the effect of various inorganic ions upon the characteristics of dental enamel. This

research includes a kinetic study of enamel dissolution utilizing sound enamel and enamel in various stages of decalcification; a determination of the magnitude of such factors as pH, ionic strength, agitation, diffusion, and complexation on this dissolution process; a study of the effect of treatment with chemical agents on the enamel dissolution *per se* and any inter-relation between these agents and the particular condition of the enamel; and the development of *in vitro* and *in vivo* procedures based on kinetic and reaction data to predict the clinical significance of the cariostatic or anti-caries activity of specific chemical entities as such and as components in various vehicles.

In addition to this long range work on enamel and cariostatic agents, the Division has continued to provide laboratory data on the physical and chemical characteristics of products which are of particular interest to the Council.

Other Activities: Staff members have served on the Reference Committee Panel of the American Hospital Formulary Service of the American Society of Hospital Pharmacists, the Dental Advisory Committee of *The National Formulary*, and as contributing editor of the *International Pharmaceutical Abstracts*. Staff members have reviewed manuscripts which were submitted to the various dental and pharmaceutical journals.

Publications: The following publications are listed since the last annual report:

1. Higuchi, W. I.; Patel, P. R.; Gray, J. A., and Hefferren, J. J. Mechanisms of enamel dissolution in acid buffers. *J. D. Res.* 44:330 Mar.-Apr. 1965.
2. Hefferren, J. J., and Higuchi, W. I. Preparation of large quantities of powdered enamel. *J. D. Res.* 44:455 Mar.-Apr. 1965.
3. Higuchi, W. I.; Patel, P. R., and Hefferren, J. J. Quantitation of enamel demineralization mechanisms. II. Correlation of synthetic hydroxyapatite initial demineralization rates in acetate buffer with powdered enamel. *J. Pharm. Sci.* 54:587 April 1965.
4. Koehler, H. M., and Hefferren, J. J. Gas-liquid chromatography of local anesthetics and related compounds. *J. Pharm. Sci.* 53:745 July 1964.
5. Koehler, H. M., and Hefferren, J. J. Mineral acid salts of lidocaine. *J. Pharm. Sci.* 53:1126 Sept. 1964.
6. Zimmerman, M.; Hefferren, J. J.; Koehler, H. M., and Dietz, C. L. Dissolution rates of powdered human enamel in acidic buffer solutions. To be presented at IADR meeting, Toronto, July, 1965.

RESOLUTIONS

This report is informational in nature and no resolutions are presented.

Council on Dental Trade and Laboratory Relations

Ziegler, J. Eugene, Southern California, 1965, chairman
Fitz, George H., Illinois, 1967
Klenda, Harry M., Kansas, 1966
Perdigon, Gustave J., Florida, 1966
Schenk, Worthington G., New York, 1965
Samer, Harvey, secretary

Meeting: The Council met in the Central Office, Chicago, on March 26-27, 1965, with all members present.

Retiring Council Members: The Council wishes to acknowledge with appreciation the contributions made to its programs by Dr. Worthington G. Schenk and Dr. J. Eugene Ziegler. Dr. Ziegler has served as the Council chairman for the past six years.

NATIONAL PROGRAM FOR ACCREDITING DENTAL LABORATORIES

Background: At the Association's 1962 annual session, the House of Delegates authorized the implementation of a national program for accrediting dental laboratories, and directed that the Association participate in the program as a member of the proposed Joint Commission on the Accreditation of Dental Laboratories (*Trans.* 1962:263).

Membership: In addition to the Association, the following dental organizations also participated as charter members of the Joint Commission and have named representatives to the Joint Commission's Board of Commissioners:

- Academy of Denture Prosthetics
- American Academy of Crown and Bridge Prosthodontics
- American Academy of Restorative Dentistry
- American Association of Dental Examiners
- American Association of Dental Schools
- American Association of Orthodontists
- American Prosthodontic Society
- National Dental Association

The American Academy of Pedodontics expressed interest in obtaining membership in the Joint Commission, and was subsequently elected as a member organization of

the Joint Commission. At the meeting of the Joint Commission scheduled for August, 1965 the membership request of the Academy of General Dentistry will be considered.

At the August, 1965 meeting, the Joint Commission will consider the important question of dental laboratory representation on the Board of Commissioners. Three representatives of the dental laboratory industry have been invited to attend this meeting.

Cooperative Project Agreement with the U. S. Public Health Service: The U. S. Public Health Service and the Joint Commission have renewed their cooperative project agreement which provides for some financial support of the Joint Commission. According to the terms of the agreement the Joint Commission has prepared an examination for dental laboratory technicians which is aimed at evaluating the relative abilities of the on-the-job and in-school trained technicians. The examination is now being tested. This examination will be administered to technicians employed by dental laboratories which have been granted accreditation if permission is received from the individual dental laboratory owners and the participating technicians. The examination scores or the failure to agree to the administration of the test will not affect the granting or denial of accreditation. The information returned to the Public Health Service will consist of a statement of the relative scores of the two classes of technicians.

Accredited Dental Laboratories: As of the first half of 1965, the Joint Commission has granted accreditation to approximately 95 dental laboratories in 30 states. Many of the accredited dental laboratories are leaders in their industry and their participation is an indication of the substantial success of the accreditation program.

Acceptance by the Dental Laboratory Industry: The National Association of Dental Laboratories found the Joint Commission's program "unacceptable as presently constituted" at its 1964 annual session, and a number of state dental laboratory associations have taken similar action. More important, however, is the fact that individual state dental laboratory associations and the NADL are presently reconsidering their earlier action and there is every reason to anticipate that more and more dental laboratory associations will support the accreditation program. Many who were taking a "wait and see" attitude have become convinced that the accreditation program merits their support. A new dental laboratory association, known as the Dental Laboratory Owners' Forum, has been formed which has as its main purpose the improvement and support of the accreditation program. The Council has worked very closely with the Forum towards this goal.

Support for the Accreditation Program: The Council has consistently urged dental associations to go on record as being in support of the accreditation program being conducted by the Joint Commission. The Council urges every dentist in the nation to inform his own dental laboratory that he supports the accreditation program.

OTHER COUNCIL ACTIVITIES

"A Report on Bootleg Dentistry": The film, *A Report on Bootleg Dentistry*, which

was prepared in response to the 1960 directive of the House of Delegates (*Trans.* 1960:215) continues to receive wide acceptability. Since being cleared for television, an estimated 5.5 million persons have seen this film.

Prints of the film are still available for fraternal, civic, public service and other groups for showing to public audiences.

Denture Reliner and Repair Kits: The problem of protecting the public against the menace of home denture reliner and repair kits continues to be of major concern to the Council. The Council has intensified its efforts to get documented case reports of injuries caused by home denture reliner and repair kits, and the Council is pleased to report its recent success in getting these reports. Approximately 60 case reports have been collected, many with color photographs, which illustrate the injuries caused by the use of these kits. This important information has been turned over to the Food and Drug Administration and to the Federal Trade Commission. Both governmental agencies have indicated interest in this problem and it appears likely that one or both agencies will take action against selling of home denture reliner kits within the next year. Both agencies have conducted an independent investigation of this problem including the review of the materials submitted by the Council. Dentists are still being urged to prepare documented case reports and forward them to the Council.

Relations with the Dental Laboratory Industry: There did not appear to be any lessening of tensions with the National Association of Dental Laboratories since the Council's last report. At the June, 1964 meeting of that association's House of Delegates a number of actions were taken with respect to accreditation, dental laboratory licensure, the dental laboratory technicians' certification program, etc., which, if anything, intensified the tensions.

The meeting in New York on May 28, 1965 of high level representatives of the American Dental Association and the National Association of Dental Laboratories presents some basis for optimism that these tensions will lessen. At that time it was pointed out that the NADL does not have policy positions on many of the crucial issues and that Association representatives would be willing to meet again with NADL representatives as soon as policies were formed on the crucial issues. It is anticipated that the NADL will adopt firm policy statements on these issues at its annual session scheduled for September, 1965 in Atlantic City.

The Council has experienced cordial relations with the Dental Laboratory Owners' Forum which is a new organization of dental laboratory owners formed during the past year. The Forum was reportedly formed for the purpose of improvement and support of the accreditation program and because of a need for a greater liaison between the profession and the dental laboratory industry. The future of the Forum naturally lies with its own members and it appears too early to tell if this will be a lasting organization. The Council was encouraged by the fact that many of the leaders of the dental laboratory industry are taking an active interest in the current problems in dental laboratory relations.

Relations with the Dental Trade: The Council is again pleased to report that relations between the Association and the American Dental Trade Association, Dental Manufacturers of America and Dental Dealers of America continue to be maintained at an effective and cordial level. The continued and generous efforts of the

American Dental Trade Association in support of the American Fund for Dental Education have received the congratulations of the Council and deserve the gratitude of the dental profession.

So-Called "Denturist" Legislation: So-called "denturist" legislation which would permit dental laboratory technicians to repair and fabricate dentures directly for the public were introduced in Nevada, New Hampshire and Oregon in 1965. The proposals were defeated in all instances.

Dental Laboratory Licensure and Registration Proposals: As was expected, there was an increased effort towards the licensure of dental laboratories during the first half of 1965. Dental Laboratory licensure or registration proposals were introduced in Indiana, New Jersey, Illinois, Ohio, Puerto Rico, New York, Massachusetts and Florida, but none was enacted. The state dental associations have effectively resisted these measures having demonstrated to their respective state legislatures that it is not in the public interest to license dental laboratories.

Civil Mail Order Denture Suit Concluded: In September, 1961, seven constituent dental societies and ten individual dentists brought suit in federal court seeking an injunction against the continued operation of an illegal mail order dental laboratory, Tru-Grip Dental Laboratory, operated by B. Belden Clyde. The suit was brought on the grounds that the operation of this business constitutes a continuing public nuisance. On December 31, 1963, a federal judge denied Clyde's motion to dismiss the complaint and sustained the jurisdiction of the court as to the subject matter. Later, the same federal court sustained the jurisdiction of the court as to the "jurisdictional amount" necessary to bring suit in a federal court. The lawsuit was concluded when Clyde, in January, 1965 signed stipulations agreeing to refrain from further unlicensed practice of dentistry. The stipulations have the same effect as a court order and a violation would result in a finding of contempt of court.

Post Office Fraud Order: The action taken by the Post Office Department in issuing a fraud order against B. Belden Clyde doing business as Tru-Grip Dental Laboratory, has had an effect on all illegal mail order dental laboratories. Advertisements for mail order dentures and this illegal business have been substantially curtailed with the operation generally now limited to two dental laboratories which offer to repair or duplicate dentures by mail. The Post Office has indicated an interest in the two remaining illegal mail order dental laboratories and is in need of evidence. The Council is endeavoring to contact persons who have done business with the illegal mail order operators.

Prosecution of Unlicensed Persons in State Courts: The prosecutions against unlicensed persons who practice dentistry for the public continue to be maintained at a high pace. Of particular interest is the decision of the Appeals Court of Illinois upholding the sentence of 30 days in jail imposed upon Thomas Duncan for violating an injunction against unlicensed practice. Earlier, Duncan was unsuccessful in his attempt to have the federal court rule the Illinois Dental Practice Act as unlawful.

License Revocations for Dentists Who Permit Dental Laboratory Technicians to Deal Directly with the Public: Some individuals who have been found guilty of unlicensed practice have been able to continue their illegal practice by having a dentist co-

operate with them. The Council has urged that punitive action be taken against dentists who permit their professional identity to be used to permit an unlicensed person to continue his operation. The Illinois Board of Dental Examiners has revoked the dental license of Drs. S. B. Heining and Charles Levin for this reason. The United States Supreme Court has refused to hear Dr. Heining's appeal from the action revoking his license. The Michigan Courts turned down similar appeals from Drs. Alexander W. Colberg and Charles J. Ballard, whose dental licenses had been revoked for allowing technicians to practice dentistry for the public.

Clinics and Lectures Sponsored by Council for Dental Laboratory Technicians: The Council's fifth annual program for dental laboratory technicians held in conjunction with the Association's annual session was highly successful with some 800 dental laboratory technicians in attendance. The Council will conduct its sixth annual program for technicians in conjunction with the Association's annual session in Las Vegas.

Master Index of Dental Law Violations. The Council has instituted a Master Index of Dental Law Violations which is intended to contain the names of all individuals and dental laboratories found to have engaged in the unlicensed practice of dentistry. More than 500 names are presently included in the Master Index.

Program with the American Association of Dental Examiners: The Council has joined with the American Association of Dental Examiners to schedule an all-day program on dental laboratory relations to be held in conjunction with the Association's annual session in Las Vegas. Dental examiners and members of state Councils on Dental Trade and Laboratory Relations and other interested persons are invited to attend this program.

Council Consultant: Dr. Julian Woelfel, Columbus, Ohio has been named a consultant to the Council. Dr. Woelfel is especially conversant with the problem of home denture reliner and repair kits and has made invaluable contributions to the Council's activities towards gaining federal regulations of these devices.

RESOLUTIONS

This report is informational in nature and no resolutions are presented.

Council on Federal Dental Services

Hoffmann, George P., South Carolina, 1965, chairman

Barnhart, Fred P., Washington, 1967, vice-chairman

Colvin, E. Milburn, Jr., District of Columbia, 1967

Whiteneck, Otho R., Oklahoma, 1966

Williams, C. N., Tennessee, 1965

Lassiter, Herbert C., secretary

Meeting: The annual meeting of the Council was held in the Central Office on May 28-29, 1965. All Council members were present, as was Dr. I. Lawrence Kerr, consultant. During the meeting, the Council received briefings from the Chief Dental Officers of the Peace Corps and the Division of Indian Health of the U. S. Public Health Service.

Dental Aspects of Dependents' Medical Care Program: The Dependents' Medical Care Act, which was enacted in June, 1956 and became effective six months later, had as its purpose the establishment of a uniform program under which the dependents of personnel of the uniformed services could obtain needed health care at the full or partial expense of the federal government. In essence, the program represented a fringe benefit of employment for members of the armed forces and other uniformed services. The law provided that eligible dependents could seek health care either in facilities of the uniformed services or in civilian facilities. It limited the scope of services covered, however, almost entirely to hospital care and physicians' services. Dental care in civilian facilities was virtually excluded. In uniformed facilities complete dental care was authorized for spouses and children overseas. At installations in the United States, however, dental care was limited to: (a) emergency care, to relieve pain and suffering; (b) adjunctive care necessary to the resolution of a medical problem for which the patient had been hospitalized; (c) routine care at installations found to be remote from adequate civilian dental facilities.

In the more than eight years that have passed since the institution of the Dependents' Medical Care Program, the administration of the "remote area" provision has been notably troublesome both for the dental profession and the Department of Defense. During the six month hiatus between the enactment of the law and the inception of the program, the Secretary of Defense and the Secretary of Health, Education, and Welfare, as executive agents, promulgated a *Joint Directive* under which the program was to be implemented. Included in that directive were criteria to be employed in the measurement of an installation's qualifications for designation as "remote". Between December, 1956 and March, 1957, the Department of Defense was flooded with requests for remote designation. Each of those requests was re-

turned to the commanding officer of the installation concerned with instructions that the opinion of the affected state dental society was to be obtained prior to resubmission of the request. That action partially stemmed the flood but the quantity of requests remained high. In some instances, particularly those in which the state society concerned refused or failed to supply a detailed opinion, installations were declared remote that patently did not deserve the status. More often, however, facts presented in justification of the request were controverted by the state society and the administrative decision was rendered difficult at best. This prompted the then Assistant Secretary of Defense (Health and Medical) to adopt a procedure, at the suggestion of the Association, under which all controverted requests for remote designation would be referred for review and recommendation to the Dental Advisory Committee to the Department of Defense, which committee was composed of three representatives of the Association, the three chiefs of the armed forces dental services and a civilian dentist, serving as chairman, who represented the Department of Defense. The institution of that procedure, plus the subsequent authorization for members of the committee to make on-site inspections of major problem areas, proved generally effective in reducing the problem to manageable proportions. The total number of armed forces installations enjoying remote status today is slightly more than 100. Most of these received the designation within the first three years of the program and, for the great majority, the designation was clearly deserved and was uncontested. In recent years, the controverted requests have been few in number and the treatment accorded them by the committee and the Department of Defense has been such as to satisfy the opposing parties that the final determinations were fairly reached. Additionally, 1964 saw the first instance of the Department of Defense rescinding the remote designation of a military installation after the continuing justification for such status had been disproved by the constituent society concerned. It can be said, therefore, that the provision of the Dependents' Medical Care Act which authorizes dependents of personnel of the uniformed services to receive needed dental care in uniformed facilities at installations which are found to be remote from adequate civilian dental facilities is being effectively administered. It can not be said, however, that the limitations on dental care under the act are well accepted. Almost since the institution of the Dependents' Medical Care Program, the principal criticism leveled at the program by some members of Congress, by many members of the profession and by all major spokesmen for the armed forces has related to the absence of a comprehensive dental care program. This lack has been characterized as a significant deterrent to successful recruitment and retention of career-motivated personnel and as a major contributor to poor morale particularly among the enlisted ranks. The validity of these statements has been accepted in recent years by a few members of Congress and has stimulated the introduction of bills designed to amend the Dependents' Medical Care Act by the addition of a comprehensive dental care program which would rely on the offices of civilian practice as the principal source of care. Those bills did not receive the support of the Department of Defense, because of budgetary considerations, and hearings were not held on them. Early in 1965, however, Representative Melvin Price, Illinois, introduced H.R. 6838, a bill "to provide additional dental care for dependents of members of the uniformed services". The bill, in its original form, contemplates the most comprehensive program ever suggested. On the basis of cost estimates provided, at the request of the Department of Defense, by the Division of Dental Public Health and Resources of the U. S. Public Health Service, it also would be the most costly. For this reason, it is quite unlikely that the De-

partment of Defense will support the bill. Whether this departmental rejection again will constitute a deterrent to Congressional consideration is somewhat less assured, however. The Council considered the bill, in the light of existing Association policy, at its last meeting and transmitted its views to the Council on Legislation for reference in the improbable event that the bill should be scheduled for hearings during the current Congress.

Family Dental Clinics: In 1957, so-called family dental clinics were established at four Air Force bases, none of which was deemed eligible for designation as remote under the Dependents' Medical Care Act. The establishment of these clinics, it was learned later, was only a prelude to a broad-scale effort that undoubtedly would have covered all Air Force bases in the United States that could not attain remote status. The mechanism employed for circumventing the restrictions on dental care in the act was both simple and clever. The Dependent Aid Association at each base, a nonprofit, independent organization which was not supported by appropriated funds, rented unused facilities and equipment, hired civilian professional and subprofessional personnel and opened the clinic, charging fees equal to about two-thirds of the Veterans Administration fee schedule in effect in the state and compensating its dentist employees on a salary, salary-plus percentage or straight percentage basis. The House of Delegates, at the 1957 annual session, condemned this device and directed the Board of Trustees to apply, through appropriate agencies of the Association, whatever measures might be required to halt the spread of the clinic movement and to bring about the disestablishment of the existing clinics (*Trans.* 1957:373). The first objective was attained early in 1958 when, after the positions of the Association and the Air Force were reviewed at a meeting of the Dental Advisory Committee to the Department of Defense and the committee supported the Association's stand, the Secretary of Defense ordered a moratorium on the establishment of additional clinics. That moratorium is still in effect. Disestablishment of the four original clinics was never accomplished, however, because neither the Administration nor congressional contacts, despite continuing pressure by the Association, could be persuaded that the existence of four small clinics was a matter of such concern as to require the institution of remedial action at the national level. Local pressure, by the constituent societies in the jurisdictions of which the clinics were located, was advocated. Finally, last year, that pressure was successful in persuading Senator John Stennis, Mississippi, that the clinic at Keesler Air Force Base should be closed. His suggestion to that effect, during hearings on Air Force construction proposals, was acted upon rapidly by the Air Force. Accordingly, only three clinics now remain active, those at Scott and Chanute Air Force Bases, in Illinois and Lowry Air Force Base, in Colorado. The Council wishes to commend the Mississippi Dental Association for its persistent and unyielding opposition to the clinic in its area and for the success that ultimately was achieved. The Council hopes that renewed efforts by the Illinois and Colorado societies will produce equally favorable results, thus completing the elimination of the family dental clinics.

Army and Air Force Dental Bills: The House of Delegates, in 1958, adopted a resolution which requested the Council on Legislation to draft legislation designed to effect the correction of administrative deficiencies in the Army and Air Force dental services and to procure the introduction of such legislation unless the Council could demonstrate convincingly to the Board of Trustees that it would have no chance of

passage (*Trans.* 1958:405). In accordance with that directive, bills were introduced in Congress, early in 1959, by Representative Mendel Rivers, South Carolina, and Senator Henry M. Jackson, Washington. Hearings were never scheduled on the bills, however, since, despite intensive joint efforts by the Council on Legislation and the Council on Federal Dental Services, the Association was unable to marshal convincing evidence of the need for the legislation or to find knowledgeable witnesses capable of providing authoritative testimony on the justification for its enactment. Since that time, Mr. Rivers has reintroduced his bill in each new Congress, except the present one, but to no avail. This year, in consultation with representatives of the two Councils, Mr. Rivers indicated that his willingness to introduce the bill again would depend on the availability of useful testimony from creditable witnesses. Persons able and willing to provide such testimony have not been discovered. Neither is there great likelihood of their being found in the near future, although efforts in this direction will be continued. Mr. Rivers has supported strongly and personally, however, one of the objectives of the Air Force dental bill, that which would fix the position of the Assistant Surgeon General for Dental Services as a two-star billet. Through a sternly critical letter to the Secretary of the Air Force, the Congressman recited the unfavorable posture of the Air Force Dental Service, with respect to the number of authorized flag officer billets, both in relation to other elements of the Air Force Medical Service and in relation to the dental services of the Army and Navy. He emphasized the lack of adequate promotional opportunity that confronted senior dental officers in the Air Force and the adverse consequences that this lack was bound to have on retention of highly qualified officers. Since Mr. Rivers now is Chairman of the Armed Services Committee of the House of Representatives, his views could not be regarded lightly by the Secretary and the Air Staff. It may be hoped that remedial action will be taken, at least administratively, in short order, as a result of Mr. Rivers' intervention. While elevation in rank of the chief dental officer would not cure all of the ills of the Air Force Dental Service, it would constitute a notable step forward. The Council wishes to commend Congressman Rivers to the House of Delegates for his vigorous action.

Advance in Rank for Surgeons General: Early in 1965, Congressman Rivers introduced H.R. 7484 which has as its objective the legislative entitlement of the surgeons general of the armed forces to hold the rank of lieutenant general/vice admiral. The intent of the bill is consistent with policy adopted by the House of Delegates in 1959 (*Trans.* 1959:214). Accordingly, a statement was filed with the House Armed Services Committee, over the name of the Council Chairman, in support of the bill. The Committee passed the bill quickly and it was approved by an overwhelming margin in the House of Representatives. Prospects for its passage by the Senate are not favorable. If it should become law, however, it would constitute a valuable precedent for the Association's objective of securing legislative entitlement for the chief dental officer of the Air Force to hold the rank of major general.

Doctor Draft Law: The so-called Doctor Draft Law, which actually is a section of the Universal Military Training and Service Act that pertains to physicians, dentists and allied specialists in the health fields, is scheduled to expire on June 30, 1967 concurrently with the Act of which it is a part. The law, in its present form, is consistent with Association policy in all major respects. It is mentioned in this report principally because the Department of Defense was asked by Congressman

Rivers to supply suggestions for methods that might be employed to attract a sufficient number of physicians to military service if the Universal Military Training and Service Act should be affirmatively terminated prior to its scheduled expiration date. The casting of that request only in relation to physicians created considerable unrest among the armed forces dental services, particularly when it was learned that the response of the Department of Defense probably would cite substantial increases in financial compensation as the best method for assuring the ability of the armed forces to attract and retain a sufficient number of appropriately trained medical officers. The major basis for concern was that inattention to the parallel problems of the dental services might result in abandonment of the time-honored principle that compensation levels should not differ between physicians and dentists in the uniformed services. This concern was laid to rest early in 1965 when the Association received authoritative assurance (a) that, despite promises extended during the 1964 national election campaign, the Universal Military Training and Service Act would not be terminated and (b) that the principle of equality in compensation between medical and dental officers would be protected under all circumstances. The Council confidently expects that this assurance will prove correct and that the *status quo* will not be unfavorably disturbed.

Senior Dental Student Survey: The Senior Dental Student Survey conducted by the Council as an essential element of the Armed Forces Reserve Dental Officer Commissioning Program entered its second decade as a program of the Council in 1965. The survey has served well its intended purpose of identifying the students with a military obligation, their choice of uniformed service and preferred date of call to active duty and providing this information to the Department of Defense so that the voluntary recruitment process can be handled comfortably for both the students and the armed forces. In the survey of potential 1965 graduates, for example, survey questionnaires and *Information Bulletins* were distributed among the dental schools in August, 1964 in numbers sufficient to permit each male senior student to complete a questionnaire. Three thousand ninety-five questionnaires were returned to the Council for forwarding to the Department of Defense. Of the students involved, 2,436 subsequently were allocated among the armed forces on the following basis: Army, 759; Navy, 675; and Air Force, 1,002. In the allocation process, the first choice of service of the student was honored in every case except those in which the individual held Reserve status in one service but listed another as his first choice. Those students were allocated to the service of affiliation. Among the 659 students that were not allocated were 163 who had indicated the U. S. Public Health Service as their first choice and their questionnaires were forwarded for handling to that service. The balance was composed principally of students over the age of 35 and those who had previously completed more than 12 months on active duty. The allocated students were contacted quickly by the service of allocation and applications for commissioning were on file from the number needed to meet anticipated replacement requirements by the end of January, 1965. The number of applications received by the armed forces exceeded substantially the number that could be accepted, a circumstance that undoubtedly frustrated many students but which must be regarded as salutary by both the profession and the armed forces since it again obviated the need to resort to the draft mechanism. The induction of dentists has not been necessary since 1955, except during the Berlin crisis, and the Council is certain that the successful operation of the Armed Forces Reserve Dental Officer Commissioning Program, of which the Senior Dental Student Survey is a

major component, is primarily responsible for that record. The Council expects to continue conducting the survey annually so long as the Universal Military Training and Service Act, with its special provisions governing dentists, is in effect.

Undergraduate Training Programs: The Council is pleased to report that the Early Commissioning Programs sponsored by the Army and Air Force Dental Services and the older Ensign 1925 Program of the Navy Dental Corps are proving extremely popular with the dental students and are contributing significantly to the recruitment efforts of the three services. Of the 1965 graduates, for example, 819 of the senior dental students allocated among the armed forces were already committed to their branch of allocation through its undergraduate training program. This meant that approximately one-half of the 1965 graduates needed by the armed forces in Fiscal Year 1966 were already commissioned and had completed a portion of their Ready Reserve obligation. While it is not likely that the services ever will rely entirely on these programs as their source of dental officer replacements, there is no question that their existence benefits greatly both the students and the armed forces and that they should be utilized to the fullest practical extent.

Career Incentive Legislation: The authority for medical and dental officers of the uniformed services to receive increments of pay in excess of the basic pay and allowances otherwise related to their rank and length of service is scheduled to expire on June 30, 1967. This, in reality, is a date of convenience, set to permit Congress to consider continuation of the incentive system in the context of its review of the need for extending the Universal Military Training and Service Act. In its report to the House of Delegates last year (*Trans.* 1964:80), the Council mentioned that Congress, late in 1963, while in the process of enacting a comprehensive pay bill covering all personnel of the uniformed services, had increased the incentive allowances payable at the six and ten-year service points. This year, Congressman Rivers introduced another, more far-reaching pay bill which, while it did not touch upon career incentive allowances, would, if enacted, add considerably to the compensation of dental officers at all ranks. The formula contained in Mr. Rivers' bill exceeded the intentions of the Department of Defense and forced the Administration to introduce its own bill which contemplated an average pay increase of about 5 per cent for all personnel except enlisted personnel with less than two years' service. It is apparent that some type of pay legislation will be enacted, probably on a compromise basis. Irrespective of the precise outcome, therefore, the financial emoluments of a career with one of the uniformed services will be improved. This, hopefully, should help to ease the retention problem of the dental services.

Dental Program for American Indians: The Council, in August, 1964, was able to increase its firsthand knowledge of the complexities of the health problem that confronts the native Americans. At the invitation of the Division of Indian Health of the U. S. Public Health Service, which agency has the responsibility for elevating the health status of the American Indian and Alaskan Native populations, four members of the Council and one member of the Council on Legislation made on-site inspections of Eskimo villages in Alaska and received intensive briefings from the medical and dental officers in charge of the Alaska area. The deepest impressions received by the Council members were (1) the tremendous distances that must be traveled by dental teams to provide treatment at isolated villages; (2) the lack of adequate housing, sanitation facilities and community water supplies; (3)

the strong desire of the villagers to improve their health status; (4) the intense dedication of the medical and dental officers to the accomplishment of their missions under extremely austere conditions. The Council is convinced that only through alleviation of the shortages of professional and auxiliary manpower and equipment and related logistical services, can the dental health program of the Division be expected to succeed, either in Alaska or in the "South 48". To this end, the Council, through the Council on Legislation, procured the filing of statements with the appropriate subcommittees of the Senate and House Appropriation Committees that dealt with the budget appropriation requests of the Department of the Interior for Fiscal Year 1966. Those statements argued strongly for substantially increased budgetary support for the program of the Dental Services Branch of the Division of Indian Health. Unfortunately, Congress was not moved to exceed the amount cast in the agency budget request. Despite this failure, the records of the subcommittee hearings indicate clearly that, for the first time, considerable interest in the dental program had been stimulated. The Council will continue its efforts to obtain greater support for the dental health program of the Division of Indian Health until that program attains a level of effectiveness that can assure the provision of adequate dental services to the Indian and Alaskan Native beneficiary populations.

Peace Corps Dental Program: Shortly after the formation of the Peace Corps in 1961, the Council suggested to the Medical Director then in office that his staff should include a dental officer to oversee the dental program for Peace Corps Volunteers. The suggestion was acknowledged as one that eventually would have to be implemented, but the Council was informed, a dental program at that time was virtually nonexistent. Finally, in the summer of 1964, a dental officer was assigned by the U. S. Public Health Service to the Medical Program Division of the Peace Corps. His primary responsibility was to oversee the oral health standards of Volunteer Trainees in the United States and to develop mechanisms through which a proper level of oral health could be maintained by the Volunteers scattered over some 45 developing countries throughout the world. Since there are approximately 10,000 Volunteers currently in the Corps, counting those in training and those overseas, the assignment was one of considerable magnitude. The Council is pleased to report that it has been handled with notable effectiveness. Good relationships have been established with the civilian dentists who provide needed dental treatment, under contract with the university training sites, for Volunteers in training. This has helped to assure that the level of oral health of each trainee is brought to the maintenance level before his transfer overseas. It also has permitted an intensification of dental health education efforts during the training period. Dental care available overseas in the host countries has been reviewed for quality and catalogued, so that medical officers working in the field will know where to send Volunteers who develop a need for dental treatment. Peace Corps physicians also have been exposed to the rudiments of palliative treatment so that they can provide temporary relief from pain. Perhaps most importantly, each Volunteer now is issued a unique oral hygiene kit, developed at the National Institute of Dental Research, which contains, among other necessary items, a sodium fluoride gel with bactericidal properties which is to be applied daily by the Volunteer. If properly used, it is expected that this kit will reduce the cause of acute periodontal disease and strengthen the resistance of the enamel to decay. All of these various measures will help to preserve the oral health of Peace Corps Volunteers at a reasonable level while they are representing their country in distant lands. While the dental program undoubtedly needs

refinement, the Council is satisfied that it now is progressing forward under sound professional leadership.

National Dental Civil Defense Conference: The Sixth National Dental Civil Defense Conference, held in San Francisco on the Saturday that preceded the opening of the 1964 annual session, was fairly well attended and very well received. About 70 members and guests of the Association attended the conference, including many officials of constituent societies. All of the participants were enthusiastic in their praise of the excellent presentation given by Captain Victor J. Niiranen, DC, USN, who at that time was Staff Dental Officer in the Headquarters of the U. S. Marine Corps. Captain Niiranen, co-developer of the famed bleeding mannikin, "Mr. Disaster", and a member of the Dental Study Committee on Disaster Preparedness, brought to the conference a background of practical experience and applied theory in the area of disaster medicine that is unique in dentistry. The Council wishes to acknowledge publicly his outstanding contribution to the success of the conference. The seventh in this series of national conferences, scheduled to be held in Las Vegas on Saturday morning, November 6, 1965, will carry a different title. The Council has become convinced that the expression "civil defense" is shopworn and connotes an activity solely related to survival under wartime conditions. This opinion is far from exclusive with the Council. In order to eliminate this narrow image of its program, therefore, and to project more accurately the concept that emergency medical care responsibilities can confront the dental profession in situations of natural disaster, as well as nuclear disaster, the Council has changed the name of the 1965 conference to the Seventh National Dental Conference on Disaster Preparedness. The Council hopes and believes that this semantic adjustment will strike a more responsive chord within the profession, particularly among members from areas subjected in recent months to tornadoes, floods, earthquakes, hurricanes and other devastating natural phenomena.

Change in Description of Council Duties: The *Bylaws*, in Chapter IX, Section 110G, provide that one of the duties of the Council shall be:

- b. To formulate programs for the participation of dentists in civil defense.

The Council, on the basis of the views expressed in the preceding section of this report, believes that the quoted provision should be amended by the deletion of the words "civil defense" and the substitution of the words "disaster preparedness activities". The amended provision would then read:

- b. To formulate programs for the participation of dentists in disaster preparedness activities.

An appropriate resolution appears at the end of this report.

Report of Dental Study Committee on Disaster Preparedness: The Dental Study Committee on Disaster Preparedness, formed under the joint auspices of the Association and the Division of Health Mobilization of the U. S. Public Health Service, was charged with the assignment of considering the need for a redefinition of the role of the dentist in the postnuclear attack disaster period in light of revised assumptions concerning the character of the post-attack environment. The report of the

Committee, to which reference was made in the Council's report to the 1964 House of Delegates (*Trans.* 1964:81), was not cleared for publication by the Division of Health Mobilization and the Office of Civil Defense in time to permit its formal evaluation by the Council prior to the 1964 annual session. The Council now has reviewed the report in detail, however, and wishes to commend the committee for its accomplishments. The report is a document of considerable merit, which was to be expected in light of the composition of the Committee: Dr. George P. Hoffmann, chairman of the Council; Dr. John R. Abel, past president; Dr. Allen R. Cutler, executive secretary, Idaho State Dental Association; Dr. Fred A. Henny, past president, American Society of Oral Surgeons; Dr. I. Lawrence Kerr, past president, American Dental Society of Anesthesiology; Dr. David W. Matteson, member, Health Resources Advisory Committee; Dr. Charles A. McCallum, Jr., dean, School of Dentistry, University of Alabama; Captain Victor J. Niiranen, DC, USN; Miss Margaret E. Swanson, executive Secretary, American Dental Hygienists' Association; Dr. David M. Witter, dental director, Oregon State Department of Health. The Council believes that the principles, conclusions and recommendations set forth in the report would be greatly strengthened if they should be endorsed by the House of Delegates. Accordingly, the salient sections of the report are recited in full below and an appropriate resolution is offered for the consideration of the House of Delegates.

The Role of the Dentist in National Disaster

Professional Profile: A profession exists for the purpose of serving the community. Dentistry, as a health profession, is concerned primarily with preserving the oral health of the community. In the United States, the dental profession includes approximately 109,000 dentists most of whom have been licensed by at least one State. Dentists, in order to acquire licensure, have received extensive training involving a minimum of two years of college and four years of professional schooling. It is worthy of note that the greater percentage of students entering dental school today have obtained a baccalaureate degree or its equivalent. In preparing for the study of dentistry, the student is exposed to the biological sciences and receives a broad education in the behavioral and social sciences. In dental school, the student then receives a firm foundation in the biological sciences, including training in depth in anatomy, physiology, microbiology, biochemistry, pharmacology, and pathology. The last two years in dental school give the dental student the depth of clinical training which is essential to the practice of dentistry. This exposure includes training in the diagnosis, treatment and prevention of diseases of the oral cavity. In the past, considerable emphasis was placed on the technical aspects of dentistry, but, while these techniques are still demanded of the student, it is significant that the dental curriculum today displays an increasing awareness of the integral relation between oral health and total health.

Today, with increasing emphasis on research and basic scientific knowledge, it has become customary for the dental graduate to continue his training in order to preserve and advance his professional capabilities. Specialization in certain phases of dental practice requires education and experience beyond the basic doctoral degrees. Many dentists have undertaken this education through postdoctoral internships and residencies leading to specialty qualification.

The active dental profession includes 92,500 men in clinical practice, of whom 87,000 are in private practice. Among this number, about 5,700 are engaged in one of the eight recognized areas of specialty practice. Approximately 1,500 dentists are oral surgeons. Their advanced training and experience render them particularly valuable as instructors in surgical techniques, anesthesiology, and hospital procedures. Many other dentists are trained in, and practice, oral surgery and anesthesiology but have elected not to limit their practices. These men, too, constitute an important training resource. Of equal importance to the disaster preparedness training effort is the number of dentists already trained in the principles of public health and the thousands who have received casualty care training while serving with the armed forces.

The dentist's academic experience and his vocation of providing a health service to the public leads him to the acquisition of skills that relate primarily to patient care. Secondly, however, these skills relate to the management of personnel, the management of a business enterprise and active participation within organizations that deal with over-all community problems. Through this combination of practically acquired skills, the dentist is capable of contributing administrative and organizational experience to the community health program.

As noted, the greater percentage of dentists is engaged in the general practice of dentistry. In the past, the man engaged in solo practice provided his services exclusively in his own office. Today, however, there is increased participation by the dentist in the community hospital and similar institutions. As a result the dentist's abilities are being extended into environments where they contribute more directly to the total health care of the patient. This broadening of the environment of dental practice is being reflected in the educational experience of the undergraduate student through increased orientation to institutional care, hospital protocol, care of the chronically ill patient, the mentally retarded patient, and other categories of patients requiring the team approach to health services. The increased clinical practice of dentistry in the hospital environment necessarily produces a high degree of interprofessional contact and coordination among members of the several professional health disciplines. As such, it provides the dentist with an awareness and understanding of hospital procedures and administration and gives to him the capacity to function as an effective element of the total patient care organization.

Auxiliary personnel normally associated with the practice of dentistry are the dental hygienist, the dental assistant, and the dental laboratory technician. Most dental hygienists are trained in the biological sciences to perform, under professional supervision, the intraoral procedures authorized by State dental hygiene licensure. There are approximately 8,500 hygienists working in dental offices. Dental assistants number approximately 80,000. They do not have as extensive formal training as do dental hygienists and they are not permitted to work in the oral cavity. The dental laboratory technician is an artisan who works under the specific direction, or in accordance with the written instructions, of the dentist in the fabrication of dental prosthetic appliances. Approximately 3,300 dental laboratory technicians work for dentists in laboratories situated in the dentists' offices. It is estimated that an additional 25,000 are employed by commercial dental laboratories. Each of these auxiliaries would be capable of providing some degree of assistance to the management of the community health problem associated with a nuclear disaster. It is apparent, however, that their present skill levels are disparate and that their capacities for absorbing additional training are quite distinct.

Role of the Dentist in Disaster Preparedness: The dentist has three basic areas of responsibility in which he can serve most effectively in the postdisaster period and in which his competence can be expanded without resort to extradisciplinary training. These areas of responsibility can be broadly labelled as civic or community, administrative, and professional.

A. Civic or Community Responsibility: Civic or community responsibility should be recognized and assumed by each dentist through the exercise of his natural leadership. This can best be accomplished by taking an active role in encouraging, developing and instructing in Medical Self-Help, advanced first aid and other community and family-oriented disaster training and shelter program activities. To do this, the dentist should acquire sufficient background and experience to permit him to fulfill his role effectively. In some instances, this will require the dentist first to assume the role of the student before he can assume the role of the leader. In all these activities, the dentist should project the positive attitude that, with effective preparation, the Nation will survive and recover from an enemy attack, whatever its severity.

B. Administrative Responsibility: Administrative responsibility can be exercised beneficially by the dentist in the two environments that are expected to characterize the postdisaster period: the community shelter and the hospital. Familiarization with basic hospital administrative procedures should be sought by all dentists not previously trained or prepared in this field. This knowledge would permit the dentist to assume an important role in providing administrative continuity in Civil Defense Emergency Hospitals and maintaining it in established hospitals. Shelter management, *per se*, could be accomplished, in most instances, by laymen. Over-all management of the health problems of shelter inhabitants, however, can best be accomplished by health personnel. Dentists can contribute significantly

to this effort of health administration by acquiring the skills necessary to direct the institution and maintenance of systems related to sanitation, water potability protection and conservation, radioactive contamination, vector and rodent control and the combating of depressive psychological reactions to the shelter environment. Although some dentists may not be presently equipped to assume these administrative responsibilities, training is available in these areas within the dental profession. Such training should be sought.

C. Professional Responsibility. Professional responsibility, as used here, relates to the many activities involved in patient management that are common to both medicine and dentistry. A large number of dentists, due to the restricted nature of their practices, presently lack the ability to perform many of the procedures that would be required in a mass medical emergency. These dentists should undertake to establish, or re-establish, the capabilities to perform in the following fundamental areas of dental practice including:

1. diagnosis, including the knowledge of intra-oral manifestations of systemic disorders
2. dental triage
3. treatment
 - a. administration of drugs, by mouth, intramuscularly, and intravenously
 - b. management, including surgical repair, of lacerations, fractures and wounds, and control of hemorrhage, involving oral tissues and associated structures
 - c. preventive dentistry
 - d. resuscitation, including provision of an adequate airway
4. expanded knowledge of pharmacology in order to prescribe for emergency medical care
5. psychological management of patients
6. identification of fatalities by dental examination

The potential necessary to provide training in these fundamentals is available within the profession and the development of such training programs is the responsibility of the profession.

The dentist may be called upon, in the initial postdisaster period, to perform functions beyond his normal competence and sphere of licensure. The dental profession, through policies adopted by the American Dental Association and many of the 50 state dental societies, has acknowledged this potential need and has recommended that dentists acquire proficiency in the performance of emergency medical and surgical procedures under the direction of or, if necessary, in the absence of a physician. It is recognized that, in order to provide these services, dentists should be given additional training in physical diagnosis and treatment. Greater emphasis must be placed on training the dentist in the functions and activities that relate to the management of community or public health problems in an austere medical, social and psychological environment, both in the immediate postdisaster period and in the long-range recovery period that can be expected to follow.

Role of Auxiliary Personnel: The health team can be effectively and substantially expanded in a postdisaster situation by the effective utilization of dental auxiliary personnel: the dental hygienist, the dental assistant, and the dental laboratory technician.

The dental hygienist, who is licensed to perform certain intraoral operations, can, within her existing competencies, manage the oral health program of the shelter population and assist in the provision of general nursing services, including the dispensing and administration of drugs under professional guidance. With proper training, she could provide advanced first aid, assist in surgical procedures and participate in the provision of environmental and community health services.

The dental assistant, subject to prior assessment of individual competence, could assist the physician, dentist, veterinarian, nurse, and dental hygienist in the discharge of their respective duties. With proper training, she could render first aid and assist in ward nursing.

The dental laboratory technician, with adequate training, could give first aid. Without such training, he could assist the shelter manager in handling the problems that will require manual dexterity and the exercise of creative or duplicative talents.

Recommendations for Implementation

A. Plan for Organization: It is a recommendation of the committee that positive leadership be exerted by government at all levels in the framing and promulgation of a finite plan of operation with respect to the provision of health services in the period following a nuclear disaster. The health professions, through their voluntary organizations, are not capable of designing such a plan since national defense, in both its active and passive aspects, is necessarily a function and responsibility of government. The health professions, given the framework of an established plan of organization and operation, will provide the physical resources necessary to support, operate, and assure continuity of such a plan.

The primary source of planning, motivational guidance, and financial support must be the Federal Government. More specifically, it should be the Department of Health, Education, and Welfare working in conjunction with the Office of Civil Defense and extending the resources of these agencies through the United States Public Health Service. This system would provide a continuing opportunity for effective liaison with national health organizations for the coordination and implementation of the plan. Furthermore, it would provide for the dissemination of informational and motivational data down to the next organizational level, the State governments and the State professional associations. The same blending of governmental and professional coordination could be channeled downward to the level where lasting implementation could be effected, the county or city governmental agencies and their professional counterparts.

The core of a successful national organization of health services for disaster preparedness is the intelligent exercise of governmental responsibility. This provides the needed assurance that voluntary efforts will not have been expended in vain. Given this assurance, and the opportunity to exercise effective liaison at each level of government, the health professions will cooperate to assure the fulfillment of their responsibility.

B. Training: Consistent with the expansion of functions of dentists into the two categories of intradisciplinary and extradisciplinary capability, the committee's recommendations are as follows:

1. Intradisciplinary Capability: Intradisciplinary capability must be given primary support since its attainment, in many instances, will form the practical and motivational basis for the extension into extradisciplinary capability. With appropriate leadership and support from all levels of government, action programs could be established through organizations representing oral surgeons, dental anesthesiologists, dentists trained in hospital practice, and public health dentists to train the remainder of the profession in their respective specialties. Further, it is suggested that the demonstrated capabilities of the Armed Forces be utilized to the same end. The teaching competence and physical facilities of the dental schools should be utilized, where possible, in the drafting and staffing of prototype programs. A responsibility of professional societies, at all levels, would be to apply motivational force, to emphasize the importance of community service and to incorporate the training programs routinely into their scheduled scientific activities. In each of these undertakings, the professional societies should maintain communication and liaison with their counterpart associations at professional levels. Through this application of intradisciplinary and intraorganizational resources, plus the cooperative support of health-related governmental agencies, the effects of this training effort would be quickly recognized. This result would add substance to the far-reaching efforts of developing expanded functions in the extradisciplinary realms.

2. Extradisciplinary Capability: Extradisciplinary capability cannot be attained by dentists without the effective support and guidance of other professions. The medical and other health professions possess the competence to train a nucleus of dentists in the principles of medical, hospital and public health practice, who, in turn, can extend the training throughout the dental profession. The nucleus of initial instructor-trainees should be composed of men that already possess teaching competence or experience in hospital-surgical or public health practice. Also, the forum for the conduct of these initial training activities should be the dental school, since the necessary teaching competence is available in this academic environment. Once the scientific and administrative principles have been imparted to these potential instructors, and the methodology of teaching fixed, these men

could develop and present a basic curriculum of expanded function training for further dissemination within the profession.

The committee acknowledges that the educational program envisioned will succeed only through the efforts of the leaders of the dental profession. The committee firmly believes, however, that effective planning and support by the Federal Government can stimulate the initiative required. Once prototype programs have been established, perhaps at two or three dental schools, and have been evaluated as effective, the evidence obtained can be expected to serve as guides for other schools of dentistry. The committee, therefore, strongly recommends that such prototype programs be undertaken.

Consistent with the need to train graduate dentists to fulfill their disaster roles is the need to avoid swelling the untrained pool by the annual graduation of more than 3,000 dental students untrained in disaster preparedness concepts and principles. In many instances, this problem has been recognized voluntarily by the deans of the dental schools and the curriculum has been adjusted to include at least a minimum of exposure to the logistics of nuclear disaster and the principles of emergency medical care. Much more must be done, however, and centralized direction is required, if these disconnected efforts are to be consolidated and made truly productive. The committee believes that the development and funding of prototype programs by an appropriate federal agency, in consultation with the American Association of Dental Schools, represents the most logical approach to the final and effective solution to the problem.

3. Training Dental Auxiliaries: The training of dental auxiliaries will require the exertion of strong motivational influences by the dental profession and by the organizations that represent the three auxiliary groups. First aid courses are available under the auspices of such organizations as the American National Red Cross. The Medical Self-Help Program is also being taught on a wide scale. Once motivated to seek the knowledge available through these courses, dental auxiliary personnel are capable of increasing their skills. More advanced concepts, for application particularly by the dental hygienist, should be incorporated into the curricula of the dental hygiene schools and into the programs of the dental hygienist organizations. The development of the organizational plan mentioned often in this report, and the positioning of the dental auxiliaries in that plan, should go far to stimulate the members of these groups to seek the types of training that will enable them to fulfill their roles in the postdisaster plan.

Election of Vice-Chairman: Dr. Fred P. Barnhart, Washington, was elected Vice-Chairman of the Council, to serve until the 1966 meeting of the Council.

RESOLUTIONS

8. Resolved, that Chapter IX, Section 110G, of the *Bylaws* be amended by the deletion of the words "civil defense" where they appear in subsection (b) and the substitution of the words "disaster preparedness activities", the amended subsection to read:

b. To formulate programs for the participation of dentists in disaster preparedness activities.

9. Resolved, that the principles, conclusions and recommendations contained in the report of the Dental Study Committee on Disaster Preparedness, "Role of the Dentist in National Disaster", be endorsed.

Council on Hospital Dental Service

Clug, Bernard, New York, 1965, chairman

Bishop, Lyall O., California, 1966

Holland, Daniel J., Massachusetts, 1966

Pfister, Jack H., North Dakota, 1967

Ritsert, Ernest F., Pennsylvania, 1965

Casey, Gerard J., secretary

Meeting: The Council met in the Central Office, Chicago, on April 22-23, 1965 with all members present. Dr. Clifton O. Dummett and Robert Love, M.D., American Hospital Association, attended the meeting as consultants to the Council.

Staff Appointment: On January 1, 1965, Dr. Leland E. Weyer, Front Royal, Virginia, joined the staff of the Council to serve as a consultant to constituent societies' committees on hospital dental service. This service includes consultation on the establishment of dental services in hospitals and on the improvement or accreditation of existing dental services. Dr. Weyer is presently assisting several hospital dental service committees in reevaluation visits to hospitals whose dental services were approved by the Council prior to 1960. The Council is pleased that Dr. Weyer was able to accept the staff appointment.

Amendment to "Basic Standards of Hospital Dental Service": The House of Delegates in 1964 (*Trans.* 1964:258) postponed until the 1965 session the following resolution which would amend the *Basic Standards of Hospital Dental Service* by adding a section on orthodontic service for hospital patients:

208. Resolved, that the amendment of the *Basic Standards of Hospital Dental Service: Dental Services of Hospital Patients* as proposed in the report of the Council on Hospital Dental Service be approved.

As requested by the 1964 House of Delegates, a more generalized statement on an orthodontic service was prepared. The statement appears in the paragraph on pedodontics among the guides for the development of programs in various areas of hospital dental service in the *Guidelines* under the section entitled "Services Provided". Therefore, the Council requests that Resolution 208 (*Trans.* 1964:258) of the 1964 House of Delegates be postponed indefinitely.

"Guidelines for Hospital Dental Services": The 1946 House of Delegates approved the Council's *Basic Standards of Hospital Dental Service* (*Trans.* 1946:317). In

1953 and 1955 the *Basic Standards* were revised (*Trans.* 1953:220; 1955:204). In 1955 the *Recommendations on Bylaws for a Hospital Dental Service* were approved (*Trans.* 1955:204) and were published under the title of *The Dental Service and the Dental Staff* to assist hospitals in developing an acceptable dental service program and a satisfactory administrative pattern for the dental department.

These two documents needed extensive revision to conform with current principles of hospital administration. In discussing hospital administration and hospital dentistry with the Council on Professional Practice of the American Hospital Association, it was thought that an updated document which combined the *Basic Standards* and *The Dental Service and the Dental Staff*, approved by both Associations, would have greater acceptance by both the hospital profession and the dental profession.

The combined publications entitled *Guidelines for Hospital Dental Services* was produced after seven months of cooperative efforts with the Council on Professional Practice. There was no sacrifice of existing American Dental Association policies as they relate to hospital dentistry.

The *Guidelines for Hospital Dental Services* has been reviewed by the American Hospital Association's Hospital-Physician Relations Committee and the Council on Professional Practice, and was approved by its Board of Trustees on May 6-7, 1965. The *Guidelines for Hospital Dental Services* is appended to this report for the consideration of the House of Delegates. An appropriate resolution appears at the end of this report.

New Director of Joint Commission on Accreditation of Hospitals: John D. Porterfield, III, M.D., has been appointed director of the Joint Commission on Accreditation of Hospitals to replace Kenneth B. Babcock, M.D., who retired in October, 1964. Dr. Porterfield has assumed his new position, but will be some time in transferring his activities from the University of California, where he has been Assistant Vice-President in Administration and Coordinator of Medical and Health Sciences at Berkeley, to the office of the Joint Commission in Chicago.

"Bulletin No. 36" of Joint Commission on Accreditation of Hospitals: In August, 1964, the Joint Commission published in its quarterly bulletin a statement on dentistry in accredited hospitals. The statement contained an acceptable definition of oral surgery and indicated the various areas of dentistry that comprise the general practice of dentistry. It recognized the proper administrative status of dentistry in larger and teaching hospitals as well as in smaller hospitals. The statement gave proper recognition to the general dental practitioner and to the dental specialist. The Council includes *Bulletin No. 36* in its informational kit.

The Liaison Committee to the Joint Commission on the Accreditation of Hospitals was of the opinion that there would be some backlash from interested groups in medicine following the issuance of *Bulletin No. 36*, but felt that the backlash could be controlled.

The backlash experienced thus far has stemmed from the Otolaryngology Section of the American College of Surgeons. It was formally requested that *Bulletin No. 36* be rescinded. The Joint Commission received the request and referred the matter to its Editorial Committee. The College of Surgeons then set up an *ad hoc* committee to investigate the matter and to report back to its Board of Regents. This

ad hoc committee consists of Orion H. Stuteville, M.D., D.D.S., professor of Oral, Maxillofacial and Plastic Surgery at Northwestern University; J. P. North, M.D., director of the American College of Surgeons; Bruce Proctor, M.D., a practicing otolaryngologist from Detroit; Howard Snyder, M.D., a practicing general surgeon from Winfield, Kansas, who is also a representative from the College of Surgeons to the Joint Commission and a member of the Joint Commission's Editorial Committee, and Angus McLachlin, M.D., chairman of the Department of Surgery, University of Western Ontario. Dr. McLachlin is chairman of the *ad hoc* committee.

The committee was charged with the investigation of (1) the performance by "dental" oral surgeons of operative procedures for which they have been "inadequately" trained; (2) methods to ensure proper quality of patient care by "dental" oral surgeons; (3) the relation of physicians and dentists in the hospital; (4) a recommendation for any action that may be indicated.

With this background the committee met in Chicago on January 9 and requested that the above matters be discussed with Dr. Fred A. Henny, chairman of the Liaison Committee, and Dr. Gerard J. Casey. The American College of Surgeons had previously corresponded with individual oral surgeons and officials of the American Board of Oral Surgery and the American Society of Oral Surgeons who, in each instance, correctly referred the College to the American Dental Association and the Liaison Committee.

The meeting with the *ad hoc* committee was held for the most part in an atmosphere of friendly cordiality. Drs. North and McLachlin made it evident that their only real concern was the quality of care of patients, but eventually brought forth the concept that *Bulletin No. 36* had been, and could be in the future, interpreted to indicate that oral surgeons on staffs of hospitals have autonomy and are not responsible to the chief of surgery. It was pointed out to the committee that the release in *Bulletin No. 36* does not read this way and that there was no intent on the part of the Joint Commission or of the American Dental Association that it should be interpreted in this fashion.

Some discussion of the scope of oral surgery was also included during the meeting. It was pointed out that any listing of procedures is both dangerous and unduly restrictive since such a listing may exceed the qualifications of one oral surgeon in a given hospital, while in another, it may not allow an oral surgeon to provide care which is needed in his hospital or his community. The scope of oral surgery as defined by the American Dental Association and the American Society of Oral Surgeons was reiterated. It was called to the committee's attention that this definition is the only possible way to determine scope since it is consistent with the education, experience and competence of the oral surgeon and with the needs of the hospital and the community.

Some members of the committee requested that the representatives of the Association agree to the deletion of the definition of oral surgery in *Bulletin No. 36*, primarily, because the College of Surgeons and the Joint Commission have not previously defined any specialty of medicine and they were concerned that this would bring forth requests for definitions in other fields. The committee was informed that the Joint Commission was merely quoting the Association's definition of oral surgery and that agreement had been reached whereby no one profession would attempt to define another profession's scope of practice. The definition of oral surgery by the American Medical Association's House of Delegates (*Trans.* 1953: 144) was a prime example of the impropriety of this procedure. The committee

was further informed that an agreement to delete the definition could not be made since Drs. Henny and Casey were merely acting as representatives of the American Dental Association and that such an agreement would require study by the Liaison Committee and review by the Association's Board of Trustees. To resolve this apparent impasse it was suggested that the American Dental Association submit suggestions for its resolution. In February, a letter with recommendations was submitted to the American College of Surgeons. No acknowledgment was received.

In April, the Council received informally a revised statement on hospital dentistry as approved in March by the Board of Commissioners of the Joint Commission. The revision dealt in major part with the relation of the oral surgery service to the department of surgery and the supervision of patients undergoing oral surgery procedures. The Council at its annual meeting reviewed the revised statement and made recommendations to the Liaison Committee in regard to further conferences with the Joint Commission.

In June, Dr. Henny and Dr. Casey met with Denver Vickers, M.D., acting director of the Joint Commission, to discuss further the proposed revision of *Bulletin No. 36*. A statement was achieved in discussion with Dr. Vickers who will submit the following to the Joint Commission's Editorial Committee:

The chief of a dental department (or services) shall be responsible for services performed by the dental staff with the understanding that all dental or oral surgical procedures undertaken in the operating room shall be the responsibility of the surgeon-in-chief of the hospital in the same degree as the other surgical sections of the department of surgery.

This permits the organization of an oral surgery service within the department of surgery and also the appointment of dentists to both the surgical and dental departments.

In non-departmentalized hospitals, the chief of staff or his designee shall assume appropriate over-all responsibility of the patient. A team effort of all who contribute to the welfare of the patient will provide the highest level of quality care, particularly in complicated cases.

In answer to many questions concerning the presence of a physician in the operating room during oral surgical procedures, the following statement has been submitted:

Must a physician be "scrubbed in" when a dental case is operated on? Usually *no!* This is a question of judgment depending upon the qualifications and training of the oral surgeon, the complexity of the case and upon the opinion of the physician assuming appropriate over-all responsibility of the patient.

The Council is of the opinion that dentists on hospital staffs using judicious discretion can achieve with the modified *Bulletin No. 36* the same end results as were intended in the original statement on dentistry in hospitals by the Joint Commission on Accreditation of Hospitals.

Relations with the American Hospital Association: The Council on Professional Practice of the American Hospital Association and the Council on Hospital Dental

Service have worked cooperatively and with excellent rapport on projects under their purview.

The Committee on Extended Care Facilities (Nursing Homes) under the aegis of the Board of Approvals of the American Hospital Association (*Trans.* 1964:83) is functioning actively in an approval program of nursing homes. The American Dental Association is a member of the Committee.

The inspectors making evaluation visits to nursing homes are giving adequate attention to the dental standards as well as to the medical, nursing and other standards necessary to achieve approval. The dental profession is participating in a truly multilateral approval program in nursing homes.

The Committee on Disaster Preparedness of the Hospital Association has indicated that it would be interested in cooperating with the American Dental Association and its appropriate agencies in developing a coordinated program on disaster preparedness. To achieve this goal, the Council on Federal Dental Services will inaugurate meetings with the American Hospital Association. The Council on Hospital Dental Service will assist the Council on Federal Dental Services in the hospital phase of disaster preparedness.

Appreciation: The Council wishes to acknowledge with thanks and appreciation the cooperation of the American Hospital Association and, especially, Robert Love, M.D., of its Council on Professional Practice for his interest and cooperative efforts which have contributed immeasurably to the programs on hospital dentistry.

Institutes and Conferences: The Council was given authority by the Board of Trustees (*Trans.* 1955:268) to conduct a series of institutes on hospital dental service in cooperation with the American Hospital Association. The ninth basic institute was conducted in Baltimore, March 22-24, 1965. The first day's program was devoted to presentations on policies of the Association as they relate to hospital dentistry and on the implementation of these policies to establish an effective dental service in the hospital.

The program on the second day consisted of presentations on communications. The participants were given an insight into the art of communication. The causes and effects of breakdown in communications among the board of trustees, administrative personnel and professional staff in a hospital environment were emphasized. Examples of effective communication were illustrated to aid the participants in their work in hospitals. On the third day the participants were taken to Children's Hospital of Johns Hopkins where an efficient and competent dental service cares for the dental health of handicapped children. The participants received orientation in the special technics necessary in the dental care of these children.

The fifth in a series of specialized institutes on hospital dental service conducted cooperatively with the American Hospital Association was held in November, 1964 in Chicago. The institute explored in depth medical-dental relations. Pedodontists, pediatricians, periodontists, internists, oral pathologists, clinical pathologists, oral surgeons and general surgeons presented the many facets of interprofessional cooperation and coordination in hospital practice. Presentations were made on hospital staff bylaws, rules and regulations as they relate to the dental service. The institute participants also discussed hospital phases of medical-legal liability as it affects the dentist in his hospital practice. The National Association of Dental Service Plans was the topic of much favorable discussion, especially the impact the dental service corporation may have on hospital dentistry.

In 1958 (*Trans.* 1958:239) the Council was granted authority to conduct regional conferences on hospital dental service. In June, 1965, a conference was held in St. Louis. The lectures were conducted at the Chase-Park Plaza Hotel and demonstrations at the Jewish Hospital of Saint Louis. While the conference participants concentrated mainly upon the general principles and policies of establishing a dental department, emphasis was also given to the general medical and surgical considerations of the chronically ill, aged and handicapped as these considerations relate to the dental care of the patients.

Each participant in the conference received individual instruction on methods of resuscitation with special consideration given to closed-chest cardiac massage. On the last day of the conference operations on selected cases of the chronically ill, aged and handicapped were viewed over closed-circuit television at the Jewish Hospital.

The Council is of the opinion that these conferences are adding a needed dimension to the perspective of hospital dentistry in light of social, economic and political developments.

Accreditation Program: In January, the Council started its program of reevaluating hospital dental services in those hospitals that have not been visited since 1960. The program was inaugurated in New York with the efficient cooperation of The Dental Society of the State of New York. The Society's Committee, with Dr. Leland E. Weyer as consultant, reevaluated all hospital dental services in New York that were approved prior to 1960.

The Committee on Hospital Dental Service of the Pennsylvania Dental Association has been working wholeheartedly with the Council in reevaluating 52 hospital dental services that have been approved prior to 1960.

The Council is also working with the New Jersey State Dental Society, Illinois State Dental Society and the Massachusetts Dental Society in a reevaluation program of dental services in hospitals in those states.

It is anticipated that the reevaluation program will result in improved relations with hospitals and in improved dental services.

Status of Hospitals: As of June 1, 1964, the Council has approved the dental services in 733 hospitals. The latest survey shows that there are 6,834 hospitals of which 40.2 per cent or 2,744 have dental services.

Area-wide Planning Agencies for Hospitals and Related Health Facilities: Dr. Sam G. Sanders, chairman, Legislative Committee of the Mississippi Dental Association, requested that the appropriate agency in the Association evaluate the provision for area-wide planning agencies in the Hill-Harris Amendments of 1964 to the Hill-Burton Act for the Construction and Modernization of Health Facilities.

The Council at its meeting in April had the advice in this matter of Mr. Harold Goetsch of the American Hospital Association and Mr. Bernard J. Conway, assistant secretary for Legal Affairs of the American Dental Association.

The area-wide planning agencies for hospitals and related health facilities are voluntary agencies which give advice to the community on the advisability and feasibility of constructing or modernizing health facilities. In order to help these voluntary agencies in their work, the Hill-Harris Amendments of 1964 provide the state

up to \$50,000 to assist these agencies in the proper and efficient administration of the state plan for hospitals and related health facilities. It is significant that in order to qualify for these funds from the Hill-Harris Amendments the agency must be a voluntary organization.

The Council, after a review of the Hill-Harris Amendments of 1964, urges and strongly recommends that dentists participate not only in the state committee on Hill-Burton funds, but also in the local hospital planning agencies. The dental profession as a health science should be represented and the profession should take an active interest in the construction and modernization of health facilities so that adequate dental facilities in the hospital are made available to the community.

RESOLUTIONS

10. Resolved, that the *Guidelines for Hospital Dental Services* be approved, and be it further

Resolved, that the *Basic Standards of Hospital Dental Service* (Trans. 1946:317; 1953:220; 1955:204) and the *Recommendations on Bylaws for Hospital Dental Service (The Dental Service and the Dental Staff)* (Trans. 1955:204) be rescinded.

APPENDIX GUIDELINES FOR HOSPITAL DENTAL SERVICES

Introduction: The purpose of this publication is to provide hospitals, chiefs of dental service and dentists interested in the organization and conduct of dental services in hospitals with guidelines that have been approved by the American Dental Association and the American Hospital Association.

The dental profession knows that the health care it renders is an essential part of a total health service. It has long recognized, as well, that its services must be integrated with those of the other health professions in order to provide total health service for the individual patient. The modern hospital, marshalling as it does many professions, services and facilities, provides a great challenge and opportunity for interprofessional cooperation in the service of the individual patient.

In establishing these guidelines, the two Associations have kept in mind the need of relating them to prevailing standards in the field of hospital administration and practice. The intent has been to establish only broad general principles within which the best interests of the patient are served.

Terminology: Certain commonly used terms are susceptible to various interpretations. For this reason the following terminology has been adopted for use in this document:

Medical Staff: Where hospital dental services are minimal or confined largely to oral surgery they are usually conducted as a section of the department of surgery coequal with the other surgical specialties. The term "medical staff" is retained in this case, and the bylaws should state that wherever it appears it includes the dentists on the staff as well as the physicians.

Medical and Dental Staff: Where dental services are more extensive and organized into a department of dentistry, coequal with the other major departments, the term "medical and dental staff" is used.

Dental Service: This term may refer to either a dental department or a dental section.

Dental Staff: This term refers to the group of dentists privileged to practice in a particular hospital. This is used as a generic term analogous to the "pediatric staff" or the "surgical

staff". The dentists are members of the dental department or the dental section of the surgery department.

Clinical Staff (or simply "staff"): This term refers collectively to all physicians and dentists on the staff, regardless of category, and covers "medical staff" or "medical and dental staff", whichever term is used in the bylaws.

Hospital Organization—Governing Body: The governing authority or board is ultimately responsible for everything involved in the operation of the hospital. It establishes broad objectives and the scope of services to be offered. It has authority for final approval of policies, bylaws, rules and regulations established for the operation of the hospital, including those pertaining to medical and dental care as well as those pertaining to administration. It makes all appointments to the medical and dental staff. The governing authority is represented within the hospital by a chief executive officer (administrator) who is responsible for the execution of all policies established by the governing authority. Insofar as is legally and morally possible, the governing body delegates the responsibility and necessary authority for medical-dental care and appraisal activities to the clinical staff, and that for internal operations to the chief executive officer (administrator) of the hospital. The board, through a reporting mechanism, determines whether these delegated responsibilities are being carried out.

Administration: The hospital administrator, as chief executive officer of the hospital, is responsible to the governing body for the overall operation of the hospital.

Clinical Staff: The staff consists of a group of physicians and dentists who have qualified for the privilege of membership. Final approval of appointment to the staff rests with the governing body. Meetings of the clinical staff should be held on a regular basis. The primary objective of staff and departmental meetings is improvement in the care and treatment of patients in the hospital. To insure adequate evaluation of clinical practice any one of the following three methods will suffice:

1. Monthly meetings of the active staff.
2. Quarterly staff meetings and monthly departmental conferences in those hospitals where the clinical services are well organized and each department is large enough to meet as a unit. Clinicopathological conferences may be substituted for a departmental conference provided the clinical work is adequately reviewed by one or another of such conferences.
3. Quarterly staff meetings and monthly meetings of the records and tissue committees in which the quality of medical and dental work is adequately appraised, with subsequent monthly review by the executive committee and reports to the active staff at its quarterly meetings.

Committees: The complexity of the committee organization depends upon the size and composition of the staff of the individual hospital. A small staff may wish to function as a committee of the whole. Others may wish to combine all committee functions into two or three committees. So long as the required functions are carried out, the structure of committee organization is a decision to be made by the staff. These functions are:

1. **Executive:** The executive committee coordinates the activities and general policies of the various departments, acts for the staff as a whole under such limitations as the staff may impose, and receives and acts upon the reports of the records, tissue, and such other committees as the staff may designate. The executive committee normally meets at least once a month and maintains a permanent record of its proceedings.
2. **Credentials:** The credentials committee investigates and reviews the qualifications of dentists and physicians for appointments, reappointments and privileges. It is not a disciplinary body.
3. **Joint Conference:** The members of the staff serving on the joint conference committee represent the staff on all matters of mutual concern with the governing body. This committee is the primary means of liaison between the staff, governing body and administration. In the absence of a joint conference committee some other formal means of liaison between the staff and the governing body must be established. This may be done by having periodic joint meetings of the executive committees of the staff and of the governing body.

4. **Medical Records:** The medical records committee supervises and appraises the quality of medical records and insures their maintenance at the required standard. The committee meets at least once a month and submits to the executive committee a report in writing that is made a part of the permanent record.

5. **Tissue Review:** The tissue committee reviews and reports to the staff, or to the executive committee of the staff, on the agreement or disagreement among the preoperative, postoperative and pathological diagnoses, and on the acceptability of the procedure undertaken. This study includes those procedures in which no tissue was removed. A written report to the executive committee is made on each meeting.

6. **Accreditation:** The *Standards* of the Joint Commission on Accreditation of Hospitals (JCAH), current edition, require that in each hospital one of the standing staff committees be assigned the responsibility of keeping the staff informed of accreditation standards and the accreditation status of the hospital.

Dental Service in Relation to Staff Organization: The name of the dental service should be similar to that of other services of the hospital. In smaller hospitals, and in those hospitals where the principal activity of the dental department is oral surgery, this service may be organized as a section of the surgery department coequal with other surgical specialties. However, when expansion of dental services is contemplated, it is desirable that the bylaws establish an organizational structure that may be expanded from time to time to include more comprehensive dental services. The appended charts depict the organizational patterns of medical and dental staffs most commonly found in hospitals.

The Dental Service—Responsibilities: The governing body of the hospital delegates the responsibility for patient care and for making recommendations as to the professional qualifications of staff physicians and dentists who may practice in the hospital. The dental service, in turn, is responsible to the governing body through the medical and dental staff for the quality of dental care and treatment in the hospital.

Maintaining high standards of dental care will depend upon the character of the staff and the effectiveness of its organization in carrying out the following duties:

1. Establishing the rules and regulations for the conduct of the department.
2. Selection of those recommended for dental staff appointments and hospital privileges.
3. Constant analysis and review of the clinical work done in the hospital.
4. Support of hospital, medical and dental staff and dental department policies.
5. Maintenance of adequate records.
6. Holding necessary consultations.

Functional Areas: The dental department should operate on the basis of the following functions:

1. **Administrative**—conducting the affairs of the dental department in accordance with the established administrative procedures of the hospital.
2. **Consultative**—acting in a consultative capacity, through customary channels, on all problems related to the dental health of the patient. Included in consultations are those required under the rules of the clinical staff.
3. **Clinical**—rendering professional services to the patients in accordance with the concepts of modern scientific dentistry and periodic evaluation of patient care.
4. **Educational**—providing training for junior staff members in clinical diagnosis, consultations, restorative and surgical procedures and operating room decorum; participating actively in the educational program of the hospital; orienting the medical and dental staff in the problems of oral health as they relate to the total health care of the patient; engaging, when facilities permit, in the teaching of graduate and postgraduate students who are preparing themselves, either as interns or as residents, for the practice of one of the specialties; and providing an educational program for dental hygienists, dental assistants and both student and graduate nurses. The *Requirements for the Approval of Hospital Dental Internships and Residencies* of the Council on Dental Education of the American Dental Association may be useful in establishing standards in these educational fields.

Internal Organization: In teaching hospitals and other large hospitals the functional division of the medical and dental staff into more than minimal departments or services is frequently desirable. In these instances, the organization of the department of dentistry should be comparable to that of other departments of the hospital. The dental department should be organized into sections to conform to the areas of the recognized dental specialties, so far as is consistent with the available staff facilities and the needs of the community. The section on oral surgery should be administered as a section of the department of dentistry, coequal with the other specialties of surgery and having full consultative and advisory relations with the department of surgery.

The chief of the dental service should be responsible for the conduct of the dental service and the quality of the professional care of patients on his service. He should be selected for his training, experience and executive ability. He should be designated by a title comparable to that of the chiefs of other services and should have the same privilege of appointment to the executive committee or medical board as do the chiefs of other services. His duties also include making recommendations to the administration as to the planning of hospital facilities, equipment, routine procedures and any matter concerning dental patient care.

Services Provided: The extent of dental care provided for the hospital patient will vary with the size of the hospital, the type of hospital and the type of service rendered by the hospital. For example, in hospitals for crippled children or for those suffering from tuberculosis and mental diseases, a comprehensive dental service is necessary. The recommended program for hospitalized patients, and for outpatients when facilities permit, will include an oral examination based on a complete series of dental radiographs. Vitality tests, transilluminations, bacteriologic, pathologic and other types of laboratory tests should be used where indicated. More specifically, the dental service should develop programs in the following areas in accordance with local needs and facilities:

Dentistry for Children (Pedodontics): Hospitalization of children for dental procedures is often necessary and the establishment of a pedodontic service may be indicated. In hospitals where children are hospitalized for extended periods of time, a pedodontic service is especially desirable. Consultation and treatment in orthodontics should be available to all such hospital patients.

Dental Radiology: In all hospitals providing dental services there should be good facilities for dental radiography. Radiographs should be taken by personnel trained in the requisite techniques. Standard radiologic safety precautions and procedures should be prescribed and adhered to. Radiographs should be read by fully qualified individuals. Their findings and interpretations should be properly recorded in patients' records.

Oral Pathology: Wherever feasible, an oral pathologist should be available to the dental service because of the specialized nature of the tissues of the oral cavity.

Oral Surgery: In all hospitals accepting dental patients for oral surgical procedures there should be adequate facilities for oral surgical diagnosis and treatment. Just as in any other field of surgery, the privileges approved for oral surgeons should be decided by the staff on the basis of each individual's education, experience and demonstrated capability.

Periodontics: In all hospitals, it is desirable that patients have consultation and therapy available from a dentist qualified in the field of periodontics.

Restorative Dentistry: In certain hospitals, such as those for patients suffering from tuberculosis and mental illness, a restorative dental service is highly desirable.

Departmental Conferences: The dental department should have frequent, periodic conferences to consider clinical problems of the service. Records of these meetings must be kept as part of the permanent record of the dental service and should be available for inspection.

The frequency of dental department meetings should be determined by the active staff and clearly stated in the bylaws. Attendance requirements for all dental department meetings should be determined by the active staff. The requirements for each member of the staff and for the total attendance at each meeting should be clearly stated in the bylaws of the staff. Records of attendance shall be kept.

Staff Membership—Qualifications of Dentists: All dentists who are appointed to the staff or are granted privileges in a hospital should have qualifications based on education, experience and demonstrated competence. Further, they should be:

1. Graduates of dental schools recognized at the time of matriculation or of graduation by the Council on Dental Education of the American Dental Association, and legally licensed to practice dentistry in the state in which the hospital is established.
2. Members of the American Dental Association or the National Dental Association, or eligible for membership in one of these associations.
3. Worthy as to personal character and professional ethics. Guidance on this score is provided by *Principles of Ethics of the American Dental Association* (current edition).

Dentists who engage in the practice of one of the specialties of dentistry recognized by the American Dental Association should, insofar as possible, meet the requirements established by the appropriate specialty board.

Applications, Appointments and Credentials Committee Procedures: Application for Staff Membership: Applications for membership on the staff should be presented to the hospital administrator on the prescribed form, stating the qualifications and references of the applicant. Applicants should be required to signify their agreement to abide by the bylaws, rules and regulations of the staff.

Procedures for Appointment: These are in general the same for dentists as for physicians. Although the specific procedures may vary depending on the desires of the governing body and the staff, in the majority of hospitals a procedure similar to the following is used: The administrator transmits the application to the secretary of the staff who presents it to the staff at its next meeting. It is referred immediately to the credentials committee, which investigates the applicant's character and qualifications and reports to the medical and dental staff at its next meeting. The staff notes the credentials committee report and makes a recommendation to the governing body, which takes final action on the appointment.

Granting of Privileges: Dentists are granted privileges on an individual basis commensurate with their education, experience and ability. As in the case of physicians, privileges should not be made dependent solely upon certification, fellowship or membership in a specialty body or society.

In processing dental applications and recommending privileges, the credentials committee of the staff should have the benefit of consultation with and recommendations from the dental staff or its duly nominated representatives. Whatever method is decided upon should be defined in the staff bylaws. Usually applications are referred to either the chief of the dental department or a dental member of the staff credentials committee. In either case, the rules of the dental department should state the intradepartmental procedure to be followed in arriving at the recommendation that is referred back to the credentials committee.

Term of Appointment: In most hospitals the first appointment is made for one year or until the next annual meeting of the staff, immediately prior to which the credentials committee will have reviewed the records, qualifications and privileges of all staff members and made its recommendations. The staff then makes recommendations on all members to the governing body which takes appropriate action on reappointments.

Categories—Active Staff: The active staff is the category which has the responsibility for conducting the business of the staff. In most hospitals, only active staff members are eligible to vote and hold office. Regardless of any other categories having privileges in the hospital, there must be an active staff. Dentists should be eligible for appointment to the active staff and should perform all the organizational duties pertaining to such appointment.

Consulting Staff: The consulting staff is in most hospitals composed of recognized specialists willing to serve in such capacity. A member of the consulting staff may also be a member of the active staff, but usually only if two separate appointments are made. A consultant must be well qualified to give an opinion in his specialty field. The status of consultant is determined by the dental staff on the basis of an individual's education, experience and demonstrated competence.

Associate Staff: The associate staff comprises members who use the hospital infrequently or less experienced members undergoing a period of probation before being considered for appointment to the active staff.

Courtesy Staff: The courtesy staff is made up of members who desire to attend patients in the hospital, but who, for some reason not disqualifying, are ineligible for appointment to another category of the staff.

Honorary Staff: The honorary staff is composed of former active staff, retired or emeritus, and other dentists of reputation whom it is desired to honor.

Interns and Residents: Dental interns and residents should be graduates of an accredited dental school and conform to the provisions of the dental practice act and the rules and regulations of the state board of dental examiners regarding dental interns and residents.

Coordination of Services, Facilities and Procedures: Relationships between the dental service, hospital administration and the clinical staff involve numerous mutual responsibilities. Among these are:

1. **Admission and Discharge of Dental Patients:** Dentists may admit and discharge patients requiring dental treatment. Bylaws establishing this authority are approved by the Joint Commission on Accreditation of Hospitals, and a majority of all general hospitals having dental services have such bylaws. Dentists admitting patients should be held responsible for giving such information as may be necessary to assure the protection of other patients from those who are a source of danger for any reason whatsoever. On all admissions a medical history and physical examination by a physician and at least the hospital's minimum laboratory workup must be performed.

2. **Care in Hospital:** The Joint Commission on Accreditation of Hospitals requires that a physician be in attendance and responsible for the medical aspects of the patient's condition throughout his stay. Thus the care of dental admissions is a dual responsibility. If oral surgery or any procedure requiring general anesthesia is performed more than 48 hours after the admission workup, an adequate medical survey, including physical examination and at least the minimal preoperative laboratory tests, must be performed and recorded.

3. **Consultations:** A satisfactory consultation, includes examination of the patient and the record. Consultation is appropriate in all cases where (1) the patient is not a good risk; (2) diagnosis is obscure; or (3) there is doubt as to the best therapeutic measures to be utilized. The consultant should make and sign a record of his findings and recommendations in every such case. The consultation note, except in emergencies, shall be recorded prior to definitive treatment.

4. **Requests for Consultations:** The patient's dentist is responsible for requesting consultations when indicated. It is the duty of the hospital staff through its chiefs of service and executive committee to make certain that members of the staff do not fail in the matter of requesting consultations as needed.

5. **Records:** Careful records of all histories, physical examinations, diagnoses and therapeutic and operative procedures should be kept on charts in accordance with the standard procedure of the hospital. Special clinical records may be useful as an aid in clinical research.

6. **Conferences and Meetings:** The members of the dental department should attend and participate in general staff conferences and meetings. The dental staff should have the privilege of attending clinicopathological conferences and other meetings that will enhance the understanding of medical problems related to the dental service.

7. **Research:** Research and investigation should be encouraged and the hospital should make every effort to provide needed assistance and support.

8. **Library:** An adequate selection of dental books and periodicals should be available in the hospital library.

9. **Physical Equipment:** The space allotted to the dental service and the equipment, instruments and supplies of the service should be adequate to carry out all procedures in accordance with generally accepted standards of practice.

10. **Availability of Hospital Beds:** Hospital beds should be available to the dental service in the same manner as to other services of the hospital.

11. **Relation to School of Nursing:** If the hospital maintains a school of nursing, it is desirable for members of the dental service to participate in the training of student nurses in the fundamental principles and practical knowledge of dental health as well as in dental problems and procedures that will be encountered in the hospital.

Bylaws, Rules and Regulations: In most hospitals having dental services four documents will be found that relate to the authority for conducting dental services and the regulation of their operation. In establishing a dental service the first three of these documents, where applicable, should be studied to determine what changes need to be made, and the fourth will need to be drafted. The four documents are:

1. **Bylaws of the Governing Body:** These should be changed where necessary to provide the basic authority for the practice of dentistry in the hospital and the membership of dentists on the clinical staff. For the most part this can be done by adding the words "dental", "dentist" and "dental service" as required.

2. **Bylaws of the Staff:** All registered hospitals must have an organized clinical staff, governed by bylaws adopted by the staff and approved by the governing authority of the hospital. These bylaws will require a number of changes when a dental service is being established, or when an organizational change with expansion of the dental service is being planned. Bylaws not in conflict with the principles and standards established by the Joint Commission on Accreditation of Hospitals should be adopted; material in the previous sections of this manual will provide additional guidance. It is recommended that wherever possible the various articles of the bylaws be rewritten to apply alike to medical and dental services, physicians and dentists and all departments inclusive of the dental department. However, in order to permit proper functioning of the dental service it may be necessary to carry a few bylaw provisions relating solely to dental service in a separate article.

3. **Staff Rules and Regulations:** This document contains the regulations and standard procedures for the entire clinical staff. It is considered to be a part of or an appendix to the staff bylaws and must be approved by the governing body. When the rules and regulations are changed to cover dental services, it is recommended that wherever possible each regulation be written to apply equally to both medical and dental departments, patients, procedures and records. As in the case of the bylaws there will be a few subjects of special applicability to the dental service that will need to be dealt with in separate regulations pertaining only to the dental service.

4. **Departmental Regulations:** In addition to the above, hospitals having or establishing dental services will need a set of rules for the intradepartmental conduct of the service. In most hospitals they require approval only by the staff or its executive committee. They should be written to cover generally the same matters as those of the other clinical departments.

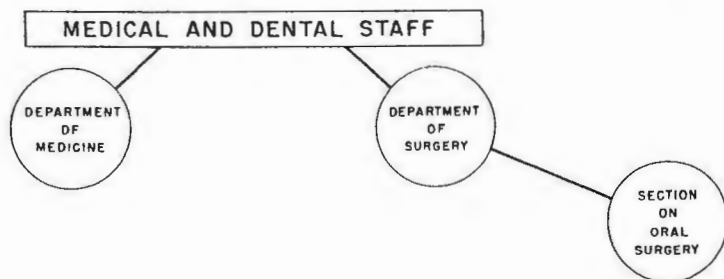


CHART A.

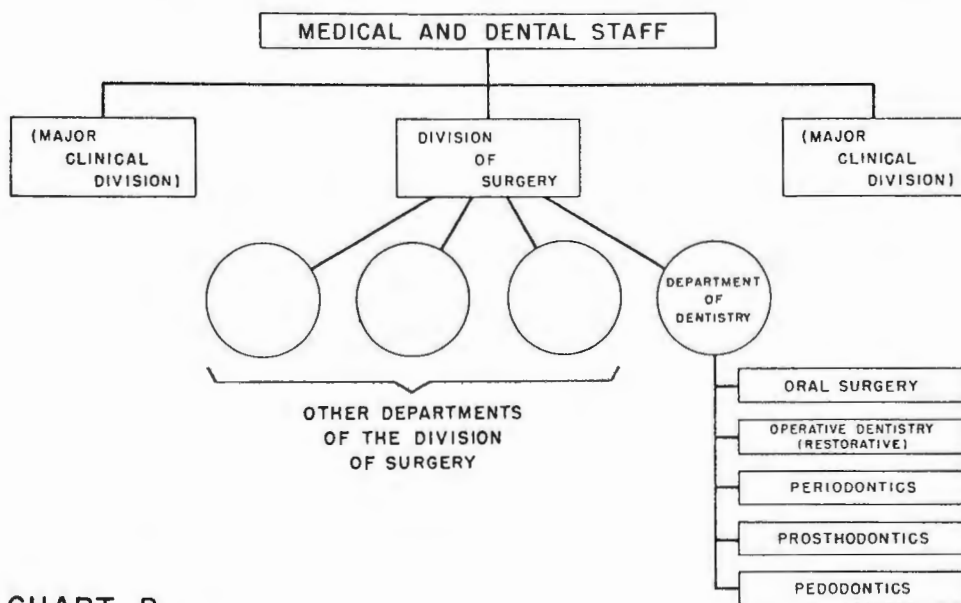


CHART B.

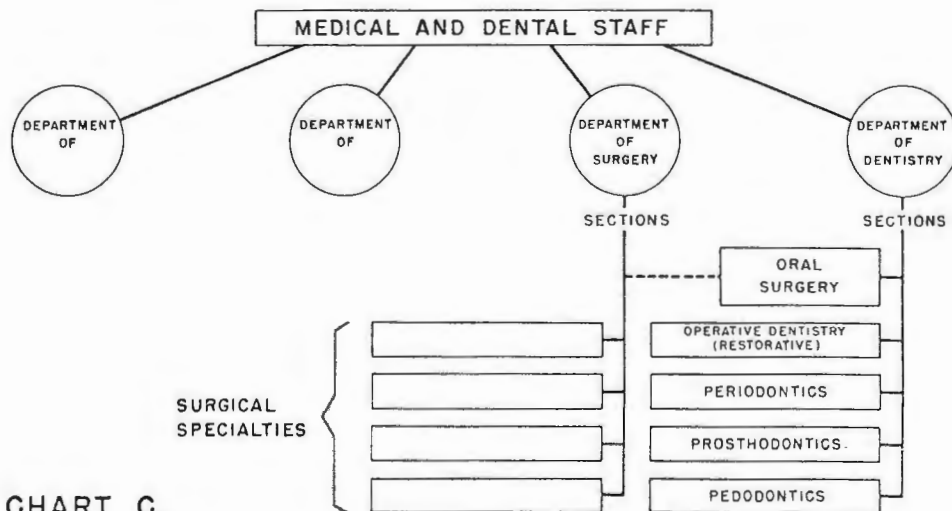


CHART C.

Council on Insurance

Gaynor, Joseph M., Connecticut, 1965, chairman

Drew, William P., Georgia, 1966, vice-chairman

Hardin, Richard D., Arkansas, 1967

Kelly, James D., Wisconsin, 1965

Reifke, John T., Ohio, 1966

Lassiter, Herbert C., secretary

Meeting: The annual meeting of the Council was held in the Central Office on March 12-13, 1965. All members were present, as were Dr. Paul W. Zillmann, consultant, and representatives of M. A. Gesner, Inc., the Insurance Company of North America and the Great-West Life Assurance Company. The next meeting of the Council will be held on March 11-12, 1966.

Election of Vice-Chairman: Dr. William P. Drew, Brunswick, Georgia, was elected Vice-Chairman for a second term, to serve until the 1966 meeting of the Council.

Establishment of Standards for School Accident Insurance: At the 1963 annual session, the House of Delegates adopted the following resolution (*Trans.* 1963:290):

Resolved, that appropriate agencies of the American Dental Association investigate the problems relating to dental injuries in the school accident insurance program in cooperation with the insurance industry with a view to solving any inequities that may exist.

The Council, in response to this directive, has accumulated a considerable file of specimen policies from companies active in the underwriting of school accident insurance and has corresponded with many of those companies to determine the bases for administrative interpretation of ambiguous terms or restrictions. The cooperation received from individual companies has been gratifying, to date, but whether this manifests an interest in liberalizing dental coverage and remedying defective language remains to be seen. The foundation for a dialogue with representatives of the insurance industry was established in April, 1965 at a meeting between Association officials and officers of the Health Insurance Council. It is expected that a liaison committee will be established by the two organizations to provide a proper forum for the consideration of the issues involved. Hopefully, the work of this committee will produce effective solutions to any inequities that are found to exist in the underwriting and administration of dental coverage under school accident insurance programs.

Group Life Insurance Program: Enrollment in the Group Life Insurance Program continued to rise substantially during 1964, while mortality experience remained surprisingly low. The gross addition of 2,639 new members was only 40 lives below the record number of new enrollees reported for 1963 and, after subtraction of deceased members, lapsed certificates and cash surrenders, produced a year-end participation figure of 28,961. This was a net increase of 1,559 over the enrollment reported at the end of 1963. Information covering the first calendar quarter of 1965 indicates that the 30,000 figure will be passed during the current year. Premium volume, at \$3,749,848, was up approximately \$237,000 while death claims, at \$2,260,960, were down almost \$300,000. Bonus payments, based on a bonus percentage of 25 per cent, amounted to \$441,500. The 25 per cent bonus authority was continued for 1965 as a result of the fine experience in 1964, and it is hoped that similarly favorable experience will pertain in future years so that, despite the premium reductions and benefit improvements which became effective on January 1, 1965 (*Trans.* 1964:93), the bonus system can be perpetuated.

The practice instituted by the Council voluntarily in 1963 by which individual members of the Council undertook to visit dental schools in the vicinities of their residences to acquaint the students with the benefits of the Association's life insurance program continued during 1964 and again proved beneficial for the program as well as the students. The results, in fact, indicated the desirability of a more formal system being devised and implemented so that all of the schools could be visited on a reasonably frequent basis. Accordingly, the Association, after discussion with the Great-West Life Assurance Company, hired the former Chairman of the Council, Dr. Harold M. Flickinger, as a part-time employee, to conduct a formal program of visits to the dental schools for the purpose of acquainting the students with the advantages of Association membership, in general, and the merits of the Group Life Insurance Program, in particular. The visitation program will be carried on by Dr. Flickinger for a three-year experimental period, during and after which its effectiveness will be evaluated. The costs to the Association will be reimbursed by the Great-West Life Assurance Company annually. The Council was very pleased to learn of this development and is confident that the interests of the students will be eminently well served by Dr. Flickinger in his capacity as Student Insurance Counselor. The cooperation of the deans of the dental schools will be of paramount importance to the success of the visitation effort and the Council is hopeful that that cooperation will be extended readily.

Summary of Group Life Insurance Program, 1961-1964

	Dec. 31 1964	Dec. 31 1963	Dec. 31 1962	Dec. 31 1961
Number of policyholders.....	28,961	27,402	25,722	24,365
Conversions	34	24	13	33
Deaths	169	184	177	165
Lapses	877	791	712	761
Total withdrawals	1,080	999	902	959
New policyholders	2,639	2,679	2,259	2,416
Death benefits paid.....	\$2,525,585	\$2,651,458	\$2,498,755	\$1,628,066

Analysis of Lives Insured by Plan and Age—December 31, 1964

Age	Plan 1*	Plan 2	Plan 3	Plan 4	Paid-up Insurance	Total
30 and under	—	—	191	5,104	—	5,295
31 to 40	—	4	497	8,097	—	8,598
41 to 50	—	34	707	6,349	—	7,090
51 to 60	2	47	794	3,665	—	4,508
61 and over	8	119	1,028	2,124	191	3,470
Total	10	204	3,217	25,339	191	28,961
Dec. 31, 1963—						
Total	12	220	3,433	23,529	208	27,402

*Plan 1—original plan of \$3,000, July 1, 1934
 Plan 2—\$5,000 plan introduced July 1, 1952
 Plan 3—\$10,000 plan introduced January 1, 1956
 Plan 4—\$20,000 plan introduced January 1, 1959
 Paid-up insurance—granted at ages 71 through 76

Group Accident and Sickness Insurance Program: The Council, through a supplemental report to the 1964 House of Delegates (*Trans.* 1964:93), reported the transfer of underwriting responsibility for the Group Accident and Health Insurance Program from the National Casualty Company of Detroit to the Insurance Company of North America. For ease of identification, the new program is referred to as the Group Accident and Sickness Insurance Program. Since the effective date of the transfer, November 1, 1964, enrollment has fluctuated markedly. Considerable confusion surrounded the change in carriers because of the action of the National Casualty Company of Detroit by which insured members were solicited in behalf of an individual policy developed by that company for the purpose of salvaging as much business as possible if the Association should elect to change underwriters. Many members mistakenly purchased the individual policy and inadvertently permitted their coverage under the Association-sponsored program to lapse. These members were extended the opportunity to reenter the program on the next semi-annual premium renewal date, May 1, 1965, without proof of insurability, and many of them did so. In addition, several hundred new applications were received from members in the six constituent societies that formerly were excluded from participation in the Association's program: California, Southern California, Nevada, New Jersey, New York and Utah. Finally, the Board of Trustees, on the recommendation of the Council, approved a request from The Dental Society of the State of New York for the acceptance into the Association's program of all members of that society insured in the society's sponsored accident and health insurance plan, at the same level of benefit and without proof of insurability. That action was taken at the April, 1965 session of the Board of Trustees (p. 415) and the substitution of certificates under the Association's program for policies issued under the New York society's plan has been progressing rapidly. The end result of this decision will not be known for several months since each policy issued under the New York plan carried its own effective date. Potentially, it could result in the addition of some 6,700 lives to the Association's program. Acceptance of the transfer by the Association was predicated on assurance being received from The Dental Society of the State of New York that the society would cooperate fully in apprising its members that the change in sponsorship and carrier was instigated by the society and that the society fully supported the change as being in the best interests of its members. That assurance was received and the cooperation of the society has been

unstinting. The combination of circumstances above described blurred the enrollment picture considerably but the following information is reasonably reliable. On October 31, 1964, the day before the Association's new program became effective, enrollment stood at 19,443; two months later it had fallen to 18,370. On June 15, 1965, however, it had recovered to 19,763, exclusive of some 4,000 certificates issued to transferring members of the New York society. The over-all result of the change in carriers appears to have been quite favorable, therefore, at least from the short-range viewpoint, and the Council is confident that the long-range effects will be even more salutary. The new carrier, the Insurance Company of North America, already has demonstrated a gratifying degree of administrative expertise in both the underwriting and claims handling phases of the operation, an expertise that augurs well for the future of the program.

Claim experience figures covering 1964 are not reportable. The National Casualty Company of Detroit refused to divulge information on premium income, claim payments and claim reserves for the first ten months of 1964. Data covering these items with respect to the final two months of that year, while available from the Insurance Company of North America, would not be of significant value because of the newness of the program. The Council's annual report to the House of Delegates at the 1966 annual session will cover the first 12 months' operation of the new program.

The Board of Trustees, at its April, 1965 session (p. 415), approved a recommendation of the Council for an increase in the amount of monthly indemnity available under both the basic and extended benefits plans to \$1,200. This recommendation was stimulated partly by the fact that some of the members insured in the New York plan carried \$1,100 or \$1,200 per month coverage and could not otherwise be accommodated fairly in the transfer and partly by the Council's belief that the benefit structure of the program could be more readily understood if the levels of indemnity available under the basic and extended coverages were essentially parallel. The Council is hopeful that these increases will enable many members to fortify their protection against the serious financial inroads that can result from prolonged disability and that the full complex of changes in the Association's program will enhance its considerable stature as a significant benefit of membership.

Contributions by Administrators: The President of the Insurance Company of North America, Mr. Bradford Smith, Jr., at the request of the Association, became the first insurance executive to participate personally in the fund-raising activities of the American Fund for Dental Education. The Council is grateful for this demonstration of support and is confident that Mr. Smith's stature will strengthen considerably the efforts of the American Fund for Dental Education to mount an effective campaign. The Great-West Life Assurance Company has continued its support of the A.D.A. Teaching Fellowship administered through the American Fund for Dental Education, which support represents an annual outlay of \$6,000. The Fellowship, established in 1959, has enabled several young dentists to extend their academic backgrounds in fields that will permit them to instruct more capably the dental graduates of the future. The company also will share, with M. A. Gesner, Inc., and the Insurance Company of North America, the publication cost of the manual, *Entering Dental Practice*, which is being prepared by the Association for distribution among junior dental students. These generous acts by the carriers and administrators of the Association's group insurance programs will contribute significantly to the advancement of the dental profession to higher pinnacles of public service. The Council commends their actions to the House of Delegates.

Membership Participation in Group Insurance Programs — 1963 - 1965

State	Group Life Insurance Program*			ADA Membership	Group Accident and Sickness Insurance Program*		
	1963	1964	1965	4/30/65	1965	1964	1963
Alabama	268	291	308	806	350	371	381
Alaska	24	23	27	60	22	26	25
Arizona	182	202	216	509	199	221	221
Arkansas	161	173	186	533	182	206	210
California**	2,865	3,100	3,318	8,746	9	***	***
Colorado	299	313	316	1,027	201	222	229
Connecticut	560	614	648	1,716	692	732	705
Delaware	59	69	74	180	72	85	80
District of Columbia.....	151	176	159	530	198	201	205
Florida	711	797	882	2,013	737	745	730
Georgia	328	356	376	1,031	306	340	349
Hawaii	184	202	210	417	217	218	220
Idaho	76	76	85	263	80	93	108
Illinois	1,411	1,479	1,538	5,135	1,585	1,699	1,738
Indiana	403	441	458	1,610	446	484	504
Iowa	336	347	367	1,301	309	347	346
Kansas	280	314	334	826	266	288	298
Kentucky	233	249	288	1,010	292	322	336
Louisiana	307	332	341	952	288	310	315
Maine	97	100	110	326	155	162	160
Maryland	426	444	478	1,172	481	492	512
Massachusetts	832	898	955	2,907	1,060	1,157	1,180
Michigan	1,126	1,163	1,263	3,652	1,232	1,309	1,305
Minnesota	591	575	606	2,172	554	594	614
Mississippi	137	143	135	410	167	201	206
Missouri	550	604	621	1,728	562	602	616
Montana	120	128	131	321	143	152	159
Nebraska	238	244	240	591	196	221	216
Nevada	43	52	57	127	2	***	***
New Hampshire	63	65	65	259	78	86	97
New Jersey	1,284	1,375	1,435	3,594	6	***	***
New Mexico	132	143	156	271	117	128	127
New York	4,127	4,364	4,632	11,732	75	***	***
North Carolina	438	469	492	1,233	372	397	413
North Dakota	92	97	100	236	109	115	122
Ohio	1,137	1,196	1,211	4,244	1,232	1,331	1,363
Oklahoma	253	265	274	765	174	195	208
Oregon	233	258	269	1,200	289	323	337
Panama Canal Zone.....	3	4	5	18	3	2	2
Pennsylvania	1,605	1,702	1,748	5,082	1,424	1,551	1,587
Puerto Rico	97	103	108	179	108	110	114
Rhode Island	143	155	155	427	181	201	191
South Carolina	158	177	185	434	194	205	200
South Dakota	64	68	72	213	102	110	109
Tennessee	294	317	341	1,196	242	262	260
Texas	1,054	1,211	1,297	3,293	724	774	762
Utah	162	168	177	507	—	***	***
Vermont	47	54	58	160	94	95	92
Virginia	488	550	598	1,281	558	600	584
Washington	553	604	624	1,707	407	450	446
West Virginia	137	136	148	510	219	235	240
Wisconsin	487	469	461	2,093	511	545	554
Wyoming	62	66	68	136	76	78	81
Other	14	16	15	4,355	72	73	74
Total	26,130	27,937	29,431	87,196	18,370	19,666	19,931

*Group Life statistics, which include student members and national-direct members, by state of residence, are as of May 1, 1965; Group Accident and Sickness statistics are as of December 31, 1964.

**Two constituent societies are included in the listing for California—the California Dental Association and the Southern California State Dental Association.

***States not formerly participating in the Group Accident and Sickness Insurance Program sponsored by the American Dental Association.

Professional Liability Insurance: No appeal was taken by the plaintiff from the decision of the Federal District Court in *Gamage v. Peal*, which held that an armed forces physician was not personally liable in damages to another member of the armed forces for injuries alleged to have resulted from the physician's purportedly negligent performance of duty. Accordingly, the decision stands as the first judicial pronouncement on the point of personal liability of armed forces health personal in circumstances wherein the protection otherwise afforded under the Federal Tort Claims Act would not apply. As indicated in the Council's annual report to the 1964 House of Delegates (*Trans.* 1964:68), the effect of *Gamage v. Peal* may not transcend the jurisdictional boundaries of the particular court in which the decision was rendered and its rationale remains subject to rejection by a higher court if the issue should be litigated in another case. In light of the unclear state of the law, the Council still believes that members of the federal dental services should purchase professional liability insurance, particularly at the low premium rates developed for such coverage. The Council has been assured by M. A. Gesner, Inc., which firm was principally responsible for obtaining the reduced rates for members of the federal dental services, that every effort will be made to retain a market for this coverage, despite the growing disenchantment with dental professional liability insurance within the insurance industry.

Pamphlet on "Insurance Protection for the Dentist": In 1958, the Council published and distributed a pamphlet entitled *Insurance Protection for the Dentist* among all active and student members of the Association. Subsequently, a supply of the pamphlet was provided each constituent society so that a copy could be included in the orientation kits given each year to new members. The pamphlet, in addition to describing the Association's group insurance programs, contained summary information on the many types of insurance protection that should be considered by members of the dental profession and identified those lines of coverage that are amenable to group underwriting and administration. The reception accorded the issuance of the pamphlet was most gratifying and, over the ensuing years, many constituent societies requested replenishment of their supply. This year, the Council determined that the information in the pamphlet, particularly that which pertained to the Association's programs, was obsolete. Accordingly, the text of the pamphlet was revised and a second edition published. Distribution was effected in June among the constituent societies. A membership-wide mailing was not felt necessary because all members had been kept advised of the many changes in the Association's programs as they occurred. The Council wishes to express its appreciation to the Great-West Life Assurance Company and M. A. Gesner, Inc. for sharing the costs incidental to the publication of the revised pamphlet. Further, the Council hopes that the information contained in the pamphlet will aid the young members of the Association in their efforts to identify the types of insurance protection most appropriate for their particular needs.

RESOLUTIONS

This report is informational in nature and no resolutions are presented.

Council on International Relations

Knutson, John W., Southern California, 1965, chairman

Ryan, Timothy E., Wisconsin, 1966, vice-chairman

Aito, Clemens R., Tennessee, 1966

Humphrey, William P., Colorado, 1967

Masino, Joseph V., Pennsylvania, 1965

Sebelius, Carl L., secretary

Meetings: The Council met in the Central Office on February 4-5, with all members present. Two of the Council's four consultants also attended: Drs. Philip E. Blackerby, W. K. Kellogg Foundation, and Obed H. Moen, national treasurer for the United States of the *Fédération Dentaire Internationale*. The two other consultants were unable to be present because of previous commitments: Drs. John M. Frankel, U. S. Public Health Service, and Dario Restrepo, Pan American Health Organization. Dr. Richard S. Law, chief dental officer, Medical Program Division, Peace Corps, attended as an observer. Dr. Ryan was re-elected vice chairman by unanimous vote.

Publications: A new pamphlet, *International Programs of the American Dental Association*, was published in January. Sample copies were sent to secretaries of national dental associations and deans of dental schools in other countries and to secretaries of constituent societies, deans of dental schools and appropriate personnel of interested agencies in this country. Copies are available on request to the Council.

Fact sheets, which provide information on individual countries, have been prepared to assist United States dentists planning travel abroad.

Distribution of Dental Literature Abroad: In cooperation with the American Association of Dental Schools, 125 copies of *Admission Requirements of American Dental Schools: 1964-65* were sent to selected national dental associations and dental schools in, primarily, English-speaking countries. In addition, 150 copies of the revised edition (1965-66) were sent to a group of dental schools in other countries, with appropriate covering letters in English, French, German or Spanish.

In cooperation with the Bureau of Library and Indexing Service, subscriptions to dental journals were made available to dental schools in Latin America. Cooperative effort is under way also with the Regional Technical Aids Center to translate several of the Association's publications into Spanish.

Constituent Society International Relations Agencies and Host Programs: Several dental societies have taken action to implement the House of Delegates resolution

encouraging the establishment of international relations committees or councils at the state level (*Trans.* 1964:267) and the Council's proposal for host programs (*Trans.* 1964:97). Noting that the procedure followed by the Colorado Dental Association in establishing a "Committee on International Affairs" offered an excellent prototype for other state societies, the Council circulated copies of the Colorado bylaws amendment to secretaries of all constituent societies.

Specialty groups, too, can effectively support the profession in the area of international relations as demonstrated by the American Academy of Pedodontics, the American Prosthodontics Society and the American Society of Oral Surgeons. All three have committees on international affairs, whose activities range from surveys for determining qualified individuals who can serve in teaching, research and clinical presentations in other countries to assisting in the selection of personnel for *SS HOPE* missions and other foreign assignments.

The possibilities for international activities as part of dental society programs are almost limitless, depending primarily on the interest, imagination and effort of the members. Although the opportunities for building good will through "host programs" will be greater in metropolitan areas, since they are visited more frequently by international travelers, all societies can promote the contribution of used, but usable textbooks, periodicals and equipment. Some societies may even wish to "adopt" a particular country or area.

In the interest of a total professional approach as opposed to uncoordinated efforts, the Council appreciates and solicits the continuing cooperation of all dental groups in the development of international activities.

Material Collection Programs: Whereas the shipment of dental literature abroad has been relatively easy through the Smithsonian Institution International Exchange Service, the transportation of equipment has presented difficult problems. The Council, therefore, salutes the American Dental Trade Association for its establishment of the Dental Trade Foundation. Through the foundation, ADTA members may distribute surplus supplies and used equipment.

The Council has surveyed charitable medical organizations operating in developing countries to determine the extent of their interest and activity in shipping available dental equipment and supplies to needy areas abroad. As a result of this survey, a list of such agencies is available from the Council.

Exchange Programs: The primary obstacle in developing an international education exchange program is the lack of a competent accrediting agency outside the United States and Canada to provide continuing and detailed information from other countries. However, the Council sees a true beginning in this area in the establishment of a central office by the *Asociación Latino Americana de Facultades de Odontología* (ALAFO) which was assisted in this undertaking by a grant from the American Dental Association.

Another obstacle in the development of exchange programs in education, teaching and research is the lack of staff personnel within this Association or the American Association of Dental Schools who could devote the necessary time to find sources of financing and to obtain and correlate the needed information. However, a liaison committee has been established by the AADS, the ADA and the *Fédération Dentaire Internationale* which is studying the "Statement of Principles Regarding the Acceptance of Dental Graduates From Other Countries in Dental Schools in the United States" prepared by the AADS committee on program development.

Dental Registry: A registry of dentists, dental students and dental hygienists was developed initially on an informal basis from inquiries received from individuals interested in service abroad. An application form has now been developed that assists the Council in determining an individual's qualifications and, thus, in matching opportunities with available, qualified personnel. Through periodic surveys, the registry is maintained on a current basis.

Project HOPE: It has been possible to staff *SS HOPE* missions to date with qualified dental personnel from the voluntary applications resulting from publicity in Association and other publications (*JADA* 70:404 Feb. 1965; 70:698 March 1965), showings of the film, *SS HOPE in Peru*, and personal communications.

More than 200 dentists applied for service as dental rotators on the fifth and current mission which is in Conakry, Guinea, West Africa. (Previous missions were to Indonesia, Vietnam, Peru and Ecuador.) From the foregoing number of applicants, seven were selected for two-month rotation periods. In addition, there were eight oral surgeon rotators and two dental hygienists. The ten-month dental program is being coordinated by Dr. Maurice Houde, of Toronto, Ontario, Canada, who is fluent in French. Because of the scarcity of dentists—four or five for over 3,000,000 people—this mission's emphasis has been placed on service and the training of technicians.

The oral surgeons and the dental hygienists for HOPE missions are selected, respectively, by the American Society of Oral Surgeons and the American Dental Hygienists' Association. The Council expresses appreciation for the assistance of Dr. Herbert J. Bloom, a member of the ASOS committee on international affairs in oral surgery and vice chairman of the Medical Advisory Board to Project HOPE, and of Miss Margaret E. Swanson, ADHA executive secretary.

The next HOPE mission will be to Nicaragua in January 1966. Since dentistry is one of Project HOPE's most vital programs and has been acclaimed on every mission, the Council recommends that the Association's participation and financial support be continued.

Peace Corps: Since the objective of the Peace Corps is programming in education that leaves a legacy and since there is a dearth of dentists in developing countries, the Council believes that dentists and dental hygienists should be utilized to instruct dental auxiliaries rather than to render services to meet dental needs.

The Council believes also that, at this time, the role of the profession is to raise the dental health of volunteers in training in this country to a level that will maintain them while they are overseas and, thus, reduce the burden on dental facilities outside the United States. The Council recommends, therefore, that dental societies in training site areas appoint Peace Corps liaison committees to assure that needed dental services are met during the six-week training period in this country, that appropriate preventive practices be observed and that instruction in good oral hygiene be provided.

A pamphlet explaining the Peace Corps program is available for distribution to dental societies in training site areas and may be obtained on request to Peace Corps, Washington, D. C.

Cuban Refugee Dentists: The "Science Achievement Examinations in Dentistry" were scheduled in April in order to permit processing for fall admissions to United

States and Canadian dental schools. A total of 109 Cuban dentists participated. Of the 54 Cuban dentists who took the examinations last year, 18 were accepted in dental schools, with around 30 repeating the tests this year. Major obstacles have been the language barrier and age: schools have some reservations about accepting individuals over 50 years of age.

The Council detects a change in the attitude of most Cuban refugee dentists from that of expectation to return to their homeland to that of resignation to continued living in the United States and the need to find a source of livelihood outside the practice of dentistry. To assist those individuals who do not expect to enter a dental school, the Exile Cuban Dentists' Affairs Committee of the East Coast (Florida) District Dental Society, cooperated in a concentrated program to overcome their deficiencies in English and in an effort to obtain suitable and respectable positions in which dentists who are not qualified to practice their profession in the United States can utilize their training and abilities. The aforementioned committee reports a total listing of 408 Cuban refugee dentists and estimates that an additional 20 per cent are not listed. Of those listed, 369 are in the United States and an additional 39 are in Puerto Rico and foreign countries.

Fédération Dentaire Internationale: Supporting membership in the USA section of the *Fédération Dentaire Internationale* for 1964 exceeded 2,300. This 500 per cent increase in membership over the last ten years was attributed to the cooperation of *The Journal of the American Dental Association*, the ADA Bureau of Public Information, constituent society journals and the national dental fraternity journals and to indirect assistance through other councils and bureaus of the Association in keeping the aims and objectives of the FDI before the members of the ADA.

The Council reports that the activities sponsored by the USA section during the 1964 concurrent meetings of the ADA and FDI in San Francisco were outstanding and that similar activities should be encouraged in the future. The activities included the maintenance of a headquarters room, a buffet dinner and dance attended by 716 persons and a reception for the FDI Council.

Dr. John W. Knutson, Council chairman, and Dr. Carl L. Sebelius, Council secretary, are chairman and secretary, respectively, of the FDI Commission on Public Dental Health Services. U. S. advisers are Dr. Jay H. Eshleman, Dr. Donald J. Galagan and Mr. Perry J. Sandell.

Hemispheric Conference on Dental Public Health: A Hemispheric Conference on Dental Public Health, the first effort of its kind in this region, will be held September 27-October 1, 1965, at the University of Puerto Rico under a grant from the U. S. Public Health Service. The Council Secretary will be among the approximately 40 individuals from the United States who will participate.

"Integration of Educational, Public Health and Other Research Resources for Better Community Oral Health" will be the conference theme. Focus will be on teaching in dental schools and on administration in dental public health.

International Hospitality Room: Following the successful pattern of the last three annual sessions, this year's International Hospitality Room will be located in the exhibit hall, the Las Vegas Convention Center. The room has afforded an increasingly effective service of communication for international visitors, an activity which was particularly enhanced during the 1964 annual session by the exceptional co-

operation of the local reception committee. The Council expresses appreciation for the interpretation services provided by the multi-lingual members of the committee and for the cordial hospitality extended by all the members.

International Luncheon: This year's International Luncheon is scheduled for 12:00 noon, Tuesday, November 9, in the Sage Room of the Flamingo Hotel. The Council encourages United States dentists to attend this function because of the opportunity it affords in promoting international friendship and good will. Tickets will be available at the information desks in the Hotel Sahara and the Las Vegas Convention Center.

Last year's luncheon, occurring during a joint meeting of the Association and the *Fédération Dentaire Internationale*, attracted nearly 700 persons.

Personnel: The current annual session marks the completion of two three-year terms for Dr. John W. Knutson, chairman, and Dr. Joseph V. Masino. The Council expresses deep appreciation for their leadership and their outstanding contributions to the program of the Council.

RESOLUTIONS

This report is informational in nature and no resolutions are presented.

Council on Journalism

Sissman, Isaac, Pennsylvania, 1965, chairman

Edwards, D. W., Nebraska, 1965

Fennelly, William A., New York, 1966

Gilster, John E., Missouri, 1966

Seyler, Alfred E., Michigan, 1967

Hendershot, Leland C., *ex officio*

Child, Velma M., secretary

Meetings: The Council met in the Central Office in Chicago on March 20-21, 1965. All members were present. Dr. Elmer Ebert and Dr. L. W. Bimestefer represented the American Association of Dental Editors at the Saturday session. Prof. Paul Barton and Prof. Robert McGiffert of the Ohio State University, School of Journalism served as consultants to the Council.

The Council expressed its great personal loss in the death of Prof. George J. Kienzle who served as consultant to the Council and who contributed so much to dental journalism.

On March 21, 1965 the Board of Directors of the American Association of Dental Editors also met in the Central Office. Following the meetings of the Council and the Association, both groups joined for a dinner meeting. This permitted an immediate exchange of ideas which should expedite the programs of the two groups.

The next meeting of the Council will be held in the Central Office on March 26-27, 1966.

Journalism Conference and Workshop: The Journalism Conference and Workshop was held at the Central Office and the Water Tower Inn on March 22-23, 1965. The attendance was 95. Comments from the participants and requests for copies of the proceedings indicate that this was one of the most successful conferences held by the Council.

At previous conferences, the editors have had little free time to meet and discuss informally their mutual problems. This year, on the Sunday evening before the Conference, the Council maintained a hospitality room at the Water Tower Inn from 4 to 8 p.m. It was well attended and appreciated by the editors. For their convenience, registration facilities were available. This relieved the usual rush for registration at the Conference.

Speakers at the morning session keyed the afternoon workshops—"Principles of Good Writing" by Prof. Barton, "The Work of the Editor" by Prof. McGiffert, and "Editorials and Current Issues Before the Profession" by Dr. Harold Hillenbrand. At the four workshop sessions—editorial, writing, editing and business—the staff

members of the American Dental Association gave generously of their time to answer the many questions posed by the participants.

The next conference will be held in the Central Office, March 28-29, 1966.

Dental Editors Workshop, Ohio: The second Dental Editors Workshop, to be held June 13-17, 1965 at the Ohio State University, is sponsored by the Council on Journalism, the Ohio State University and the National Institute of Dental Research. It is financed, as was last year's seminar, largely by a grant from the National Institute of Dental Research, with additional funds furnished by the University and the American Dental Association.

The 26 participants represent eight state dental society journals, 15 component society publications and three specialty journals. The Workshop staff will include the faculty of the School of Journalism; Dr. Carl O. Boucher and Dr. Thomas F. McBride from the College of Dentistry, and Mr. Edward A. Shaw, managing editor, American Dental Association. Dr. Lester S. King, coordinator of the American Medical Association's Institute for Medical Writing, will observe the Workshop. The American Medical Association conducts a seven-week training program for editors and Dr. King is interested in evaluating the effectiveness of a one-week crash program.

In advance of the Workshop, the School of Journalism staff is preparing an extensive critique on the publication of each participant. Those who attended last year have used their critiques as guides for improving their publications. Six months after the Workshop, the editors again submitted their publications to the journalism staff for re-evaluation.

This year's curriculum includes morning lectures, afternoon workshops and personal consultation and instruction at the evening sessions. The lectures and workshops will cover principles of writing, editorial writing, problems of editing, speech writing, news writing, book reviewing, layout and illustration, organization and outline, readability and production. The participants will develop a statement on the objectives of the component dental society publications, with suggestions on the type of material that can be published to achieve their objectives.

When this year's invitations to the Workshop were extended, both the editors and their dental societies expressed interest and gratitude. The Council hopes to repeat the workshop next year for a third group of editors.

American College Committee on Journalism: The American College of Dentists has discontinued its Committee on Journalism because "the American Association of Dental Editors and particularly the Council on Journalism of the American Dental Association, by increasing their activities and assuming more responsibility, have carried forward most of the suggestions of the ACD Committee on Journalism. This is as it should be." The Council appreciates this confidence and will continue to welcome suggestions from the College.

Survey of State Dental Society Publications: To determine the present status of dental journalism, the Council obtained basic information from 47 of the 48 state publications and 84 of the 127 component publications. This cooperation of the editors was appreciated. A committee of the Council has studied the information on state publications to determine the effectiveness of Council programs and to recommend future programs and areas for study. Following is a brief analysis of the

information related to three qualifications which the Council feels are necessary to maintain standards in dental journalism befitting a health profession:

1. All state dental societies own and control their publications.
2. Thirty-one of the 42 state publications that carry advertising now have officially adopted advertising codes for the guidance of their editors and business managers.
3. Editors of 30 of the 47 publications are members of the governing bodies of their dental societies.

These figures are gratifying, but the Council will continue to stress the importance of carefully controlled advertising, from the standpoint of both the public and the profession, and the advantages to the dental society of having a well-informed editor.

The Council made these further recommendations:

Dental societies which publish a journal only two or three times a year should consider also issuing a monthly newsletter to keep their members currently informed.

Very few journals have a definite policy on the sale or free distribution of reprints and thus have no guide for decision when orders are received for a questionably large quantity or from an unusual source. The Council recommends the establishment of reprint policies by the dental societies.

The Council urges all dental societies to copyright their dental publications for the ultimate protection of the publications and the authors.

These recommendations will be given further study and emphasis.

Survey of Component Publications: Information received from the component dental society publications has been assigned to a committee of the Council for analysis and recommendations. The committee's report will be considered at the next meeting of the Council.

Training Programs for Editors: The most important function of the Council, for the present at least, is to provide training programs for the dental editor so he can better serve his dental society and its members. An ever-increasing amount of information on advances in science, education and legislation, and the many issues on which the profession must make decisions should reach every member in a concise, accurate and readable form. To help prepare the editor to meet this responsibility, the Council engages qualified people to provide training at conferences and workshops. In addition, for the second year, the Council has helped sponsor and finance formal training for editors at Ohio State University.

Tenure of Office for Editors: One great block to the training program for editors is the custom of many component dental societies of appointing their editors for a term of only one year. Both training and experience are necessary to produce a good editor and at the end of one year he has just begun to learn how to communicate and how to serve his dental society.

During the past eight months, 20 per cent of the component dental societies have

changed editors, and this is the usual picture. For the past several years the annual turnover in component editors has been 30 to 35 per cent. The Council seeks the assistance of the component dental societies in lengthening the tenure of office for the dental editors, otherwise any training program will be a losing battle.

The position of editor should be an important link between the dental society and its members. The Council proposes to recommend to the governing bodies of all dental societies issuing publications that they carefully choose their editors, train them and retain them as long as they satisfactorily perform their duties. An appropriate resolution is appended.

Rates and Data: Information on the advertising rates and mechanical requirements of the component dental society publications was compiled and *Rates and Data: Component Dental Society Publications* is now on the press. It will be distributed to 1,500 prospective advertisers.

Appreciation: The Council wishes to thank Dr. Sissman for his leadership and inspiration as Chairman and expresses its regret that his term on the Council expires this year.

RESOLUTION

11. **Whereas**, the editor should be an important link between the dental society and its members, and to discharge this responsibility properly he must have experience as well as training, therefore, be it

Resolved, that the principle be endorsed that the dental society editor be chosen for his ability, trained and then retained for as long as he satisfactorily performs his duties.

Judicial Council

Teich, Isidore, New York, 1966, chairman
 Asher, Paul, Indiana, 1965, vice-chairman
 Allen, Newton, Alabama, 1967
 Bridgford, R. D., Texas, 1965
 Cupples, Robert, California, 1966
 Sarner, Harvey, secretary

Meeting: The Council met on June 3-4 in the Central Office. All members were present. Dr. Robert A. Cupples was elected vice-chairman of the Council.

Retiring Council Members: The Council wishes to acknowledge the contributions made by Dr. Paul Asher and Dr. R. D. Bridgford.

Appeals to the Judicial Council: The Judicial Council has received five appeals since its 1964 annual report.

Appeal from Dr. A. B. Weinstein: Dr. A. B. Weinstein appealed from the decision of the First District Dental Society of the State of New York suspending him from membership privileges for six months. The Dental Society of the State of New York affirmed the decision of the component society and Dr. Weinstein appealed to the Judicial Council. A hearing was held on June 4, 1965 before the Judicial Council at which time Dr. Weinstein appeared in his own behalf. By unanimous action, the Judicial Council affirmed the Decision of the First District Dental Society.

Appeal from Connecticut: The Council received an appeal from the Connecticut State Dental Association. The appeal was referred back to the Connecticut Association because all provisions for appeal had not been exhausted at the constituent society level.

Appeal from Dr. Horry Rowe: Dr. Harry Rowe appealed to the Council from the action of the Seattle District Dental Society, affirmed by the Washington State Dental Association, denying Dr. Rowe membership in the Seattle Society. Dr. Rowe had unsuccessfully attempted to transfer his membership to the Seattle Society from another component of the same constituent society. The Council informed Dr. Rowe that he had not established grounds for an appeal to the Council, as the Council has no authority or obligation under the *Bylaws of the American Dental Association* to review the denial of a membership application.

Appeal from Dr. Paul Fritch: Dr. Paul Fritch, Pomona, California, has appealed to

the Council from the action of the Tri-county Dental Society, affirmed by the Southern California State Dental Association, sentencing him to a sentence of suspension of membership for 30 days, or expulsion, if he fails to comply with the *Principles of Ethics*. The Judicial Council has not yet held a hearing on this appeal.

Appeal from Dr. Harold D. Carr: Dr. Harold Carr, Barstow, California has appealed to the Council from the action of the Tri-County Dental Society, affirmed by the Southern California State Dental Association, sentencing him to a sentence of suspension of membership for 30 days, or expulsion, if he fails to comply with the *Principles of Ethics*. The Judicial Council has not yet held a hearing on this appeal.

"Principles of Ethics" with Official Advisory Opinions: The Judicial Council is gratified at the number of requests for reprints from the January, 1965 *Journal* entitled "Principles of Ethics with Official Advisory Opinions". More than 5,000 copies of these reprints have been mailed to dental societies and individual dentists. The Council encourages the distribution of this important material, especially to dental students and recent dental school graduates.

Dental Hygienist's Name on Dentist's Door, Letterheads, etc.: At the request of the Board of Trustees of the American Dental Hygienists' Association, the Council reviewed the following official advisory opinion adopted at the Council's 1964 meeting:

A dentist who places the name of a dental hygienist on his door, card or letterhead is engaged in unethical conduct.

The Council again studied this question carefully and reaffirmed its 1964 decision.

Military Service and the Announcement of a Limited Practice: After consultation with representatives of the Councils on Dental Education and Federal Dental Services and representatives of the federal dental services, the Council reviewed the application of Section 18 of the *Principles* to dentists who have been released from military service. The Council was of the opinion that a dentist released from the federal dental services seeking to qualify under Section 18 of the *Principles* as ethically entitled to announce a limited practice, must meet the burden of establishing that he met the educational, "exclusive practice" and "announcement" requirements at the time he commenced to announce a limited practice. The Council felt that the character of practice in the military service could establish the dentist as entitled to announce a limited practice if he did in fact meet the requirements of Section 18 of the *Principles*.

Prepaid Dental Care Plans: A dentist from Kirkland, Washington asked the Council to review a resolution adopted by the Seattle District Dental Society, adopted pursuant to the Code of Ethics of the Washington State Dental Association, which required that all members file with their component and constituent society a copy of all their contracts with any organization.

The Council adopted the following official advisory opinion pursuant to Section 17 of the *Principles of Ethics*:

In the opinion of the Judicial Council, the requirement imposed by component

or constituent societies to file a contract between any members and a corporation is not a matter of ethics and is unenforceable as being outside the purview of the principles of ethics of a professional association.

Dentist's Identification in Commercial Advertisements: The Council has noticed with dissatisfaction an increase in the number of instances of prominent dentists lending their professional identification to the promotion of a commercial product. Such conduct is clearly in violation of Section 15 of the *Principles*.

RESOLUTIONS

This report is informational in nature and no resolutions are presented.

JUDICIAL COUNCIL: SUPPLEMENTAL REPORT 1

Dr. Weinstein Appeals to House of Delegates: On July 8, 1965, Dr. A. B. Weinstein submitted an appeal to the House of Delegates from an adverse decision of the Judicial Council. Dr. Weinstein submitted an appeal brief to the House and it was received within 90 days of the date of the Judicial Council's decision. The interested parties to this appeal are Dr. A. B. Weinstein, The Dental Society of the State of New York, the First District Dental Society and the Judicial Council. An appeal brief has been submitted on behalf of The Dental Society of the State of New York and the First District Dental Society. A Reference Committee of the House will consider this appeal and submit its recommendations to the House at the 1965 annual session. All interested parties have received proper notice of the appeal.

The appeal by Dr. Weinstein is concerned with a 1964 action of the First District Dental Society sentencing him to six months suspension from membership. The Dental Society of the State of New York and the Judicial Council upheld this action. The Council submits (1) its decision and opinion of June 4, 1965 denying Dr. Weinstein's appeal to the Council, (2) the joint appeal brief of The Dental Society of the State of New York and the First District Dental Society and (3) the appeal brief of Dr. A. B. Weinstein.

Dr. Rowe Appeals to House of Delegates: On July 2, 1965, Dr. Harry Rowe submitted an appeal to the House of Delegates from an adverse decision of the Judicial Council. Dr. Rowe submitted an appeal brief to the House and it was received within 90 days of the date of the Judicial Council's decision. The interested parties to this appeal are Dr. Harry Rowe, the Seattle District Dental Society, the Washington State Dental Association and the Judicial Council. An appeal brief had not been submitted by the Seattle District Dental Society or the Washington State Dental Association at the time of submission of this report.

A Reference Committee of the House will consider this appeal and submit its recommendations to the House at the 1965 annual session. All interested parties have received proper notice of the appeal.

The appeal by Dr. Rowe is concerned with a 1964 action of the Seattle District Dental Society denying Dr. Rowe's petition for membership. Dr. Rowe had made application to the Seattle District Dental Society for a transfer of his membership from the North Central District Dental Society. The Washington State Dental Association upheld this action. The Judicial Council ruled that Dr. Rowe had not established grounds for an appeal to the Council.

The Council submits (1) its decision and opinion of June 4, 1965 denying Dr. Rowe's appeal to the Council and (2) the appeal brief of Dr. Rowe.

DECISION AND OPINION OF THE JUDICIAL COUNCIL ON AN APPEAL BY DR. A. B. WEINSTEIN

This case originated with charges of unethical conduct against Dr. A. B. Weinstein by the First District Dental Society. From a decision of the First District Dental Society sentencing him to six months suspension from membership, Dr. Weinstein appealed to The Dental Society of the State of New York. The Dental Society of the State of New York affirmed the decision of the First Dis-

trict Dental Society and Dr. Weinstein appealed to the Judicial Council of the American Dental Association.

A hearing was held by the Judicial Council on June 4, 1965. The Judicial Council has studied the evidence before it, the arguments and briefs of The Dental Society of the State of New York and Dr. Weinstein and the decisions of the State and District Dental Societies.

Scope of Review: In accordance with the *Bylaws* of the American Dental Association, the function of the Judicial Council in this appeal is (1) to review the sufficiency of the evidence in support of those charges, and (2) to review the procedures that were followed to determine whether the parties have been afforded the rights to which they are entitled.

Background of the Appeal: In April, 1963 Dr. Weinstein mailed a letter to some 5,000 to 6,000 dentists in various parts of the country promoting materials and techniques and soliciting the manufacture of dental appliances in Dr. Weinstein's dental laboratory. The letter identified Dr. Weinstein as a dentist. There was no denial that Dr. Weinstein signed and mailed the letter as indicated.

In July, 1963 Dr. Weinstein was requested to and did appear before the Ethics Committee of the First District Dental Society. Dr. Weinstein appeared before the Board of Directors of the First District Dental Society on March 17, 1964 for a hearing of the charges brought against him. On March 20, 1964 Dr. Weinstein was notified that the Board of Directors found him guilty as charged and sentenced him to six months suspension from membership. Dr. Weinstein was charged and found guilty of violating (1) Interpretation #1 under Section 11 of the Code of Ethics of the First District Dental Society; (2) Interpretation #3 under Section 15 of the Code of Ethics of the First District Dental Society; and (3) Section 15 of the *Principles of Ethics* of the American Dental Association. As authorized by the *Bylaws* of the First District Dental Society, Dr. Weinstein appealed to The Dental Society of the State of New York. In February, 1965 the Council on Ethics of The Dental Society of the State of New York heard Dr. Weinstein's appeal, at which time Dr. Weinstein appeared in his own behalf. On March 5, 1965, Dr. Weinstein was informed that The Dental Society of the State of New York upheld the decision of the First District Dental Society on all charges. From that decision Dr. Weinstein appealed on April 2, 1965 to the Judicial Council of the American Dental Association.

Admissibility of Evidence: No question of admissibility of evidence was presented in this appeal. The Judicial Council received all documentation as required by the *Bylaws*.

Procedures: No question of procedure was raised in this appeal.

The Evidence: The only exhibit introduced in this case was a copy of the letter mailed by Dr. Weinstein in April, 1963 to some 5,000 to 6,000 dentists. Dr. Weinstein admitted that he had signed and mailed the letter as indicated.

The Charges: Set forth below are the charges that were made against Dr. Weinstein and the finding of the Judicial Council with regard to the sufficiency of the evidence in support of each charge.

Charge 1: That by mailing the letter of April, 1963 Dr. Weinstein violated Interpretation #1 under Section 11 of the Code of Ethics of the First District Dental Society.

Finding: The copy of the letter signed by Dr. Weinstein is sufficient evidence to support this charge.

Charge 2: That by mailing the letter of April, 1963 Dr. Weinstein violated Interpretation #3 under Section 15 of the Code of Ethics of the First District Dental Society.

Finding: The copy of the letter signed by Dr. Weinstein is sufficient evidence to support this charge.

Charge 3: That by mailing the letter of April, 1963 Dr. Weinstein violated Section 15 of the *Principles of Ethics* of the American Dental Association.

Finding: The copy of the letter signed by Dr. Weinstein is sufficient evidence to support this charge.

Summary of Findings: The Judicial Council has found that the evidence supports all charges brought against Dr. Weinstein.

Violations of Interpretations: Dr. Weinstein has alleged that charges one and two were for violations of "interpretations" of the Code of Ethics of the First District Dental Society and not of the Code of Ethics and that such interpretations are unenforceable as being beyond the scope of the Sections of the Code which they purport to interpret. The Judicial Council finds that there is some merit in this contention but the Judicial Council also finds that the introductory statement contained at the beginning of the Code of Ethics was sufficient notice that "interpretations" have the same force and effect as if they were separate sections of the Code of Ethics of the First District Dental Society.

Applicability of the "Principles of Ethics" of the American Dental Association: The Judicial Council finds no merit in Dr. Weinstein's contention that he is exempt from the applicability of the *Principles of Ethics* of the American Dental Association because he believed that the Code of Ethics of the First District Dental Society was the sole professional code which governs his conduct.

Discipline Imposed: The Judicial Council finds that the discipline imposed by the First District Dental Society, a suspension of Dr. Weinstein's membership for six months, is justified by the findings.

Decision

For the reasons stated above and in accordance with Chapter XI, Section 20Df of the *Bylaws* of the American Dental Association, the Judicial Council by unanimous vote affirms the decision of the First District Dental Society suspending Dr. A. B. Weinstein from membership for six months. The attention of all interested parties is directed to Chapter I, Section 40Ac of the *Bylaws* of the American Dental Association which describes the status of a member who has been sentenced to suspension.

BRIEF ON BEHALF OF THE DENTAL SOCIETY OF THE STATE OF NEW YORK AND FIRST DISTRICT DENTAL SOCIETY (APPEAL OF DR. A. B. WEINSTEIN)

The appellant asserts that the decision of the Judicial Council is "an infringement of his New York State and United States Constitutional rights including but not limited to his right to due process of law".

The appellant knows or should know that the judicial processes of organized dentistry are designed to fully protect all of the rights, constitutional or otherwise, of any practitioner involved in disciplinary proceedings at local, state and national levels.

In the instant case the appellant was afforded not one but two hearings in the First District Dental Society, and having been found guilty on three counts as charged he was then accorded a right of appeal to the Council on Ethics of The Dental Society of the State of New York, where again he was given a full hearing, and the decision of the First District Dental Society having been affirmed, he was then accorded a further appeal to the Judicial Council of the American Dental Association, where again he was given a full hearing, and the Judicial Council having affirmed the decision of the Council on Ethics of The Dental Society of the State of New York, he is now accorded a further appeal to the House of Delegates of the American Dental Association. If the theme of the appellant's brief is to intimidate the House of Delegates by an implied threat of court action by the assertion of constitutional rights under New York or United States statutes, it will not succeed.

The Facts

The appellant admittedly mailed over his name and using his title of D.D.S. and on his letterhead a letter to somewhere between 5,000 and 6,000 dentists throughout the United States which promoted materials and techniques stated to be the outcome of his work and patents and soliciting

the manufacture of dental appliances. The letter is reproduced at page 84 of the Record on Appeal before the Council on Ethics of The Dental Society of the State of New York and speaks for itself. A copy of said letter is attached hereto.

The opening remarks of the appellant on the hearing of his appeal before the Council on Ethics of The Dental Society of the State of New York are significant. We quote:

DR. WEINSTEIN: Well, I am here because I feel that while there was, as I learned much after the fact, a technical violation of a bylaw by me, the signing of a letter, which I was not aware of at the time, I feel this, that everything that followed thereafter was without consideration of the facts that preceded—without due consideration of the facts that preceded the sending of that letter, the reasons for the sending of that letter, and the benefits that I had intended for the profession, the people, and the Society as a result of all my research and developments, including the letter.

With this admission the appellant had little to rely on except legal points which will hereinafter be considered. The description of the violation as a technical one does not alter the fact that there was a violation and the gravity of the offense was for the trying body to determine rather than for the appellant.

Point 1: The appellant is guilty of a violation of Section 11, Interpretation 1, of the Code of Ethics of the First District Dental Society as charged.

Interpretation 1 of Section 11 of the Code of Ethics of the First District Dental Society reads as follows:

Interpretation (1) It shall be deemed unethical for a dentist or member of this Society to sponsor or endorse, by letter, reprint, testimonial, or any other device, the merits or use of any drug, oral preparation, remedy, hygienic or other device, food, appurtenance, machine, appliance of any kind, or any other manufactured article or product, for the purpose of soliciting the patronage of the dental profession or the public, for the sale or use of such article or products.

The position taken by the appellant is that an "interpretation" is not a "section" and never has been adopted or labeled as such. The difficulty with appellant's position is that he fails to comprehend the sense in which the word "interpretation" is used in formulation of ethical codes.

The word "interpretation" is not used in the sense that it is a construction of the section to which it is subjoined. It is a word of art in dental jurisprudence. *It is a code section and so labeled.* This is clear from the opening statement contained in the First District Dental Society's Code of Ethics, wherein it is there specifically stated as follows:

WHEREVER A SECTION APPEARS IN ITALICS UNDER THE HEADING "INTERPRETATIONS" THIS CONSTITUTES THE ETHICAL STANDARDS BY WHICH MEMBERS OF THE FIRST DISTRICT DENTAL SOCIETY ARE TO BE GUIDED AND JUDGED IN THIS COMMUNITY.

Upon the hearing before the Judicial Council it was made clear that "Interpretations" are adopted with the same formalities as "Sections" and require the same membership approval.

The appellant in this case was not charged with a violation of Section 11 of the Code of Ethics of the First District Dental Society but with a violation of Interpretation 1 subjoined to that section.

The admitted promulgation by the appellant of the letter (Exhibit 3 page 84 of the Record on Appeal before the Council on Ethics of The Dental Society of the State of New York) was a clear violation of the provisions of the interpretation in question, and the decision of the Judicial Council affirming the decision of the Council on Ethics of The Dental Society of the State of New York should be affirmed by this body. The admission of the violation by the appellant before the Council on Ethics of The Dental Society of the State of New York left that Council no alternative except to affirm the District Society action. Similarly the Judicial Council was left with no alternative except to approve the action of the Council on Ethics of the State Society.

Point II: *The appellant was guilty of a violation of Section 15, Interpretation 3, of the Code of the First District Dental Society as charged.*

Section 15, Interpretation 3, reads as follows:

Interpretation: (3) It shall be deemed unethical for any member of this Society, while engaged in the active practice of dentistry, to be employed by, or lend his name and services to, any commercial organization, group, individual, or dental supply house, or to give clinics or demonstrations under their auspices to the profession or the public, unless sanctioned by the Board of Directors of this Society.

Here again the appellant belabors the use of the word "interpretation" and also asserts that this conviction should be reversed on two other grounds, namely, that his conduct did not constitute a violation of either Section 15 or Interpretation (3) subjoined to that Section.

We have already discussed in the first point the respondent's position with reference to the meaning of the word "interpretation" as used in dental jurisprudence, and the statements expressed in Point I are equally applicable to this point.

As to the first argument of the appellant, it is sufficient to state that the appellant was not charged with a violation of Section 15 but with a violation of Interpretation (3) subjoined to that Section.

As to the second argument of the appellant, it is a bit difficult to understand the appellant's position that his conduct did not amount to lending his name and services to a commercial organization, in this case his own. The solicitation of 5,000 to 6,000 dentists is in itself a commercial undertaking, and the maintenance of laboratory facilities employing 20 to 25 persons is consonant to such an activity.

In his letter (Exhibit 3 in the Record on Appeal before the Council on Ethics of the Dental Society of the State of New York) he states:

"I have expanded our office laboratory facilities so that the finished inlay can be made for you in New York."

"Although we do not like to be in the 'mail order business' I have of necessity set up the following procedures for the time being:" (italics ours)

"If you will send me impressions or dies (following your accustomed techniques), within one week, I will airmail the finished product to you. An instruction sheet on cementation, polishing and grinding will be provided with mailing boxes upon your request. The fee is Fifteen dollars per inlay. (Complete with Die, Articulation etc.)"

"Of course, if at any time you feel that the result is less than your expectations, I will return the money to you."

The use of the expressions "expansion of laboratory" and "mail order business", "the fee is \$15" and "I will return the money to you" are expressions used in the commercial world rather than those customarily used in the practice of dentistry.

Upon the record before the Council on Ethics of The Dental Society of the State of New York there was a clear violation of the provisions of the interpretation in question, and the decision of the Judicial Council affirming the decision of the Council on Ethics of The Dental Society of the State of New York should be affirmed by this body. Once again the admission by the appellant in his opening statement in his hearing before the Council on Ethics of The Dental Society of the State of New York left that Council as well as the Judicial Council no alternative.

Point III: *The appellant is guilty of a violation of Section 15 of the Principles of Ethics of the American Dental Association as charged.*

Complaint is made by the appellant that the Code of Ethics of the First District Dental Society is deceptive and misleading because of its caption.

We are not concerned on this count with the niceties of language used in the Code of Ethics of the First District Dental Society because the charge made does not relate to the Code of Ethics of that society but to a different document, namely, the *Principles of Ethics* of the American Dental Association.

Every practising dentist who is a member of organized dentistry is chargeable with knowledge of the *Principles of Ethics* of the American Dental Association.

The *Bylaws* of American Dental Association, Chapter XI, Section 10, require each member of

that Association to comply with (1) the *Principles of Ethics* of the American Dental Association, (2) the Code of Ethics of his constituent society and (3) the Code of Ethics of his component society. State and local bylaws contain comparable provisions.

On this count we are concerned only with the first of these requirements, i.e. *ADA Principles*. A practising dentist cannot be excused from such compliance on the ground that he was misled by the caption in a component society's code. He is chargeable with compliance therewith regardless of whether *ADA Principles* are incorporated into the codes of constituent and component societies or are therein referred to erroneously or otherwise.

The particular section of the *Principles of Ethics* of the American Dental Association involved on this appeal reads as follows:

Section 15. Use of Professional Titles and Degrees.—A dentist may use the titles or degrees, Doctor, Dentist, D.D.S. or D.M.D., in connection with his name on cards, letterheads, office door signs and announcements. A dentist who has been certified by a specialty board for one of the specialties approved by the American Dental Association may use the title "diplomat" in connection with his specialty on his cards, letterheads and announcements if such usage is consistent with the custom of dentists of the community. *A dentist may not so use his title or degree in connection with the promotion of any drug, agent, instrument or appliance.* (Italics ours)

The use of eponyms in connection with drugs, agents, instruments or appliances is generally to be discouraged.

Upon the admitted facts the appellant was in violation of Section 15 of the *Principles of Ethics* of the American Dental Association and the decision of the Judicial Council affirming the decision of the Council on Ethics of The Dental Society of the State of New York should be affirmed.

Respectfully submitted,

WILLIAM T. CONDON
Attorney for Dental Society of
the State of New York and
First District Dental Society
52 Wall Street
New York, N.Y.

Appendix*

A. B. WEINSTEIN, D.D.S.
 Professional Bldg.
 20 East Fifty-Third Street
 New York 22, New York

Dear Doctor:

One outcome of my work and patents, in porcelain to metal techniques and materials including prefabricated pontics, jackets, etc. is a *Porcelain Cast Inlay*. It was developed and put into use by me because a dependable porcelain restoration which can serve as a three-quarter crown, an M.O.D. inlay, or an anterior approximal restoration (including incisal corners, etc.) is, you will agree, a welcome substitute for gold inlays, amalgams, and synthetics. Of course, the fit had to be absolutely perfect, the color matched, and the inlay had to stand the test of wear and resistance to breakage.

Following four years of use in our practise I can now produce a Porcelain Cast Inlay that meets these requirements. It insulates the tooth against thermal shock, and protects it more than ever before, against secondary caries.

I feel that in view of my close relationship with our profession throughout these many years, this procedure should be made available to you. Until such time as your laboratory, or ultimately you, can be serviced with the materials directly, I have expanded our office laboratory facilities so that the finished inlay can be made for you in New York.

Although we do not like to be in the "mail order business" I have of necessity, set up the following procedure for the time being:

If you will send me impressions or dies (following your accustomed techniques), within one week, I will airmail the finished product to you. An instruction sheet on cementation, polishing and grinding will be provided with mailing boxes, upon your request. The fee is Fifteen dollars per inlay. (Complete with Die, Articulation etc.)

Of course, if at any time you feel that the result is less than your expectations, I will return the money to you.

Finally, if you have any questions please let me hear from you. My ultimate desire is to make this addition to the profession available to all.

Sincerely,

/s/ A. B. Weinstein

*Exhibit 3 in the Record on Appeal before the Council on Ethics of The Dental Society of the State of New York.

BRIEF ON BEHALF OF DR. A. B. WEINSTEIN

Appellant, Dr. A. B. Weinstein, appeals from the decision and opinion of the Judicial Council of the American Dental Association, dated June 9th, 1965. This decision and opinion affirmed the six-month suspension of appellant's membership in the First District Dental Society in New York City.

The Charge

Appellant, after hearing before the Board of the local Society, was found guilty of violation of its Code of Ethics in two particulars*: (a) Section 11, *Interpretation (1)*; and (b) Section 15, *Interpretation (3)*; and, also (c) a violation of Section 15 of the Principles of Ethics of the American Dental Association.

Appellant's Position

We have purposely underlined the word "Interpretation" as used in each of the first two particulars above, because appellant was not charged with, nor would the facts support, a charge of violation of the *section* in either instance.

In each instance appellant was charged with a violation of an interpretation. Appellant claimed at the hearing and reasserts here that, as a matter of law, the sections in question cannot bear the respective interpretations given to them, and that the suspension action taken thereunder is in fact an enforcement of an interpretation *as if it were a section*, when it has never been adopted as such, nor labelled as such. Since this action is reviewable by the Courts, appellant points out for record purposes that the decision below is an infringement of his New York State and United States Constitutional rights, including, but not limited to, his right to due process of law.

The Facts

There is no dispute in the record on the facts. Appellant mailed over his name and using his title of D.D.S. on the letterhead, a letter, Exhibit 3 (R. p. 84) to several thousand dentists in selected cities mostly in the East (R. p. 35). *This letter was not sent to anyone but dentists* (R. p. 35). Appellant had no intention, or consciousness, of violating any section of the Code (R. p. 46, 49). He disclaimed any knowledge of the so-called interpretations (R. p. 9-11). He honestly believed that as long as he did not approach the *public* his actions were not unethical (R. p. 11, 53, 54). When advised that the Society considered him in violation, he immediately suspended all further activity (R. p. 41-42, 47, 61, 72) in connection with the letter.

Argument
(a)
Section 11

This Section 11 of the local Code reads as follows:

*The Record (p. 32) shows that the prosecutor, Dr. Gottlieb, was in error. He alleged a violation of Section 2, Interpretation 1. The appellant was not so charged (see R. p. 27, letter containing charges). Additionally, some of the Board (e.g. Drs. Posteraro and Condon) were apparently confused and considered that appellant was so charged (see R. p. 55-56).

Sec. 11. It is unethical for dentists or dental organizations to give testimonials directly or indirectly, concerning the supposed virtue of secret therapeutic agents or proprietary preparations such as remedies, vaccines, mouth washes, dentifrices, or other materials which are foisted on the public, claiming radical cure or prevention of disease by their use.

It is also unethical to promise radical cures or to boast of, prescribe or employ secret methods of treatment, secret preparations or remedies, or to exhibit certificates of skill or of success in the treatment of disease or to employ any questionable method to gain the attention of the public for the purpose of obtaining patronage. It is the duty of the dentist to expose dishonest methods of practice and false pretensions of charlatans and to warn the public that such practices may cause injury to health. (Underscoring ours).

The Interpretation (1) which appellant is charged with violating reads:

Interpretation: (1) It shall be deemed unethical for a dentist or member of this Society to sponsor or endorse, by letter, reprint, testimonial, or any other device, the merits or use of any drug, oral preparation, remedy, hygienic or other device, food appurtenance, machine, appliance of any kind, or any other manufactured article or product, for the purpose of soliciting the patronage of the dental profession or the public, for the sale or use of such articles or products. (Underscoring ours).

We shall not labor the obvious in this brief. What the framers of this interpretation have attempted is not so much to interpret, but rather to *add*, a prohibition against approaching "*the dental profession*", into a section which deals only with approaches to the *public*. This seems too clear to warrant further argument.

(b)
Section 15

This Section of the local Code reads:

Sec. 15. Using the name "Clinic", "Institute" or other title that may suggest a public or semi-public activity, to designate what is in fact an individual or group private practice is misleading, and therefore, unethical. (Underscoring ours).

Interpretation (3), which appellant stands convicted of violating, reads:

Interpretation (3): It shall be deemed unethical for any member of this Society, while engaged in the active practice of dentistry, to be employed by, or lend his name and services, to any commercial organization, group, individual or dental supply house, or to give clinics or demonstrations under their auspices, to the profession or the public unless sanctioned by the Board of Directors of this Society.

In this instance Exhibit 3 fails to violate either the section or the so-called interpretation.

There is nothing in the letter that suggests a public or semi-public activity, no use of the name "Clinic," "Institute" or like title as would be required to violate the section. Even the so-called Interpretation was not violated. Appellant was not "employed by" nor did he "lend his name or services to any commercial organization, group, individual or dental supply house" nor "give clinics or demonstrations, under their auspices" to anyone. He lent his name to no one. He was acting for himself and his own name is candidly signed to the letter. How the Board found a violation here is not explained in their decision, nor are we able to follow their reasoning.

On this count the decision reads (R. p. 81-82):

On motion duly made and seconded, Dr. A. B. Weinstein was found by this Board to be guilty as charged in Count No. 2, reading as follows:

That some time around April 1963, you mailed a letter to dentists in various parts of the country under your letterhead reading "A. B. Weinstein, D.D.S." and that the body of the letter promoted materials and techniques under your patents and in addi-

tion solicited the patronage of the dentists for the manufacture of dental appliances in your laboratory which constitutes a violation of Section 15, Interpretation 3 of the Code of Ethics of the First District Dental Society. The vote in favor of said resolution was 11 in favor, 4 against, and 1 abstention.

There is absolutely nothing in Section 15, or in the so-called Interpretation (3) thereof that prohibits, or even refers to, promoting "materials and techniques" or soliciting the "patronage of the dentists". Neither the Section nor the Interpretation supports the charge.

In addition, our comments in item (a) above respecting interpretation (1) of Section 11, apply equally to the interpretation here, that is, that the section does not and cannot support the Interpretation.

(c)

The third charge against appellant was that he violated Section 15 of the Principles of Ethics of the American Dental Association. In essence, this section prohibits use of the dentist's title or degree in certain promotional activity (R. p. 5.).

In the setting in which this charge was made, it is unjustified and unfair and the printed "Code of Ethics of the First District Dental Society" (R. p. 4) is deceptive and misleading and constitutes a trap for the unwary.

Thus, in black heavy type the local Code reads as follows (R. p. 4, printed Code, p. 2) :

This is the *Code of Ethics of the American Dental Association*, with Interpretations, and additions (in bold italics) as adopted by the First District Dental Society, wherever a section appears in italics under the heading "Interpretations" this constitutes the ethical standards by which members of the First District Dental Society are to be guided and judged in this community. (Italics added).

When we examine this printed Code which is supposed, as it says, to contain or rather, to be, the entire American Dental Association Code with local additions, we find nowhere therein anything like Section 15 as contained in the American Dental Association Code itself. It seems a violation of elemental fairness for the local Society to print a Code, make such a bold representation concerning its completeness, and then suspend a member for six months for violating a provision which is not included or even hinted at (see our argument, R. p. 10, 59).

Appellant has been a member of the Society all his working life and wishes to remain a member with honor (R. p. 46). He has in our judgment been unfairly and harshly treated. For all the foregoing reasons the decision below should be reversed and the charges dismissed.

Respectfully submitted,

/s/ William T. Griffin
DORSEY, BURKE & GRIFFIN
Attorneys for Appellant
Dr. A. B. Weinstein,
44 Wall Street,
New York, N.Y.

DATED: August 8th, 1965

**DECISION AND OPINION OF THE JUDICIAL COUNCIL
ON AN APPEAL BY DR. HARRY ROWE**

Dr. Harry Rowe has appealed to the Judicial Council from the decision of the Washington State Dental Association upholding the Seattle District Dental Society's action in rejecting Dr. Rowe's application for membership in the Seattle District Dental Society.

Decision

The Judicial Council of the American Dental Association, in accordance with the *Bylaws* of the American Dental Association, rules that Dr. Harry Rowe of Seattle, Washington, has not established grounds for an appeal to the Judicial Council. The Judicial Council also rules that it has no authority or obligation under the *Bylaws* of the American Dental Association to proceed further on this matter.

This decision was unanimously adopted by the Judicial Council at a meeting held on June 4, 1965. The Judicial Council hereby informs all interested parties that Dr. Harry Rowe of Seattle, Washington, may appeal from this decision to the House of Delegates of the American Dental Association by submitting his appeal in affidavit form within 30 days of the date of this decision to the Secretary of the House of Delegates.

Background

Dr. Rowe became an active member in good standing of the American Dental Association in 1951, and has been an active member in good standing of the Washington State Dental Association and the North Central District Dental Society since 1955. Dr. Rowe has moved to the City of Seattle and has made application to the Seattle District Dental Society for a transfer of his membership from the North Central District Dental Society. At the November 2, 1964 meeting of the Seattle District Dental Society, Dr. Rowe's petition for membership was rejected. Dr. Rowe subsequently appealed to the Committee on Legal Affairs of the Washington State Dental Association. On May 6, 1965 Dr. Rowe was informed that the Committee on Legal Affairs of the Washington State Dental Association denied his appeal. The right to appeal to the Washington State Dental Association in the fashion granted to Dr. Rowe is pursuant to the *Bylaws* of the Washington State Dental Association. Membership in the American Dental Association is dependent upon membership in a constituent and component society of the Association with certain exceptions which are not pertinent to this case. Chapter I, Section 20A of the *Bylaws* of the American Dental Association provide in part:

A. **Active Member.** A dentist shall be classified as an active member of this Association who is licensed to practice in a state, the District of Columbia, territory or dependency of the United States, providing he is a member in good standing of this Association, its constituent and component societies, if such exist. . . .

Chapter III, Section 20A of the *Bylaws* provides:

A. A component society shall have the power to elect its voting members as voting members of the constituent society in accordance with Chapter II, Section 40 of these *Bylaws*.

On May 28, 1965, Dr. Rowe presented an appeal in affidavit form to the Judicial Council within 30 days of the date on which the Washington State Dental Association rendered its decision.

Opinion

Under the *Bylaws* of the American Dental Association a member of the American Dental Associa-

tion has the right to a hearing only where he has been charged (1) with having been found guilty of a felony; (2) with having been found guilty of violating the dental practice act of a state, district, territory, dependency, or country; or (3) with violating the *Bylaws* of the American Dental Association, the *Principles of Ethics* of the American Dental Association, or the Codes of Ethics of the constituent or component societies (*Bylaws* of the American Dental Association, Chapter XI, Section 20A). Unless a member has been specifically charged with or accused of one of the offenses listed above he has no right of appeal to the Judicial Council of the American Dental Association (*Bylaws* of the American Dental Association, Chapter XI, Section 20D).

The refusal of the Seattle District Dental Society to accept Dr. Rowe as a member is not the equivalent of a charge or accusation within the meaning of Chapter XI, Sections 20A and 20D of the *Bylaws* of the American Dental Association.

Under the *Bylaws* of the American Dental Association the Judicial Council has no authority or obligation to consider an appeal by a member of the American Dental Association from a decision of a constituent or component society of which he is not a member (*Bylaws* of the American Dental Association, Chapter XI, Section 20D).

The decision of the Washington State Dental Association upholding the decision of the Seattle District Dental Society in refusing membership to Dr. Rowe is not subject to appeal under Chapter XI, Section 20D, of the *Bylaws* of the American Dental Association for the further reason that Dr. Rowe is not and has not been a member of the Seattle District Dental Society.

Under the *Bylaws* of the American Dental Association the Judicial Council has no authority or obligation to consider an appeal by a member of the American Dental Association or to grant him a hearing unless he is under sentence of censure, probation, suspension, or expulsion by a constituent society (*Bylaws* of the American Dental Association, Chapter IX, Section 110P). The decision of the Washington State Dental Association upholding the decision of the Seattle District Dental Society in refusing Dr. Rowe membership in the Seattle District Dental Society is not the equivalent of a sentence of censure, probation, suspension, or expulsion within the meaning of Chapter IX, Section 110P, of the *Bylaws* of the American Dental Association.

No other chapter within the *Bylaws* of the American Dental Association is applicable to the authority or obligation of the Judicial Council to consider appeals from and to grant hearings to members of the American Dental Association.

Although the bylaws of the Seattle District Dental Society and the Washington State Dental Association grant any dentist the right of appeal and hearing in connection with a decision refusing that dentist membership, that privilege is not extended within the *Bylaws* of the American Dental Association. The *Bylaws* of the American Dental Association give no appeal or hearing rights to a member of the American Dental Association through one component society who is refused membership in another component society.

BRIEF ON BEHALF OF DR. HARRY ROWE

The following brief is submitted pursuant to the provisions of Subsection D, Section 20, Chapter XI of the *Bylaws* of the American Dental Association in support of Petitioner's Appeal which is attached hereto as Exhibit One and by this reference made a part hereof. It will be divided into two main parts. The first will consist of a statement of Dr. Harry Rowe, Petitioner herein, setting forth the contentions upon which he relies other than those finding support in civil law. The second part of the brief will consist of the argument and authorities upon which counsel for Petitioner rely here and upon which they will rely, in part, in whatever subsequent legal proceedings are necessary to preserve Petitioner's valuable membership rights in the American Dental Association.

Statement of Dr. Harry Rowe, Petitioner Herein

My name is Harry Rowe. I have been in private practice since 1951 and now serving as Dental Director of Group Health Dental Clinic in Seattle, Washington. I have been a member of the A.D.A. since I was a senior in dental school, a member of the Washington State Dental Association since 1955 and am now serving on the Washington State Board of Dental Examiners.

For purposes of this portion of my appeal I wish to speak as one member of the American Dental Association to other members of the same organization. I say this knowing full well that I may not be able to call myself an A.D.A. member after November 10, 1965, at which time the House of Delegates will take final action.

I applied for transfer of membership from the North Central Dental Society to the Seattle District Dental Society (SDDS), both Washington component societies of the American Dental Association, in May, 1964 and, since then, I have been voted on twice and appealed the decision of the SDDS to deny my application for transfer, all in accordance with prevailing local, state and national bylaws. I have found all of this a traumatic and degrading experience, and undoubtedly this has had some effect on what I am about to say.

Throughout this entire case I have been faced with two alternatives:

1. To withdraw my application for transfer and lose my membership in the ADA without contesting my rejection;
2. To appeal all decisions made in accordance with the bylaws of the ADA.

I chose to appeal because I felt that I could not give up all my privileges and rights as an ADA member without using all appeals possible. I submit that, were any of you faced with this choice, you, too, would have chosen to appeal.

Loss of my membership in the Washington State Dental Association and in the American Dental Association means loss of rights and privileges that I have long enjoyed and which I value highly. They fall into four general categories:

1. Loss of such membership interferes with my right and duty to improve my professional abilities.
2. Loss of such membership harms me economically in a direct and definite manner.
3. Loss of such membership strongly implies that I am a second-rate professional man.
4. Loss of such membership carries with it the strong implication that I am not as ethical as those dentists who are members.

(I am enclosing a specific list of rights and privileges lost which will follow this presentation under the heading of "Appendix No. 1")

It is to prevent these things from happening that I am appealing. I want to emphasize that I have made every attempt to date to keep this entire matter within the profession. However, if I cannot get redress within the profession then I must reluctantly continue to try to retain my rights by whatever means my attorney advises.

Group Health Association of America, of Washington, D.C., at its annual meeting in May, 1965 passed a resolution condemning the action of SDDS. A copy of their resolution is included in this brief and labeled "Appendix No. 2".

The action of the SDDS is High-Handed, Irresponsible and Unjust. I say this because, at no time before or during or after the votes in the SDDS on my application for transfer have any reasons been given for the action taken against me:

1. In an open and official meeting of the local society the Chairman of the Ethics Committee stated that I am ethical and moral and have violated no bylaws of the local, state, or national organizations to which I belong.
2. In open meeting the Chairman of the Membership Committee stated that neither the Membership Committee nor the Executive Committee of SDDS has received any official complaints about me.
3. My contract with Group Health Dental Cooperative is on file with the Washington State Dental Association and a copy was given to SDDS. In open meeting, the Chairman of the Ethics Committee stated that this contract has been examined and that the Committee finds no violation of ethics in it.
4. A member of the Practice Plans Committee of SDDS was assigned to study the activities and organization of the Group Health Dental Clinic and he requested that he be allowed to visit our clinic. He was invited to spend as much time as he liked and ask any questions he desired. This he did. In open meeting which was called to specially report to the members of SDDS on such group practice plans as Washington Dental Service Corp. and the Group Health Clinic (of which I am director) the Secretary of the Seattle District Dental Society reported to the membership that there is nothing unethical about the operation of the Group Health Clinic.
5. All dentists on the staff of the clinic are members of the state and national organizations and those that aren't have applied for membership to SDDS but have not been voted on as this appeal is being written.

6. As Dental Director, I do not add any dentist to the staff unless he is a member of the ADA or is eligible to apply for membership; and this he must do within three months of joining the staff.

7. In defending the action of SDDS before the Legal Affairs Committee of the Washington State Dental Association during my appeal to that body, Dr. Harvey Losh, present President of SDDS stated that there is nothing unethical or wrong with me, but that nonetheless the vote of the SDDS was against my transfer being approved.

I must believe therefore, that what was often stated to me privately was true, i.e., that my rejection was based on the fact that I was the Director of Group Health Dental Clinic.

There is a basic difference of opinion between SDDS and myself. The SDDS maintains that they are no different than any social club or country club and they therefore have the right to reject or accept members as they please. I contend that they are not. A dental society, chartered by the state it operates in, can never be private. It speaks for the dental profession and gives official testimony before the legislature and other public bodies. It makes decisions affecting the health of the public and affects professional decisions. It elects representatives and helps decide policy of the ADA, which organization represents the dental profession in Washington, D.C.

I would like to point up the absurdity of my rejection by citing three factors:

Factor #1. All dentists on the staff of the clinic are members of the SDDS, WSDA and ADA with three exceptions:

(a) A dentist who is a member of Kitsap County District Dental Society, WSDA and ADA. He has applied for transfer to SDDS.

(b) A dentist who is a negro and who has not applied for membership to ADA for the obvious reason that she previously practiced in the State of Georgia. She has applied for membership in SDDS.

(c) And myself, a member of No. Central District, WSDA and ADA—at least until November 10th, 1965, when the House of Delegates acts on my appeal.

Factor #2. At no time has any member of my staff ever had to face ejection from SDDS because of being on the staff of the Group Health Clinic. It seems to me that, were anything unethical or unprofessional about Group Health, SDDS would bring charges and evict them.

Factor #3. The vote on November 2, 1964 on my transfer was 54 in favor of acceptance and 36 against. In spite of a majority vote, I was rejected because the SDDS bylaws demand that an applicant receive 75% of those members present and voting. The SDDS or any local society can demand 76%, 85% or 98% affirmative vote if it so chooses, and the state and national associations have no right to intervene. This vote becomes ludicrous and almost laughable, were it not so tragic, when you realize that:

(a) SDDS has close to 800 members—36 votes denied me admission.

(b) WSDA has approximately 2000 members—36 votes may expel me from this organization.

(c) The ADA has over 100,000 members and 36 votes will expel me from the organization to which I have belonged since 1951. What percentage of over 100,000 is 36? Is this not ridiculous?

In the August 1965 Journal of the ADA, the editorial headed "Negro Membership" on p. 384 speaks of the problem of local, state and national:

The Bylaws (of the ADA) also provide that membership in a component society is a prerequisite to membership in a constituent society . . . Because the membership process *must begin* (emphasis mine) at the local level. . .

The writer makes this statement as if this way of doing things was written on a golden tablet and handed down from on high. It is always on this basis that the ADA absolves itself from the inequities that still exist in our profession. My contention is that so long as this system prevails, the local level societies in various parts of the country will discriminate against dentists in group practice, and any other type of discrimination could take place at local-level whim. And throughout the history of the ADA even though these things are going on, the ADA takes a position that it cannot intervene, and non-intervention is based on "No Jurisdiction."

No Jurisdiction.

Because of the ADA's "no jurisdiction" stand, two types of discrimination prevail (of which I am aware):

1. In eleven states of the south, the cry of "no jurisdiction" by the ADA has permitted local and state societies to keep qualified and honorable dentists out of the ADA because of their color and

has forced Negroes to organize the National Dental Association. This has brought dishonor and charges of segregation to an honorable profession. Pronouncements made on the national level are ignored on local levels. In 1962, the ADA House of Delegates passed a resolution in an effort to eliminate racial discrimination at the local level. But this was a pronouncement without enforcement and it was largely ignored; and I note that at our annual meeting in November a resolution of discrimination with teeth in it will be brought up by the New York Michigan delegations. I wish them well.

In spite of the 1962 resolution on racial discrimination, the case of *Dr. R. G. Hawkins vs. The North Carolina Dental Assn.* is now in the Fourth Circuit Court of Appeals and may reach the U.S. Supreme Court. Dr. Hawkins is claiming that the state association is violating his constitutional rights in denying him membership in the state dental association. These things have been going on ever since the ADA was organized. But surely we all must admit that times have changed and what organizations could get by with 25 and 50 years ago are no longer acceptable.

2. The second form of discrimination (of which I am a victim) is the discrimination against many dentists who, like myself, are entering group practice. I would like to remain in local, state and national societies. In this regard would like to quote a statement which was adopted at the 1960 Annual Session of the ADA (see transactions 1961, p. 254):

When established closed panel practices should be under the direct supervision of a dentist legally licensed in the state, should conform to the Principles of Ethics of the ADA and the local code of ethics and should *MAINTAIN CLOSE LIAISON WITH THE CONSTITUENT AND COMPONENT DENTAL SOCIETIES OF THE AREA* (Italics mine).

The national body would like this to prevail for group practice but the local body is against it. The national body pronounces; the local body denounces. The tail wags the dog.

Great changes are taking place in our nation and all forms of discrimination in all walks of life are being erased. Restrictions because of any reason are being attacked successfully—in the schools, in the voting booth, in housing, in jobs. Barriers are being erased that were supposed to last forever. Rules that were adequate in the past are no longer adequate—or even sensible.

Our profession cannot afford any longer to be complacent, cannot oppose change in a changing world, cannot remain inflexible to the social and economic innovations. I agree that as dentists, we should act with a professional conscience, but surely, as Americans, we have a duty to act with a public and social conscience.

Changes will come with bewildering speed in the years ahead. The ADA should become a leading force in directing such change that effects us as citizens and as professional men. If we do not involve ourselves in the process of adapting change to serve the best interests of our profession, I'm afraid others, less capable, will do it for us.

To lift restrictions such as I speak of takes more than resolutions and long winded dialogues. The entire history of the human rights movement proves that the status quo does not change that easily. The National Education Association, faced with the same problems, passed a resolution at their 1965 convention demanding that all local affiliates lift their restrictive rules. But the N.E.A., knowing full well that a resolution means nothing without teeth, went further. Their local societies have until July, 1966 to remove all restrictions or face action by the national body.

The ADA can do no less. To hope for voluntary action on the part of local societies to remove restrictions on account of race or group practice (to cite two examples) is to hope for the impossible. Only sanctions on the national level will succeed in bringing about long overdue changes. The system of local power wielded arbitrarily and national acquiescence is basically wrong.

I have no idea how many cases have reached the courts that have involved dentists and dental societies, but the past twenty years have seen a steady stream of cases reaching the courts in the medical field as the AMA and its local and state societies act negatively against MD's for reasons of race or creed or type of practice—or anything. Having no alternative within their profession for redress of grievances, the physicians who feel discriminated against, of necessity, turned to the civil courts just as Dr. Hawkins of N.C. has done in the 4th Circuit Court of Appeals. This, in turn, leads to the public becoming involved in the internal struggles of a profession which leads to lack of confidence, loss of status and demands that restrictions be placed on the medical profession by legislative bodies. I maintain that such actions in the medical field, reflecting aversion to change, has hurt the entire medical profession and its public image. The AMA, with both feet planted firmly in the past, has thought merely yelling "Never!" would preserve the old ways. It hasn't. I hope that the ADA does not make the same tragic mistake.

As a leading organization in American life, the ADA has a positive role to play. It is time it became aware of and actively promote the movement toward "human rights" that is sweeping our nation. As responsible leaders I think the members of the House of Delegates can do no less than strike down action of component societies based on discriminatory standards and thus open the doors wide to all qualified ethical dentists. Others are facing up to these problems successfully. So should we.

Change will come to our profession in one of two ways: either we will put our own house in order voluntarily or it will be done anyway through a long, costly, series of court actions against local, state and national dental societies at great loss to our prestige.

I respectfully request that the House of Delegates of the American Dental Association grant me relief from the action of the Seattle District Dental Society so that I may maintain my membership of 16 years standing in the American Dental Association.

/s/ Harry Rowe, D.D.S.

Appendix No. 1

Loss of such memberships means loss of rights and privileges which I have long enjoyed and which I value highly. They fall into four general categories as set forth in the body of my brief:

1. Loss of membership in WSDA and ADA interferes with my right and duty to improve my professional abilities.
2. Loss of membership in WSDA and ADA harms me economically in a direct and definite manner.
3. Loss of such memberships strongly implies that I am a second-rate professional man.
4. Loss of such memberships carries with it the strong implication that I am second-rate ethically.

Herewith follows a specific list of rights and privileges:

A. The following prevents me from improving my professional abilities:

- (a) I will not be permitted to attend meetings of the ADA, WSDA, SDDS and other component societies.
- (b) I will not be permitted to join any of the study clubs that the SDDS sponsors and which use the facilities available at the office of the SDDS in the Medical-Dental Building, Seattle, Washington.
- (c) According to literature distributed by SDDS, I will not be able to attend post-graduate courses at the U. of W. School of Dentistry.
- (d) I will lose my membership in the American Society of Dentistry for Children, Washington Unit, and will no longer receive their literature nor can I attend meetings. I have been a member since 1959.
- (e) I will no longer receive such official publications as the SDDS Digest, the WSDA Journal, the Journal of the ADA and other official professional literature.
- (f) The film library and the books and pamphlets of the ADA will no longer be available to me.
- (g) Such loss of membership isolates me, considerably, from my professional colleagues. This not only hurts me professionally, but economically and personally.

B. The following are losses of a direct economic nature:

- (h) Loss of membership denies me the use of the Physicians and Dentists Credit Bureau, Inc. which is a non-profit organization owned by SDDS and the King County Medical Society.
- (i) I won't be able to use the Grievance Committee of the SDDS.
- (j) The American Dental Association Relief Fund for dentists; its help will be denied me should I ever need it.
- (k) I will not be allowed to be listed in the yellow pages of the Seattle telephone book as being a member of the SDDS. This is also a loss professionally, as well as economically. Also, the SDDS prints a pamphlet entitled "How to Choose Your Dentist" and in it appears the following:

WHAT QUALIFICATIONS? Look for a dentist who is ethical. To you as a patient "Ethical" means that the dentist has pledged that he will fulfill the professional trust you have placed in him. Select one who has voluntarily pledged himself to a high standard of professional conduct by HIS MEMBERSHIP IN THE SEATTLE DISTRICT DENTAL SOCIETY. CHECK HIS MEMBERSHIP IN THE YELLOW PAGES OF THE TELEPHONE DIRECTORY (the capitalizations are mine).

Please note that this hurts me economically as well as professionally. There is also a strong implication that any non-member is second rate as a dentist and an individual. It also impugns my ethics.

1. On page 200 of the Seattle telephone book there is a boxed in message which does the same thing as (k) above and from which I quote in part:

Membership in the Seattle District Dental Society stands for

3. Doctors who, by their preparation, qualifications and moral character, have been approved for membership in the District, State and National organizations.

(This is harmful to me in every way I can think of. It also doesn't explain that loss of state and national membership is automatic and not for cause if the local society rejects an applicant).

4. Each member must conform to the ethics and requirements of the American Dental Association or lose his membership.

(This, to me, is a simple distortion of the truth and its implication is harmful to the extreme).

For Emergency and Information Call MA 4-4912.

My question is, what information would anyone get about me as a dentist or an individual if they called?

(m) I would suffer a tremendous economic loss in that I would lose my membership in the Washington Dental Service Corporation and all the rights and privileges I have enjoyed for many years. 75.7% of dentists in the Seattle area belong to WDS (WSDA News, April 1965).

I would also lose my privilege of serving as an elected officer of WDS, of voting, and of participating in changes of bylaws, etc.

I would not be allowed to take care of the dental needs of thousands of individuals who are covered by WDS programs, would no longer be allowed to be paid directly by WDS for dental services rendered nor would I be allowed to list my name as a participating dentist in their literature.

To me, this is an appalling loss.

(n) I have several insurance policies which I can only maintain if I remain a member of WSDA and ADA. Loss of membership means loss of policies and I can't replace them since I am many years older now than when I took them out. This is an economic and a property loss.

Appendix No. 2

Resolution #5: Support for Dr. Rowe's Efforts to Obtain Seattle Dental Society Membership:

BE IT RESOLVED, that the Group Health Association of America condemns the decision of the Seattle District Dental Society in refusing Dr. Harry Rowe's request for transfer from the North Central District Dental Society to the Seattle District Dental Society and that we so inform

the American Dental Association, Washington State Dental Association and the Seattle District Dental Society.

BE IT FURTHER RESOLVED, that the Group Health Association of America undertake to assist and support Dr. Rowe and the Group Health Dental Cooperative in this battle, and BE IT FINALLY RESOLVED, that the Rowe Case be publicized among members of GHAA, Group Dental Practices, the Labor and Cooperative movements and that we seek their support in this battle.

Unanimously adopted at the Board of Directors Meeting for the Membership of the Group Health Association of America, Inc., in Philadelphia, Pa., May 22, 1965.

Memorandum of Authorities and Legal Argument

A. THE HOUSE OF DELEGATES HAS JURISDICTION TO HEAR THE INSTANT APPEAL ON ITS MERITS.

The Judicial Council of the American Dental Association has stated in its opinion here appealed from that it is without jurisdiction to consider Petitioner's appeal on its merits.

The House of Delegates is the legislative and governing body of the Association under the authority of Section 10 of Article IV of the Constitution. In addition, Section 30 of Chapter V of the Bylaws confers the following powers, in part, upon the House of Delegates:

Section 30. POWERS:

- A. The House of Delegates shall be the supreme authoritative body of this Association.
- B. It shall possess the legislative powers.
- C. It shall determine the policies which shall govern this Association in all of its activities.
- D. It shall have the power to enact, amend and repeal the *Constitution and Bylaws*.

Whatever may be the limitations imposed on the Judicial Council by the Constitution and Bylaws, the House of Delegates, in the exercise of its plenary power, has the unquestioned authority to provide a hearing on the merits and preserve Dr. Rowe's membership.

It is particularly incumbent upon the House of Delegates to itself act in view of the fact that Dr. Rowe has not been afforded a hearing by the American Dental Association at which he has had the opportunity to answer specific charges brought against him. Subsection D, Section 20 of Chapter XI, Bylaws of the American Dental Association provides:

An accused member under sentence of censure, probation, suspension or expulsion for (1) having been found guilty of a felony, (2) having been found guilty of violating the dental practice act of a state, the District of Columbia, territory, dependency or country or (3) violating the *Bylaws*, the *Principles of Ethics*, the codes of ethics of the constituent or component societies, shall have the right to appeal . . .

and will be afforded the opportunity to answer and refute charges brought against him. Here, Petitioner has not been charged with *any* offense, has not had the opportunity to refute any charges and has not been afforded a hearing on the merits of his appeal. He has met with a decision of the Judicial Council that it is without jurisdiction to preserve his membership rights or to review and overturn the decision of the component society which has refused to accept a transfer of his membership. It cannot be over-emphasized that foremost amongst the rights Petitioner seeks to preserve is that of his membership in the American Dental Association. It cannot be seriously gainsaid that 36 members of the Seattle District Dental Society have the power to cause Petitioner to lose his membership of 16 years standing in the ADA but that the House of Delegates is without jurisdiction to hear his appeal on the merits and to preserve his membership in the Association. As the "supreme authoritative body" it need not abide by and uphold a decision of an infinitesimally small percentage of its membership which is forwarded without assigning any

basis or reason for such decision. The first paragraph of the opinion of the Judicial Council itself points up the absurdity of a situation in which a member who is charged with a specific offense and is about to lose his membership is entitled to a hearing but one who has not had specific charges brought against him is denied jurisdiction.

A related shortcoming of the opinion of the Judicial Council is its conclusion on page 3 that:

The decision of the Washington State Dental Association upholding the decision of the Seattle District Dental Society in refusing Dr. Rowe membership in the Seattle District Dental Society *is not the equivalent of a sentence of censure, probation, suspension, or expulsion* within the meaning of Chapter IX, Section 100 S.c., of the *Bylaws* of the American Dental Association. (emphasis added).

While the manner in which Dr. Rowe is losing his membership in the ADA is not *by its terms* "under sentence of . . . expulsion", it can hardly be denied that the lower decision which the House of Delegates is here being asked to review is "the equivalent".

At most, it can be said that Dr. Rowe's situation is *sui generis*. The *Bylaws* do not expressly provide for an appeal in his situation. But given the fact that they do so provide when express charges are brought Petitioner is entitled that the House of Delegates, in the spirit of the procedural protection extended to all members so that they can be secure in their membership and in the exercise of its plenary powers, should proceed to hear Dr. Rowe's appeal on its merits so that he is not made to suffer "the equivalent of expulsion" without benefit of a full hearing. He should not be made to bear the burden of the procedural shortcomings of the *Bylaws* nor is "No Jurisdiction" a ground upon which the House of Delegates can fall back in refusing him a hearing.

Finally, with regard to jurisdiction, if the civil courts will themselves take jurisdiction and preserve valuable membership rights, as Petitioner will seek to demonstrate below, the governing body of the association must itself possess—and use—power which rises to the same level within the organization if it is to preserve its own integrity and provide remedies to which a member is otherwise entitled.

B. LOSS OF MEMBERSHIP AS CONTRARY TO LAW AND PUBLIC POLICY.

The denial of transfer of membership to the Seattle District Dental Society and the loss of membership in the Washington State and American Dental Associations is being effectuated in an arbitrary and unreasonable manner contrary to law and public policy in that such loss of membership takes from Petitioner valuable property and other rights and works against the advancement of the interests of the dental profession and the public generally, all without furthering or protecting the proper standards, objectives or purposes of any one of the three dental associations. *Falcone v. Middlesex County Medical Society*, 162 A. 2d 324 (1960).

The purposes of the Seattle District Dental Society are stated in Section (a), Article III of the Articles of Incorporation of the Society. They are:

To improve the dental health of the public; to promote in all phases the art and science of dentistry; to bring into one organization the ethical dentists within King County, Washington, and unite with similar component societies in other portions of the State of Washington, as component societies of the Washington State Dental Association, with a view to the extension of dental knowledge and to the advancement of dental science; to the elevation of the standard of the ethics of the profession; to the promotion of friendly intercourse among dentists and to the liberal exchange of their opinions and experiences; to the enlightenment and direction of public opinion in regard to the problems of dentistry so that the profession shall become more capable and honorable within itself and more useful to the public in the prevention and cure of disease and in prolonging and adding comfort to life; and to take such action as may be desirable or necessary to carry into effect all the foregoing purposes.

The purposes of the Washington State Dental Association are stated in Section (a), Article III of the Articles of Incorporation of the Association. They are:

To bring into one compact organization the members of the Dental Profession of the State of Washington and to unite with similar associations in other states as constituent parts of

the American Dental Association, with a view to the extension of dental knowledge and to the advancement of dental science; to the elevation of the standard of dental education and to the enactment and enforcement of just dental laws; to the promotion of friendly intercourse among dentists and to the liberal exchange of their opinions and experiences; to the enlightenment and direction of public opinion in regard to the problems of dentistry so that the profession shall become more capable and honorable within itself and more useful to the public in the prevention and cure of disease and in the prolonging and adding comfort to life; and to take such action as may be desirable or necessary to carry into effect all the foregoing purposes.

The object of the American Dental Association is stated in Article II of the Constitution of the Association, to-wit:

The object of this Association shall be to encourage the improvement of the health of the public and to promote the art and science of dentistry.

With respect to Petitioner there is not a shred of evidence in the records, transcripts and papers of the three dental associations in which he is about to lose membership that his continued membership militates against the stated purposes of the respective associations.

An additional attribute of the associations which goes beyond the above explicitly defined statements of purpose is of substantial legal significance. Petitioner refers to the fact that the associations are not, in legal contemplation, purely private associations. See Chaffee, *Internal Affairs of Associations Not for Profit*, 43 Harvard Law Review 993; Note, *Judicial Control of Actions of Private Associations*, 76 Harvard Law Review 983 (1963); Abernathy, *Right of Association*, 6 So. Car. L. Q. 32 (1953); Comment, 63 Yale Law Journal 937 (1954); Comment, 41 Minn. L. Rev. 437 (1959); Comment, 5 Utah L. Rev. 270 (1956); Comment, 65 Yale Law Journal 369 (1956); Comment, U. Chicago L. Rev. 694 (1955); Comment, 8 Fordham L. Rev. 82; Comment, 8 Fordham L. Rev. 82; Comment, 31 Ky. L. J. 197; Comment, 8 Tenn. L. Rev. 58; Editorial Note, 15 Rutgers L. Rev. 327 (1961). The courts have consistently recognized that medical and dental societies are vested with a public interest and have consistently intervened when necessary to protect that interest. With reference to a medical society, it was recently stated:

It must be borne in mind that the County Medical Society is not a private voluntary membership association with which the public has little or no concern. It is an association with which the public is highly concerned and engages in activities vitally affecting the health and welfare of the people. *Falcone, supra*, at page 799.

See also *Attorney General v. Thompson*, 83 N.J.L. 57, 60 (treating the relation between the New Jersey State Dental Society and the public policy of the State); *Blende v. Maricopa County Medical Society*, 393 P.2d 926 (1964); Annotation, "Suspension or expulsion from professional associations and the remedies therefor," 20 A.L.R.2d 531, 539, 547 (1951); Annotation, "Jurisdiction of equity to protect personal rights; modern view," 175 A.L.R. 438, 506 (1948); *Brown v. Harris County Medical Society*, 194 S.W. 1179; *People v. Medical Society of the County of Erie*, 24 Barb. 577; *State v. Georgia Medical Society*, 38 Ga. 608, 95 Am. Dec. 408; *Bernstein v. Alameda-Contra Costa Medical Ass'n*, 139 Cal. App.2d 241, 293 P.2d 862 (Dist. Ct. App. 1956); and see, *Hearings Before Committee on Education and Labor on S. 1606*, 79th Congress, 2d Session 2637 (with regard to no right to a hearing and no appeal from a county society's verdict to exclude.) This recognition and judicial intervention is but the application of a principle enunciated by the Supreme Court of the United States in *Munn v. Illinois*, 94 U.S. 113, 24 L.Ed. 77. Justice Story, speaking for the Court, stated:

... relating to matters in which the public has no interest, what is reasonable must be ascertained judicially. But this is because the legislature has no control over such . . . So, too, in matters which do affect the public interest, and as to which legislative control may be exercised, if there are no statutory regulations upon the subject, the Courts must determine what is reasonable.

Throughout his formative writings, Justice Holmes repeatedly stressed the vital part played by

public policy considerations in the never ending growth and development of the common law. Over eighty years of legal development have passed since he expressed his now well known thought that "every important principle which is developed by litigation is in fact and at bottom the result of more or less definitely understood views of public policy." See Holmes, "Common Carriers and the Common Law," 13 Am. L. Rev. 609, 631 (1879); Holmes, *The Common Law* 35 (1881). Writing in 1961, Judge Jacobs, speaking for the Supreme Court of New Jersey, stated:

And while earlier day judges displayed hesitancy in [the acknowledgement of public policy considerations], modern day judges display no comparable hesitancy; in recent decisions our courts have repeatedly acknowledged that public policy is the dominant factor in the molding and remolding of common law principles to the high end that they may soundly serve the public welfare and the true interests of justice.

Falcone v. Middlesex County Medical Society, 170 A.2d 791, 795; citing *Collopy v. Newark Eye and Ear Infirmary*, 141 A.2d 276 (1958); *Faver v. Creswick*, 156 A.2d 252 (1959); *Smith v. Brennan*, 157 A.2d 497 (1960); *Henningsen v. Bloomfield Motors, Inc.*, 161 A.2d 69 (1960); cf. Stone, "The Common Law in the United States," 50 *Harvard Law Review* 4, 20 (1936); Carozzo, *The Nature of the Judicial Process* 10 (1921).

Safeguarding the public interest is coupled by the courts with another consideration which is here present in protecting membership rights in professional associations. Petitioner refers to the harm which accrues to the member who is excluded; he has catalogued the loss he will personally sustain at "Appendix No. 1" above. Thirty-five years ago Professor Chaffee pointed to the distinction between the customary social and fraternal organizations on the one hand and professional societies on the other; he noted that while exclusion or expulsion from a social or fraternal organization may result in little more than hurt feelings, exclusion or expulsion from a professional society may result, as here, in serious diminution of the invaluable opportunity "to earn a livelihood." 42 *Harvard Law Review*, at page 1022. In a more recent discussion addressed specially to medical societies, the editors of the *Yale Law Journal* descriptively noted that "non-membership amounts to a partial revocation of licensure to practice medicine." 63 *Yale L.J.* at page 953. Judicial recognition of this fact includes *Group Health Cooperative of Puget Sound v. King County Medical Soc.*, 39 Wash. 2d 586, 237 P.2d 737 (1951); *American Medical Ass'n v. United States*, 76 U.S. App. D.C. 70, 130 F.2d 233 (D.C. Circuit, 1942); *Falcone v. Middlesex County Medical Society*, 170 A.2d 791; *Blende v. Maricopa County Medical Society*, 393 P.2d 926 (1964); see also, Comment, "The American Medical Association; Power, Purpose and Politics in Organized Medicine," 63 *Yale L.J.* 938, 949 (1954).

Courts have been understandably reluctant to interfere with the internal affairs of membership associations and their reluctance has ordinarily promoted the health of the society. See Chaffee, *supra*, 43 *Harv. L.Rev.*, at page 1027; Note, *supra*, 15 *Rutgers L.Rev.* at page 329. Nonetheless, it is well established that when professional associations deny valuable membership rights without being able to ground such action on the advancement of the stated interests of the profession or of the public generally, the courts will protect and preserve such membership rights.

As above stated, at no stage in the instant proceedings has any dental association member, committee or association proper pointed to any lack of qualification for membership on Petitioner's part which would in any way adversely affect the profession or the public. Petitioner states respectfully, but with confidence, that on this record the Courts will intervene to preserve the membership rights he has so long enjoyed. He further reiterates, however, that it is before the House of Delegates that he seeks redress and protection, believing as he does that it is in the interest of the profession that dental associations not be made to further embark on the long and unsuccessful journey of civil litigation which has been traveled by the medical associations unless necessary in the interest of justice.

C. LOSS OF MEMBERSHIP AND MONOPOLY POWER.

Petitioner's loss of membership would take from him valuable property and other rights through the exercise of virtual monopolistic power and, within legal contemplation, by means of a combination in restraint of trade, all in violation of the law and public policy of the several states and of the State of Washington particularly. See *Levin v. Sinai Hospital of Baltimore City*, 186 Md. 174, 46 A.2d 298 (1946); *Rockmore v. Fein*, 198 Misc. 1060, 99 N.Y.S. 2d 409; *Group Health Co-operative v. King County Medical Society*, 39 Wash. 2d 586, 237 P.2d 737 (1951); *Falcone*

v. Middlesex County Medical Society, 170 A.2d 791; Comment, *Expulsion and Exclusion from Hospital Practice and Organized Medical Societies*, 15 Rutgers Law Review 326 (1961). See also, *Complete Service Bureau v. San Diego County Medical Society*, 43 Cal.2d 201, 272 P.2d 497 (1954).

The *Group Health* case, *supra*, was characterized by the editors of The Rutgers Law Review as "a model solution to problems in this branch of the law." Comment, *supra*, 15 Rutgers L.Rev. 326 at 348. The position of the defendant medical society before the Court was stronger than here in that the Doctors in group practice had been labeled "unethical" in a formal determination of the society. Here, of course, there is not only no such suggestion as to Petitioner, but the Ethics Committee of the Seattle District Dental Society gave its approval to Petitioner's application for transfer of membership as did the Practice Plans Committee which studied the activities and organization of the Group Health Dental Clinic of which Petitioner is the Director.

The Washington State Supreme Court held that the society must show that the plaintiffs practice an "unethical" brand of medicine and such a showing might justify the action which the society had taken. *Group Health Cooperative v. King County Medical Society*, *supra*, at 644-45, 237 P.2d at 768. Since the defendant society failed to make the requisite showing, the court granted injunctive relief against the society and the AMA. The county society was enjoined from excluding the plaintiffs from membership on the sole ground that they were practicing contract medicine. Here, no ground is asserted for Petitioner's exclusion from membership and, to the extent that he may infer any ground, it is the fact of his group practice to which the Washington court extended protection in *Group Health*, *supra*.

In that the by-laws of a professional association are subordinate to the laws of the state in which the association acts, See e.g. *Reid v. Medical Society*, 156 N.Y.S. 1129, Petitioner here asks the House of Delegates to protect and preserve his membership rights in no less a manner than that to which he believes he is entitled under the teaching of *Group Health Cooperative v. King County Medical Society*, *supra*.

D. LOSS OF MEMBERSHIP AND CONSTITUTIONAL GUARANTEES.

In the context of the respective dental associations' close identification with the State of Washington and in their exercise of essentially governmental functions, the denial of Petitioner's application for transfer of membership in the Washington State Dental Association and in the American Dental Association without the membership or governing bodies of the respective associations' passing on Petitioner's qualifications for continued membership or affording him a hearing thereon constitutes a taking of valuable property and other rights without due process of law as guaranteed by Article 1, Section 3, of the Constitution of the State of Washington, and by the Fourteenth Amendment to the Constitution of the United States of America. See *Bell v. Georgia Dental Association*, 231 F.Supp. 299 (N.D.Ga. 1964); *Simkins v. Moses H. Cone Memorial Hospital*, 323 F.2d 959 (1963), cert. denied, 376 U.S. 938 (1964); *Eaton v. Grubbs*, 329 F.2d 710 (4th Cir. 1964); *Burton v. Wilmington Parking Authority*, 365 U.S. 715; *Terry v. Adams*, 345 U.S. 461 (1953); See also *Judicial Control of Actions of Private Associations*, 76 Harv. L. Rev. 983 (1963); *Blende v. Maricopa County Medical Society*, 393 P.2d (1964).

E. CONCLUSION.

The House of Delegates of the American Dental Association should take jurisdiction of the instant appeal and grant Petitioner a hearing on the merits and, having so done, should compel the transfer of his membership from the North Central District Dental Society to the Seattle District Dental Society and should preserve Petitioner's membership in the Washington State Dental Association and in the American Dental Association.

Respectfully submitted,

MacDONALD, HOAGUE & BAYLESS
1500 Hoge Building
Seattle, Washington
By David R. Hood

BRIEF ON BEHALF OF THE SEATTLE DISTRICT DENTAL SOCIETY
(APPEAL OF DR. HARRY ROWE)

Please permit me to correct the statement made in Dr. Rowe's brief recently published in the printed *Supplement to Reports of Officers and Councils* that a bare 36 votes were cast against his application for membership in our Society. This appeal is taken from a vote on Dr. Rowe's membership transfer in which 105 votes, not 36, were cast against his application, out of a total of 191 votes. Stated another way, 55 per cent of the votes cast were in opposition to the applicant and 45 per cent in favor.

I feel it is presumptuous and improper to speculate why 191 of our members cast their secret individual ballots either for or against this applicant. Certainly, we have made no effort, nor do we have the right, to poll the membership on this question, and there is no suggestion in Dr. Rowe's brief that he has done so either.

An additional statement that is in error is that By-Laws pertaining to membership in component societies are matters over which "state and national associations have no right to intervene". Any By-Law provision of the component society which is in conflict with the Constitution or By-Laws of the constituent or the American Dental Association is invalid. Accordingly, either the state or national association could prescribe binding By-Law provisions with respect to membership qualifications, transfers, voting procedures, or any other subject, which would govern our actions.

The election procedures set forth in the By-Laws of this Society were meticulously followed in the case of Dr. Rowe's application for transfer of membership. Upon appeal the Washington State Dental Association found no error to have been committed in this process.

The Seattle District Dental Society respectfully submits that the decision of the Judicial Council of the American Dental Association is correct in that no grounds exist for the exercise of its appellate jurisdiction.

Yours very truly,
J. Harvey Losh, D.M.D., President
The Seattle District Dental Society

Council on Legislation

Wilson, John B., Southern California, 1965, chairman

Kennedy, Joseph B., Iowa, 1966, vice-chairman

Kerr, I. Lawrence, New York, 1966

Niedhamer, Howard J., Ohio, 1965

Rovelstad, Homer D., North Dakota, 1967

Conway, Bernard J., secretary

Meetings: The Council met in the Central Office, Chicago, on January 10-11 and in Washington, D. C. on June 22-23. At the January meeting Dr. Joseph B. Kennedy was elected Vice-Chairman. All members attended both meetings.

Supplemental Report: Congress will be in session at least until August 1. Later action on federal legislation will be the subject of a supplemental report.

Health Care for the Aged (H.R. 6675): The House of Representatives by a vote of 313 to 115 passed H.R. 6675, entitled the Social Security Amendments of 1965. The King-Anderson compulsory plan for hospital, nursing home and home care of those 65 years of age and older would become part of a new Title XVIII of the Social Security Act. A second part of Title XVIII would be a voluntary supplemental medical and surgical plan for the elderly. Unlike the hospital plan which would be financed almost entirely from a social security payroll tax, the supplemental plan would be purchased by the elderly beneficiary at his or her option. The cost would be \$6.00 per month; the beneficiary would pay \$3.00 monthly and the federal government would match that amount out of general revenue. The annual cost of the plans would be about \$6 billion.

A new Title XIX of the Social Security Act would add to each federally financed public assistance program a source of matching funds for medically indigent persons. This would apply the Kerr-Mills concept to programs for dependent children, disabled persons and the blind. Today Kerr-Mills aid is available only to the medically indigent aged.

In mid-June the Senate Finance Committee had voted on about half of the amendments proposed by Committee members and members of the Senate at large. At the request of the Association, Senator Abraham A. Ribicoff, Connecticut, member of the Finance Committee, introduced two amendments: One would permit beneficiaries to have costs of their hospitalization and oral surgical care paid for when admitted by a dentist and when the surgical care is provided by a dentist. The second amendment would add dental care to the basic health benefits states must provide to dependent children in order to obtain Kerr-Mills matching funds from the federal government.

The Council requested constituent and component societies to urge their Senators to support the Association amendments to H.R. 6675. The societies complied with exceptional force. As a result of these efforts and a vigorous campaign by the American Society of Oral Surgeons, the prospect for adoption of the Association amendments is good. The Council also commends Senator Frank Carlson, Kansas, a member of the Finance Committee, for his support of the Association amendments; Senator Carlson is an honorary member of the American Dental Association.

The Council, in its testimony filed with the House Ways and Means Committee and like testimony presented orally to the Senate Finance Committee by Dr. Kerr, objected strongly to the hospital and supplemental care portions of H.R. 6675. The membership of the Association responded ably to the Council's appeal to help defeat the King-Anderson approach to aged health care. But the November, 1964 Congressional election brought to Washington too many Representatives and Senators who believe they received a mandate from their constituents to vote for social security financed health care for the aged.

The 1965 Social Security Amendments would also expand maternal and child health grants and would increase retirement and other OASDI money benefits. Self-employed dentists would, under H.R. 6675, pay social security tax at the rate of 6 per cent on \$5,600 of annual earnings from self-employment for the years 1966 through 1968; 6.6 per cent of \$5,600 for 1969 and 1970; 6.6 per cent of \$6,600 for 1971 and 1972; and 7 per cent of \$6,600 for 1973 and subsequent years.

Keogh Act Amendments (H.R. 10): The Keogh Act permits self-employed persons a limited federal income tax deduction for pension plan contributions. Representative Eugene J. Keogh, New York, and Representative John W. Byrnes, Wisconsin, both influential members of the House Committee on Ways and Means, have introduced bills to permit deduction of larger amounts of annual pension plan contributions. Today a self-employed person may contribute 10 per cent of net income up to \$2,500 annually for his own pension program; but he may deduct only one-half of that amount. The Keogh and Byrnes bills would permit deduction of the entire annual contribution. The Keogh bill would also eliminate any fixed ceiling on annual contributions and deductions where the self-employed person contributes equitably into a pension program for his employees; the Byrnes bill does not include such a provision.

The American Thrift Assembly is the national organization of self-employed associations (mainly professional) which coordinates legislative activities in support of Keogh-type bills. The Council was primarily responsible for restoring the Thrift Assembly to active status this year. The obvious bias shown by the Internal Revenue Service against the self-employed groups' efforts to gain equity through the Keogh Act and professional practice corporations makes imperative a stronger and better financed American Thrift Assembly. The 1965 IRS regulations on professional practice corporations, for example, effectively bar dentists, physicians and lawyers from achieving tax equity through state approved professional practice corporations.

Federal Tax on Advertising and Annual Session Exhibit Income: Two state dental associations, Louisiana and Michigan, are protesting assessments of tax under a provision of the federal Internal Revenue Code which applies a tax to income of otherwise tax-exempt associations derived from activities "unrelated" to their tax-exempt purposes. The Wisconsin State Dental Society successfully opposed a similar

challenge in 1964. Many other associations in the health field are also engaged with local IRS officials in contests on the taxation of advertising and exhibit income. The Western Hospital Association was unsuccessful in its exhibit income contest with the San Francisco IRS office and is the first health organization to start litigation in federal court.

Bills have been introduced to exempt from the "unrelated" activities tax the advertising income of tax-exempt groups; they are H.R. 1190 and H.R. 1191. The Council urges that state and local societies not concede to their local IRS officials any liability for tax on advertising or exhibit income. The Council staff is prepared to advise and assist societies on this problem.

Health Professions Educational Assistance Act Amendments of 1965 (H.R. 3141): In early June, Dr. Lester W. Burket, vice-chairman, Council on Dental Education, testified on extension and expansion of Public Law 88-129. Dr. Burket, who is dean of the dental school at the University of Pennsylvania, asked the Health Subcommittee of the House Interstate and Foreign Commerce Committee to report favorably on all parts of H.R. 3141, namely extension of matching funds for construction of teaching facilities at dental schools, extension of the dental student loan program, an additional program of limited federal support for the operational costs of dental schools and a modest new program of fellowships for dental students. Dr. William R. Mann, dean of Michigan University's dental school, testified for the American Association of Dental Schools.

Construction grants for dental schools were initially available in the fall of 1964. In that short time nine schools have received \$22.5 million. Sixteen other schools have either applied or filed letters of intent to apply for construction grants in the amount of \$63.5 million. Since these are matching grants, state and other non-federal sources have pledged approximately \$75 million as the non-federal share.

Health Research Facilities Act Extension (S. 512 and H.R. 2984): Federal funds for constructing health research facilities have been authorized since 1956. This source of federal matching funds supports not only separate research facilities but also the portion of a new school project to be devoted to research. Several of the 25 dental schools that received or have applied for teaching facility funds have received or will receive research facility funds also. In January, the Association testified before the Senate Committee on Labor and Public Welfare to request extension of research facility support and initiation of full federal financing of special national and regional research centers. An expert committee of consultants, appointed by the National Institutes of Health, has recommended that regional centers for dental research be established. In March, the Association testified before the House Interstate and Foreign Commerce Committee on the health research facility proposal. The Association's witness at the Senate hearing was Dr. Alvin L. Morris, dean of the University of Kentucky's dental school and a member of the Council on Dental Therapeutics. At the House hearing, Dr. I. Lawrence Kerr, a member of the Council on Legislation, represented the Association.

Community Health Services Act Extension (S. 510 and H.R. 2986): The community services legislation is the source of federal grants-in-aid for state dental public health programs started last year with a \$520,000 appropriation (\$10,000 per state). Hearings on the community services extension were combined with hearings on

health research facilities extension in both Senate and House. The Association requested continuation of the public health grants and urged both committees to consider the need for providing more substantial support for state and local dental activities. The House passed the extension measures for community services and health research facilities, the latter without the provision for full federal funding of regional research centers.

Group Practice Assistance (H.R. 2987): A bill to provide federal loans and loan guarantees for dental and medical group practice facilities was the subject of hearings before the House Interstate and Foreign Commerce Committee but not before the counterpart Senate Committee. The Association's witness, Dr. Kerr, vigorously opposed the group practice support bill, particularly its special favoring of practice facilities sponsored by non-professional groups which hire dentists and physicians to provide care to group members or subscribers.

Medical Library Assistance Act (S. 597): On June 15, the Association testified before the Health Subcommittee of the Senate Labor and Public Welfare Committee on a proposal designed principally to finance construction of libraries serving the health related sciences. Dr. Sholom Pearlman, secretary, Council on Dental Research, testified in support of this measure.

Heart Disease, Cancer and Stroke (S. 596): The Association filed a statement with the Senate Committee on Labor and Public Welfare explaining dentistry's great interest in oral cancer. The statement included a recommendation that every facility designed for research, training or treatment in connection with cancer have adequate resources to deal with the critical problem of oral cancer.

Federal Dental Services Bills: Association representatives met with Representative L. Mendel Rivers, South Carolina, the new Chairman of the House Armed Services Committee. Although Representative Rivers remains steadfast in his support of corrective legislation for the Army and Air Force Dental Corps, he indicated little hope for enactment of the bills in this Congress. Mr. Rivers asked and received Association support for his bill (H.R. 7484) to give the armed services surgeons general statutory three star rank. The Association has specific policy favoring such an increase in rank for surgeons general.

Another important federal dental interest is dependents dental care; Representative Melvin Price, Illinois, a high ranking member of the House Armed Services Committee, has introduced H.R. 6836 to provide comprehensive dental care to dependents. Representative Price has assured Association officials that he will consider amendments to his bill that will give care from civilian dentists a higher priority over care at military facilities.

Appropriations for Research and Public Health (H.R. 7765): In March, the Association testified before a subcommittee of the House Appropriations Committee. The Association's witness was Dr. Maynard K. Hine, president-elect of the Association and dean of Indiana University's dental school. The Association requested a substantial increase for the National Institute of Dental Research project grants program; a \$4,000,000 backlog of approved research applications from the dental schools was cited as the principal reason for additional federal support. The Asso-

ciation also asked the Appropriations Committee to increase funds for the Division of Dental Public Health and Resources; an additional \$4.5 million for grants-in-aid to state dental public health units is the principal goal of the Association. In April the House passed the appropriations bill for the Department of Health, Education and Welfare with dental funds at the level proposed by the Administration: \$22.2 million for NIDR and \$7.9 million for DDPHR. On June 18, Dr. Robert L. Kreiner, chairman of the Association's Council on Dental Research, appeared before the Senate appropriations subcommittee handling HEW funds to request that the Senate add the vitally needed funds for dental research and public health.

STATE LEGISLATION

Most state legislatures met during 1965; this is typical for the odd-numbered years when biennial sessions convene. The following is a summary of major state legislative topics of interest to dentistry:

Dental Laboratory Licensure: Dental laboratory licensure bills were introduced in Florida, Indiana, Illinois, Massachusetts, New Jersey, New York, Ohio and Puerto Rico. The state dental associations in several instances were challenged by vigorous campaigns by the state laboratory associations to get the bills enacted. Thus far none of the bills has been approved. Three so-called "denturist" bills were defeated in Nevada, New Hampshire and Oregon. The Nevada situation was especially critical; the bill failed of committee approval by one vote.

Dental Service Corporations: Three state dental societies sponsored bills to permit establishment of dental service corporations. They are: Alabama, Illinois and Maine. Each of the bills would place any corporation established under the proposed law within the effective control of the dental profession.

Professional Practice Corporations: There has been a leveling off in this area of legislation since the Internal Revenue Service practically abolished any tax-saving benefits for professional practice corporations. Indiana was the only state that reported enactment of a professional practice corporation enabling law; the Indiana law applies solely to dental practice arrangements. Previous legislation had included the professions in a joint statute.

Strengthening Dental Practice Acts: Six states reported bills to improve administration and enforcement of state dental laws. They are Florida, Illinois, Indiana, Massachusetts, Oregon and North Carolina. In a few instances, Florida and Massachusetts being good examples, the dental profession's drive for dental practice act revision was coupled with a bitter fight to defeat dental laboratory licensure bills.

Fluoridation by Statutory Requirement: Connecticut has taken the lead in advancing fluoridation by enacting a law requiring fluoridation for nearly all communities in the state. The statute, in effect, endorsed an earlier directive of the state health commission making fluoridation mandatory for communities where the procedure is feasible.

Anti-Fluoridation Bills: Only two states reported anti-fluoridation bills this year. They are Indiana and Florida. The Indiana bill languished for lack of any strong support in the legislature. But, at last report, the Florida measure was expected to pass; it called for a commission to study the fluoridation procedure.

"Battered Child" Bills: Several states enacted laws to protect children against physical abuse by parents and guardians. Five of these states included dentists within the categories of health practitioners required to report evidence of excessive physical punishment of child patients. These states are: Arkansas, Indiana, Kansas, Nebraska and Washington. The "battered child" bills follow a uniform pattern; all give legal protection to the practitioner who reports a "battered child".

"Good Samaritan" Bills: Again, several states enacted so-called "Good Samaritan" laws to exonerate physicians and sometimes other healing art practitioners from negligence liability where the practitioner offers emergency care, particularly for highway accident victims. This year Virginia enacted a law which includes dentists.

Other Bills: Five other bills deserve special mention. In Alaska a dental licensure reciprocity law was enacted. From now on a dentist from another state may practice with a temporary license in communities with less than 3,000 population. After five years of such practice under a temporary permit, a dentist will be entitled to full licensure. The regular reciprocity provision was also changed to permit granting full licensure to qualified out-of-state dentists who have at least two years of practice; the old law required five years of previous practice. To qualify, an out-of-state dentist must come from a state having a reciprocity arrangement with Alaska. Today only New Hampshire has such an arrangement.

In Pennsylvania, State Senator Albert Pechan, a dentist and member of the Association, sponsored a bill to provide \$600,000 to each of the three dental schools in Pennsylvania.

In Alabama and Kansas the state societies supported bills to provide scholarships to state residents attending dental schools.

In North Carolina, the state society sponsored a bill to require that under health service plans and insurance policies, dentists must be given the right to provide covered dental services to plans of policy beneficiaries. This is in accord with Association policy and is similar to the effort now underway to permit beneficiaries of the federal "medicare" plan to be reimbursed if they receive a covered benefit from a dentist.

Finally, a bill awaiting the Governor's signature in Puerto Rico would require that every physician who receives a license to practice in Puerto Rico must spend the first year of practice in a community selected by the government and work for the government during that year.

RESOLUTIONS

This report is informational in nature and no resolutions are presented.

COUNCIL ON LEGISLATION: SUPPLEMENTAL REPORT I

Medicare and Social Security Amendments (P.L. 89-97): The social security bill signed into law by President Johnson follows closely the bill passed earlier this year by the House of Representatives. Scores of amendments adopted by the Senate were rejected by House-Senate conferees.

Under the "basic hospital program" the law authorizes up to 90 days coverage for each spell of illness with the patient paying a \$40 deductible for the first 60 days and \$10 a day for each additional day up to 90. Additionally, skilled nursing home care is authorized up to 100 days but the patient must pay \$5 for each day over 20.

Under the so-called supplementary medical insurance benefits program, aged patients who elect to participate must pay a \$3 monthly premium and, in case of illness, they must pay a \$50 deductible plus 20 per cent of additional costs. The federal government will match from general revenue the \$3 per month paid by the insured. Benefits included are physicians services in the office, hospital or home, x-ray and laboratory services, prosthetics (except dental), dressings, rental of equipment such as iron lungs and oxygen tents, etc. The conferees retained a Senate-passed amendment which includes a dentist within the definition of physician so that "surgical services which may alternately be performed by a qualified physician or dentist would be covered whether a member of either profession performed the service" (*Senate Report 404, Part I, page 42, 89th Congress, 1st Session*). The law also provides a specific exclusion of routine dental care to make clear that only "complex" oral surgical procedures are covered.

Also retained in the final bill was a Senate amendment including services of dental as well as medical interns under the basic hospital plan.

Both amendments were supported by the American Dental Association.

The conferees rejected provisions to include the services of podiatrists and chiropractors.

In addition to the so-called medicare features, the new law establishes a single program providing medical care not only for needy aged (Kerr-Mills) but also to blind, disabled families with dependent children and other medically needy children.

An Association sponsored amendment to require dental services for indigent children under state Kerr-Mills plans failed to win approval of the Conference Committee. The amendment had been approved by the Senate. Under the law, inclusion of dental services is optional with the states.

The new law also authorizes a 5-year program of special project grants to provide comprehensive health care for needy school and preschool children, particularly in areas with concentrations of low-income families. The grants will be to state health agencies, to the state agency administering the crippled children's program, to any school of medicine (with appropriate participation by a school of dentistry) and any teaching hospital affiliated with such school. The grants would pay up to 75 per cent of the cost of any such project. Projects would have to provide screening, diagnosis, preventive services, treatment, correction of defects, and aftercare, including dental services, with treatment, correction of defects, and aftercare limited to children in low-income families.

Also included in P.L. 89-97 were some significant changes in the OASDI provisions of the Social Security Act. These include:

1. Provides 7 per cent across the board benefit increase (minimum increase of \$4) to 20 million social security beneficiaries. Benefit increases are retroactive to January 1, 1965.
2. Provides for continuation of child's insurance benefits to children attending school or college up to age 22; 295,000 children will benefit in September, 1965.
3. Provides option to widows of receiving actuarially reduced benefits at age 60. Full widows' benefits are now payable at age 62; 185,000 widows in 1966 are expected to take advantage of provision.
4. Extends coverage to self-employed physicians, effective taxable year ending December 31, 1965, and to interns, effective January 1, 1966.
5. Taxes will be paid on first \$6,600 of annual earnings effective 1966. (Presently paid on \$4,800 of annual income.) For the self-employed, the tax rate will advance from 5.4 per cent today to 7.8 per cent in 1987.

Appropriations for Research and Public Health (H.R. 7765): Congressional action has been completed on fiscal 1966 appropriations for the Department of Health, Education and Welfare. The total is \$7,410,170,000 of which \$2,098,820,000 is for Public Health Service activities. About \$1.8 billion will go for research programs administered by the National Institutes of Health.

Under the bill, the National Institute of Dental Research will receive \$23.6 million which is an increase of \$3.4 million above the fiscal 1965 appropriation and \$1.5 million above the amount requested in the President's budget. One million dollars of the increase provided by Congress will be used for research grants, \$300,000 for student research fellowships and \$200,000 for collaborative research projects.

Congress also increased the budget of the Division of Dental Health from \$7,228,000 in fiscal 1965 to \$8,383,000 in fiscal 1966. The President's budget included \$7,903,000 for the Division. The increase of \$480,000 will be used to augment the program started last year providing grants-in-aid to state dental public health programs.

Health Research Facilities Act Extension (H.R. 2984): Congress passed and the President has signed the bill extending the Health Research Facilities Act for an additional three years. The new law authorizes \$280 million in 50 per cent matching funds for the construction of facilities for research in the sciences related to health. The law also authorizes the appointment of three additional Assistant Secretaries for the Department of Health, Education and Welfare.

Omitted from the law was a provision authorizing construction of specialized regional research facilities.

Health Professions Educational Assistance Act Amendments of 1965 (H.R. 3141): The House has reported H.R. 3141 to extend for three years the Health Professions Educational Assistance Act. This bill provides for continuation of the program of matching grants for the construction of teaching facilities for the training of physicians, dentists, osteopaths and other health personnel and for the operation of loan funds for students of such schools. In addition, the bill authorizes grants to schools for student scholarships and a program of basic and special improvement grants primarily to assist schools in financial difficulty.

STATE LEGISLATION

A summary of all important 1965 state legislative actions follows:

Alaska: The legislature modified dental license reciprocity procedures by reducing from five to two the number of required years of prior out-of-state practice and by permitting one year temporary dental licenses without examination; after five years of temporary licensure a full license will be granted.

California: The legislature instructed the board of dental examiners to include questions on x-rays and the biological effects of radiation in all licensure examinations.

Connecticut: A law requiring nearly all Connecticut communities to fluoridate their water supplies stands out as the prime legislative accomplishment for 1965. Other enactments include (1) broad power in the dental examining board to issue regulations and to inspect written dental laboratory authorization files, (2) a requirement that a dentist be on the state Public Health Council and (3) a provision adding dental care to Kerr-Mills benefits for the elderly.

Florida: Blocking a dental laboratory licensure bill highlights the Florida State Dental Society's 1965 legislative activity. Other actions include improvement of dental practice act enforcement procedures and approval of \$400,000 in planning funds for the new Florida University dental school.

Georgia: The legislature created the Georgia Higher Education Assistance Corporation to provide, among other things, funds for dental education programs; one of the Corporation's directors must be a dentist.

Illinois: The legislature unanimously passed, and the Governor signed into law the state society's enabling legislation for dental service corporations.

Indiana: The most important actions were (1) defeat of a dental laboratory licensure bill, (2) enactment of a law permitting dentists to establish professional corporations and (3) amendment to Kerr-Mills plan permitting dentists to certify for dental care.

Iowa: The Iowa Dental Association's principal legislative achievements during 1965 were (1) changing the Iowa Board of Health to a policy-making agency instead of an advisory body with required dental representation and (2) doubling the state appropriations for Kerr-Mills and placing dental care within Kerr-Mills benefits.

Massachusetts: The legislature established an advisory council on radiation protection; of the six non-governmental appointees, two must be dentists. A laboratory licensure bill was defeated.

Michigan: The Michigan State Dental Association successfully sponsored Kerr-Mills dental benefits with authorized appropriations of \$300,000 for 1965-66. The legislation permits the Welfare Department to purchase dental care from the Michigan Dental Service Corporation. An amendment to the dental practice act permits establishment of dental clinics by trustees of union-management welfare funds.

Nebraska: The Kerr-Mills plan was amended to include for each beneficiary the reasonable costs of dental services which exceed \$35 in any 12-month period.

Nevada: The state dental association, after a vigorous fight, successfully opposed a proposal to permit dental laboratories to repair dentures directly for the public.

New Hampshire: The legislature enacted a law regulating x-ray devices. A nine-member advisory council is established with provision for two dental representatives. The New Hampshire Dental Society successfully opposed a dental laboratory licensure ("public denturist") bill.

New Jersey: The state dental association will sponsor a comprehensive revision of the state dental law late in the 1965 legislative session or early in 1966. A dental laboratory licensure bill has been blocked.

New York: The Dental Society of the State of New York successfully opposed (1) a dental laboratory licensure bill, (2) a bill placing title to medical x-rays in the patients involved and (3) a bill to extend the period of time for bringing malpractice suits.

North Carolina: The North Carolina Dental Association successfully sponsored a measure requiring prepayment plans and insurance carriers to pay dentists for services to beneficiaries where those services are listed as benefits of the plan or policy.

North Dakota: The legislature amended the Cancer Quackery Act to restore to dentists the right to treat oral cancers.

Ohio: The legislature enacted a dental association sponsored bill to raise revenue for the state dental board to permit enlargement of the board's enforcement staff from one to four investigators, the main source of new revenue is an increase of the annual license renewal fee for dentists from \$5 to \$11. The Ohio State Dental Association also successfully opposed a dental laboratory licensure bill.

Oregon: The legislature authorized the dental examining board to appoint committees of licensed dentists to report on the condition of dental treatment in Oregon.

Pennsylvania: Senator Albert Pechan, a dentist and member of the Pennsylvania Dental Association, continued to press vigorously for enactment of his bill to provide \$600,000 annually to each of the three dental schools in Pennsylvania. The bill passed the Pennsylvania Senate overwhelmingly and is expected to clear the House before the legislature adjourns.

West Virginia: At the request of the West Virginia State Dental Society, the legislature appropriated \$45,000 for the dental care of state institutional inmates. Representative Bernard Poindexter, a dentist and a member of the West Virginia State Dental Association, was responsible for enactment of a law requiring health insurance and prepayment carriers to pay dentists for oral procedures covered in their policies or plans.

RESOLUTIONS

This report is informational in nature and no resolutions are presented.

Council of National Board of Dental Examiners

Ireland, Ralph L., Nebraska, 1967, chairman, A.A.D.S.*
 Appleby, Alva S., Maine, 1965, A.D.A.**
 Cole, William E., Oklahoma, 1966, A.A.D.E.***
 Conley, Francis J., Southern California, 1965, A.A.D.S.
 Danforth, Harry D., Illinois, 1966, A.D.A.
 Greenwald, Carl, Illinois, 1965, A.A.D.E.
 Hamm, George A., New York, 1967, A.A.D.E.
 Hicks, Taylor T., Arizona, 1967, A.D.A.
 Knighton, Holmes T., Virginia, 1966, A.A.D.S.
 Parkin, Grace, secretary

Meetings: The Council met in the Central Office on May 14-15, and the Committee on Dental Hygiene on February 18, 1965. Eighteen subcommittees met throughout the year for the construction of dental and dental hygiene examinations.

Certification Records: To date, well over 32,000 National Board Certificates have been issued. The National Board program was established in 1928, the first examinations administered in 1933 and the first candidates certified in 1934. The following table illustrates the rapid and substantial growth experienced since 1934. It is interesting to note that more candidates were certified during the past year than during the first 19 years of operation.

Year	Number Certified	Total	Year	Number Certified	Total
1934	53	53	1950	116	1,067
1935	84	137	1951	254	1,321
1936	63	200	1952	519	1,840
1937	77	277	1953	1,266	3,106
1938	72	349	1954	1,742	4,848
1939	65	414	1955	1,909	6,757
1940	27	441	1956	2,023	8,780
1941	24	465	1957	2,189	10,969
1942	30	495	1958	2,427	13,396
1943	33	528	1959	2,503	15,899
1944	18	546	1960	2,581	18,480
1945	92	638	1961	2,721	21,201
1946	85	723	1962	2,780	23,981
1947	123	846	1963	2,887	26,868
1948	48	894	1964	2,956	29,824
1949	57	951	1965 (May)	2,825	32,649

*American Association of Dental Schools

**American Dental Association

***American Association of Dental Examiners

Participation: The percentage of eligible dental students who take the examinations continues to increase.

	1960	1961	1962	1963	1964
Part I	83%	87%	92%	94%	96%
Part II	82%	82%	87%	92%	95%

Participation in Part I examinations will probably reach 98 per cent this year. If this happens, participation in Part II examinations will reach 98 per cent in 1966 or 1967. Part I examinations, which cover basic sciences, are taken when these courses are completed, usually early in the junior year. Part II examinations, covering clinical sciences, are taken just prior to graduation.

Recognition: National Board Dental Examinations are accepted and used in 40 of the 52 licensing jurisdictions. Nine of the 40 have discontinued their written examinations and require National Board examinations of all candidates for licensure. The other 31 boards recognizing the National Board program accept the results but will conduct written examinations for those candidates not certified by the Council. The boards which require National Board examinations and have no alternative written examination are: District of Columbia, Hawaii, Idaho, Iowa, Kansas, Kentucky, Maryland, Missouri and Pennsylvania. Boards which conduct written examinations, but waive these examinations for those candidates having the National Board Certificate are: Alabama, Alaska, Colorado, Connecticut, Georgia, Illinois, Indiana, Louisiana, Maine, Massachusetts, Michigan, Minnesota, Nebraska, Nevada, New Hampshire, New York, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin.

The Texas State Board has announced that it will discontinue alternate written examinations effective January 1, 1966, and require the National Board Certificate of all candidates graduated within the last ten years.

Outlines: National Board outlines are the specifications which govern coverage and emphasis of each examination. These outlines have been in existence for many years and have been subject to repeated revision and updating. Of the 14 dental outlines currently in effect, three date back to 1962; three, 1963; four, 1964; and four, 1965.

The outlines reflect majority opinion of a broad sample of persons interested in dental education and licensure. Over 2,000 dental faculty and board members participated in the most recent review, either submitting suggested revisions or endorsing existing coverage. All suggestions received were considered initially by appropriate test construction committees. Because of favorable reaction to the request for comments on the outlines, and because of helpful suggestions received, it is planned to ask that the outlines be reviewed by faculty and board members at least every four years.

Release of Examinations: For the past five years, some National Board examinations have been released on a periodic and unscheduled basis. With each release, the Council announced that its action should not be interpreted as condoning or encouraging the practice of reviewing past examinations in preparation for current or future examination. The Council does not approve of this practice. However, the

practice exists, and it is recognized that if past examinations are not made available, ingenious methods are devised to recreate them.

In 1961 and 1962, complete editions of the dental examinations were released. None was released in 1963. In 1964, a distribution was made of one Part I and one Part II examination. In 1965, one Part I examination is being released to provide material to dental schools and state boards in partial return for their contributions to the National Board program, and to make possible an item study by school, which would be meaningless unless accompanied by the actual examination.

Special Studies: Until recently, all National Board comparative reports were based on the 14 examination areas. Separate scores were not available for subtopics. A mechanism has been developed to cross examination lines and report on a specific topic without disrupting the subject areas of National Board examinations. In 1964, responses to dental materials items appearing in the operative dentistry and prosthodontics examinations were isolated and used as a basis of a separate comparative report on dental materials. Similar studies of cancer questions appearing in the 1965 examinations and nutrition questions appearing in the 1966 examinations are scheduled.

DENTAL HYGIENE

Certification Records: To date, over 6,700 National Board Certificates have been issued. The National Board program for dental hygienists was established in 1961. The first candidates were examined and certified in 1962. A surprising number of hygienists graduated ten or more years ago have undertaken the examinations and have been successful in meeting certification requirements. Data through May, 1965 follows.

Date of Graduation	Number Examined	Number Certified
1921-25	3	3
1926-30	27	26
1931-35	47	37
1936-40	72	68
1941-45	86	78
1946-50	184	171
1951-55	336	314
1956	80	76
1957	105	100
1958	122	119
1959	158	154
1960	237	228
1961	403	393
1962	1,052	1,027
1963	1,189	1,175
1964	1,403	1,378
1965	1,476	1,399
Total	6,980	6,746

Most of the 234 candidates not certified to date are still eligible for re-examination, and may earn the National Board Certificate at some future date.

Participation: In 1962, the first year of operation, 84 per cent of eligible dental

hygiene students took the National Board examinations. In 1963, percentage participation was 97 per cent; in 1964 and 1965, 99 per cent. The percentage of dental hygiene students taking National Board examinations is not likely to increase above the 99 per cent figure. There are always a few students unable to report for examination because of illness or emergency. Most of these do take the examinations after graduation.

Recognition: During the past year, one additional dental board has announced recognition of National Board Dental Hygiene Examinations in lieu of local written examinations. With the addition of the District of Columbia, 40 licensing agencies currently use this examination service. These boards are: Alabama, Alaska, Arizona, Colorado, Connecticut, District of Columbia, Georgia, Hawaii, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Nebraska, Nevada, New Hampshire, New York, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin.

Release of Examinations: Since National Board Dental Hygiene Examinations were first conducted in 1962, boards, schools and candidates have expressed considerable sentiment for a release. The examinations were so entirely different, in terms of comprehensiveness and quality, from the typical written licensing examination for hygienists, interest in securing copies was understandable. A release was not made during the first three years. In 1965, after six completely different editions had been produced, the Council and its Committee on Dental Hygiene decided that the reservoir of items had developed sufficiently to make possible a release of one complete edition. Copies of examinations used in April, 1965 have been distributed to schools, boards, contributors and the American Dental Hygienists' Association.

RESOLUTIONS

This report is informational in nature and no resolutions are presented.

Council on Relief

Abbott, Thomas R., Wisconsin, 1967, chairman

Decker, Rynold E., South Dakota, 1966

Eichenbaum, Irving W., Connecticut, 1966

Emmart, L. Lynn, Maryland, 1965

Thomas, Thomas W., New York, 1965

Lassiter, Herbert C., secretary

Meeting: The Council met in the Central Office in Chicago on February 1, 1965. All members were present, as was Dr. E. Jeff Justis, treasurer of the Association. The next meeting of the Council will be held on February 7, 1966.

Relief Fund Investments: The meeting of the Trustees of the Relief Fund was held in conjunction with the annual meeting of the Council. Mr. Richard H. Samuels, investment counselor, reported that the cost value of investments held by the Relief Fund, as of January 15, 1965, was \$1,817,680 and the market value \$2,945,162. The excess of market value over cost value was \$1,127,482. The investment portfolio was composed of 31.6 per cent bonds and 68.4 per cent stocks, which was satisfactorily within the 70 per cent limitation on stocks prescribed in the *Rules*. The yield at cost of securities was 5.09 per cent and the yield at market was 3.14 per cent.

Relief Fund Activities: Income from investments during the year was \$102,633.89. The amount of earned income disbursed by the American Dental Association Relief Fund as its share of grants was \$47,055.59, leaving a balance of \$55,578.30. That balance was invested in appropriate securities, in order to enhance earnings, but it was allocated to the Income Fund, rather than the Principal Fund, and remains available for the support of subsequent grants. The approximately \$47,000 paid by the Relief Fund as its share of grants was unusually low, being about \$8,000 less than was disbursed in the preceding year and about \$8,000 less than the amount paid to support grants in effect during the first 11 months of the 1965 fiscal year.

Relief Fund Seals Campaign: The 1964-65 campaign goal was maintained at \$125,000. The Council is very pleased to report that the goal was attained during March, 1965 and that total contributions, as of May 31, were \$129,837, almost \$5,000 over the quota. Thirty-seven constituent societies and one federal dental service had exceeded their quotas on that date. This is an excellent achievement, one that offset considerably the failure to attain the national goal in the preceding year. The importance of the annual campaigns cannot be overstressed, since more than 50 per cent of the money received as contributions is returned to the relief funds of the constituent societies in order that they may be able to meet their sharing responsi-

bility on approved grants. The Council set the 1965-66 campaign goal at the same level, \$125,000, and hopes that the results of the 1964-65 campaign will constitute a target at which all members will aim their sights.

Relief Fund Grants for Fiscal Year 1964: The distribution of Relief Fund grants, by constituent society, for the fiscal year which ended June 30, 1964, is depicted in the following table:

Alabama	3	Montana	-
Alaska	1	Nebraska	3
Arizona	-	Nevada	-
Arkansas	-	New Hampshire	-
California	3	New Jersey	1
California, Southern	3	New Mexico	-
Colorado	-	New York	15
Connecticut	3	North Carolina	4
Delaware	-	North Dakota	-
District of Columbia	-	Ohio	4
Florida	2	Oklahoma	3
Georgia	4	Oregon	1
Hawaii	2	Panama	-
Idaho	-	Pennsylvania	3
Illinois	11	Puerto Rico	-
Indiana	2	Rhode Island	-
Iowa	2	South Carolina	1
Kansas	1	South Dakota	-
Kentucky	2	Tennessee	1
Louisiana	-	Texas	3
Maine	2	Utah	-
Maryland	1	Vermont	-
Massachusetts	5	Virginia	2
Michigan	5	Washington	-
Minnesota	3	West Virginia	-
Mississippi	-	Wisconsin	5
Missouri	-	Wyoming	-
Total		99	

The following is an analysis of the grants in effect during all or part of the reporting period:

Total persons receiving grants.....	99
Grants terminated by death.....	21
Grants not renewed.....	9
New grants	30
Applications rejected	3
Total amount of combined grants to all recipients.....	\$94,791.71
Average monthly grant.....	\$118.61
Highest monthly grant.....	\$500.00
Lowest monthly grant.....	\$11.65
Highest emergency grant.....	\$800.00
Lowest emergency grant.....	\$335.00

Bonus Refund: In 1959, the House of Delegates, on the recommendation of the Council, approved the establishment of a system under which a bonus refund of 25 per cent would be paid by the Relief Fund to constituent societies that, in the preceding year, had (a) attained their quotas and (b) paid out as their share of approved grants more than they had received as a regular refund. The system was instituted on a three-year experimental basis (*Trans.* 1959:220) and was continued for an additional three-year period in 1962 (*Trans.* 1962:276). In the five years prior to June 30, 1964, bonus refund payments totaled \$45,763, an average of slightly more than \$9,000 per year. Although only eight constituent societies qualified for bonus refunds in all of the five years, a total of 26 societies received one or more bonus payments during the period. In the 1963-64 fiscal year, for example, 12 constituent societies shared a total of \$9,813.10 in bonus refunds. The Council, as indicated in its 1962 annual report, is not convinced that the bonus system is equitable, since it requires that a disproportionate share of relief contributions be diverted to a few societies. On the other hand, the Council believes that the present favorable financial structure of the Relief Fund justifies the adoption of a liberal attitude toward those societies whose relief funds are burdened by inordinately heavy demands so long as the societies meet their assigned quotas. Accordingly, the Council, at its last meeting, concluded that the bonus refund authority should be extended for an additional three years. A resolution to that effect was submitted to the Board of Trustees at its April, 1965 session. The resolution was approved and the *Rules* were amended to provide that the bonus refund authority will remain in effect until June 30, 1968.

Administrative Expenses: The Board of Trustees, during its November, 1964 session, decided to return to the Relief Fund the responsibility for meeting the operating expenses connected with the administration of the Relief Fund (*Trans.* 1964:433). For the preceding ten years, those expenses had been borne gratuitously by the Association. The administrative expenses of the Relief Fund currently are running between \$13,000 and \$14,000 annually. At its last meeting, the Council considered the action of the Board of Trustees in the light of the Relief Fund's financial status and voted that administrative expenses would be charged against earned income. This, of course, will narrow appreciably the differential between earned income and grant disbursements. It will prevent, however, any dilution of principal which is the most important consideration.

RESOLUTIONS

This report is informational in nature and no resolutions are presented.

Council on Scientific Session

Hooper, R. Donald, Minnesota, 1965, chairman

Cottrill, Clarence C., West Virginia, 1967

Dressel, Harry W. F., Maryland, 1966

Isenberger, Clifford F., Illinois, 1966

Tennis, Phillip J., Southern California, 1965

Oartel, John S., secretary

Meetings: Six meetings of the Council have been held since the previous report: September 21-22, 1964 in the Central Office, November 7, 1964, November 8 and 12, 1964 with the section officers present in San Francisco, January 25-29, 1965 and May 17-18, 1965 in the Central Office. All members of the Council were present at all meetings.

Report of the 1964 Scientific Session: Registration for the 1964 annual session in San Francisco (23,118) exceeded every year except the Centennial Session. The 1964 attendance recorded an increase of 31.4 per cent over 1963 and an increase of 57 per cent over the 1955 annual session in San Francisco. By comparison, the American Medical Association had 49,437 in attendance in San Francisco, June 1964, but had a significantly lower attendance of members percentage-wise. At the American Medical Association annual session, 7.1 per cent of the members attended. For the American Dental Association, 12.4 per cent of its members attended. In addition, 780 dentists from other countries attended and there was a large registration of dental students (670), dental hygienists (739), dental assistants (2,018), and laboratory technicians (526).

The scientific program was produced under the combined auspices of the Association and the *Fédération Dentaire Internationale*.

All programs of the scientific session were exceptionally well attended. One essay room, two clinical lecture rooms and the motion picture theater were inadequate in size. The scientific exhibits were well attended and were excellent in quality and purpose. Only 53 scientific exhibits could be accommodated in the space allotted for this activity, a reduction of one-fifth of the number displayed in Atlantic City. A number of the exhibits were allotted less space than was requested, some being reduced by half the footage requested; others had to be denied participation. The Council continued its policy to allot space only to exhibits which were scientific in nature. The Council on Dental Education, in cooperation with the Council of National Board of Dental Examiners, increased the scope of its exhibit of the previous year to encompass not only the aptitude testing program but also the National Board Dental Examination. Over 3,000 individuals participated in the testing programs. Over 10,000 pieces of literature were distributed.

Plaques expressing appreciation of the contribution of each essayist to the scientific session were presented to the essayists. These were highly appreciated by the recipients. It is the consensus of the Council that the presentation of such plaques should be continued. Recognition certificates were mailed to 800 participants in the scientific program, an increase of 125 over the previous year.

The following received awards for outstanding scientific exhibits:

Federal Agencies: (1) National Cleft Lip and Palate Intelligence Service, Division of Dental Public Health and Resources, U. S. Public Health Service; (2) National Institute of Dental Research; (3) National Bureau of Standards, in cooperation with American Dental Association, U. S. Air Force, U. S. Army, Veterans Administration.

Institutions and Associations: (1) University of Tennessee College of Dentistry; (2) Biological Photographic Association, Inc.; (3) American Dental Assistants Association.

Individuals: (1) George S. Sharp, M.D., James T. Helsper, M.D., Weldon K. Bullock, M.D., Pasadena, California; (2) J. C. Almy Harding, San Diego, California.

Industrial Agencies: (1) Procter & Gamble Co., (2) Colgate-Palmolive Co., (3) Vick Chemical Co.

The Council appreciates the services of the following as judges of the scientific exhibits:

David F. Mitchell, chairman, Indianapolis
Joseph Cuttita, New York
Fred L. Losee, Great Lakes, Illinois

The Council congratulates the two National Science Fair award winners who presented their exhibits. These were Ruby Joyce Burriss, Greenville, South Carolina and Mary Michael Page, Tulsa, Oklahoma. Miss Burriss was also a National Science Fair award winner in 1963 and presented that award winning exhibit in Atlantic City.

The Student Clinic Program continues to be well received and well attended. Student clinicians from 43 dental schools presented clinics. The Dentists' Supply Co. of New York, York, Pennsylvania, for the sixth consecutive year supported the Student Clinic Program financially. Awards were presented by President Hollers in the Wednesday session of the House of Delegates. In addition to the monetary awards, each winning clinician received an appropriate plaque. The Council congratulates those who won awards. These were:

Category I, Clinical Application and Technics:

Stanley B. Miller, Baylor University, first award
Jorge Alvarez-Frank, University of Puerto Rico, second award
Wesley H. Ardoin, Loyola University, New Orleans, third award

Category II, Basic Science and Research:

Douglas S. Cameron, University of Washington, first award
Larry V. Smith, Loma Linda University, second award
James E. Mulvihill, Harvard University, third award

The Council is appreciative of the services of the following who served as judges of the Student Clinic Program:

Category I, Clinical Application and Technics:

Edmund S. Olsen, chairman, Minneapolis
Philip J. Epstein, Oakland, California
H. Berton McCauley, Baltimore

Category II, Basic Science and Research:

Carlos F. Schuessler, chairman, Birmingham, Alabama
Merrill G. Wheatcroft, Houston, Texas
James K. Avery, Ann Arbor, Michigan

The Council continues the policy of having each judge for scientific exhibits and student clinics serve a three-year period, the senior member being the chairman of the group. Appointments are made on a year to year basis.

The Council was host to participants in the scientific session at a reception on Monday evening, November 9 in the Mark Hopkins Hotel. Five hundred ninety-seven persons were in attendance.

A number of innovations were introduced into the scientific session this year. On Sunday afternoon, November 8, in the Arena of the Civic Auditorium a closed-circuit color television program *Transplantation and Implantation* was presented to an audience of 3,000. The program was supported by a grant from Procter & Gamble Co. Part of the program emanated from an operating room in the Auditorium building. Clinicians were Drs. Chester C. Fong, Hayward, California, and Theodore C. Lee and Edward P. Lattig, San Francisco. Commentators on the program were Drs. Aaron Gerskoff and Norman I. Goldberg, Providence, Rhode Island. Questions from viewers could be directed to the clinicians. This was the first presentation of a scientific program on Sunday afternoon during the annual session and was received with considerable success.

Another innovation in 1964 was the presentation of limited attendance seminars. One of these was presented under the auspices of the Heart Disease Control Program, Division of Chronic Diseases U. S. Public Health Service. Four sessions of three hours duration were presented on cardiopulmonary resuscitation. Two hundred seventy-two dentists attended this seminar. Another limited attendance seminar on oral cytology of one hour's duration using teaching machines was presented under the auspices of the Dental Health Center, U. S. Public Health Service, San Francisco. Three hundred seventy-four dentists attended this seminar. The seminar was presented 18 times and was available in French and Spanish, should such be requested. This seminar introduced the use of teaching machines into the scientific program. A full day seminar on oral surgery was held on Thursday, November 12. This program was sponsored by the Council on Hospital Dental Service of the Association, and the American Society of Oral Surgeons. Both morning and afternoon sessions were well attended.

A research symposium "New Developments in Dental Materials: A World-Wide Survey" was presented on Thursday afternoon, November 12, under the auspices of the American Dental Association, *Fédération Dentaire Internationale* and the Colgate-Palmolive Co. In this symposium nine investigators from other countries and five American investigators participated. The symposium was especially well attended.

Simultaneous interpretation (English, French, German, Spanish) was provided for a conference "Geographic Factors Influencing the Occurrence of Oral Diseases" held morning and afternoon Tuesday, November 10, in the Arena. Twelve dental scientists from other countries and two American dental scientists participated in this program. Simultaneous interpretation was provided for a forum on operative dentistry for a full day on Wednesday, November 11. In this forum, five members of the Association participated as essayists and one essayist was from Australia.

Ninety-one clinical lectures were presented. Of these, 28 were presented by individuals from other countries. A total of 288 table clinics were presented in four sessions. Of these, 15 were presented by dentists from other countries.

Another innovation in 1964 was the introduction of free time discussion periods. Three half-day periods were programmed in which 31 individuals participated. Presentations were limited to ten minutes each. Of these, three were presented by participants from countries other than the United States.

For the second year, the Council presented two half day sessions of television clinics (televised table clinics). These clinics were well presented and well received. The clinic sessions were presented on two mornings and in the afternoon of these days were repeated by means of videotape recordings. The Council presented four hours of scientific presentations on the ADA-TV Network. All television programs sponsored by the Council were under the direction of Dr. Harry W. F. Dressel, Council member and coordinator of television presentations for the Council.

For the second consecutive year the Council conducted an opinion survey of the members attending the annual session to obtain expression as to their preferences of programs presented in the scientific session and suggestions for future programming. The 1964 questionnaire was shorter in length than that of the previous year and was distributed to all dentists attending. Over 10,000 questionnaires were distributed. Of these, only 400 were returned by December 15, 1964, with 368 members replying. The Council will present a summation of this report as a report from the Council in the July, 1965 issue of *The Journal*. The Council requested the Bureau of Economic Research and Statistics to survey the registrants at the 1964 annual session to determine the "average" attendee. A report based on a study of 2,500 registrants at the 1964 annual session by the Bureau will be published in the near future.

For the official program, the same size and format employed in 1963 was used. The program contained material translated into four languages (English, German, French, Spanish), information on the activities of the Association and the *Fédération Dentaire Internationale* as well as general information and programming of the scientific session.

Meetings of the Council: The Council on Scientific Session held a special meeting, September 21-22, to discuss preparation of a report of the activities of the Council and the recommendations of the Council to the Special Committee on Scientific Session of the Board of Trustees appointed by President Hollers.

The Council met on Saturday afternoon, November 7, in the office of the Council in the Civic Auditorium, San Francisco. At this meeting the Council discussed administrative details of the annual scientific session about to be held and made an inspection of the facilities for the scientific session.

The Council met at breakfast on Sunday morning, November 8, in the Mark Hopkins Hotel. Attending were section officers, judges of the scientific exhibits and the Student Clinic Program, Daniel D. Barry and Edwin J. Hyman, chairman and vice-chairman respectively of the Committee on Clinics and Motion Pictures, Prof. A. Scheinin, Finland, chairman, Scientific Assembly Committee of the *Fédération Dentaire Internationale* and Prof. P. O. Pedersen, Denmark, vice president, member of the Scientific Assembly Committee and chairman of the Commission on Dental Education, *Fédération Dentaire Internationale*. Details of administering and presenting the various programs on the scientific session were discussed.

A similar briefing session was held Sunday afternoon, November 8, with the members of the Committee on Clinics and Motion Pictures.

During the following days, Council members met in conferences with the 1965 chairmen of sections and discussed tentative programs for the 1965 scientific session.

For the second consecutive year, The Council members met with section officers and judges at a breakfast meeting on Thursday morning. The purpose of this meeting was to hold a critique of the meeting just finished and secure the suggestions of the section officers and judges regarding future scientific sessions. It is the consensus of the Council that this review and criticism of the scientific session is of considerable value to the Council and to the section officers and judges.

The Council met January 24-29, 1965 in the Central Office to finalize the essay session, make further plans for the 1965 scientific session and discuss and formulate a report from the Council to the Special Committee on Scientific Session of the Board of Trustees. During its meeting preceding the annual session, the Board of Trustees directed that this committee continue its study into 1965. Dr. Charles S. Kurz, trustee from the 8th District and a member of the Special Committee, attended sessions of the Council meeting in January. Drs. Robert L. Kreiner and John M. Frankel also attended as consultants to the Council.

During the May 17-18, 1965 meeting the Council finalized plans for the scientific session of this year and devoted a full day to completion of the report of the Council to the Special Committee on Scientific Session of the Board of Trustees.

It is the consensus of the Council that a meeting of the Council is necessary in September each year to discuss and screen program proposals received from the section vice-chairmen and to establish a format for the scientific session of the following year.

1965 Scientific Session: An interesting and complete scientific session beginning Monday afternoon, November 8, and continuing through Thursday afternoon, November 11, has been programmed. Fourteen sessions of clinical lectures and 248 table clinics will be presented. Because of the limited facilities in Las Vegas, there will be no free time discussions or limited attendance seminars. Two mornings of television clinics are planned followed by showing of the videotapes of these programs during the afternoons. A physical evaluation program will again be presented as a service to the members of the Association. Scientific exhibits will be considerably reduced in number. By action of the Board of Trustees, all exhibits will remain

intact until 5 p.m. Thursday, November 11. Seven half-day sessions of motion pictures will be presented.

The Student Clinic Program is again made possible in 1965 by a grant from the Dentists' Supply Co. of New York, York, Pennsylvania. This is the seventh consecutive year that this program has been so presented. Winning clinicians will receive an appropriate plaque and monetary awards. As the majority of the clinics presented by students is in Category I, Clinical Application and Technics, and, as the judges for this category have had difficulty judging these clinics in the time allotted, the Council increased the number of judges for Category I from three to five. The Council has selected the following as judges of the Student Clinic Program in 1965:

Category I, Clinical Application and Technics:

H. Berton McCauley, chairman, Baltimore
 Philip J. Epstein, Oakland, California
 John M. Frankel, Chicago
 Charles M. Stebner, Laramie, Wyoming
 James P. Verneti, Coronado, California

Category II, Basic Science and Research:

Merrill G. Wheatcroft, chairman, Houston, Texas
 James K. Avery, Ann Arbor, Michigan
 Robert L. Kreiner, Chicago

For judges of the scientific exhibits, the Council has selected the following:

Rudolph H. Friedrich, chairman, New York
 Verda E. James, Chicago
 Fred L. Losee, Rochester, New York

The Council is of the opinion that television programs presented by the Council should come under the direction of the Bureau of Audiovisual Services as does the motion picture program presented during the scientific session. The Director of the Bureau of Audiovisual Services, being in accord with this, will direct such programs for future scientific sessions. As with motion pictures, clinics will be selected and reviewed by the Council.

The Secretary of the Council was directed to send letters to officials of allied groups and organizations in the dental field requesting suggestions for improvement of the scientific session and requesting these officials to urge their members to remain for the duration of the scientific session when such groups hold meetings immediately preceding the annual session. Twenty replies were received to 69 letters.

It is the consensus of the Council that an opinion survey should not be conducted this year.

Housing of Participants in the Scientific Session: The Council on Scientific Session discussed with the Coordinator of Conferences of the Association the possibility of having the members of the Council, section officers, judges and essayists housed in one hotel during the annual session. The Flamingo Hotel in Las Vegas has been selected for this purpose. With the majority of the participants in the scientific session housed in the same hotel, communication, when necessary, will be greatly facilitated, and, it is believed, participants in the scientific session will be afforded

better housing facilities. All meetings of the Council where other than Council members are present and the reception sponsored by the Council for participants in the scientific session will be held in the Flamingo Hotel.

Professional Meetings Attended by Secretary of Council: Since the last report the Secretary of the Council attended the meeting of the Scientific Assembly Commission of the *Fédération Dentaire Internationale*, the 21st Annual Seminar of the American Institute of Oral Biology, the Pan Pacific Dental Conference, the Greater New York Dental Meeting, the Chicago Midwinter Meeting, the annual meeting of the American Academy of Dental Practice Administration and the annual meeting of the Minnesota State Dental Society. Attendance at these meetings enabled the Secretary to attend the four largest dental meetings of 1964 and to observe the manner of presentation of scientific programs in various areas of the country. Such attendance is also of value in that it presents an opportunity to discuss problems of programming with the program chairmen of these meetings and with section officers (past and present) and members of the Council who may be in attendance.

RESOLUTIONS

This report is informational in nature and no resolutions are presented.

Bureau of Audiovisual Service

Miller, Daryl L., director

The requests for audiovisual materials have continued to increase at a noticeable rate during the past year. It was possible to accommodate this increase without additions to the staff or facilities. A concentrated effort was made also to complete the review and retirement of all outdated material in the film library. However, with the addition of many new excellent film subjects, it is necessary to utilize temporary storage racks wherever space can be found until it is possible to occupy the expanded facilities of the new building.

Distribution: The noticeable increase in distribution activities is evidenced by reporting an additional 996 films scheduled, 717 films shipped and 1,413 films inspected as compared to the same period last year. From June 1, 1964, to May 31, 1965, 9,196 films were scheduled for shipment, 8,890 were shipped and 8,215 were inspected and reconditioned on their return to the film library. These figures include a total of 2,228 free loan films and 546 films requested without charge for purchase preview or programming. The income from rentals was \$14,912.69. Requests in connection with the 1965 National Children's Dental Health Week, February 7-13, resulted in the shipment of 1,755 films. In addition, 500 copies of three new one-minute television spot announcements and 60 sets of new radio transcriptions were sent out in cooperation with the Bureau of Dental Health Education. The above figures do not include the film activities reported under "Sponsored Distribution".

Sponsored Distribution: A report of the free film distribution to schools, lay groups and television audiences made possible by the American Dental Association through the services of three distributors is summarized:

Association Films, Inc. (non-theatrical—schools)

Title	Bookings	Showings
<i>Learning to Brush</i>	1,013	2,033
<i>Case of the Missing Tooth</i>	674	1,312
<i>What Do We Know About Teeth</i>	1,602	3,092
<i>Project: Teeth—Dental Health and Classroom Science</i>	1,520	3,173
<i>A Dentist in the Classroom</i>	1,024	2,039
<i>The Beaver's Tale</i> (new—4 months).....	150	288

The audience for all showings was 820,112. In addition, 24 television showings were reported without cost to the Association.

Sterling Movies, U.S.A., Inc. (television)

Title	Telecasts	Est. Audience
<i>Pattern of a Profession</i>	132	3,321,870
<i>First and Foremost</i>	72	2,113,331
<i>One in a Million</i>	64	2,071,535
<i>Play for Keeps</i>	57	1,480,179
<i>No Place Like Home</i>	81	2,156,286
<i>The Smile of Health</i>	62	1,569,451
<i>Brothers Make Sense</i> (new—1965).....	80	2,415,224
<i>Cobwebs into Ropes</i> (new—release July, 1965).....	—	—

It is interesting to note that the film entitled *Pattern of a Profession*, now in its sixth year of sponsored distribution has been telecast a total of 824 times to an estimated audience of 20,556,915. The value of the time on television is estimated at \$88,086. It is unusual for a film to retain its television popularity beyond its third, or possibly, fourth year.

Modern Talking Picture Service, Inc. (television)

Title	Telecasts	Est. Audience
<i>A Report on Bootleg Dentistry</i>	145	4,375,600
<i>The Challenge of Dentistry</i>	74	2,486,900

Non-theatrical showings (schools and parent groups) were also begun for the career guidance film, *The Challenge of Dentistry*, in July, 1964. The film has now had approximately 332 bookings, resulting in 848 showings to an audience of 41,055. The approved increase in the 1965 budget provided for the addition of two films to the television distribution program with Sterling Movies, U.S.A., Inc., plus five more prints of the films added in last year's program. It also provided for the addition of one new film to the elementary school distribution program with Association Films, Inc., and 44 more needed prints of films which were then in their second year of distribution. The sponsored distribution program has continued to be successful and effective, as indicated by many schools and television stations requesting repeat showings of films at regular intervals. This program has helped tremendously in gaining recognition for the Association as being one of the leaders in the production and distribution of quality films in the basic health sciences.

Audience: For the distribution reported from this Association's film library, 3,952 audiovisual materials were requested by dental societies, study groups and individual dentists; 1,352 by dental schools; 1,145 by government agencies; 298 by dental auxiliaries; 2,025 by non-professional groups and 30 by television stations. In addition, the sponsored distribution of films accounted for a total of 6,315 bookings; 12,775 showings to an audience of 861,167; and 767 telecasts to an estimated audience of 21,990,376. These figures cannot include the number of telecasts or audiences for the nine television spot announcements which were given to television stations and to local dental societies.

International Distribution and Audience: Not included in the above reports on distribution were 423 films shipped to 28 other countries, including: Australia, Austria, Belgium, Bolivia, Colombia, Curacao, N.A., Chile, Ecuador, England, France, Germany, Greece, Guatemala, Hong Kong, Hungary, Iran, Ireland, Jamaica, Japan, New Zealand, Philippines, Sweden, Switzerland, Syria, Trinidad, Turkey and Venezuela. Among these shipments were film programs for the *Asociacion Odontologica de Cundinamarca* (Colombia), Association of Dental Surgeons of Lower Saxony (Gottingen), German Dental Association Convention (Salzburg), International College of Dentists, Panhellenic Congress (Salonika), VII Congress of the *Federacion Odontologica de Centro America y Panama*, Irish Dental Association, Jamaica Dental Association and the 57th Annual Meeting of Philippine Dental Association. Films for teaching were requested by Queen's University (Belfast), University of Otago Dental School, University of Geneva, University of the Andes Faculty of Dentistry, *SS HOPE* (Ecuador), General Dental Council (London), Dublin Dental Hospital and the Bureau of Dental Health (Stockholm). Canadian shipments totaling 162 films were made to the University of Alberta School of Dentistry, British Columbia Dental Association Convention, University of British Columbia Faculty of Dentistry, Canadian Dental Association Convention, Department of National Defence (Ottawa), Department of Health (Regina), College of Dental Surgeons (Quebec), Montreal Dental Society, University of Manitoba Faculty of Dentistry, McGill University, Montreal General Hospital, Saint John Dental Society, 98th Annual Convention of the Ontario Dental Association, Vancouver Vocational Institute and the Department of Health (Winnipeg). In cooperation with the Motion Picture Service of the U. S. Information Agency, 85 films were furnished for nine international shipments. These included: Dental Health Association (Trinidad), University of Brussels Dental School (Belgium), Damascus University Faculty of Dentistry (Syria), University of Budapest Clinic for Oral Surgery (Hungary), University of Costa Rica School of Dentistry, Turkish Dental Association, Central University (Quito, Ecuador), National Dentists' Congress (La Paz, Bolivia), and Iranian Dental Association (Tehran). At the request of Dr. Wilhelm Brenner, chairman of the Organizing Committee for the 53rd Annual Session of the *Fédération Dentaire Internationale* (Vienna), a selection of 16 films for the motion picture program was prepared and shipped along with the necessary descriptive information for the printed program. Stringent customs regulations imposed by a few South American countries continue to make it impractical to attempt film shipments unless they are forwarded and returned by a government agency.

Film Purchase and Inventory: New additions to the film library included 69 prints of 18 dental technical films, 101 prints of six dental health education films, six copies of a dental health education filmstrip, 254 prints of eight television spot announcements on 16 mm. film, ten prints of five television spot announcements on 35 mm. film for theater presentation, 25 sets (two records) of a new series of radio programs and 38 films for the reference collection. In addition 80 prints of 12 library films and four copies of one slide set were added to meet the demand of increased circulation. Removed from the film library were 161 prints of films because of either damage or obsolescence. The inventory of audiovisual materials now includes 2,857 prints of 400 16 mm. motion picture films, 355 sets of 55 slide films, 1,328 prints of 51 16 mm. dental health television spot announcements, 24 prints of 12 35 mm. dental health announcements, 87 prints of 15 filmstrips, 252 copies of nine tape re-

cordings and radio transcriptions and 241 prints of 196 films in the historical and reference collection. Because of either damage or obsolescence, 161 prints of films were retired from distribution. The annual budget appropriation allowing for summer reconditioning of prints of films by a commercial film laboratory continues to reduce the number that must be retired because of expected wear and damage.

Film Contributions: Through the Office of the Secretary of the Association, 16 films which were in surplus in the film library were sent with the compliments of the Association to three countries. Three films were forwarded to the Japan Dental Association, seven films to the University of Oslo and six films to the Dublin Dental Hospital. Shipping instructions have not yet been received for films to be sent to the *Universidad Nacional Mayor de San Marcos* (Peru) and to the *Asociacion Odontologica* (Argentina).

Film Production: In cooperation with the Bureau of Dental Health Education the following productions were completed:

Cobwebs into Ropes, 4½-minute film for television, the seventh film of this type, designed for audiences of young adults and adults. The production procedures were reported as completed in the last annual report. Following approval of the completed film, release prints were made available in July, 1964.

Set the Stage for Dental Health, 28-minute film for parents and teachers. Production procedures were completed and the film released in October, 1964. It has been quickly accepted and widely used.

Basic Dental Health Education for Parents and Teachers, a 35 mm. slide set developed along with the above film to replace and update a former slide set, *Dental Health Education for Teachers*. This set of slides, accompanied by a suggested lecture, was released in September, 1964, and found to be extremely versatile and effective.

The Beaver's Tale, 4½-minute film for television, the eighth film of this type, designed for preschool and kindergarten children. An animated puppet technic was used to capture the attention of this young age group. The film was released for use during the 1965 National Children's Dental Health Week.

Young Man on the Move, Growing Up With a Smile and *They're Only Baby Teeth*, three one-minute television spot announcements prepared for the 1965 National Children's Dental Health Week programs. Two of the filmed spot announcements were made with live action in black and white. The third production was in full animation, available either in black and white or color.

Public Service Presentations for Radio, two 12-inch records on which are recorded four 4½-minute dramas, three 60-second and five 30-second dental health spot announcements. These lively and informative radio programs were also produced for distribution and use during the 1965 National Children's Dental Health Week.

You and Your Dentist, a filmstrip accompanied by a record, to be used on automatic sound filmstrip projector. This is the first patient education program for the dental office produced by the Association. It is offered for sale only through the Order Section and was released in April, 1965.

The film entitled *Why Fluoridation?*, produced under the direction of the cooperating agencies of the Fluoridation Committee and the U. S. Public Health Service, Department of Health, Education and Welfare, was completed and premiered at the 1964 annual session in San Francisco. This 14½-minute film, with unrestricted

television clearance, has been in great demand in communities preparing to vote on the question of fluoridating the public water supply.

The joint project of the Bureau of Dental Health Education, Bureau of Public Information and Bureau of Audiovisual Service has continued into its third year of producing television spot announcements. The 1965 budget provided for the continuation of this program, releasing at two-month intervals a new program to 250 television stations. For the period covered by this report, six one-minute, black and white, sound on film, programs were released, entitled: *Toothbrush*, *Little Girl*, *Holidays*, *First Visit*, *Tough Tooth* and *Vacations*. Two color releases are planned for later in the 1965 budget. A survey reported by the Bureau of Public Information indicates that these programs have been welcomed and used by the television stations.

The revised slide set which pictures the structure and activities of the American Dental Association was completed in cooperation with the Bureau of Public Information. This slide set will be revised again after the move to the new building is accomplished.

In cooperation with the Public Health Service Audiovisual Facility, Atlanta, Georgia, the American Dental Association and the University of Kentucky produced a 28-minute program on videotape entitled *About Television and the Dentist*. Film transfers were made from the videotape for distribution through the film library. It is designed to assist the dentist who is asked to appear on television—acquainting him with the studio equipment, personnel and terminology, and suggesting proper preparation of both himself and the material he may use during the television appearance. Dr. Michael T. Romano, University of Kentucky, School of Dentistry, appeared in the videotaped program as the host and moderator. This is thought to be the first such instructional film prepared by a profession for its members.

Through the services of the Regional Technical Aids Center, a branch of the Agency for International Development of the U. S. Government, located in Mexico City, Spanish translations of selected American Dental Association dental health education productions have been accomplished. The slide set, *Dental Health Education for Teachers*, has been completely translated and released as a filmstrip, with titles and accompanying record in Spanish, entitled, *Educacion de la Salud Dental Para Profesores*. A translation of the elementary school film, *What Do We Know About Teeth*, has been completed. The Spanish sound track, along with other necessary filmed material, is now being returned to the Central Office. Arrangements will be made to have release prints prepared as soon as possible. Also being translated are *Project: Teeth—Dental Health and Classroom Science*, an elementary school film, and *The Challenge of Dentistry*, a career guidance film. Another film for the lower elementary grades, *Learning to Brush*, was previously released with Spanish sound track through the cooperation of Colgate-Palmolive International.

A grant of \$20,000 has been received from Johnson & Johnson for the production of a teaching film on dental office asepsis. Consultants have been selected, a producer engaged and the final script development is now in progress.

Under the direction of the Council on Hospital Dental Service a film project has been started on the subject of hospital dentistry. It is being developed for orientation of dentists and auxiliary personnel who will become active in a hospital dental service.

Annual Session and Scientific Session Motion Picture Program: Forty-six films, pro-

duced both in the United States and abroad, were selected and shown on the 1964 annual session motion picture program. In addition, six films were shown on the unscheduled program on Thursday afternoon. Several films enjoyed their premier showing, including two Association films and five prepared by the U. S. Naval Dental Corps. Of the 29 authors or sponsors appearing on the program with their film, seven were from other countries. They were: Dr. Hugo Stockfish, Germany; Dr. Arje Scheinin, Finland; Dr. Adrian Cowan, Ireland; Dr. Luis Calatrava, Spain; Dr. Kurt Redtenbacher, Austria; Dr. Olaf Hogberg, Sweden; and Mr. David M. McDonald, England. The two teaching films on nerve block anesthesia, authored by Dr. Niels B. Jorgensen, Loma Linda University, were shown to audiences that overflowed into the hallway. The attendance for the entire motion picture program was above average. The director also acted as floor director in the studio while the table clinics were being telecast and taped on two mornings. In addition, he prepared and moderated a one hour Film Festival for the ADA-TV Network which included interviews of several outstanding authors of films; interviewed Dr. Michael T. Romano, then Chairman of the Council on Medical Television, in a 15 minute program dealing with the current activities of the dentist on open and closed circuit television, along with the premier showing of the film *About Television and the Dentist*; and interviewed Dr. Frank A. Green, Chattanooga, Tennessee, in a 15 minute program to discuss the role of dentistry in the series of radio and television programs prepared for the Good Health for Tennessee project.

Previews and Reviews: Films, slide sets and filmstrips are continuously reviewed at the Central Office. Based on the preview information, selections are made for the annual session motion picture program and for new additions to the film library. This information is also used to prepare reviews for publication. Three illustrated reviews, with captions and illustrations from the films, were prepared for publication in *The Journal*.

Publications: Additional lists of films in various subject areas were developed to answer the more frequent requests. A list and content description of kinescopes, or film transfers from videotapes, was also developed from the reference collection of films. These kinescopes are, for the most part, a collection of programs prepared by local dental societies for live presentation on television. They are available on loan to demonstrate the types of programs that have been attempted and to show what is effective in a television presentation. A small catalog listing only the audiovisual materials on the subject of dental health education was again reprinted from the *1965 Catalog of the American Dental Association*. This reprint catalog has been found to be effective and economical in answering requests limited to audiovisual material only. The *Audiovisual Directory* was completed in cooperation with the Department of Sales and Advertising. The attractive ring binder contains a separate sheet describing and illustrating each film available for purchase from the American Dental Association. Complete information and instructions are included for the preview and purchase of films. Additional sheets describing new films now available are being prepared.

Participation in Meetings and Conferences: The Director participated in meetings of the Council on Scientific Session, Council on International Relations, the First National Conference on Dental Public Relations, the Conference on Dental Health Education for Elementary Schools, and the 16th State Secretaries Management

Conference. He also serves as a member of the staff annual session committee and the staff committee on career information. Other meetings and conferences at which the Association was represented by the Director include the annual convention of the Department of Audiovisual Instruction of the National Education Association, Milwaukee, Wisconsin; the Seventh Annual Meeting of the Council on Medical Television, Ann Arbor, Michigan, in addition to attending two meetings of the Board of Directors in Lexington, Kentucky and in Bethesda, Maryland; Twelfth Annual Meeting of the Audiovisual Conference of Medical and Allied Sciences, Chicago, serving as meeting coordinator; annual National Audio-Visual Association meeting, Chicago; 34th Annual Meeting of the Biological Photographic Association, New York, New York; Seventh American Film Festival, New York, New York, sponsored by the Educational Film Library Association; and the 19th Annual Calvin Motion Picture Workshop, Kansas City, Missouri. The Director visited the Central Office of the Canadian Dental Association, Toronto, to discuss the distribution of Association films in Canada. With the steadily increasing number of requests for the rental of films from Canadian dental groups and individual dentists, it was hoped that a more economical and less time consuming procedure could be found for importing and exporting film shipments. The Director served as a regional jury chairman, dental category, for the Council on International Nontheatrical Events (CINE); and was also a member of the National Final Screening Committee, Washington, D. C., to select films in all categories which will receive the Golden Eagle Award in November, 1965. This is the first year that a separate category was named for dental films. The Director was a program participant at the Working Conference on Dental Health Education, sponsored by the Wisconsin State Dental Society, Lake Delton, Wisconsin. The Director is the Chairman of the National Motion Picture Program Committee of the Biological Photographic Association, a member of the Academy of Television Arts and Sciences, a member of the Board of Directors of the Council on Medical Television, a member of the Board of Directors for the Chicago Film Council and was recently elected to the Council of the American Science Film Association.

Film Festivals and Awards: At the Seventh American Film Festival, the film entitled *Set the Stage for Dental Health* received an honor award presented by the Educational Film Library Association. The elementary school film, *A Dentist in the Classroom*, received a Golden Eagle Award presented by the Council on International Nontheatrical Events in Washington, D. C., November, 1964. The film entitled *Why Fluoridation?* will receive a Golden Eagle Award in November, 1965. Other films in the dental category to receive an award are: *Comparative Analysis of Hyoid Behavior in Class I and Class II Orthodontic Patients*, University of California at Los Angeles, School of Dentistry; *Healthy Teeth, Happy Smile*, National Dental Association; and *Picture Your Teeth*, Eastman Kodak Company.

RESOLUTIONS

This report is informational in nature and no resolutions are presented.

Bureau of Dental Health Education

Sandell, Perry J., director

French, Charles A., assistant director

Henning, Dolores E., staff writer

Publications and Materials Program: Since June 1, 1964 three new items have been published: a leaflet *Space* (concerning the need for space maintainers); a booklet for teen-agers, *Between 13 and 18?* and a flip chart for speakers. Seven of the illustrations in the flip chart are in color; sets of the colored illustrations may be purchased separately.

Three other booklets have been revised: *Fluoridation Facts: Answers to Criticism of Fluoridation*, *Your Guide to Oral Health* and *Your New Dentures*.

Work has begun on a revision of the book, *Teeth, Health and Appearance*, which will have completely new illustrations and copy. A booklet, *X-Rays and Your Teeth*, also is being revised.

The Bureau asks specialty groups to cooperate in the preparation or revision of the publications where appropriate.

Thirty-five items have been reprinted since June 1, 1964. In addition, the Bureau has had reprinted for Colgate-Palmolive International the Spanish versions of *The Chairside Instructor*, *Healthy Teeth . . . a Happier School Child* and *Your Child's Teeth*. The company distributes these publications through the dental societies in Latin America and Spain.

Each year the Bureau receives more than 20,000 requests for sample copies of booklets from dentists, teachers, students and members of the public. An increasing number of requests comes from dentists, teachers and Peace Corps members in foreign countries.

Audiovisual Materials: The production of educational films, films for television, slide series and radio programs has become a continuous activity of the Bureau. Requests for such materials increase each year. The extent of use is reported by the Bureau of Audiovisual Service.

Since the last report of the Bureau the following materials have been produced: *The Beaver's Tale* is a 4½-minute, 16mm., color animated film for children and is intended primarily for use on television. Three 60-second television spot announcements, *They're Only "Baby" Teeth*, *Growing Up With a Smile* and *Young Man on the Move* were produced. An illustrated lecture with 57 slides, *Basic Dental*

Health Education for Parents and Teachers, was developed. This slide series, with suggested script, is designed as a supplement to the film *Set the Stage for Dental Health. You and Your Dentist* is a 7½-minute, color filmstrip with an accompanying record to be used in patient education in the dental office.

Several new audiovisual materials are in various stages of production. These are: a 14½-minute, 16 mm., color film directed to audiences in the middle age group; one 4½-minute, 16 mm., animated, color film directed to young children and for use primarily on television; one 4½-minute, 16 mm., color film directed to teen-age audiences and for use primarily on television; two 60-second and one 20-second television spots and a series of four 4½-minute radio programs and radio spot announcements on records.

The Bureau acknowledges the cooperation and assistance of other departments, especially the Bureau of Audiovisual Service and the Bureau of Public Information.

National Children's Dental Health Week, 1965: Emphasis continues to be not only on special dental health week observances but also on dental health education programs throughout the year.

For the 1965 dental health week the Bureau distributed, without charge, 5,978 program planning kits and 484,000 dental health week posters. In addition, dental societies used 2,200,000 miniature posters, 10,200 window displays, 1,448 outdoor advertising posters and 23,286 car cards in their programs.

For the second time, Procter and Gamble gave the commercial time on the nationwide Dick Van Dyke show, February 10, to the American Dental Association. In some 140 communities representatives of local dental societies gave the concluding announcement on the show; on other stations Mr. Van Dyke gave the final announcement.

Procter and Gamble made available to dental societies, through the Bureau of Dental Health Education, 1,700,000 leaflets and 88,000 banners relating to the Dick Van Dyke show.

A grant from the Toothbrush Manufacturers made possible the distribution, without charge, of 2,250,000 copies of a leaflet, *For Healthy Teeth and a Happy Smile*, to dental societies. The leaflet was designed and produced especially for distribution during the 1965 dental health week.

A more complete report on the 1965 National Children's Dental Health Week appears in the July issue of *The Journal*.

National Children's Dental Health Week, 1966: Work has already begun on the 1966 National Children's Dental Health Week, which will be observed February 6-12. The theme or slogan is: "Keep a Smile for Your Future".

For the 1965 observance the Association contributed \$7,500 to the cost of materials purchased by state and local societies. A number of societies expressed appreciation for the subsidy. Seven thousand dollars has been allotted for 1966.

Program planning kits and posters will be available for distribution about September 1.

Conference on Dental Health Education for Elementary Schools: A conference to discuss methods of revitalizing dental health education in elementary schools was held in Chicago on December 7-8, 1964.

Participating in the conference were classroom teachers, elementary school principals, health educators, dentists, a dental hygienist and general educators from the school and college levels.

The conference was useful to the Bureau in giving support to its present program of developing materials for use in elementary schools and in giving suggestions and directions for new programs.

The conference was made possible through a grant from the Professional Service Division of Procter and Gamble.

National Conference on Patient Education: The Bureau, in cooperation with the American Association of Public Health Dentists, is sponsoring a conference on patient education on November 6, just prior to the annual session in Las Vegas.

The purpose of the conference is twofold: (1) to interest dentists and dental societies in expanded programs of patient education and (2) to give dentists a broad picture of materials and technics of patient education.

The conference will begin at 9:30 a.m. and continue until 4:15 p.m.

The conference is being supported financially by Warner Lambert Pharmaceutical Company.

Exhibits: The Bureau maintained 20 exhibits for use at dental meetings and such locations as store windows, transportation depots and fair exposition areas. Total showings numbered 138 from June 1, 1964 to May 31, 1965.

New exhibits to be completed this year will include one on oral cancer, three on careers in dentistry, one on personal dental care and one on hospital dental service. In addition to the exhibits sent to Association members for use at dental society meetings, the Association's staffed publications exhibit was shown at four state meetings and at the Washington, D. C., Greater New York, Greater Philadelphia, St. Louis Mid-Continent and Chicago Midwinter meetings.

Even though exhibits are kept in almost constant use, some requests cannot be filled. This is especially true of requests for career exhibits. Although there are four of these exhibits and three more are being planned, the demand for them exceeds the supply.

To alleviate this problem, a table-top exhibit has been designed for sale to constituent and component societies. This is a lightweight, portable exhibit which can be carried in the trunk of an automobile. It is easily assembled, requiring no tools. A descriptive illustrated flyer was printed and mailed to all constituent and component societies in May publicizing the availability of the exhibit and its advantages for local use. Several orders for these exhibits have already been received.

A special project of the Bureau was the production of an exhibit, *Dental Health Education World Wide*, for the joint meeting of the *Fédération Dentaire Internationale* and the Association in San Francisco. This exhibit consisted of dental health education materials from 26 countries.

Cooperation with Toothbrush Manufacturers: During the past year the Association received a total of \$9,187.50 from the following toothbrush manufacturers to further its program of dental health education: E. I. duPont de Nemours and Company, Inc., Owens Brush Company, Pro-phy-lac-tic Brush Company, Tek Hughes, Fuller Brush Company, Mohawk Brush Company, Anchor Brush Company, Block Brush

Company, Celanese Polymer Company, Frederick H. Cone and Company, Eastman Chemical Products Incorporated, Stanley Home Products, Inc., and the Vectra Company.

With this money 2,250,000 leaflets, *For Healthy Teeth and a Happy Smile*, were produced and distributed for use during National Children's Dental Health Week. In addition, 35 prints of the film *Learning to Brush* and 20 prints of *Brothers Make Sense* were purchased and added to the film library.

The toothbrush manufacturers at their annual meeting in March voted to continue their cooperative program with the Bureau of Dental Health Education.

Cooperation with American Pharmaceutical Association: The American Pharmaceutical Association has now placed its pilot health education program, "The Community Pharmacy—a Health Education Center", on a permanent operation basis. The Bureau has cooperated in this program by providing the pharmaceutical association with 100,000 of its leaflets, *Toothbrushing and Healthy Teeth . . . a Happier School Child*. These leaflets are distributed, along with others, to pharmacies throughout the country.

Cooperation with Fédération Dentaire Internationale: Since the last annual session in San Francisco, the Bureau Director has participated in the activities of a sub-committee of the Commission on Public Dental Health Services of the FDI. The committee was charged with studying the operations of the International Office for Dental Health Information and for making recommendations for strengthening its operations. (The report of the sub-committee will be made in June at the Vienna meeting.) The sub-committee also is to develop suggestions for a program on dental health education for the 1966 meeting of FDI.

Cooperation with Publishers and Other Agencies: During the past 12 months the Bureau has provided photographs and other materials for use in a variety of publications. Twenty-six publishers and agencies received authorization to use materials from the Bureau.

Before the Bureau authorizes the use of any of its material it reviews copy with which its material is to be used. This gives assurance that more and more information on dental health published in textbooks and other such publications is scientifically accurate.

The use of the Association statement on scientific accuracy of material was granted for ten publications, either new or reprinted.

Conferences and Meetings: Members of the Bureau staff attended and participated in a variety of meetings, conferences and workshops during the year. This listing is made to give an idea of the interest in dental health education, not just among dental groups but in other organizations as well. The Director of the Bureau is the current President of the American School Health Association.

Meetings attended were: Conference on Public Dental Health Administration, San Francisco, June 15-17, 1964; Wyoming State Dental Association, Sheridan, June 19-20; Oral Hygiene Conference, London, England, June 22-30; Commission on Dental Health, Wisconsin State Dental Society, Lake Delton, July 10-12; Dental Health Education Workshop, Northeastern State College, Tahlequah, Oklahoma, July 19-26; West Virginia State Dental Association, White Sulphur Springs, July

20-22; State School Health Workshop, Drake University, Des Moines, Iowa, July 27-28; Health Educator's Workshop, Washington University, St. Louis, July 27-28; Fluoridation Liaison Committee, Washington, D. C., July 30; American Pharmaceutical Association, New York, August 4; Indiana State School Health Workshop, University of Indiana, Bloomington, August 26; Texas State Conference on Dental Health, Austin, September 18-19; American School Health Association and American Public Health Association, New York, October 2-9; Morrison County Teachers Institute, Morrison, Illinois, October 13; Omaha Society of Dentistry for Children, Omaha, November 17; Conference at National Congress of Parents and Teachers, Chicago, December 17; Harbor District Dental Society, Long Beach, California; January 12, 1965; Dental Health Education Conference, Grand Rapids, Michigan, January 12-13; Workshop on Improving the Image of the Dentist, St. Louis, January 17-20; National Health Council Task Force to Implement Bronfman Health Education Study, Princeton, New Jersey, January 25-27; Public Health Service Task Force to Set Standards for Dental Health Programs, Washington, D. C., March 22-24; East Coast District Dental Society, Miami, April 1; Toothbrush Manufacturers Association, Boca Raton, Florida, April 2; Annual Alumni Meeting, Creighton University Dental School, Omaha, April 24; Illinois School Nurses Association, Elgin, April 27; Wisconsin Component Officers Conference, Milwaukee, May 9; National Tuberculosis Association, Chicago, May 31; Conference on Dental Health, Ohio State Dental Association, Columbus, June 4-6; School Health Workshop, Texas Western College, El Paso, June 10-11; Post Graduate Course for Dental Hygienists, West Liberty College, West Liberty, West Virginia, June 16.

RESOLUTIONS

This report is informational in nature and no resolutions are presented.

Bureau of Economic Research and Statistics

Moen, B. Duane, director

Ogawa, George Y., assistant director

McCormick, Dennis W., research associate

Staff: The Assistant Director is on leave of absence two thirds of 1964 and 1965, acting as co-principal investigator in a national survey of family dental expenditures and use patterns. Currently the Bureau staff consists of seven persons, including the Assistant Director.

The 1965 Survey of Dental Practice: Every third year since 1950, the Bureau has conducted a mail survey of dental practice. Questionnaires were sent in May, 1965 to 42,000 dentists throughout the United States and Puerto Rico. Questionnaires were sent to a random sample of dentists in the larger states, and to all dentists in the smaller states.

The 1965 survey repeats questions asked in earlier surveys where measurement of trend over time is useful. Questions asked in most or all of the dental practice surveys include those on income and expenses, number and type of auxiliary personnel employed, number of hours and weeks worked, number of patients, busyness and fees for five representative dental services.

New questions in the 1965 survey include a breakdown of prescriptions written according to type of drug, the months in which vacation was taken and the dentist's satisfaction with the profession.

A return of nearly 8,000 usable questionnaires is expected. Responses are being edited and coded, after which results will be machine tabulated by a data processing company. The analysis of findings will appear serially in *The Journal* starting late in 1965 or early in 1966.

Survey of Dentist Opinion, 1964: This survey covers questions relating to dental auxiliary personnel and commercial dental laboratories. The series of eight chapters appears in *The Journal* starting in the December, 1964 issue. When the series has been completed, the eight chapters will be published in booklet form.

To the question on the main reason dentists did not employ more auxiliary personnel, about 45 per cent indicated the busyness of the practice did not warrant employment of additional personnel. Two other reasons were given by more than

30 per cent: "prefer to work alone" and "not trained to use auxiliary personnel". The average tenure of currently employed hygienists was five years. Half of the respondents thought there was a shortage of hygienists, one third said there was no shortage and one sixth did not answer this question. Sixty per cent thought there was a "shortage of qualified dental assistants".

Survey of Component Society Activities: A compilation of data on component society activities, based on a mail survey, was prepared and sent to all component and constituent societies. General topics of the survey were administration, meetings, constituent-component society relations, membership relations and public relations. Specific questions included sources of income, the term of office and number of voting members of the administrative body, number of standing and special committees, number of salaried office employees, frequency of regular society meetings and percentage of membership attending, admission of auxiliary personnel to meetings, publications of the society, insurance programs sponsored, cooperation with schools and other agencies conducting dental care programs and a number of other questions.

An Inventory of Dentists: An analysis of data on dentists listed in the 1964 *American Dental Directory* was published in the May, 1965 issue of *The Journal*. The principal variable of the study was the age of dentists. Other factors were character of practice, dental school attended, city size and membership status.

The study revealed that about 77 per cent of the graduates of dental schools in the Far West and the Southwest practiced in the state in which they graduated, compared to only 36 per cent of the dentists graduating from schools in the Northwest and only 9 per cent of those graduating from Meharry School of Dentistry.

Survey of Dental Partnerships: The report of this survey appeared in *The Journal* in October, 1964. It was based on questionnaires returned by nearly 600 dentists in full partnership with other dentists. It is believed that this is the first large-scale survey of dental partnerships.

The survey covered such topics as reasons for entering partnerships, types of contractual arrangements, personnel, advantages and disadvantages of group practice to the patient and to the dentist.

Survey of Annual Session Attendees: The Bureau conducted a survey based on a random sample consisting of 25 per cent of the approximately 10,100 active and life members attending the annual session in San Francisco. The survey was conducted at the request of the Council on Scientific Session. The survey report included tables on character of practice, city size, year of graduation, state of residence, age and dental school.

Of the members attending the session, 43.5 per cent were non-federal dentists from the State of California. Illinois ranked second with 3.9 per cent and New York third with 3.3 per cent. Members from every state, each of the five federal dental services and Puerto Rico attended the session.

Facts About States: The twelfth annual edition of *Facts About States for the Dentist Seeking a Location* was published late in 1964. Dental school junior and senior student members of the Association were supplied complimentary copies. Thousands

of dentists write or come to the Bureau annually for assistance in finding a practice location; they are given copies of *Facts About States* and appropriate reports on the distribution of dentists. Preparation of copy for the 1965 edition of *Facts About States* is nearly completed.

Geographical Distribution of Dentists: Late in 1964, the twelfth annual edition of *Distribution of Dentists in the United States by State, Region, District and County* was published. Copies of the booklet were sent to each dental school for distribution to junior and senior student members of the Association. The 1965 edition is now being prepared. The report entitled *Number of Dentists in Countries of the World* was issued.

The regular annual reports on distribution of specialists were prepared. These include (1) a set of reports showing distribution by city for each specialty recognized by the Association and (2) reports on the distribution of orthodontists and oral surgeons, showing population per specialist for districts and regions which are combinations of counties. An article on the distribution of dental specialists by state was prepared for *The Journal*.

A study of changes in population-dentist ratios during the period 1960-1964, by county, district, region and state, is being made, and a report will be submitted to *The Journal*.

Number and Status of Dental Personnel: The *American Dental Directory* is the primary source of information on number of dentists. The *Directory*, however, lists retired as well as active dentists. Although a code number designates dentists known to be retired, there is no complete and continuing source of information on the retirement of dentists. As a consequence, the number of dentists listed as retired in the *Directory* is only a small fraction of the actual number who are retired. The Bureau of Economic Research and Statistics has made national estimates of the number of dentists who are retired and who are in various types of employment, based on diverse sources of evidence.

The Bureau suggested at the January, 1962 Special Session of the Board of Trustees, which dealt with long-range programs of the Association, that an attempt be made to obtain, through the state boards of dental examiners, regular and continuing information on the employment status of dentists. The Bureau has cooperated during the past year with the American Association of Dental Examiners which is conducting such a project. If the project is successful, it should be possible in the future to provide much more complete and reliable information on the number, distribution and employment status of both dentists and auxiliary personnel.

Relative Values of Dental Procedures: The Council on Dental Health and the Bureau of Economic Research and Statistics have developed a tentative proposal for a study of the relative values of dental services. The need for a relative value scale has been apparent for several years; however, there are several possible methods for developing such a scale, and there is no consensus as to which is the best method. Considerable preliminary investigation is necessary.

Study of Family Dental Expenditures and Use Patterns: This nationwide interview survey of families is being conducted as a joint effort of the Health Information Foundation and National Opinion Research Center, both of The University of

Chicago, and this Bureau. The study is financed under Public Health Service Grant No. DH 00034-02.

The primary objective of this survey is to gather detailed data on the expenditure and utilization of dental care by a representative sample of American families during 1964. These data will be correlated with such factors as current and expected family income, number of income earners, method of payment, family size, stage in the family life cycle, occupation of main earner, level of education attained by the head and spouse, and many other demographic and economic variables. In order to validate the responses of the household respondents, dentists mentioned by the families were also interviewed.

The family interviews were conducted during January and February. Interviews were completed for 3,165 families out of a net sample of 3,723 selected for this study. The interviews with dentists are currently being completed. A response rate of 82 per cent from a total of 1,660 dentists is expected.

Mortality of Dentists: Since 1951, the Bureau has received death certificates on dentists from a majority of the state health departments. A table is prepared each year, showing the age and cause of death. For each state cooperating in the program, a similar table is prepared, showing age and cause of death for dentists. An extensive, detailed study of dentist mortality will be made in 1965 or 1966.

Survey of Nursing Homes: The Council on Hospital Dental Service and the Council on Dental Health sent a questionnaire to nursing homes throughout the country, to determine the availability of dental services to patients. The Bureau of Economic Research and Statistics machine tabulated the 1,698 returns and wrote a preliminary report of the results of the survey.

Other Activities: The Bureau continues to cooperate with state and local dental societies conducting dental fee surveys, although the frequency of such surveys has decreased in recent years. The Bureau also assists dental societies in the conduct of other surveys. Assistance is also provided to agencies of the Association conducting surveys and in other statistical work. Generally, the frequency of surveys in the dental field continues to increase as organizations rely more and more on statistics in making decisions.

The Director presented a paper on "The Demand for Dental Care in 1975" at the annual meeting of the American Dental Trade Association Manufacturers' Section, attended a meeting of the Surgeon General's Advisory Committee to the U. S. National Health Survey, and participated in the American College of Dentists Workshop on Improving the Image of the Dentist.

The Bureau serves as a statistical information center, answering thousands of questions from individuals and organizations.

RESOLUTIONS

This report is informational in nature and no resolutions are presented.

Bureau of Library and Indexing Service

Washburn, Donald A., director and librarian

Cedrics, John, assistant director

Goode, Otilia D., reference librarian

Keenan, Elizabeth L., readers' services librarian

Mann, Martha A., indexer

General Comment: A new program for the *Index to Dental Literature*, plans for expansion of library facilities and services in the Association's new building and the reorganization of the archives represent some of the important developments within the Bureau during the past year. To assist in the implementation of these programs, Dr. Raquel Halegua and Dr. Faith Stephan joined the staff as research associates assigned to the National Library of Medicine Bibliographic Services Section. Miss Elizabeth L. Keenan also joined the staff in September, 1964 as readers' services librarian with the special assignment of reorganizing the archives. Library services increased steadily during the last year, with the statistics showing a 100 per cent growth over the last ten years.

Index to Dental Literature, 1964: This was the last volume of the *Index* to appear in the style inaugurated in 1950, and every effort was made to achieve the most complete coverage possible of the dental periodical literature for 1964. More than 25,000 subject and author entries, the highest number to date, were included. In contrast to the 1950 *Index*, in which only English language articles from 130 periodicals were covered, the 1964 volume included material from 289 publications (1,560 separate issues): 221 English language journals and 68 periodicals in 14 additional languages. New additions to the languages covered this past year were Czechoslovakian, German, Hungarian, Polish and Romanian. A comprehensive list of dental books published throughout the world and a list of theses and dissertations arranged by country and school with an alphabetical author index were prepared for the preliminary pages of the volume.

For this information a request was sent in December, 1964 to the 321 dental schools throughout the world to report their dissertations. In response 69 dental schools, 30 in the U.S.A. and 39 in other countries, reported a total of 668 dissertations (U.S.A., 400, other 19 countries, 268). The problem of this unpublished research material requires further discussion on a national and international scale. While many schools cooperate in providing access to their theses by means of interlibrary loan, microfilming and photoduplicating services, several schools presently do not provide this access to the results of research done by their graduate students.

Index to Dental Literature, 1965: The appearance of the first quarterly issue marked the first results of a cooperative program between the Bureau and the National Library of Medicine, Bethesda, Maryland. The format was changed and Bureau indexing technics were revised to conform to requirements of the medical literature analysis and retrieval system (MEDLARS) and graphic arts composing equipment (GRACE) employed in the production of *Index Medicus*. This system makes possible the inclusion of material of dental interest appearing in nondental publications. It is estimated that approximately 30 per cent of the entries for the 1965 volume will be drawn from these nondental sources, a list of which will appear in the annual cumulation of the *Index*. The number of dental journals indexed will be expanded to over 400 titles and will include articles published in 26 different languages.

Plans for New Library: As construction on the new building progressed, the staff developed plans for the arrangement and furnishing of the library quarters. Space has been allotted for a reading room which will provide either study tables or comfortable seating for approximately 30 persons as well as space for a small study area within the package library section. The book stack capacity will be doubled and 12 study carrels will be provided along the perimeter of the stacks. A special room has been designed for the housing of the Bureau's rare book and archive collection.

Library Services: Package library service to the members once again showed an increase over the previous year, with 3,799 packages circulated (see Table 1). The number of loans to high school students for Science Fair projects and papers also increased. Several students won awards and wrote to express appreciation for the service given. Among the most popular package library subjects requested this year were office plans, group practice, insurance and prepayment plans, image of dentistry, hypnotism, all aspects of fluoridation, careers, recruitment, diet in relation to caries, and oral cancer, including cytologic diagnosis and smoking as an etiologic factor. The demand for research literature has increased and has led to the need for compiling many new packages during the year.

A wide variety of reference questions and requests for special searches were answered by the Bureau staff. In addition to the requests filled by mail during the three-month period December, 1964 through February, 1965, 110 dentists, 125 dental students and 104 Central Office staff members were given assistance. Telephone calls from 200 dentists, 78 dental students and 82 Central Office employees were also answered by the reference librarian during this three-month survey.

A total of 5,871 books, journals and microfilms were circulated during the year as compared to only 2,594 during 1954-55 (see Table 1). An interesting analysis of the geographic distribution of the year's circulation activities is presented in Tables 2 and 3, indicating the heaviest borrowers in the United States as Illinois and New York. Among the new borrowers abroad were those in Saudi Arabia, Morocco and British Guiana. Although multiple copies of items in demand are bought for the library collection, it was still necessary to place the names of 845 borrowers (an increase of 210 over the previous year) on the waiting list. There has been continued heavy demand for books on orthodontics for the general practitioner, practice management, office assisting, office planning and such monographic series as *Dental Clinics of North America*, *Practical Dental Monographs*, and *Acta Odontologica Scandinavica* supplements.

A considerable proportion (260 journals, 64 books) of interlibrary loan requests are for materials originating outside the United States. In addition to the Bureau's resources, the Central Office staff was provided with 34 books and 87 journals which were borrowed from other libraries. The circulation, reference and book sale activities of the Bureau during the past year are shown in comparison with the three preceding years in Table 1.

Table 1
Circulation, Rental Fees and Book Sales

	1961-1962	1962-1963	1963-1964	1964-1965
Packages circulated	3,049*	2,884**	3,310***	3,799****
Books, journals and microfilms circulated	5,186	5,836	5,683	5,871
Rental fees	\$2,104.00	\$2,014.10	\$2,392.00	\$2,456.34
Book sales	\$3,529.71	\$3,266.63	\$2,939.97	\$2,422.38

*Of this number 659 were circulated without charge for various reasons.

**Of this number 665 were circulated without charge for various reasons.

***Of this number 673 were circulated without charge for various reasons.

****Of this number 1,002 were circulated without charge for various reasons.

Table 2
Circulation: Geographic Distribution (Domestic)

State	Letters	Package Libraries	Reprints	Books & Journals	State	Letters	Package Libraries	Reprints	Books & Journals
Alabama	4	15	15	50	Montana	3	9	5	3
Alaska	—	1	1	5	Nebraska	3	35	17	10
Arizona	2	22	28	23	Nevada	—	4	—	3
Arkansas	2	17	—	8	New Hampshire	3	9	9	—
California	31	175	85	284	New Jersey	19	170	70	210
Colorado	4	30	25	33	New Mexico	1	7	—	10
Connecticut	9	25	14	46	New York	72	309	165	580
District of Columbia.....	13	37	45	22	North Carolina	3	78	25	28
Delaware	2	7	20	4	North Dakota	2	2	—	4
Florida	26	90	40	166	Ohio	12	102	65	70
Georgia	5	23	25	54	Oklahoma	4	14	5	17
Hawaii	—	1	2	3	Oregon	7	18	10	40
Idaho	—	10	3	6	Pennsylvania	17	135	110	210
Illinois	44	321	312	678	Puerto Rico	1	7	—	2
Indiana	1	25	25	50	Rhode Island	4	14	6	6
Iowa	2	29	50	46	South Carolina	3	18	—	15
Kansas	1	50	25	19	South Dakota	2	2	13	10
Kentucky	2	28	10	23	Tennessee	3	66	11	25
Louisiana	2	24	16	24	Texas	11	95	25	225
Maine	3	12	4	14	Utah	4	1	1	1
Maryland	8	95	12	46	Vermont	4	2	1	2
Massachusetts	6	97	30	71	Virginia	6	70	20	35
Michigan	18	75	30	141	Washington	6	15	20	14
Minnesota	12	54	35	83	West Virginia	2	18	2	10
Mississippi	—	10	10	3	Wisconsin	6	50	50	10
Missouri	7	149	23	117	Wyoming	3	8	9	1

Table 3
Circulation: Geographic Distribution (Abroad)

Country	Letters	Package Libraries	Reprints	Books & Journals	Country	Letters	Package Libraries	Reprints	Books & Journals
Argentina	2	2	—	—	Japan	3	—	2	1
Australia	1	—	4	1	Mexico	—	1	1	—
Austria	1	—	—	—	Marocco	1	1	—	—
Bahamas	1	—	1	—	New Zealand	—	—	1	—
Brazil	3	—	7	1	Nigeria	—	—	3	—
British Guiana	1	—	8	—	Norway	1	—	—	—
Canada	8	10	30	5	Pakistan	1	—	19	—
Chile	3	—	3	—	Peru	1	1	—	—
Colombia	—	2	4	—	Philippines	—	1	—	—
Costa Rica	1	1	—	—	Saudi Arabia	1	1	19	—
Ecuador	1	—	4	—	Scotland	—	1	—	—
England	5	2	2	—	South Africa	—	—	1	—
Finland	—	—	1	—	Spain	—	1	—	—
France	1	—	—	5	Sweden	2	—	3	—
Germany	2	1	8	—	Switzerland	1	—	—	—
Greece	—	—	2	—	Syria	1	—	—	—
Guatemala	3	—	3	—	Thailand	—	—	1	—
Holland	1	—	—	—	Turkey	1	—	—	—
Hong Kong	1	—	—	—	Uruguay	1	—	—	—
India	5	14	40	1	Venezuela	—	—	1	1
Israel	—	—	1	—					

Interlibrary loan services played an ever increasing and important part of the Bureau's activities, as evidenced by the statistics given in Table 4.

Table 4
Interlibrary Loan Transactions: Items Sent

Year	Journals	Books	Dissertations	Total	Number of Institutions
1964-65	620	119	54	793	70
1963-64	276	67	35	378	52

Translation of 226 pieces of correspondence for the Central Office departments was also prepared by the Bureau's staff.

Book Sales: Book purchases for members, dental associations and dental schools amounted to \$2,422.38 (see Table 1). Dental organizations outside the United States have been included in this service, thereby contributing to the Association's international relations program.

Technical Processes: During 1964-65, 722 new additions were incorporated into the Bureau and Central Office book collections. Of these, 265 titles were published in 27 countries outside the United States (see Table 5).

Table 5
Number of Dental Books Published Outside the United States

Germany	64	Nicaragua	11	Australia	2	Japan	1
Great Britain	42	Argentina	9	Finland	2	Mexico	1
Brazil	33	Canada	8	The Netherlands	2	Peru	1
Czechoslovakia	16	Iran	7	Spain	2	Philippines	1
Sweden	15	U.S.S.R.	6	Belgium	1	Romania	1
Switzerland	15	Hungary	5	Colombia	1	South Africa	1
France	13	Norway	3	Costa Rica.....	1		

Nineteen microfilmed dental dissertations have also been added to the collection, 45 volumes were recataloged and 19 volumes of obsolete or duplicate materials were withdrawn. For this, 2,162 catalog cards, including 487 Library of Congress cards, had to be prepared.

Comparative data on the Bureau's holdings are given in Table 6.

Table 6
Library Holdings

Year	Books	Journals	Total	Departmental Collections	Grand Total
1964-65	9,570	6,405	15,975	894	16,869
1959	6,678	4,538	11,216	587	11,803

The Bureau presently receives 895 periodical titles, including 31 new titles added during the past year. Extra copies of many titles received for the Bureau's collection and for other departments within the Association, bring the total number of paid and gift subscriptions regularly received to 1,820. A geographical analysis of these periodical titles shows that 219 dental journals are published in 53 countries outside the United States. They range in number from 20 published in Germany to one published in Paraguay (see Table 7).

Table 7
Dental Journals Published Outside the United States

Germany	20	Austria	3	Indonesia	1
Japan	19	Czechoslovakia	3	Ireland	1
France	16	New Zealand	3	Israel	1
Great Britain	16	Venezuela	3	Jordan	1
Italy	15	Chile	2	Lebanon	1
Argentina	10	Ecuador	2	Malaya	1
Brazil	9	Norway	2	Pakistan	1
Switzerland	8	Peru	2	Panama	1
Canada	7	Portugal	2	Paraguay	1
Colombia	7	U.S.S.R.	2	Philippines	1
Spain	7	Uruguay	2	Poland	1
Sweden	7	Yugoslavia	2	Romania	1
Belgium	5	Dominican Republic	1	El Salvador	1
Denmark	5	Egypt	1	South Africa	1
Mexico	5	Finland	1	South Korea	1
Australia	4	Guatemala	1	Thailand	1
Greece	4	Hungary	1	Turkey	1
The Netherlands	4	India	1		

Gift and Exchange Program: In cooperation with the Council on International Relations, the Bureau has sent 55 shipments of dental books and journals to libraries abroad by means of the Smithsonian Institution International Exchange Service. The largest number of items (1,531) were sent to Brazil, where Dr. Paulino Guimarães, president of ABENO, the Brazilian Association of Dental Education, has assumed the responsibility of distributing such library material among the 41 Brazilian dental schools. The following table presents the geographic distribution of gift items sent abroad:

Table 8
Geographic Distribution of Gifts Sent Abroad

Argentina	43	France	20	Malaysia	1
Australia	54	Germany	28	Nicaragua	7
Brazil	1,531	Guatemala	3	Nigeria	10
Colombia	14	Guinea	4	Pakistan	53
Czechoslovakia	3	India	232	Paraguay	1
Denmark	15	Ireland	4	Peru	314
Ecuador	125	Israel	3	Venezuela	127
England	3	Korea	20	Yugoslavia	11

In return, the Bureau has gratefully received 3,280 items as gifts from 77 institutions and friends abroad and 4,187 items from individuals and organizations within the United States. The list of donors follows.

Miss Margaret Hjorth, University of Sydney, 1; Miss Denise Huet and Miss Elisabeth Gilain, Brussels, 7; Dr. Amedeo Bobbio, São Paulo, 1; Ash-Temple Limited, Montreal, 1; Dr. Melvin Brown, Toronto, 1; Canadian Dental Association, Toronto, 2; Mlle. Colette Gagnon, Library of the Canadian Dental Association, Toronto, 2; Dr. Gustavo Guerrero Gomez, *Universidad Nacional de Colombia*, Bogotá, 8; Prof. Jaroslav Toman, Charles University, Prague, 1; *Statni Zdravotnicke Nakladatelstvi*, Prague, 1; Miss Margaret Maskell, Royal Dental Hospital, London, 2; Dr. Jean Delibéros, *L'Ecole Dentaire de Paris*, Paris, 1; Dr. Hans J. Schmidt, Degerloch, Germany, 1; Prof. Dr. P. Riethe, *Universitäts-Klinik und Poliklinik*, Mainz/Rhein, Germany, 13; *Orszagos Orvostudományi Donyutar*, Budapest, 2; Dr. Peter Adler, University of Debrecen, Hungary, 22; *Instituto Odonto Stomatologico*, Reggio Emilia, Italy, 2; Dr. S. Ebisawa, Clinical Laboratory of Dental Physics, Tokyo, 1; Dr. Seiichi Matsumiya, Tokyo Dental College, Tokyo, 1; Dr. Knut Gard, *Den Norske Tannlaegeforening*, Oslo, 1; Prof. Dr. H. M. J. Scheffer, *Tandheelkundig Instituut van de Rijksuniversiteit*, Utrecht, 1; Prof. G. Dekker, *Rijksuniversiteit te Utrecht*, 1; Dr. José Font Buxo, Madrid, 1; Dr. Ake B. Löfgren, Göteborg, 1; Dr. G. Feldmann, Örebro, 1; Almqvist and Wiksell, Gebers, Stockholm, 1; Dr. W. H. Winterhoff, Tucson, 190; Dr. Reidar F. Sognaes, University of California, Los Angeles, 1; Dr. H. Lee, Sacramento, 32; Dr. Harvey Stallard, San Diego, 20; Dr. Francis K. Sylva, Strong-Carter Dental Clinic, Honolulu, 1; Dr. John Fratzke, Chicago, 207; American Association of Dental Schools, Chicago, 1; Mrs. Susan Y. Crawford, American Medical Association, Chicago, 5; Dr. Bruce L. Douglas, Chicago, 7; Dr. Walter Dundon, Chicago, 38; Mr. Edward W. Gilgan, American Society of Oral Surgeons, Chicago, 2; Mr. Earl C. Graham, National Society for Crippled Children and Adults, Chicago, 1; Dr. Lamar Harris, Chicago, 15; Dr. Lon Morrey, Chicago, 107; Miss Minnie Orfanos, Northwestern University, Dental School, Chicago, 2; Dr. Sholom Pearlman, Chicago, 8; Mr. John Pendergast, DuPage County Health Department, Wheaton, Illinois, 2; Dr. Irving Stone, Chicago, 134; Dr. A. H. Tamarin, Chicago, 118; Miss Ruth M. White, American Library Association, Chicago, 363; Dr. Joseph C. Ullis, Chicago, 38; University of Illinois, Library of Medical Sciences, Chicago, 21; Miss Helen Yast, American Hospital Association, Chicago, 2; Mr. John J. Duffy, Oak Lawn, Illinois, 19; Dr. Robert A. Atterbury, Oak Park, Illinois, 3; Mr. Walter L. Necker, Wood Library Museum, Park Ridge, Illinois, 2; R. R. Donnelly & Sons Co., Crawfordsville, Indiana, 984; Dr. Robert J. Henderson, Mental Health Institute, Independence,

Iowa, 140; Dr. Maynard K. Hine, Indiana University, School of Dentistry, Indianapolis, 1; Dr. Ralph W. Edwards, Kansas City, Missouri, 1; 3-D Corporation, Louisville, Kentucky, 1; Mrs. I. M. Robinson, University of Maryland, Baltimore, 12; Dr. George Paffenbarger, National Bureau of Standards, Washington, D. C., 1; Alvin F. Gardner, Silver Spring, Maryland, 25; Dr. Samuel Lazerow, National Library of Medicine, Bethesda, Maryland, 1; Dr. John W. Hein, Forsyth Dental Infirmary, Boston, 1; W. K. Kellogg Foundation, Battle Creek, Michigan, 1; Dr. A. Alfred Nelson, American Equilibration Society, Royal Oak, Michigan, 1; Dr. Vern Pings, Wayne State University, Detroit, 1; Dr. H. Lee Daley, Minden, Nevada, 19; Mr. C. Wells Farnham, Jr., Lactona Products Division, Morris Plains, New Jersey, 1; Dr. Saul M. Gale, Newark Dental Club, Newark, New Jersey, 2; Dr. Herbert S. Remnick, Fairleigh Dickinson University, Teaneck, New Jersey, 1; Dr. Robert E. Silha, Eastman Kodak Company, Rochester, New York, 1,199; Dr. José Gomez, Colgate-Palmolive International, New York City, 4; E. P. Shanahan, E. R. Squibb & Sons, New York City, 2; Miss Gertrude L. Annan, The New York Academy of Medicine, New York City, 1; Mrs. Sonia L. Gruen, Albert Einstein College of Medicine, New York City, 1; Dr. Clifton E. Grandell, American Academy of Oral Roentgenology, Chapel Hill, North Carolina, 2; Dr. David A. Kronick, Cleveland Medical Library, Cleveland, 2; Mrs. Rozelle B. Webb, Veterans Administration Hospital, Chillicothe, Ohio, 218; Bethlehem Orthodontic Associates, Bethlehem, Pennsylvania, 128; Dr. Gerald J. Cox, University of Pittsburgh, 15; Dr. Bruce D. Forsyth, Rhode Island State Department of Health, Providence, 2; Dr. John E. Buhler, Medical College of South Carolina, Charleston, 1; Miss Eleanor Steinke, Vanderbilt University, Nashville, 3; Dr. Faustin N. Wever, University of Tennessee, Memphis, 5; School of Aerospace Medicine, Brooks Air Force Base, Texas, 15; Dr. James M. Webb, Lamarque, Texas, 204; Col. D. B. Lenkers, Randolph Air Force Base, Texas, 2; Dr. Lawrence J. Tomasi, Windsor, Vermont, 57; Mr. W. T. Sweeney, National Bureau of Standards, Washington, D.C., 4; The American Board of Orthodontics, University of Washington, Seattle, 1.

As a member of the Medical Library Association, the Bureau sent 142 books and 4,289 periodicals to dental and medical libraries in the United States and other countries, and received 115 items in return from the Exchange.

Binding: Four hundred thirty volumes of library material were sent to the bindery during the past year, while 168 volumes were placed in pamphlet and shelf binders by the staff.

Publications: As in past years, the Bureau issued revised editions of several publications. Monthly lists of new additions to the collections were duplicated and distributed to the Association's staff as well as to 77 medical and dental libraries in this country and abroad for use as a book selection aid. Selections from these lists were also prepared for inclusion in *The Journal of the American Dental Association*. Among other lists prepared for distribution by the Bureau were *Dental Journals Published Outside the United States*, *Dental Trade and Laboratory Publications* and *Books for Dental Editors*.

The annual edition of *Books and Package Libraries for Dentists* was released in October, 1964 and included a list of 672 books published between January, 1961 and September, 1964. As evidenced by the subject index to this list, the greatest number of books tend to be issued in the fields of orthodontics, prosthodontics, anatomy, histology and embryology. At the other end of the scale, two books on institutional dental service and only four on dentifrices were issued during the past four years.

Indexes for the following Association publications were compiled as has been done in previous years: *The Journal of the American Dental Association*; *Journal of Oral Surgery, Anesthesia and Hospital Dental Service*; *Dental Abstracts* and the *Transactions*.

Archives: In September, 1964, a reorganization of the Association's archives housed in the Library was started. A new classification scheme was developed and a manual indicating scope and arrangement was made. After a core collection of 800 titles had been completed, a memorandum was sent to all Central Office departments soliciting assistance in further development of the archives.

Other Staff Activities: Four staff members attended the 64th annual meeting of the Medical Library Association at which the Director of the Bureau was re-elected Treasurer. A fifth member attended the 56th annual meeting of the Special Libraries Association. Staff members have also taken active parts in chapter meetings of the Special Libraries Association and in regional group meetings of the Medical Library Association.

To carry on the Bureau's services, the Director, Assistant Director and Reference Librarian sent out 6,693 letters and 1,678 postal cards.

Dental Insigne: In 1964 a design or insigne for dentistry was described and portrayed in the report of the Bureau of Library and Indexing Service with a resolution that it be approved as the official emblem for dentistry in the United States. The Reference Committee on President's Address and Administrative Matters referred the resolution back to the Bureau for further study and report at the 1965 annual session. After further study it is suggested that the earlier symbol of dentistry be reinstated officially because it has achieved widespread use and acceptance since its first adoption in 1940 (*Trans.* 1940:320) and has continued in use although this action was rescinded in 1949 when all actions approved prior to 1945 were abrogated by the House (*Trans.* 1949:234).

This design uses as its central figure a serpent entwined about an ancient Arabian cautery in the manner of the single serpent of Aesculapius, the Greek god of medicine, coiled about a rod. The Greek letter Δ (delta), for dentistry, and the Greek letter O (omicron), for odont (tooth) form the periphery of the design. The word "Dentistry" appears on the lowest arc of the letter O. In the background are 32 leaves and 20 berries, representative of the two dentitions. Because colors are sometimes asked for, the following are suggested: the background in a shade of lilac, the official academic color of dentistry (*Descriptive Color Names Dictionary of the Container Corporation of America*, 1950, color chip 12 gc); the letter O in gold; the letter Δ in black; the cautery in gold outlined in black; and the leaves and berries merely outlined in black on the lilac background.

The following is the design of the dental insigne:



RESOLUTION

12. Resolved, that the design or insigne for dentistry as described and portrayed in the report of the Bureau of Library and Indexing Service be reapproved as the official emblem for dentistry in the United States of America.

Bureau of Membership Records

Christman, Georgia, director

Duties and Responsibilities: The functions performed by the Bureau include the maintenance of biographical and membership records for all dentists and dental students in the United States, the formulation of membership recruitment programs, control of the Association mailing list and production of all mailings, preparation and distribution of annual membership cards, and publication of the *American Dental Directory* and the monthly *American Dental Directory Supplement*. The Bureau prepares and reports all membership information, provides data regulating the number of delegates representing each constituent, determines life membership eligibility and gathers and publishes information relating to the administration of constituent and component societies. It is responsible for the House of Delegates and general registration operations at each annual session.

A major function of the Bureau is the administration of membership matters in accordance with the Association policy as established by the *Bylaws*, and it has successfully implemented the amendments to the *Bylaws* enacted by the 1964 House of Delegates dealing with maintenance of membership in two constituent societies; membership in the constituent without component society status for the dentist in federal dental service never practicing within that component; eligibility for continued national-direct membership for one year following separation from federal dental service; and waiver of dues for total disability for members in private practice. These amendments have provided the Bureau with the official directives necessary for equitable administration of these policies and have benefited the general membership.

Membership Statistics: Total Association membership for 1964 was 102,759, or an increase of 1,598 over 1963. Current total membership is at a record high.

**Summary of Membership
December 31, 1963-1964 and June 30, 1965**

Membership Classification	Dec. 31, 1963	Dec. 31, 1964	June 30, 1965
Active members	80,787	81,448	81,167
Life members	7,055	7,490	8,100
Total fully-privileged members.....	87,842	88,938	89,267
Affiliate Members	247	457	456
Associate members	34	44	82
Honorary members	61	71	75
Student members	12,977	13,243	13,316
Total Membership	101,161	102,759	103,196

Applications for affiliate membership in the Association were received from dentists in Argentina, Australia, Bermuda, Brazil, British West Indies, Canada, Costa Rica, Cyprus, Egypt, France, Indonesia, Italy, Korea, Monaco, Netherland Antilles, Panama Republic, Peru, Philippines, Spain, Taiwan, Venezuela, Viet Nam (South).

ZIP Code Project: As it is anticipated that mandatory ZIP coding and presorting of second and third-class mail will become effective January 1, 1967, the Bureau is presently engaged in gathering and applying ZIP codes to all master records and mailing plates. Because the project is an extensive one, and failure to meet the deadline will result in postal penalties, code information is being requested from all sources routinely supplying address information to the Bureau. The primary source for this information, however, has been the Post Office which is presently applying ZIP codes to the Association mailing list on a state-by-state basis. The project is progressing, but is complicated by constant change within the coding system itself and limited Post Office facilities for determining and dispensing the information.

New Policy for Designation of Character of Practice in the "American Dental Directory": At its April, 1965 session, the Board of Trustees considered and approved the following recommended procedure for listing specialists in the 1966 *American Dental Directory* in order to conform with the new regulations of the Association for the ethical announcement of limitation of practice and to increase the value of the *Directory* as a reference publication: All specialty listings which appeared in the "Character of Practice" section of the 1965 *American Dental Directory* would be maintained. Forms would be issued to all constituent societies on which they would designate the members within their areas of jurisdiction who ethically announce limitation of practice, and who may be listed as specialists in the "Character of Practice" section of the *Directory*. The forms would carry the signatures of the individual dentists and the secretaries of the constituents and components through which membership is maintained. All diplomate listings in the *Directory* would carry special coding to indicate diplomate status.

The revised policy will permit listing as limited practitioners those dentists who meet one or more of the following requisites:

1. Diplomates of the American Boards that are authorized by the American Dental Association:

- American Board of Dental Public Health
- American Board of Endodontics
- American Board of Oral Pathology
- American Board of Oral Surgery
- American Board of Orthodontics
- American Board of Pedodontics
- American Board of Periodontology
- American Board of Prosthodontics

2. Dentists limiting practice exclusively in an area approved by the American Dental Association who have completed two or more academic years of advanced education in that area.

3. Dentists limiting practice exclusively who possess state licenses permitting announcement in an area approved by the American Dental Association.
4. Dentists limiting practice exclusively who ethically announced limitation of practice in accordance with American Dental Association policy prior to December 31, 1964.

The Bureau proceeded to implement the revised policy. However, at the June, 1965 conference of constituent society secretaries there were many requests for more time to permit the constituent and component societies to gather information. In view of this strong show of opinion, it was agreed that the Bureau would continue the present system for listing specialists, and establish the revised policy for publication in the 1967 *American Dental Directory*. The 1966 *Directory* will, therefore, continue to list specialists in accordance with present policy except all diplomate listings will be coded to show diplomate status.

Automation of Systems: In the administration of the many-faceted affairs of a progressive national organization, the routine task of organizing and processing its paper-work becomes a major problem. It is now evident that automation of Association systems is desirable. Over the past decade, the duties of the Bureau have increased steadily in volume and complexity. To alleviate its paper-work problem and to provide the expanded services and information required by related agencies and the general membership, the Bureau will begin the study of its procedures for adaptation to an automated system.

RESOLUTIONS

This report is informational in nature and no resolutions are presented.

Bureau of Public Information

Goulding, Peter C., director

Joseph, Lou, assistant director

Carey, Joanna A., staff writer

The Bureau of Public Information is charged with the responsibility of developing and maintaining the Association's public relations program and of disseminating information and publicity about dentistry. The Bureau, which has a staff of nine persons, operates under direct supervision of the Association Secretary.

Cooperation with Constituent and Component Societies: A major effort of the Bureau in recent years has been to expand services to state and local societies in order to multiply the effective public relations programs of the entire profession. In 1964, the first National Conference on Dental Public Relations was held, as described later in this report. During 1965, no conference was scheduled; rather, state societies were encouraged to schedule similar conferences and the Bureau lent assistance with materials and speakers. The Bureau Director spoke at public relations conferences in New Mexico, Michigan, Minnesota, Florida and New York in the latter part of 1964 and the first half of 1965. Later this year, a staff member will participate in a conference sponsored by the Southern California State Dental Association. It is hoped that a second National Public Relations Conference can be held in 1966. A staff member was assigned to assist two state societies with the preparation of publicity for their annual sessions. This is done only once for a society, as a demonstration, and usually only for smaller societies which do not have public relations staff or outside public relations counsel.

The Bureau also prepared new "Public Relations Libraries" for use by committees of state and local societies. These packets contain a broad sampling of publicity, health education and public relations materials. Other services to societies include publication of a series of 30 newspaper articles which may be used as the basis for a dental column, and evaluation of proposals submitted to dental societies by public relations agencies.

National Dental Public Relations Conference: Representatives of 31 state societies, eight component societies and the Canadian Dental Association participated in the first National Conference on Dental Public Relations in August, 1964. Theme of the conference was "Telling your story to the public". Speakers included a daily news-

paper editor, a nationally known science writer, a TV program director, public relations personnel and dentists who were operating successful communications programs at the state and local levels. Transactions of the conference were distributed to all constituent and component societies. It is hoped that a second conference can be scheduled for 1966.

Public Relations Manual: The Bureau director is writing a ten-part series on public relations for publication in *The Journal*. Included in the series are discussions of the dentist's image, publicity, working with news media, the public's attitude toward the profession and the individual dentist's responsibility for the profession's public relations. After publication of the final article, the material will be reprinted early in 1966 as a *Public Relations Manual* and distributed to all constituent and component dental societies.

Dick Van Dyke Show: An estimated 40 million persons watched the Dick Van Dyke Show February 10 when it was presented as a central feature of National Children's Dental Health Week. The Bureaus of Dental Health Education and Public Information cooperated in the production of health messages which were shown on the commercial portions of the show. Procter & Gamble Company sponsored the entire program and turned all commercial time over to the Association. The show was presented over 209 stations of the Columbia Broadcasting System and at the end of the program, 178 of these stations presented messages from the presidents of local dental societies. In communities where the local "cut-in" was not possible, a special message from Dick Van Dyke was presented.

National Science Fair: For the third consecutive year, a Bureau staff member assisted with publicity for the Association's awards at the National Science Fair. In 1964, the Bureau's responsibility for the Fair was expanded to include handling of arrangements for the Health Awards Banquet. A staff member attends the five-day Fair and handles ADA press relations. Photographs are taken of all Association award presentations and, along with news releases, are sent to the hometown newspapers and the dental journals of the home states of the winners, as well as to the dental societies in their hometowns. The program is under the direction of the Council on Dental Research.

Advertising: In cooperation with the Council on Dental Therapeutics, the Council on Dental Trade and Laboratory Relations and other Association agencies, the Bureau continues to work with representatives of mass media and with such agencies as the National Association of Broadcasters (NAB) and the National Better Business Bureau (NBBB) on advertising of dental products. In September, 1964, NBBB issued a *Service Bulletin* to all of its members on "Dentures and Products Designed to Facilitate the Use and Correction of Dentures". Included was information on "unqualified practitioners"; mail order dentures and the Federal Denture Act; denture adhesives; denture cleansers, and denture repair and reliner kits. Later in the year, NBBB issued a major report to all its members on the evaluation program of the Council on Dental Therapeutics.

NAB, in cooperation with the Association, was instrumental in stopping television advertising by a dentifrice manufacturer who incorrectly implied that a large percentage of dentists recommended his product. NAB has also tightened its "Man in

White" Code. For many years, the ADA, the American Medical Association and the American Nurses Association had requested that professional men and women, or actors portraying them, not be used in television advertising. NAB passed a provision stating:

Physicians, dentists or nurses, or actors representing physicians, dentists or nurses shall not be employed directly or by implication. These restrictions also apply to persons professionally engaged in medical services (e.g., physical therapists, dental assistants, nurses aides).

This year, NAB further extended this ruling by an interpretation which states:

All references to physicians, dentists, nurses, hospitals or professional offices in the copy of commercials shall be supported by bona fide research, surveys, tests or claims that can be backed by medical or dental documentation. Third person representations of professional advice or treatment are unacceptable. These restrictions do not prohibit advertising from advising the consumer to seek proper medical guidance and care.

In the light of this clarification, such phrases as "Two out of three doctors recommend . . .," "Many doctors prefer . . .," "Tested in leading hospitals . . .," and "Medically proven . . ." in advertising must be documented adequately and must not be presented in a manner to create an impression of fact beyond that established by the documentation.

The Bureau also cooperates with the Council on Dental Therapeutics in reviewing the public relations aspects of advertising for products accepted by the Council and advertised in mass media. Additionally, the Bureau sends a copy of *Accepted Dental Remedies* each year to the individuals in charge of clearing advertising for all major radio and TV networks, for magazines such as *Good Housekeeping* and *Parents*, and for major newspapers such as the *New York Times* and *Chicago Tribune*.

Fluoridation: Ten years ago, the Bureau prepared a publication entitled *Comments on the Opponents of Fluoridation* consisting of well-documented information on major individuals and organizations which opposed this public health measure. Thousands of copies have been distributed to civic groups, government bodies, newspapers and individuals throughout the world. It is believed that this document has been of major assistance in furthering fluoridation, particularly in documenting for the mass media the strange melange of food faddists, political extremists and fringe "scientific" groups which make up the hard core opposition. In 1964 and 1965 an extensive revision and updating of *Opponents* has been carried out, and it is planned to publish the new edition in *The Journal* later this year.

The Bureau works with the Councils on Dental Health and Dental Therapeutics and the Bureau of Dental Health Education on various fluoridation projects. In 1964, the Directors of the two Bureaus met with officials of the Michigan society to discuss statewide fluoridation plans. In March, 1964, at the request of state society officials, the Bureau of Public Information Director spoke to a large civic group in Atlanta, Georgia, discussing the opponents of fluoridation.

The motion picture *Why Fluoridation* was produced in cooperation with the U. S.

Public Health Service. The Bureau of Audiovisual Service reports that in the first six months of distribution more than 225 requests were received for showings of the film on television or to community groups. In May, 1964, the film received an Award of Merit from the Publicity Club of Chicago "for distinguished performance in the field of public relations". In November, the film is to receive a Golden Eagle Award from CINE, an international film association.

Washington Office Public Information Counsel: In addition to his duties in connection with legislation, the Washington Office Public Information Counsel also has some duties relating to the Association's Bureau of Public Information program.

In October, 1964, the Public Information Counsel spent two days in New York discussing the forthcoming annual session with editors and reporters headquartered in that city. These included the science editors of the *Associated Press*, *United Press International*, *The New York Times*, *The New York Herald Tribune*, *Time*, *Life* and *Newsweek*. In June, 1965, a similar trip was made for the purpose of talking with science editors of general magazines. Those include such publications as *Good Housekeeping*, *McCall's*, *Ladies Home Journal*, *Red Book*, *Parents' Magazine* and *Cosmopolitan Magazine*.

In December, 1964, the Public Information Counsel accompanied Dr. Fritz A. Pierson, Association President, to the Greater New York Dental meeting and assisted Dr. Pierson in his meetings with the press and on radio and television interviews.

In August, 1964, the Public Information Counsel attended and spoke on the program of the First National Conference on Dental Public Relations.

On occasion the Washington Office also originates news releases. These are generally related either to an Association appearance before Congress or to a speech being given in the Washington area by an officer of the Association.

Magazines and Syndicated Columnists: The Bureau's work with free-lance writers, magazines and syndicated columnists increased greatly in the past year, as did the number of manuscripts. Each year, a Bureau staff member or the Public Information Counsel in the Washington Office, makes two visits to New York to contact magazines and syndicates. Purpose of the visits is to encourage publication of dental articles and to offer the Association's consultation service on manuscripts in advance of publication. Periodicals for which Bureau personnel provided background information included: *Family Circle*, *Supermarket News*, *American Legion Magazine*, *Cosmopolitan* (Circ. 885,487), *McCall's Magazine* (Circ. 8,136,830), *The Instrumentalist*, *Reader's Digest*, *Parent's Magazine* (Circ. 1,883,730), *Science News Letter*, *Life* (Circ. 7,071,571), *Barron's Magazine*, *Nature & Science*, *Drug News Weekly*, *Dental Times*, *Chicago American Sunday Magazine*, *Rx Health*, *Oral Hygiene*, *Insiders Newsletter* and *National Observer*.

Completed articles were supplied to: *Today's Health*, "Now they're transplanting teeth"; *Credit Granter* of Associated Credit Bureaus of America, Inc., "More dental care through credit".

Consultation was supplied on the following articles: "Pacifiers", "Wisdom Teeth", "Dentistry", and "Tooth Transplantation" for *Good Housekeeping*; "Canker sores and other oral ulcerations", "The air we breathe out—what makes it sweet" for *Today's Health*; "Cavities can be prevented" and "No fears—no tears at the dentist's", *Parent's Magazine*; "Dentures", *Changing Times*; "Prepaid dental care",

Better Homes & Gardens; "Don't become a dental cripple", *Health*; "Are you up on dental specialties", *Medical Economics*, and "Recognition of dentifrices", *Chemical and Engineering News*.

Two book manuscripts were submitted to dental consultants for review: *A doctor talks to older patients*, Budlong Press, and *Jobs with teeth in them*, Randall Publishing Company.

Bureau staff members also worked with the following syndicated columnists: Walter C. Alvarez, M.D., "You and Your Health"; Will Willis, "Medical Report"; Cy Barrett, career information column; Patricia McCormick, United Press International, and William C. Harrison, Associated Press Science Editor.

Several articles published during the year were considered inaccurate or misleading, and the Bureau in cooperation with other Association agencies submitted official complaints to the magazines. Examples were an article on orthodontics in *Good Housekeeping* and one on dental decay in *Pageant*.

Radio-Television: The Bureau's major efforts in radio and television have been in the distribution of films and recorded interviews to stations. The Bureau cooperated, for the third year, with the Bureaus of Dental Health Education and Audiovisual Service in producing one-minute cartoon health messages for TV. The films are now sent every other month to 260 TV stations, at least one in every state having a television station. A survey of the television stations by the Bureau showed reaction of the stations to the cartoon to be excellent. Average monthly usage of the cartoons is about 12 times per film per station, which means each film is shown nationally at least 3,000 times a month.

National Children's Dental Health Week slides and a spot announcement were sent to 473 television stations for use during the observance.

Sample radio and television scripts, and spot announcements on dental health, were made available to state and local societies for use in their public information programs.

News Releases: The Bureau issued more than 450 individual news releases during the year, including 250 for the annual session. A marked increase was noted in the extent of wire service distribution of releases based on major scientific articles in *The Journal*, the *Journal of Oral Surgery* and *Dental Abstracts*. This increased coverage also applied to releases issued on speeches by Association officials, official Association statements, council meetings, special Association conferences and programs. Samplings of newspaper clippings giving a cross-section of the publicity of the profession are circulated to officers and trustees every second week.

News releases most widely used during the year were on fluoridation as a factor in reducing malocclusion and periodontal disease, development of plastics as substitutes for teeth and bone, oral cancer and smoking, and prepaid dental care.

The Bureau increased its work with Association agencies and related dental groups. For the first time, a staff member was assigned to assist with the publicity during the annual sessions of the International Association for Dental Research and of the American Association of Dental Schools in July, 1965. In addition to preparing two press kits containing news releases for the two groups, the staff member was to set up and operate a press room at the joint session.

A special press kit containing eight news releases was issued for the 16th National

Dental Health Conference, and special releases were distributed on the First Dental Student Conference on Research, and on regional legislative conferences.

Publicity to the profession was provided for the American Fund for Dental Education, Poison Prevention Week, Community Health Week, UNICEF campaign for under-privileged children, U. S. Savings Bond campaign and the "Register and Vote" campaign by the American Heritage Foundation.

Annual Session Publicity: News coverage of the scientific session at San Francisco was the best the Association has received in several years, primarily because of the high caliber of science writers on San Francisco area papers and wire services. Media which sent personnel to cover the session included: Associated Press, *New York Times*, *Wall Street Journal*, Fairchild Publications, Publishing Enterprises, *Dental Times*, the *San Francisco Chronicle*, the *News-Call Bulletin* and the *Examiner*, the *Oakland Tribune*, KPIX-TV, KRON-TV, KQED-TV, KGO-TV, KXTV-TV, KTVU-TV, KGO, KFRC, KSFO, CBS News, NBC News, the "Edward P. Morgan Show", *U.S. News and World Reports* and *Deutsche Presse Agentur*, the German news agency. Two major press conferences were held. The first concerned oral cancer and involved two dental scientists and Dr. Luther Terry, surgeon general of the U. S. Public Health Service; coverage of this conference was the largest of any ever held by the Association in the past 15 years. The second press conference covered new developments in dental caries research and involved a staff member from the National Institute of Dental Research and a British dental scientist. Stories which attracted the most attention in newspapers nationwide were on oral cancer, prepaid dental care, use of antibiotics and fluorides in combatting dental caries, and the possibility of a geographic relation between dental caries, cancer and heart disease.

ADA TV Network: For the third consecutive year, the Bureau was responsible for coordinating the ADA TV Network at the 1964 annual session. Twenty-nine hours of programs—an increase of four hours over previous years—were broadcast into the TV sets in sleeping rooms of major convention hotels. Programming ranged from "Integration of maxillo-facial services", to "Principles and technics of biopsy", to "Issues in the House of Delegates", and "Dentistry and the 88th Congress". Members of the *Fédération Dentaire Internationale* from other countries participated in a number of programs. In Las Vegas, a special TV studio will be set up in Convention Hall, and programs will be televised to eight major convention hotels.

Encyclopediae: Information or articles were supplied during the past year to *World Book Yearbook*; *1965 Encyclopedia Britannica Book of the Year*; *World Scope Encyclopedia*; *1965 Collier's Year Book*; *Encyclopedia Americana Annual*; *World Almanac*; *Childcraft: The How and Why Library*; *Modern Medical Encyclopedia*.

"News Letter": The *News Letter* is a four-page publication which is issued every second Monday. Circulation is 7,646, including 2,218 in bulk shipments to state or local societies which subscribe for all of their members. Because of increased dental news, three issues were expanded to six pages, and a special annual session issue to eight pages. Inserts in the *News Letter* were carried in 20 issues. Some of the inserts included monthly reports on the Relief Fund Campaign, American Fund for Dental Education flyers, American Association of Dental Schools flyers, complete lists of accredited dental laboratories and news clipping montages of dental articles appearing in the nation's newspapers.

Special Publications: The *ADA Clipsheet*, containing news stories and educational cartoons on dentistry, was issued in January to 3,000 publications to promote National Children's Dental Health Week. An additional *Clipsheet* is scheduled for publication in September.

In July, 1964, an *Information Bulletin* discussing the Council on Dental Therapeutics' evaluation program was mailed to the entire Association membership. In March, 1965, a *Bulletin* outlining the Association's position on federal health care for the aged was mailed to the membership. It was prepared with the assistance of the Council on Legislation and the Washington Office. In May, an *Information Bulletin* discussing dental prepayment and the National Association of Dental Service Plans was mailed to the membership. This *Bulletin* was prepared in consultation with the Councils on Dental Health and Insurance.

The *Daily Bulletin*, a four-page publication, has been issued at each annual session since 1952. Because the 1964 annual session was held jointly with the *Fédération Dentaire Internationale* daily news columns were carried in French, German and Spanish. The *Bulletin* is operated as a daily newspaper, with final copy going to the printers at 5 p.m. each day. The issue is then printed during the night and papers are delivered by 7 a.m. to all major convention hotels. A complete set of all *Daily Bulletins* issued during the session is mailed to secretaries of state and local societies at the conclusion of the session.

Special Projects: At the request of the Council on Legislation, the Bureau in March, 1965, revised the kit on "Health Care and the Aged" and distributed it to all constituent and component societies. The kit contained speeches, newspaper articles and other materials to enable the societies to educate the public on the profession's position on the issue. At the request of the Council on Dental Research, a special publicity kit was prepared for use by university public relations departments in publicizing the ADA Junior Dental Scientists Awards Program. In cooperation with the staff of the Joint Commission on Accreditation of Dental Laboratories, the Bureau has prepared news releases, inserts for the *News Letter*, promotional letters and speeches to publicize the JCADL program to the profession.

Health Association PR Roundtable: For many years there has been a need for an association for public relations personnel who work for national health agencies. The Bureau staff has been instrumental in forming such a group, entitled Health Association PR Roundtable. HAPRR has provided a mechanism for exchanging information and exploring the possibility of cooperative programs between the Association and such groups as the American Academy of Pediatrics, the American College of Surgeons, American Veterinary Medical Association, etc.

General Comments: As the profession becomes more active in the area of public relations and health education at the national, state and local levels, more and more societies are being approached by public relations agencies, film producers and general purveyors of promotional programs and devices. Advertising agencies have approached dental societies asking them to lend their names to sell a dental health series for radio or television; "communications experts" have persuaded dental societies to purchase various programs; numerous public relations agencies have made presentations to constituent and large component societies. Some of these proposals are excellent, some were unduly expensive and unprofessional. If dental societies

are approached on such projects, it is suggested that they may wish to contact the Bureau for comments and suggestions.

RESOLUTIONS

This report is informational in nature and no resolutions are presented.

Special Committee on Trustee Districts

Lyons, Harry, Virginia, chairman
 Bowyer, Frank P., Tennessee
 Burns, William McGill, New York
 DeVoe, Keith, Ohio
 Hebert, Charles E., Jr., Louisiana
 Humphrey, William P., Colorado
 Lindstrom, Roland L., Minnesota
 Pridgen, Billy F., California
 Timmons, Gerald D., Arizona

Background: In response to a suggestion made in the presidential report of Dr. Gerald D. Timmons to the House of Delegates in 1963 (*Trans.* 1963:13), the House of Delegates authorized the appointment of a "committee of the Association consisting of not more than five members of the House of Delegates . . . to study the structure of the present trustee districts and their representation (*Trans.* 1963:206)". The following committee was then appointed by President James P. Hollers: Dr. Harry Lyons, Virginia, chairman, Dr. William McGill Burns, New York, Dr. Keith DeVoe, Ohio, Dr. Charles E. Hebert, Jr., Louisiana, Dr. Billy Pridgen, California and Dr. Gerald D. Timmons as consultant.

This Committee presented its report (*Trans.* 1964:169) to the 1964 session of the House of Delegates which voted to postpone action on it until the 1965 session of the House of Delegates. The House of Delegates then voted to continue a Special Committee on Trustee Districts and directed that it report to the 1965 House of Delegates. The 1964 House of Delegates also adopted an amended resolution presented by the Second District Dental Society of The Dental Society of the State of New York which directed that "the formula for the allocation of delegates to the constituent dental societies and federal dental services be reviewed" by the Special Committee on Trustee Districts.

Appointment of 1965 Special Committee: In accordance with the request of the House of Delegates, President Fritz A. Pierson appointed the following members to the Special Committee: Dr. Harry Lyons, chairman, Virginia; Dr. Frank P. Bowyer, Tennessee; Dr. William McGill Burns, New York; Dr. Keith DeVoe, Ohio; Dr. Charles E. Hebert, Jr., Louisiana; Dr. William P. Humphrey, Colorado; Dr. Roland L. Lindstrom, Minnesota; Dr. Billy F. Pridgen, California; Dr. Gerald D. Timmons, Arizona.

Review of Verbatim Record of 1964 House Debate: In its approach to its assignment, the Special Committee reviewed the verbatim record of the debate in the 1964 House of Delegates on the Special Committee's 1964 report. The Committee noted that the House did not give its approval to a resolution which would have directed the Special Committee "to restudy the revision of the trustee districts so that each trustee will

represent approximately the same number of members of the American Dental Association”.

Review of Assumptions for 1964 Report: In preparing its 1964 report, the Special Committee made the following assumptions (*Trans.* 1964:171):

1. Some inequity in the organization of the current 13 trustee districts appears to exist since one-third of the total membership is represented by three trustees while 29 constituent societies are represented by four trustees.
2. The maintenance of the number of trustee districts at 13 was not to be considered as a critical factor in the recommendations of the Special Committee. The number of trustee districts should not be reduced from 13 but, if desirable, might be increased beyond the present number.
3. The revision of the present trustee districts solely on the basis of the number of members in each district was felt to be neither desirable nor practical.
4. The Special Committee believed it desirable to explore a revision of the trustee districts based, insofar as possible, on the following factors:
 - a. Permitting as many as possible of the present trustee districts to remain unchanged providing they were reasonably consistent with the criteria applied to the other districts;
 - b. Placing within a revised trustee district those states and constituent societies which had good historic and geographic relations with each other.

On the basis of these assumptions, the Special Committee recommended in its 1964 report that “seven of the present trustee districts would remain unchanged, six districts would be revised and two new districts would be created”.

The Special Committee was agreed that these assumptions are still valid as a basis for its recommendations to the 1965 House of Delegates. It was felt, however, that additional explanation of its reason for rejecting a system of trustee districts with equal number of dentists might be useful.

At the end of 1964, the constituent society in the state of New York had 12,291 members; the two constituent societies in the state of California had a total of 8,926 members. The constituent society in Illinois had 5,241 members and the constituent society in Pennsylvania, 5,341 members.

If New York and California were each assigned two trustees with Illinois and Pennsylvania retaining one trustee, trustee districts with the following number of members would result:

New York, First Trustee	6,146
New York, Second Trustee	6,145
California, First Trustee	4,823
California, Second Trustee	4,103
Illinois	5,241
Pennsylvania	5,341

If this assignment of trustees is assumed, the remaining 57,734 members of 49 constituent societies and five dental services would arbitrarily be compelled into trustee dis-

tricts with an approximate dental population of 5,000 each. This revision would force distortions and realignments that would be highly unrealistic and probably unacceptable to the constituent societies involved. And even on the basis of such a drastic revision, the difference in membership population between various districts would still be as much as 33 per cent. The Committee, therefore, was not prepared to recommend this radical type of revision of the trustee districts.

Recommended Revision of Trustee Districts: The Special Committee reviewed its 1964 recommendation on the composition of 15 trustee districts in the light of comments received from the constituent societies and federal dental services and in the light of the verbatim record of the House debate.

The constituent society in Wyoming requested that it be moved from the new District 15 to the altered District 13 which would then contain the constituent societies of Arizona, Colorado, Nevada, New Mexico, Utah and Wyoming.

The Special Committee concurred in this request for a transfer but made no other changes in its 1964 recommendation which, with the transfer of Wyoming, now presents the following composition for 15 trustee districts:

COMPOSITION OF REVISED TRUSTEE DISTRICTS

District 1 (Unchanged)

Connecticut Dental Association
Maine Dental Association
Massachusetts Dental Society
New Hampshire Dental Society
Rhode Island State Dental Society
Vermont State Dental Society

District 2 (Unchanged)

New York, The Dental Society of the State of

District 3 (Unchanged)

Pennsylvania Dental Association

District 4 (Unchanged)

Air Force Dental Corps
Army Dental Corps
Delaware State Dental Society
District of Columbia Dental Society
Maryland State Dental Association
Navy Dental Corps
New Jersey State Dental Society
Panama Canal Zone Dental Society
Public Health Service
Puerto Rico Dental Association
Veterans Administration

District 5 (Changed)

North Carolina Dental Society
South Carolina Dental Association
Virginia State Dental Association
West Virginia State Dental Society

District 6 (Changed)

Alabama Dental Association
Florida State Dental Society
Georgia Dental Association
Mississippi Dental Association

District 7 (Unchanged)

Indiana State Dental Association
Ohio State Dental Association

District 8 (Unchanged)

Illinois State Dental Society

District 9 (Unchanged)

Michigan State Dental Association
Wisconsin State Dental Society

District 10 (Changed)

Kentucky Dental Association
Missouri Dental Association
Tennessee State Dental Association

District 11 (Changed)
 Iowa Dental Association
 Minnesota State Dental Association
 Nebraska Dental Association
 North Dakota State Dental Association
 South Dakota Dental Association

District 12 (Changed)
 Arkansas State Dental Association
 Kansas State Dental Association
 Louisiana Dental Association
 Oklahoma State Dental Association
 Texas Dental Association

District 13 (Changed)
 Arizona State Dental Association
 Colorado Dental Association

Nevada State Dental Society
 New Mexico Dental Association
 Utah State Dental Association
 Wyoming State Dental Association

District 14 (New)
 California Dental Association
 California State Dental Association,
 Southern

District 15 (New)
 Alaska Dental Society
 Hawaii State Dental Association
 Idaho State Dental Association
 Montana State Dental Association
 Oregon State Dental Association
 Washington State Dental Association

Maps of Current and Revised Trustee Districts: Appended to this report are a map showing the current trustee districts and a map showing the revised trustee districts. Also appended are tables indicating the allocation of delegates and membership by constituent societies and federal dental services, and by districts, under the present system of 13 trustee districts, and under the revised system of 15 districts, based on December 31, 1964 membership figures.

Status of Trustees Under Revised System of Trustee Districts: The Special Committee will recommend that if the revision of trustee districts is approved by the 1965 House of Delegates, the amendments to the *Bylaws* not become effective until the 1966 elections of the House of Delegates. The 1965 election of trustees, therefore, will be carried on in the usual way.

If the revision is approved, the following table shows the status of the trustee for each of the 15 districts.

STATUS OF TRUSTEES IF TRUSTEE DISTRICTS ARE REVISED

Present District	Current Trustee, Term, Re-election	Proposed District	Trustee for Revised District
District 1		District 1	
Connecticut	Hubert McGuirl, Rhode Island, 1967	Connecticut	Hubert McGuirl, Rhode Island, 1967
Maine		Maine	
Massachusetts		Massachusetts	
New Hampshire		New Hampshire	
Rhode Island		Rhode Island	
Vermont		Vermont	

Present District	Current Trustee, Term, Re-election	Proposed District	Trustee for Revised District
District 2		District 2	
New York	Clifford Gregory, New York, 1966, Eligible for 1966-1969	New York	Clifford Gregory, New York, or his successor for term ending in 1969
District 3		District 3	
Pennsylvania	Laurence Lathrop, Pennsylvania, 1965, Not eligible for re-election	Pennsylvania	Successor to Laurence Lathrop for term ending in 1968
District 4		District 4	
Air Force Army Delaware D. of Columbia Maryland Navy New Jersey Panama Public Health S. Puerto Rico Veterans Admin.	Paul Musselman, Delaware, 1965, Not eligible for re-election	Air Force Army Delaware D. of Columbia Maryland Navy New Jersey Panama Public Health S. Puerto Rico Veterans Admin.	Successor to Paul Musselman for term ending in 1968
District 5		District 5	
Alabama Florida Georgia Mississippi North Carolina Virginia South Carolina	William Garrett, Georgia, 1965, Not eligible for re-election	North Carolina South Carolina Virginia West Virginia	Carl Laughlin, West Virginia, 1967, (Current trustee of District 6)
District 6		District 6	
Kentucky Missouri Tennessee West Virginia	Carl Laughlin, West Virginia, 1967, (will become trustee of District 5)	Alabama Florida Georgia Mississippi	Successor to William Garrett, Georgia, for term ending in 1968

Present District	Current Trustee, Term, Re-election	Proposed District	Trustee for Revised District
District 7		District 7	
Indiana Ohio	Keith DeVoe, Ohio, 1967	Indiana Ohio	Keith DeVoe, Ohio, 1967
District 8		District 8	
Illinois	Charles Kurz, Illinois, 1965, Eligible for 1965-1968	Illinois	Charles Kurz or his successor for term ending in 1968
District 9		District 9	
Michigan Wisconsin	Aloyse Kopp, Wisconsin, 1965, Eligible for 1965-1968	Michigan Wisconsin	Aloyse Kopp or his successor for term ending in 1968
District 10		District 10	
Iowa Minnesota	Harold Eberhardt, Minnesota, 1967, (will become trustee of District 11)	Kentucky Missouri Tennessee	New trustee for term ending in 1968 with eligibil- ity to serve two additional terms of three years each
District 11		District 11	
Alaska Idaho Montana Nebraska North Dakota Oregon South Dakota Washington Wyoming	John Deines, Washington, 1966, Eligible for 1966-1969 as trustee of District 15	Iowa Minnesota Nebraska North Dakota South Dakota	Harold Eberhardt, Minnesota, 1967
District 12		District 12	
Arkansas Colorado Kansas Louisiana New Mexico Oklahoma Texas	Edward Cooksey, Texas, 1966, Eligible for 1966-1969	Arkansas Kansas Louisiana Oklahoma Texas	Edward Cooksey, Texas, or his successor for term ending in 1969

Present District	Current Trustee, Term, Re-election	Proposed District	Trustee for Revised District
District 13		District 13	
Arizona California California, So. Hawaii Nevada Utah	Roger Trueblood, Arizona, 1966, Not eligible for re-election	Arizona Colorado Nevada New Mexico Utah Wyoming	Successor to Roger Trueblood for term ending in 1969
		District 14	
		California California, So.	New trustee for term ending in 1967 with eligibil- ity to serve two additional terms of three years each
		District 15	
		Alaska Hawaii Idaho Montana Oregon Washington	John Deines, Washington, or his successor for term ending in 1969

Allocation of Delegates to Constituent Societies and Federal Dental Services: In 1955, the House of Delegates amended the Association's *Bylaws* to provide that "the House of Delegates shall be limited to 416 voting members". A further amendment in the same year required that "each constituent society and each federal dental service, for the next five years (1956-1960 inclusive) shall be entitled to one delegate without regard to the number of members. The remaining number of delegates, to the limit (416) established in Chapter V, Section 10, shall be allocated to constituent societies proportionally to their number of active and life members" (*Trans.* 1955:219).

At the end of the five-year trial period, the House of Delegates voted to establish the House of Delegates permanently on the basis of 416 members and it also directed that "The Method of Least Proportionate Error" shall be the formula used to calculate the number of delegates allocated annually to each constituent society" (*Trans.* 1960: 204). This formula provides that one delegate shall be allocated to the 54 constituent societies and to the five federal dental services regardless of their membership. The remaining 357 delegates are then allocated to the 54 constituent societies in proportion to their total number of active and life members as of the preceding December 31.

**Present Method of Determining Allocation
of Delegates to Constituent Societies
and Federal Dental Services**

The following statement describes "The Method of Least Proportionate Error" used to determine the allocation of delegates to the House of Delegates.

The House of Delegates is now limited to 416 members. Each constituent society and each federal dental service is given one delegate regardless of size. There are 54 constituent societies and five federal dental services, accounting for 59 delegates allocated without regard to membership.

The remaining 357 delegates are allocated to the 54 constituent societies "proportionally to their number of active and life members". For example, a constituent society having 5 per cent of all the active and life members in constituent societies is allocated 5 per cent of the 357 delegates, plus one delegate not charged against proportional allocation.

The formula for proportional allocation usually produces a fractional number of delegates for each society, such as 6.51, 13.34 or 3.88 delegates. Of course, these fractional numbers have to be rounded to the nearest whole numbers, or 7, 13 and 4 delegates, respectively.

After rounding the numbers of delegates allocated proportionally for all states, it usually happens that the total is a little more or a little less than 357. It is then necessary to make an adjustment in one or more states. This is done by the "method of least relative error". By this method the adjustment is made in the state(s) where the smallest percentage in the unrounded figure will add or subtract a delegate.

Following is an example of the operation of the "method of least relative error". In calculating the allocation of delegates for the 1959 House of Delegates, the total of the rounded numbers of delegates allocated proportionally was 355 rather than 357. The unrounded figures for Maryland and Southern California were 4.48 and 18.46, respectively.

There was less percentage error in changing these figures to 4.50 and 18.50 than there was in making comparable upward adjustment in any other state. Therefore, the two additional delegates needed to produce the proper total were allocated to Maryland and Southern California.

When the total of the rounded numbers of delegates allocated proportionally exceeds 357, delegates are subtracted in those states where the percentage error in making the adjustment is the smallest.

In allocating the delegates for 1960, the proper number was obtained at first adding, so adjustment was not necessary.

The methodology used comes as close to true proportional allocation of the 357 delegates as is possible without allocating fractions of delegates.

In its study of this problem, the Special Committee noted that if all delegates were allocated proportionally on the basis of membership, some constituent societies would be eliminated from representation in the House of Delegates. The Committee also noted the possibility of applying the formula used to govern the membership of the

United States House of Representatives. Under this formula each state is guaranteed one Representative and these 50 Representatives are charged against the proportional allocation. Under this formula, the larger states are given better representation at the expense of the smaller states.

The Special Committee, after its review, agreed unanimously not to recommend an amendment of the *Bylaws* which would alter the present method of allocating delegates to the constituent societies and to the federal dental services.

Size of House of Delegates: The Special Committee was not given a specific assignment to review the present size of the House of Delegates but the question arose in its consideration of the allocation of delegates.

It is of interest, as a matter of information, to compare the size of the House of Delegates of the American Dental Association with the membership of other representative bodies: United States House of Representatives, 435 members; House of Delegates of American Hospital Association, 112 members; House of Delegates of American Medical Association, 233 members.

The American Medical Association, which has more than twice the membership of the American Dental Association, makes the following allocation of delegates to constituent societies, federal medical services and scientific sections:

Allocation of Delegates in American Medical Association

Alabama 3	Minnesota 4
Alaska 1	Mississippi 2
Arizona 2	Missouri 4
Arkansas 2	Montana 1
California 22	Nebraska 2
Canal Zone 1	Nevada 1
Connecticut 3	New Hampshire 1
Colorado 3	New Jersey 7
Delaware 1	New Mexico 1
District of Columbia 2	New York 26
Florida 5	North Carolina 4
Georgia 4	North Dakota 1
Hawaii 1	Ohio 9
Idaho 1	Oklahoma 2
Illinois 11	Oregon 2
Indiana 5	Pennsylvania 12
Iowa 3	Puerto Rico 1
Kansas 2	Rhode Island 1
Kentucky 3	South Carolina 2
Louisiana 3	South Dakota 1
Maine 1	Tennessee 3
Maryland 3	Texas 9
Massachusetts 6	Utah 1
Michigan 7	Vermont 1

Virginia	3	Air Force	1
Virgin Islands	1	Army	1
Washington	4	Navy	1
West Virginia	2	Public Health	1
Wisconsin	4	Veterans Administration	1
Wyoming	1	Scientific Sections	20

The Special Committee makes no recommendation on altering the size of the House of Delegates but expresses the opinion that attention should be given to this problem at an early future date to insure the availability of adequate physical facilities for the meetings of the House of Delegates.

Request for Reference Committee Hearing: The Special Committee has recommended to the President of the Association that a reference committee be appointed to conduct hearings on the report of the Special Committee at the 1965 session of the House of Delegates. The President has indicated his acceptance of this recommendation.

The Special Committee will also request the Speaker of the House of Delegates and the Committee on Rules and Order to place the report of the Special Committee on the agenda as a special order of business so that the time of its consideration will be known in advance to all members of the House of Delegates.

Procedure for Consideration of Report by House of Delegates: The Committee is of the opinion that its 1964 recommendation to revise the trustee districts by direct amendment of the *Bylaws* created some confusion in the House of Delegates and did not permit direct consideration of the changes which were proposed for each of the trustee districts. The Committee believes that this problem can be solved by requesting the House of Delegates to consider first whether or not 15 trustee districts should be established. This issue would be determined by majority vote. If the House approves the revision into 15 trustee districts, the Committee will request that the House consider each district separately and determine its composition by majority vote. When this has been settled by majority vote on each separate district, the Committee will present the formal amendments to the *Bylaws* which will require *two-thirds* vote for adoption.

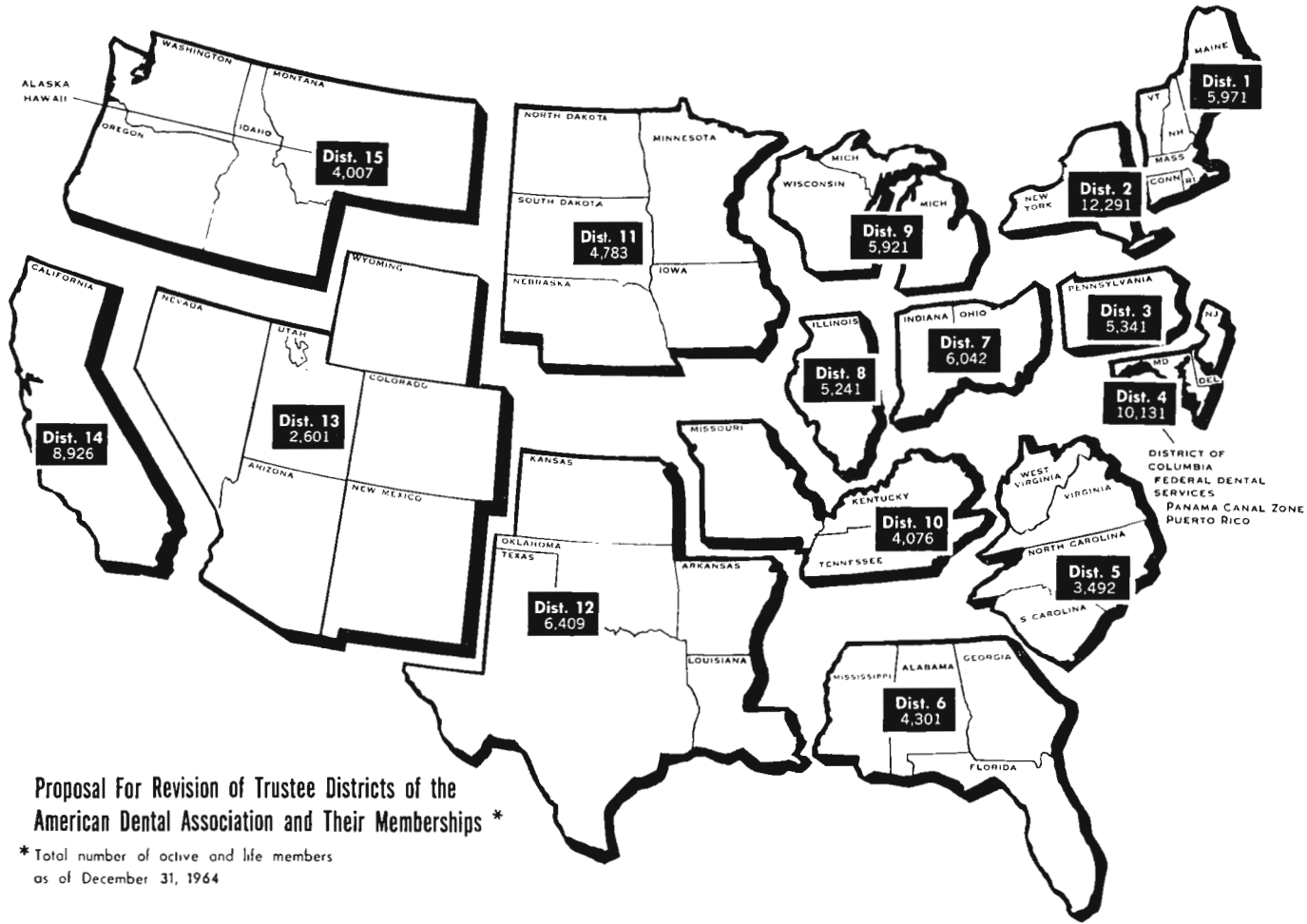
The Special Committee is of the opinion that this method of voting on the report will permit direct consideration of the issues that are involved in each change that is recommended and thus facilitate procedures in the House of Delegates.

RESOLUTIONS

14. Resolved, that the establishment of 15 trustee districts be accepted in principle as a basis for determining the composition of these districts prior to the formal amendment of the *Bylaws* to make any changes effective.

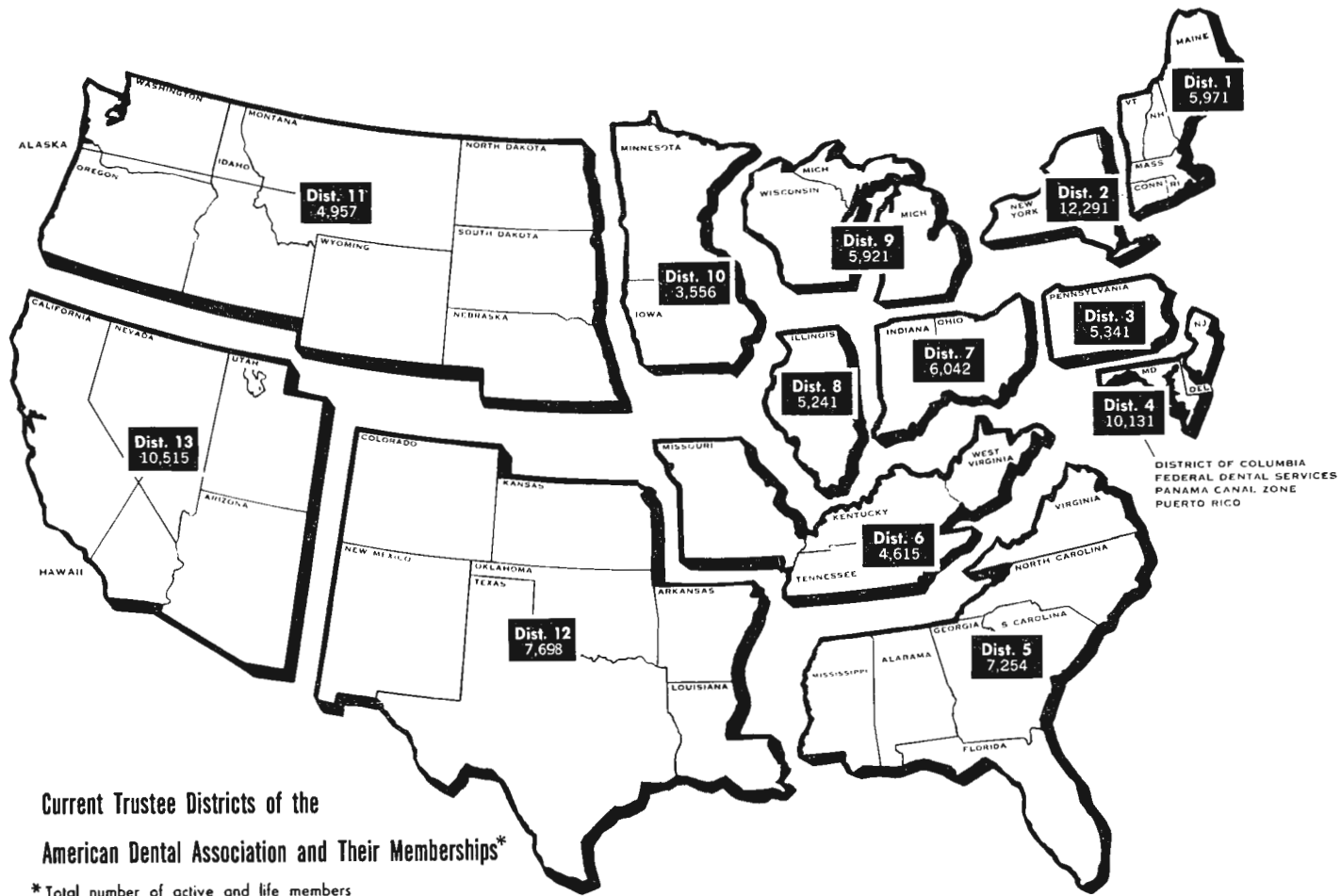
15. Resolved, that Trustee District 1 consist of the following constituent societies: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island and Vermont.

16. **Resolved**, that Trustee District 2 consist of the constituent society in the following state: New York.
17. **Resolved**, that Trustee District 3 consist of the constituent society in the following state: Pennsylvania.
18. **Resolved**, that Trustee District 4 consist of the constituent societies in the following states and district and of the following federal dental services: Air Force, Army, Delaware, District of Columbia, Maryland, Navy, New Jersey, Panama Canal Zone, Public Health Service, Puerto Rico and Veterans Administration.
19. **Resolved**, that Trustee District 5 consist of the constituent societies in the following states: North Carolina, South Carolina, Virginia and West Virginia.
20. **Resolved**, that Trustee District 6 consist of the constituent societies in the following states: Alabama, Florida, Georgia and Mississippi.
21. **Resolved**, that Trustee District 7 consist of the constituent societies in the following states: Indiana and Ohio.
22. **Resolved**, that Trustee District 8 consist of the constituent society in the following state: Illinois.
23. **Resolved**, that Trustee District 9 consist of the constituent societies in the following states: Michigan and Wisconsin.
24. **Resolved**, that Trustee District 10 consist of the constituent societies in the following states: Kentucky, Missouri and Tennessee.
25. **Resolved**, that Trustee District 11 consist of the constituent societies in the following states: Iowa, Minnesota, Nebraska, North Dakota and South Dakota.
26. **Resolved**, that Trustee District 12 consist of the constituent societies in the following states: Arkansas, Kansas, Louisiana, Oklahoma and Texas.
27. **Resolved**, that Trustee District 13 consist of the constituent societies in the following states: Arizona, Colorado, Nevada, New Mexico, Utah and Wyoming.
28. **Resolved**, that Trustee District 14 consist of the constituent societies in the following state: California.
29. **Resolved**, that Trustee District 15 consist of the constituent societies in the following states: Alaska, Hawaii, Idaho, Montana, Oregon and Washington.



Proposal For Revision of Trustee Districts of the American Dental Association and Their Memberships *

* Total number of active and life members as of December 31, 1964



**Current Trustee Districts of the
American Dental Association and Their Memberships***

* Total number of active and life members
as of December 31, 1964

**ALLOCATION OF DELEGATES AND MEMBERSHIP BY
CONSTITUENT SOCIETIES AND FEDERAL DENTAL SERVICES
UNDER REVISED SYSTEM OF 15 TRUSTEE DISTRICTS
(Membership at December 31, 1964)**

	Active Dues Paid	Active No Dues*	Life Members	Total	1965 Delegates
FIRST DISTRICT: Unchanged					
Connecticut	1,574	16	143	1,733	8
Maine	298	—	28	326	2
Massachusetts	2,647	1	417	3,065	14
New Hampshire	238	—	22	260	2
Rhode Island	383	4	41	428	3
Vermont	139	1	19	159	2
Subtotal	<u>5,279</u>	<u>22</u>	<u>670</u>	<u>5,971</u>	<u>31</u>
SECOND DISTRICT: Unchanged					
New York	<u>11,377</u>	<u>86</u>	<u>828</u>	<u>12,291</u>	<u>53</u>
THIRD DISTRICT: Unchanged					
Pennsylvania	<u>4,873</u>	<u>33</u>	<u>435</u>	<u>5,341</u>	<u>24</u>
FOURTH DISTRICT: Unchanged					
Air Force	1,099	—	4	1,103	1
Army	1,233	—	15	1,248	1
Delaware	166	—	5	171	2
District of Columbia.....	460	1	75	536	3
Maryland	1,108	3	49	1,160	6
Navy	1,172	—	7	1,179	1
New Jersey	3,396	12	224	3,632	16
Panama Canal Zone.....	19	—	1	20	1
Public Health Service.....	325	—	2	327	1
Puerto Rico	167	—	9	176	2
Veterans Administration	565	—	14	579	1
Subtotal	<u>9,710</u>	<u>16</u>	<u>405</u>	<u>10,131</u>	<u>35</u>
FIFTH DISTRICT: Revised					
North Carolina	1,075	1	144	1,220	6
South Carolina	396	3	35	434	3
Virginia	1,230	—	69	1,299	7
West Virginia	478	—	61	539	3
Subtotal	<u>3,179</u>	<u>4</u>	<u>309</u>	<u>3,492</u>	<u>19</u>
SIXTH DISTRICT: Revised					
Alabama	774	2	47	823	4
Florida	1,882	7	81	1,970	9
Georgia	959	11	91	1,061	6
Mississippi	421	—	26	447	3
Subtotal	<u>4,036</u>	<u>20</u>	<u>245</u>	<u>4,301</u>	<u>22</u>
SEVENTH DISTRICT: Unchanged					
Indiana	1,558	12	201	1,771	9
Ohio	3,865	2	404	4,271	19
Subtotal	<u>5,423</u>	<u>14</u>	<u>605</u>	<u>6,042</u>	<u>28</u>
EIGHTH DISTRICT: Unchanged					
Illinois	<u>4,535</u>	<u>3</u>	<u>703</u>	<u>5,241</u>	<u>23</u>

*Includes 1964 student members who were accepted as active members, and relief recipients.

	Active Dues Paid	Active No Dues*	Life Members	Total	1965 Delegates
NINTH DISTRICT: Unchanged					
Michigan	3,347	70	285	3,702	17
Wisconsin	1,876	66	277	2,219	10
Subtotal	<u>5,223</u>	<u>136</u>	<u>562</u>	<u>5,921</u>	<u>27</u>
TENTH DISTRICT: Revised					
Kentucky	890	25	110	1,025	5
Missouri	1,644	31	175	1,850	9
Tennessee	1,132	—	69	1,201	6
Subtotal	<u>3,666</u>	<u>56</u>	<u>354</u>	<u>4,076</u>	<u>20</u>
ELEVENTH DISTRICT: Revised					
Iowa	1,081	23	271	1,375	7
Minnesota	1,804	—	377	2,181	10
Nebraska	657	10	90	757	4
North Dakota	193	1	44	238	2
South Dakota	195	—	37	232	2
Subtotal	<u>3,930</u>	<u>34</u>	<u>819</u>	<u>4,783</u>	<u>25</u>
TWELFTH DISTRICT: Revised					
Arkansas	481	7	31	519	3
Kansas	703	3	116	822	4
Louisiana	915	4	55	974	5
Oklahoma	750	7	60	817	4
Texas	3,009	73	195	3,277	15
Subtotal	<u>5,858</u>	<u>94</u>	<u>457</u>	<u>6,409</u>	<u>31</u>
THIRTEENTH DISTRICT: Revised					
Arizona	486	11	13	510	3
Colorado	876	—	132	1,008	5
Nevada	136	3	2	141	2
New Mexico	264	—	17	281	2
Utah	465	—	59	524	3
Wyoming	125	—	12	137	2
Subtotal	<u>2,352</u>	<u>14</u>	<u>235</u>	<u>2,601</u>	<u>17</u>
FOURTEENTH DISTRICT: New					
California	3,774	58	271	4,103	18
Southern California	4,556	3	264	4,823	21
Subtotal	<u>8,330</u>	<u>61</u>	<u>535</u>	<u>8,926</u>	<u>39</u>
FIFTEENTH DISTRICT: New					
Alaska	59	—	—	59	1
Hawaii	390	2	22	414	3
Idaho	240	—	17	257	2
Montana	288	—	40	328	2
Oregon	1,113	2	100	1,215	6
Washington	1,578	7	149	1,734	8
Subtotal	<u>3,668</u>	<u>11</u>	<u>328</u>	<u>4,007</u>	<u>22</u>
GRAND TOTAL	<u>81,439</u>	<u>604</u>	<u>7,490</u>	<u>89,533</u>	<u>416</u>

*Includes 1964 student members who were accepted as active members, and relief recipients.

**ALLOCATION OF DELEGATES AND MEMBERSHIP BY
CONSTITUENT SOCIETIES AND FEDERAL DENTAL SERVICES
UNDER PRESENT SYSTEM OF 13 TRUSTEE DISTRICTS
(Membership at December 31, 1964)**

	Active Dues Paid	Active No Dues*	Life Members	Total	1965 Delegates
FIRST DISTRICT					
Connecticut	1,574	16	143	1,733	8
Maine	298	—	28	326	2
Massachusetts	2,647	1	417	3,065	14
New Hampshire	238	—	22	260	2
Rhode Island	383	4	41	428	3
Vermont	139	1	19	159	2
Subtotal	<u>5,279</u>	<u>22</u>	<u>670</u>	<u>5,971</u>	<u>31</u>
SECOND DISTRICT					
New York	<u>11,377</u>	<u>86</u>	<u>828</u>	<u>12,291</u>	<u>53</u>
THIRD DISTRICT					
Pennsylvania	<u>4,873</u>	<u>33</u>	<u>435</u>	<u>5,341</u>	<u>24</u>
FOURTH DISTRICT					
Air Force	1,099	—	4	1,103	1
Army	1,233	—	15	1,248	1
Delaware	166	—	5	171	2
District of Columbia.....	460	1	75	536	3
Maryland	1,108	3	49	1,160	6
Navy	1,172	—	7	1,179	1
New Jersey	3,396	12	224	3,632	16
Panama Canal Zone.....	19	—	1	20	1
Public Health Service.....	325	—	2	327	1
Puerto Rico	167	—	9	176	2
Veterans Administration	565	—	14	579	1
Subtotal	<u>9,710</u>	<u>16</u>	<u>405</u>	<u>10,131</u>	<u>35</u>
FIFTH DISTRICT					
Alabama	774	2	47	823	4
Florida	1,882	7	81	1,970	9
Georgia	959	11	91	1,061	6
Mississippi	421	—	26	447	3
North Carolina	1,075	1	144	1,220	6
South Carolina	396	3	35	434	3
Virginia	1,230	—	69	1,299	7
Subtotal	<u>6,737</u>	<u>24</u>	<u>493</u>	<u>7,254</u>	<u>38</u>
SIXTH DISTRICT					
Kentucky	890	25	110	1,025	5
Missouri	1,644	31	175	1,850	9
Tennessee	1,132	—	69	1,201	6
West Virginia	478	—	61	539	3
Subtotal	<u>4,144</u>	<u>56</u>	<u>415</u>	<u>4,615</u>	<u>23</u>
SEVENTH DISTRICT					
Indiana	1,558	12	201	1,771	9
Ohio	3,865	2	404	4,271	19
Subtotal	<u>5,423</u>	<u>14</u>	<u>605</u>	<u>6,042</u>	<u>28</u>

*Includes 1964 student members who were accepted as active members, and relief recipients.

	Active Dues Paid	Active No Dues*	Life Members	Total	1965 Delegates
EIGHTH DISTRICT					
Illinois	4,535	3	703	5,241	23
NINTH DISTRICT					
Michigan	3,347	70	285	3,702	17
Wisconsin	1,876	66	277	2,219	10
Subtotal	5,223	136	562	5,921	27
TENTH DISTRICT					
Iowa	1,081	23	271	1,375	7
Minnesota	1,804	—	377	2,181	10
Subtotal	2,885	23	648	3,556	17
ELEVENTH DISTRICT					
Alaska	59	—	—	59	1
Idaho	240	—	17	257	2
Montana	288	—	40	328	2
Nebraska	657	10	90	757	4
North Dakota	193	1	44	238	2
Oregon	1,113	2	100	1,215	6
South Dakota	195	—	37	232	2
Washington	1,578	7	149	1,734	8
Wyoming	125	—	12	137	2
Subtotal	4,448	20	489	4,957	29
TWELFTH DISTRICT					
Arkansas	481	7	31	519	3
Colorado	876	—	132	1,008	5
Kansas	703	3	116	822	4
Louisiana	915	4	55	974	5
New Mexico	264	—	17	281	2
Oklahoma	750	7	60	817	4
Texas	3,009	73	195	3,277	15
Subtotal	6,998	94	606	7,698	38
THIRTEENTH DISTRICT					
Arizona	486	11	13	510	3
California	3,774	58	271	4,103	18
Southern California	4,556	3	264	4,823	21
Hawaii	390	2	22	414	3
Nevada	136	3	2	141	2
Utah	465	—	59	524	3
Subtotal	9,807	77	631	10,515	50
GRAND TOTAL	81,439	604	7,490	89,533	416

*Includes 1964 student members who were accepted as active members, and relief recipients.

Resolutions

Submitted by
Constituent Societies
and Other Agencies

Alaska Dental Society SECRETARY AS OFFICIAL SPOKESMAN OF ADA

The following resolution was approved by the Alaska Dental Society at its 1965 convention and transmitted under date of August 13 by Dr. Craig S. Kauffman, secretary.

37. **Whereas**, the main voice of dentistry to the public is the American Dental Association, and
Whereas, the Secretary of the American Dental Association has been a major spokesman for the Association, and
Whereas, the Alaska Dental Society is concerned by statements in the popular press and in professional publications which are in obvious conflict with the desires of the profession at large, and
Whereas, these statements are consistently attributed to the Secretary of the American Dental Association, therefore, be it
Resolved, that the Alaska Dental Society hereby requests the House of Delegates to join with us in requesting the Board of Trustees to immediately curtail the capacity of the Secretary as an official spokesman for the American Dental Association.

Alaska Dental Society PUBLICATION OF INFORMATION ON DENTAL FEES AND INCOME

The following resolution was approved by the Alaska Dental Society at its 1965 convention and transmitted under date of August 13 by Dr. Craig S. Kauffman, secretary.

38. **Whereas**, the image of the dental profession is adversely affected by the discussion in the public press of individual dentists' incomes, and

Whereas, a prime source of information for journalists is *The Journal of the American Dental Association* and published results of surveys made by the Association, and

Whereas, journalists for the mass media have in the past treated facts and figures from dental sources with an aura of sensationalism, and

Whereas, the dissemination of facts and figures relating to incomes serves no useful purpose, therefore, be it

Resolved, that the Alaska Dental Society hereby registers its disapproval of the public dissemination of facts and figures relating to dental incomes in *The Journal of the American Dental Association* and urges that discretion be exercised in the future in matters of this nature, and be it further

Resolved, that the officials of the American Dental Association be urged to answer misrepresentations concerning fees and income by having published in the offending media a statement of correction.

Alaska Dental Society

POPULATION-DENTIST RATIO FOR STATE OF ALASKA

The following resolution was approved by the Alaska Dental Society at its 1965 convention and transmitted under date of August 13 by Dr. Craig S. Kauffman, secretary.

43. **Whereas**, the population-dentist ratio for the State of Alaska as published by the Bureau of Economic Research and Statistics of the American Dental Association does not accurately reflect the true picture in the State, and

Whereas, this inaccuracy is due to the inclusion in the population figure all Alaskan natives and military personnel and the exclusion of military dentists and public health dentists, therefore, be it

Resolved, that the Alaska Dental Society calls on the Bureau of Economic Research and Statistics of the American Dental Association to include the military and public health dentists in the total dentist figure to provide an accurate representation of the population-dentist ratio.

Connecticut State Dental Association

COMMITTEE ON ORAL HEALTH OF CHRONICALLY ILL, HANDICAPPED AND AGED

The following resolution was adopted by the Board of Governors of the Connecticut State Dental Association on July 22, 1965 and transmitted under date of July 26, 1965 by Dr. Earle S. Arnold, secretary.

39. Whereas, the changing socio-economic picture has brought us legislation to help meet some of the problems of the chronically ill and aging in the form of the Kerr-Mills Act, and we are now faced with the very strong possibility of additional legislation in this same field, and

Whereas, these problems of the chronically ill, aging and the handicapped are becoming of such magnitude that they will in the very near future require the entire attention of a special committee to deal with these problems on local and national levels, and

Whereas, the state and local dental societies have a responsibility to their communities to innovate dental care programs, which they should not always look to the official agencies to inaugurate, and should assist the official health agencies in assessing the dental needs and in securing the necessary support for the implementing of Community Health Programs, therefore, be it

Resolved, that the Council on Dental Health, through proper administrative channels, be instructed to establish a Committee on Oral Health of the Chronically Ill, Handicapped and Aged.

Connecticut State Dental Association

MEMBERSHIP IN THE AMERICAN DENTAL ASSOCIATION

The following resolution was adopted by the Board of Governors of the Connecticut State Dental Association and transmitted under date of June 11, 1965 by Dr. Earle S. Arnold, executive secretary.

30. Whereas, numerous professionally qualified dentists are unable to become members of the American Dental Association because of their inability to be acceptable to many component societies within several constituent societies of the American Dental Association, and

Whereas, there is firm recognition of the advisability of component societies retaining the prerogatives of determination of their membership, and

Whereas, there is determined recognition that all professionally qualified dentists wishing to hold membership in the American Dental Association should have that privilege, and

Whereas, alleviation of this problem has nevertheless been slow in materializing, therefore, be it

Resolved, that all component societies be urged through their constituent societies to review their requirements for membership, both written and unwritten, understood and implied, and be it further

Resolved, that reports be made periodically by the American Dental Association administration to the House of Delegates as to the progress being made in this area of membership, and be it further

Resolved, that those component and constituent societies in which discrimination as to membership previously has been apparent but is now being overcome be commended for the progress made and be urged to continue these efforts as a guide that may enlighten colleagues in their areas.

Connecticut State Dental Association
STATE-WIDE FLUORIDATION LEGISLATION

The following resolution was adopted by the Board of Governors of the Connecticut State Dental Association and transmitted under date of June 11, 1965 by Dr. Earle S. Arnold, executive secretary.

31. Whereas, the State of Connecticut has become the first state in the nation to enact a state-wide fluoridation law, and

Whereas, state-wide fluoridation in Connecticut resulted only after years of long and bitter battles on a local basis with towns and local water companies, and

Whereas, the state-wide approach used by the Connecticut State Dental Association may prove to be of invaluable benefit to other constituent societies seeking to accomplish this over-all objective, therefore, be it

Resolved, that it be recommended to all constituent societies of the American Dental Association that they endeavor to enact state legislation similar to the Act Concerning the Fluoridation of Public Water Supplies recently enacted into law in Connecticut, and be it further

Resolved, that a copy of Connecticut's Act, the wording of which follows, be distributed to all constituent societies for their guidance and assistance.

Be it enacted by the Senate and House of Representatives in General Assembly convened: Wherever the fluoride content of public water supplies serving twenty thousand or more persons supplies less than eight-tenths of a milligram per liter of fluoride, the person, firm, corporation or municipality having jurisdiction over the supply shall add a measured amount of fluoride to the water so as to maintain a fluoride content of between eight-tenths of a milligram per liter and one and two-tenths milligrams per liter, such adjustment of fluorides to start according to the dates scheduled as follows: Water utilities serving a population of fifty thousand or more shall begin fluoridation on or before January 1, 1967; water utilities serving a population from twenty thousand to fifty thousand shall begin fluoridation not later than October 1, 1967.

Indiana State Dental Association
LIMITATION OF SUPPORT TO
NATIONAL ASSOCIATION OF DENTAL SERVICE PLANS

The following resolution was approved by the House of Delegates of the Indiana State Dental Association and transmitted under date of June 7, 1965 by Mr. Gale E. Coons, executive secretary. When the resolution did not appear in the 1965 issue of *Reports of Officers and Councils*, the resolution was again transmitted by Mr. Coons under date of August 30, 1965. A check of the ADA Central Office files indicates that the resolution and letter of transmittal were not received by the Secretary of the Association nor by the Secretary of the Council on Dental Health to whom a carbon copy of the letter and resolution were transmitted.

Background Statement: In November, 1964 the American Dental Association House

of Delegates adopted a resolution which established a National Association of Dental Service Plans, a corporation independent of the American Dental Association.

The Council on Dental Health estimated that “. . . total support in the amount of \$200,000.00 will be required and should be allocated in accordance with budgets approved by the Board of Trustees”. (*Reports of Officers and Councils 1964*, p. 29)

The Capital budget for the fiscal year 1965, as submitted by the Board of Trustees and approved by the House of Delegates, included the sum of \$25,000.00 to be used to establish the National Association of Dental Service Plans. (Board Report #5, p. 1311)

There is no definite date of guarantee that this independent agency will ever be self supporting. Fewer than half the states have established service corporations and only nine are operating. Of these only the West Coast service corporations have what might be considered a significant number of consumers under contract.

Some constituent societies and component societies have rejected the service corporation method of dental prepayment. Enabling legislation for dental service corporations in some states has proved to be highly restrictive and it is doubtful that some states will allow permissive legislation at all.

It would, therefore, seem inequitable to place the burden of financial support on the American Dental Association when the principle of the service corporation approach to prepayment has not been endorsed by all ADA constituent societies.

Financial support for the National Association of Dental Service Plans should not come from the American Dental Association, but instead from the potential members of NADSP or from those sponsoring constituent societies which elect to support this independent corporation.

41. **Resolved**, that the American Dental Association limit its financial support of the National Association of Dental Service Plans to the \$25,000.00 granted by the House of Delegates in November, 1964.

Maryland State Dental Association

NATIONAL ASSOCIATION OF DENTAL SERVICE PLANS

The following resolution was adopted by the Maryland State Dental Association's Board of Governors and approved at the annual business meeting of the Association on October 4, 1965. The resolution was transmitted by Dr. William Schunick, secretary, under date of October 19, 1965.

45. **Whereas**, a National Coordinating Agency for Dental Service Corporations has been approved by the 1964 House of Delegates, and

Whereas, the *Bylaws* governing the National Association of Dental Service Plans are to be considered by the 1965 House of Delegates of the American Dental Association for approval or rejection, and

Whereas, the National Association of Dental Service Plans' major function is to coordinate and aid in the activities of the various established and operating dental service corporations of the constituent dental societies of the American Dental Association, therefore, be it

Resolved, that the governing body, such as the Board of Directors, of the National Association of Dental Service Plans have representation on the Board from the various operating dental service corporations of the constituent dental societies within the states, and be it further

Resolved, that, if there are to be future changes in the *Bylaws of the National Association of Dental Service Plans*, these changes be brought before the House of Delegates of the American Dental Association for consideration and adoption, and be it further

Resolved, that this mechanism of review by the House of Delegates of the American Dental Association be made a permanent policy of the National Association of Dental Service Plans by incorporating this method in the *Bylaws of the National Association of Dental Service Plans*.

Maryland State Dental Association

REORGANIZATION OF TRUSTEE DISTRICTS

The following resolution was adopted by the Maryland State Dental Association's Board of Governors and approved at the annual business session of the Association on October 4, 1965. The resolution was transmitted by Dr. William Schunick, secretary, under date of October 19, 1965.

46. Whereas, the trustee districts of the American Dental Association as presently constituted are now under consideration, and

Whereas, the Special Committee of the Association to study this matter has made no recommendation for change in the complement of the Fourth Trustee District, and

Whereas, in the opinion of many of the constituent dental societies and federal dental services composing the Fourth District that a change is imminent in our district if the status quo of the district does not prevail, and

Whereas, the Fourth District represents approximately 11,000 dentists, and

Whereas, the Fourth Trustee District is presently composed of one large constituent and many smaller constituents, it has experienced at times certain problems of proper rotation of the Fourth District trustee among its constituents, therefore, be it

Resolved, that the Fourth Trustee District of the American Dental Association be composed of the federal dental services, District of Columbia, Maryland, Puerto Rico and the Panama Canal Zone, and be it further

Resolved, that the New Jersey State Dental Society and the Delaware State Dental Association be made a separate district.

Massachusetts Dental Society

PROFESSIONAL STATUS FOR DENTAL HYGIENISTS

The following resolution was adopted by the Board of Trustees of the Massachusetts Dental Society on June 21, 1965 and transmitted under date of June 30, 1965 by Dr. Harold E. Tingley, secretary.

Background Statement: Some agencies of the state and federal government have the authority of placing personnel in professional, semi-professional and non-professional categories. At the present time properly educated and licensed dental hygienists are placed in the non-professional category, which affects their pay grades and professional status in tax supported endeavors at federal, state and local levels.

32. Resolved, that the American Dental Association grant properly educated and licensed dental hygienists professional status.

Michigan State Dental Association
COMMENDATION OF DR. HAROLD HILLENBRAND

The following resolution was unanimously adopted by the delegation of the Michigan State Dental Association on November 10, 1965.

Background Statement: It is the opinion of the Michigan State Dental Association that it represents the thoughts of this House of Delegates in submitting a resolution of commendation to Dr. Hillenbrand. The particular reason for submitting it at this time is that it does not seem sufficient merely to reject Resolution 37 submitted by the Alaska Dental Society but to more specifically amplify our appreciation and commendation of Dr. Hillenbrand by officially adopting a resolution that expresses more adequately the deep and sincere appreciation of dentistry for one of its most illustrious members.

Dr. Hillenbrand's many contributions to dentistry in the varied areas of administration, practice, literature, education, research, international affairs and public, professional and governmental relations are so outstanding that they cannot possibly be listed here. It can be stated unequivocally, however, that his contributions have been so outstanding and important that it would have been impossible for dentistry to make the remarkable progress of the past twenty-five years without his ready and capable clear thinking, advice, counsel and leadership. All of dentistry is greatly indebted to him, and for this reason the following resolution is submitted to express our appreciation for his outstanding and significant contributions to our profession.

55. Resolved, that the House of Delegates expresses its great admiration and appreciation to Dr. Harold Hillenbrand for his many contributions to dentistry in all of its aspects and further that this resolution extends to Dr. Hillenbrand the House of Delegates' warm appreciation of his outstanding qualities as a professional man.

**Michigan State Dental Association and
New York, The Dental Society of the State of**

**RESTRICTIVE PRACTICES BY CONSTITUENT AND COMPONENT SOCIETIES
RELATING TO ENTRANCE TO MEMBERSHIP**

The following resolution was unanimously adopted by the Board of Governors of The Dental Society of the State of New York on May 5, 1965 and was transmitted under date of May 6, 1965 by Dr. Percy T. Phillips, secretary.

The resolution was also unanimously adopted by the Board of Trustees of the Michigan State Dental Association on June 16, 1965 in conformance with a directive issued by that Association's General Assembly on May 4, 1965 and was transmitted by Dr. John G. Nolen, secretary, under date of June 17, 1965.

Background Statement: The Dental Society of the State of New York and the Michigan State Dental Association are in agreement with the American Dental Association Board of Trustees that it is essential "to eliminate the allegation that it (the American Dental Association) is tacitly cooperating with restrictive practices by constituent and component societies which, in reality, do discriminate in membership entrance on the basis of race, creed, or color" (*Trans.* 1962:344) and, therefore, present the following resolution:

33. Resolved, that resolute action be taken to enforce the actual intent of the 1962 resolution of the House of Delegates (*Trans.* 1962:284, Res. 38-1962-H) to prevent discrimination in membership entrance on the basis of race, creed or color by

1. Advising all constituent and component societies that non-conformance with the spirit and the intent as well as the letter of the American Dental Association *Bylaws* may lead to sanctions, including revocation of charter, and
2. Encouraging all members of the National Dental Association not at present enrolled in the American Dental Association to submit applications for membership, and
3. Discouraging any local subterfuge (such as inability to obtain sponsoring signatures) which would allow such discrimination.

Minnesota State Dental Association

**RESTRICTIVE PRACTICES BY CONSTITUENT AND COMPONENT SOCIETIES
RELATING TO ENTRANCE TO MEMBERSHIP**

On August 18, 1965, Dr. Horace L. Drake, secretary, Minnesota State Dental Association, advised that the Board of Trustees of that association had voted unanimously to support Resolution 33 of the Michigan State Dental Association and The Dental Society of the State of New York on "Restrictive Practices by Constituent and Component Societies Relating to Entrance to Membership".

Missouri Dental Association

STUDY OF MAL-PRACTICE INSURANCE POLICY FOR MEMBERS

The following resolution was adopted by the Board of Governors of the Missouri Dental Association on October 17 and by the General Assembly on October 19. It was transmitted under date of October 22, 1965 by Dr. J. Fletcher Burge, secretary-treasurer.

48. Resolved, that the Council on Insurance be requested to study and present the most practical plan of securing a non-cancellable mal-practice insurance policy for the members of the Association and report to the 1966 session of the House of Delegates.

New Jersey State Dental Society

AMENDMENT OF SECTION 15 OF PRINCIPLES OF ETHICS ON
"USE OF PROFESSIONAL TITLES AND DEGREES"

The following resolution, proposed by the Executive Board of the Essex County Dental Society, was approved by the Board of Trustees of the New Jersey State Dental Society on March 24, 1965 and transmitted under date of June 4, 1965 by Dr. John G. Carr, secretary.

Background Statement: At the 1964 annual session of the House of Delegates of the American Dental Association, a resolution was adopted amending Section 15 of the *Principles of Ethics* which permitted any dentist who also possesses a medical degree to use such degree in addition to his dental degree in connection with his name on cards, letterheads, office door signs and announcements. The Executive Board of the Essex County Dental Society concurs with the House of Delegates relative to such action but feels that the resolution did not go far enough. The Board feels that a dentist should be privileged to use *any earned academic degrees* received from an accredited college or university.

The denial of use of any earned academic degrees penalizes a great majority of dentists, particularly those dental graduates of the past decade, and dental graduates of the future.

The adopted 1964 resolution is applicable only to an infinitesimal number of dental practitioners.

It is firmly believed that prospective dental students should be encouraged to obtain added education leading to additional degrees, and when such students have put forth extra time, money and effort to earn such academic degrees they should be allowed to reveal it to the public which they serve as well as to the health professions.

Legally, it would be an error to deny any dentist the usage of his earned academic degree, duly conferred by a college or university so authorized by statutes to confer such degrees. Such restriction on cards, letterheads, prescription blanks and an-

nouncements could invite a legal challenge, especially if it sought to impose a severe sanction.

34. Resolved, that Section 15 of the *Principles of Ethics*, "Use of Professional Titles and Degrees", be amended by making it permissive for a dentist who has been conferred with an earned academic degree from an accredited college or university to use such degree in addition to his dental or dental and medical degree in connection with his name on his cards, letterheads, prescription blanks, announcements, scientific papers and presentations, but *not* to be used in connection with his name on any office signs.

New Jersey State Dental Society

CONTINUATION OF DENTAL ASSISTANTS 104-HOUR CERTIFICATION COURSES

The following resolution was approved by the Board of Trustees of the New Jersey State Dental Society on May 16, 1965 and transmitted under date of June 4, 1965 by Dr. John G. Carr, secretary.

Background Statement: It is proposed that Educational Waiver No. 2 which relates to the 104-hour certification courses for dental assistants, will be terminated as of December 31, 1965. The stated purpose of the proposal is to up-grade the educational or training requirements for certification as a dental assistant by requiring a prescribed length of time of vocational and/or academic schooling and this purpose is laudable and desirable, however, there are many sections of the country in which facilities for such full time training are unavailable and it is desirable in these areas that other recognized means of training be available. Therefore, it is desirable that Educational Waiver No. 2 remain in force until such time as ample facilities are available for full time training.

35. Resolved, that Educational Waiver No. 2 which pertains to the 104-hour course and other training courses leading to certification for dental assistants be continued.

New York, The Dental Society of the State of

DEFINITIONS OF SCOPE OF APPROVED SPECIAL AREAS OF DENTAL PRACTICE

The following resolution was adopted by the Board of Governors of The Dental Society of the State of New York and transmitted under date of July 12, 1965 by Dr. Percy T. Phillips, secretary.

36. Resolved, that the Council on Dental Education be directed to present to the 1966 House of Delegates for formal approval the definitions accepted by the Council of the scope of approved special areas of dental practice so that they may be established as official American Dental Association policy.

Tennessee State Dental Association

RADIATION HYGIENE IN DENTAL PRACTICE

The following resolution was approved by the Board of Trustees of the Tennessee State Dental Association and transmitted on August 25, 1965 by Dr. James J. Vaughn, Jr., secretary.

Background Statement: The health of patients and dentists is best protected when all reasonable means are used to reduce the radiation exposure required for diagnostic purposes. The American Dental Association has been notable in its efforts to promote and disseminate information on radiation protection to dentists.

40. **Whereas**, the medical and dental use of radiation produces a major part of the radiation exposure of human beings, the use of diagnostic radiography is absolutely essential to the practice of modern dentistry, and

Whereas, radiation hazards do exist and radiation exposure to patients should be kept to a minimum and, it should be emphasized, that minimal exposure is not only desirable but is or should be mandatory for the ethical practice of dentistry, and

Whereas, technics now exist which will further minimize exposure of patients to radiation beyond the minimum standards advocated today and, an unnecessary time lag exists between the research and development of technics and equipment and their application generally in dental practice and, this time lag could be reduced, therefore, be it

Resolved, that the American Dental Association expand its interests in the area of radiation protection by: intensifying its efforts to emphasize the principles of protection from unnecessary exposure to ionizing radiation through its educational functions to the profession, and be it further

Resolved, that the American Dental Association encourage and stimulate the search for new materials and technics which would further reduce exposure to radiation by reasonable means; therefore promoting a continuing search for new minimal standards.

Tennessee Dental Association

REIMBURSEMENT ON BASIS OF USUAL AND CUSTOMARY FEES

The following resolution was adopted by the Board of Trustees of the Tennessee Dental Association on October 30, 1965, and introduced in the House of Delegates on November 8, 1965 by Dr. James J. Vaughn, Jr., secretary, as an item of new business.

53. **Resolved**, that in future negotiations with federal, state or other public or private agencies, in relation to governmental dental care programs, reimbursement for professional services on the basis of usual and customary fees should be given priority consideration whenever possible.

Louisville Dental Society of
Kentucky Dental Association

SECRETARY AS OFFICIAL SPOKESMAN OF ADA

The following resolution was transmitted under date of October 21, 1965, through the Kentucky Dental Association, by Dr. W. H. Fields, president, and Dr. Albert D. Rohrer, secretary, Louisville Dental Society.

Background Statement: In these rapidly changing times, it is imperative that someone who is well-informed on national developments, who has an insight into the thinking of the majority of the members of the dental profession and who has a sincere interest in the profession and its service to the public be available at all times to speak for the profession. Dr. Harold Hillenbrand, secretary of the American Dental Association, has the staff to assist in keeping him informed, has demonstrated that he uses the staff well and has demonstrated his clarity of thought in pressing national conditions.

In recognition of this, the Louisville Dental Society, Incorporated, approved the following resolution:

47. **Whereas**, Dr. Harold Hillenbrand has demonstrated his competence and versatility in adjusting his thinking to changing conditions, and
Whereas, Dr. Hillenbrand's public statements have always demonstrated positive thinking, and
Whereas, his statements are always in accord with ADA policy, and
Whereas, his statements have always enhanced the public image of dentistry, therefore, be it
Resolved, that Dr. Harold Hillenbrand be officially designated as an ad interim spokesman of the American Dental Association.

Second District Dental Society of
The Dental Society of the State of New York

CERTIFICATION OF ENDODONTISTS

The following resolution was approved by the Board of Trustees of the Second District Dental Society of The Dental Society of the State of New York and transmitted under date of November 1, 1965 by Dr. Henry Adelson, secretary.

Background Statement: Endodontics was established as a recognized specialty area of dentistry by the American Dental Association in 1964 and certain practitioners were permitted to take the qualifying examinations of the American Board of Endodontics without completion of the formal educational requirements. This waiver included practitioners who had devoted at least 50 per cent of their practices to endodontics for a ten-year period retrospectively from 1959.

In May of 1965 the Council on Dental Education extended this waiver to January

1, 1967. In order to eliminate still existing inequities toward those practitioners in endodontics who graduated from dental school between 1957 and 1964, the waiver of advanced education requirements should be extended to include all dentists who commenced practice in endodontics prior to January 1, 1965. Precedence has been established for such an extension by similar waivers provided upon the establishment of other dental specialty boards.

52. Resolved, that in order to eliminate inequities still existing toward practitioners of endodontics who graduated from dental school during and after 1957, the requirements of two years advanced formal education should not be applied to candidates applying for certification to the American Board of Endodontics who have graduated from dental school in 1964 or prior thereto, provided such candidates meet all other requirements of the American Board of Endodontics.

Resolution of Delegate Carl O. Boucher,
Ohio State Dental Association

AMENDMENT OF REQUIREMENTS FOR NATIONAL CERTIFYING BOARDS FOR
SPECIAL AREAS OF DENTAL PRACTICE

The following background statement and resolution were submitted by Dr. Carl O. Boucher, delegate from the Ohio State Dental Association, on September 7, 1965.

Background Statement: During the past four years, the American Board of Prosthodontics and others interested in prosthodontics have been attempting to secure a revision of the *Requirements for National Certifying Boards for Special Areas of Dental Practice* as adopted in 1959 (*Trans.* 1959:204). As a result of these efforts, the Council on Dental Education submitted the following resolution (*Reports* 1964: 23) for consideration by the House of Delegates:

Resolved, that the *Requirements for National Certifying Boards for Special Areas of Dental Practice* adopted in 1959 (*Trans.* 1959:204) be amended by deleting the present paragraph (2) under the section titled "Certification Requirements" and substituting in lieu thereof the following:

Each board shall require for eligibility for certification as a diplomate a minimum of two academic years of postgraduate study in recognized educational institutions, or two calendar years of advanced study if the programs involve hospital internships and residencies. The period of postgraduate study need not be continuous, nor completed within successive calendar years. A postgraduate program equivalent to two academic years in length, successfully completed on a part-time basis over an extended period of time, may be considered acceptable in satisfying this requirement. Short continuation and refresher courses and teaching experience in specialty departments in dental schools will not be accepted in meeting any portion of this requirement, since these experiences are not encompassed within the definition of a postgraduate program. Until January 1, 1967 candidates entering the preceptorship program operated by the American Association of Orthodontists may have the study and training of such program accepted as a substitute for a formal education program.

The American Board of Prosthodontics and the interested prosthodontists have no objection to any part of this proposal except the sentence underlined above. It is the considered judgement of these people who should *know best* that the implementation of this sentence will produce a hardship for dentists who decide, after ten or more years of practice, to limit their practices to prosthodontics. Likewise they have observed a severe decrease in the number of applicants for examination by the American Board of Prosthodontics except from dentists who are subsidized by one of the federal dental services or by dental schools. Obviously, this situation does not supply a documented need (JADA 71:127 July 1965) for more prosthodontists in civilian practice.

As a result, and after considerable discussion by about 25 prosthodontists, the following amendment to the Council's resolution was prepared and submitted to the House of Delegates in 1964 by Dr. Carl O. Boucher, delegate from Ohio:

Each board shall require for eligibility for certification as a diplomate a minimum of two academic years of postgraduate study in recognized institutions, or two calendar years of advanced study if the programs involve hospital internships and residencies. This period of postgraduate study need not be continuous, nor completed within successive calendar years. A postgraduate program equivalent to two academic years in length, successfully completed on a part-time basis over an extended period of time, may be considered acceptable in satisfying this requirement. Short continuation and refresher courses and teaching in specialty departments in dental schools may be evaluated by the individual specialty boards for meeting some portion of this requirement. Each specialty board is capable of evaluating the type of education, training, skill and clinical judgement essential to the practice of the individual specialty and each specialty board is capable of determining the value of continuation courses and teaching experience in specialty departments in dental schools for preparing dentists for examination in the specific specialty. Whenever a specialty board accepts continuation courses or teaching in specialty departments of dental schools as a substitute for part of the postgraduate education requirements for certification, the specialty board must add other requirements, such as additional time in practice, published research reports, significant contributions to the dental literature, etc., to the basic requirements in this section. Until January 1, 1967, candidates entering the preceptorship program operated by the American Association of Orthodontists may have the study and training of such programs accepted as a formal education program.

(The underlined portion of the resolution reproduced above is the amendment that was adopted by the House of Delegates in 1964.)

Action on the amended resolution was postponed until the 1965 session of the House of Delegates.

Organized opposition to the amended resolution has developed in the interim and for different reasons. These include: the necessity for changing the *Bylaws*, objections from other specialties, objections from the Council on Dental Education, and from the American Association of Dental Schools.

Most of these objections are the result of reading into the amendment things that

were not intended. There was no intent to take from the Council on Dental Education any of its prerogatives in the area of accrediting or evaluating postgraduate programs. Therefore, there is no reason for wishing to change the *Bylaws*. There was no intent to interfere with or lower the standards of any other specialty. The amendment is permissive and not mandatory. There was no intent to interfere with existing formal graduate and postgraduate programs. There *was* an intent to devise a mechanism that would permit the American Board of Prosthodontics to accept the type of education, and training which it has found to be effective in preparing candidates for the specialty of prosthodontics. The judgement of the Board is based upon its observation of the knowledge, ability and performance of candidates in rigid examinations. These examinations are in the area of the basic sciences and the fundamentals of prosthodontics as well as a week long practical clinical examination in which each candidate is required to do clinical work for patients under the scrutiny of the examiners.

Because of the misinterpretations that have been made of the amended resolution, it seems to be necessary to submit another proposal in order to arrive at a satisfactory solution to the problem. This proposal has been worked out as a result of conferences with members of the American Board of Prosthodontics, and a Workshop on the Specialty of Prosthodontics conducted by the Academy of Denture Prosthetics. This academy is the organization that formed the Board in 1947.

The underlined material in the following resolution is a substitute for the amendment adopted in San Francisco and subsequently postponed until this year.

44. **Resolved**, that the *Requirements for National Certifying Boards for Special Areas of Dental Practice* adopted in 1959 (*Trans.* 1959:204) be amended by deleting the present paragraph (2) under the section titled "Certification Requirements" and substituting in lieu thereof the following:

Each board shall require for eligibility for certification of a diplomate a minimum of two academic years of postgraduate study in recognized institutions, or two calendar years of advanced study if the programs involve hospital internships and residencies. This period of postgraduate study need not be continuous, nor completed within successive calendar years. A postgraduate program equivalent to two academic years in length, successfully completed on a part-time basis over an extended period of time may be considered acceptable in satisfying this requirement. Until January 1, 1971, the American Board of Prosthodontics may consider short postgraduate courses and substantial teaching in prosthodontic areas in recognized teaching institutions as meeting some part of this requirement provided the applicant for examination has practiced dentistry for at least 10 years, and shows evidence of having earned a minimum of 12 credit hours in graduate or postgraduate basic science courses and of having made significant contributions to the development of prosthodontics. Until January 1, 1967, candidates entering the preceptorship program operated by the American Association of Orthodontists may have the study and training of such program accepted as a formal education program.

Resolutions of Delegate Arthur L. Hudson,
Southern California State Dental Association

DENTAL HYGIENE EDUCATION

The following resolutions were transmitted by Dr. C. Gordon Watson, executive secretary, Southern California State Dental Association, under date of November 2, 1965, on behalf of Delegate Arthur L. Hudson, Southern California.

Background Statement: There appears to be evidence of increasing pressure for the development of two (2) year dental hygiene programs in State and/or Junior Colleges which have a minimum connection with schools of dentistry and the profession. It seems to many in the profession that the growth of two year programs would tend to downgrade dental hygiene education. Experience has shown that when dental hygiene candidates have had two years of liberal arts education prior to matriculating in dental hygiene schools, they become more mature professional women and are better able to discharge their responsibilities to the public and their dentist-employers.

It is hoped that the House of Delegates would recognize this trend and adopt resolutions which would stress the American Dental Association's encouragement of four year courses which would include two years of pre-hygiene and two years of hygiene education.

Lately pressures have arisen from statistics published in the *Survey of Dentistry* and in California specifically from the Report of Dental Education and Manpower of the Governor's Coordinating Council on Higher Education. These reports stress a growing manpower shortage. However, the answer to possible dental manpower shortage is not the downgrading of the profession of dental hygiene by lowering the educational requirements.

In order that the position of the American Dental Association is clear, the House of Delegates is urged to adopt the following resolutions.

50. **Resolved**, that all present and future schools of dentistry be urged to include dental hygiene programs in their curricula.

51. **Resolved**, that the dental hygiene schools be urged to accept candidates for admission who have completed at least two years of pre-hygiene academic work so that completion of the entire course will lead to an academic degree.

Resolution of Delegate Rolenzo A. Hanes,
Indiana State Dental Association

FORMATION OF BUREAU OF DENTAL CARE PROGRAMS

The following resolution was submitted by Dr. Rolenzo A. Hanes, delegate from the Indiana State Dental Association, on November 10, 1965.

Background Statement: Considering the concern of the House of Delegates, the Board of Trustees and the Council on Dental Health as to the profession's position in the development of all types of dental care programs and the dissemination of this information as expressed in Board reports, discussion at reference committee hearings and the feelings of many constituent societies, the following resolution is submitted for House action.

56. Resolved, that the Board of Trustees be instructed to take the necessary steps to implement the formation of a Bureau of Dental Care Programs, whose duties would include those needed to develop, maintain and disseminate information on prepaid dental care programs and to assist the constituent societies and other agencies in the development of programs for dental care.

Reports of Board of Trustees

To House
of Delegates

REPORT 1 OF BOARD OF TRUSTEES TO HOUSE OF DELEGATES: ASSOCIATION AFFAIRS

This is the first of a series of reports which the Board of Trustees will present to the House of Delegates at the annual session in Las Vegas.

Report 1 deals with the affairs of the Association.

Report 2 contains the recommendations of the Board on resolutions of councils, bureaus and constituent societies.

Report 3 contains the resolutions proposed or transmitted by the Board of Trustees.

Report 4 is a report on the construction of the new headquarters building in Chicago. In the interest of conserving the time of members of the House of Delegates, only Report 1 will be read unless the House of Delegates requests the reading of other Board reports.

Report 5 will be read at the opening meeting of the House of Delegates and will deal with financial affairs and the budget for the fiscal year 1966.

Appreciation to General Committee on Local Arrangements: For the first time in history the Association is privileged to meet in the State of Nevada and the City of Las Vegas. With only 152 members, the Nevada State Dental Society is the smallest constituent which has played host to an annual session since the turn of the century. With a very heavy preliminary registration, it is obvious that many members and guests responded to the opportunity to enjoy the desert air and atmosphere which this part of the Sagebrush State offers in such abundance.

As Chairman of the General Committee on Local Arrangements, which has members from all parts of the state, Dr. Robert L. Morrison has been exceedingly effective in organizing the local arrangements which are so essential to the success of an annual session. He has had the excellent assistance of Dr. John B. Hirsch, as vice-chairman, and of Dr. Rulon C. Whitehead, as secretary. To them and the honorary officers, the chairmen and members of the various committees, the Board of Trustees offers, on behalf of all annual session visitors, its grateful appreciation.

The Board of Trustees is assured that all will return to their homes with many pleasant memories of Nevada hospitality and enriched by the profit of an excellent scientific and social program if in no other way.

Annual Session Scientific and Industrial Exhibits: The 1964 House of Delegates referred the following resolution to the Board of Trustees (*Trans.* 1964:281):

Resolved, that there be a full scientific session through Thursday until 5:00 p.m. with scientific and industrial exhibitors keeping their exhibits intact until that time.

For the Las Vegas session, the Board of Trustees has directed that the closing time for the scientific session and the scientific and industrial exhibits be established at 5:00 p.m. on Thursday.

Death of Past Presidents: The Board of Trustees reports with great regret the death in the present year of two distinguished past presidents of the Association: Dr. Frank M. Casto, 1934-1935, the oldest Past President in point of service died on April 25, 1965; Dr. Oren A. Oliver, 1941-1942, died on March 6, 1965. The loss of these two past officers of the Association will be mourned by their families and all members of the Association who recognize the contributions made in many areas of dentistry by Dr. Casto and Dr. Oliver.

Nominations to Honorary Membership: In accordance with Chapter VI, Section 90M of the *Bylaws*, the Board of Trustees is pleased to present the following nominations to honorary membership in the Association. All have fulfilled to an exceptional degree the requirement of the *Bylaws* that they shall have made "outstanding contributions to the advancement of the science and art of dentistry".

Baume, Louis Joseph, L.D.S. (Switzerland), D.M.D. (Basle), M.S. (California). Past president of the Swiss Dental Association. Chairman of Commission on Classification and Statistics for Oral Diseases of the *Fédération Dentaire Internationale*. Internationally known for his work in experimental biology, growth and development, pathology and oral statistics.

Bunn, Edward B., S.J., A.B., M.A., Ph.D., LL.D. (Brandeis), LL.D. (Fordham), LL.D. (Boston College). Recommended by Dean Clemens V. Rault, School of Dentistry, Georgetown University; Dr. Daniel F. Lynch, past president, American Dental Association; Dr. Wilfred Dudley, President, District of Columbia Dental Society. Former regent of Dental School, Georgetown University; honorary member, District of Columbia Dental Society; present Chancellor, Georgetown University.

Hodge, Harold C., Ph.D., D.Sc. (Rochester). Past president, International Association of Dental Research and Society of Toxicology. President-elect of American Society for Pharmacology and Experimental Therapeutics; chairman, Department of Pharmacology and Toxicology and Professor of Radiation Biology, University of Rochester. Internationally renowned for research on inorganic fluorides.

Mavrogordatos, Themis, Athens, Greece. M.D. (Beirut), D.D.S. (Beirut). Assistant professor of oral surgery, Columbia University, 1924-1932; founder and president of Greek Association of Oral Surgeons; past president of Greek Stomatological Association. Served as Senator in Greek national legislature for Island of Chios; author of many works in field of oral and maxillofacial surgery.

Rothstein, Robert J., Washington, D.C., member of the dental laboratory craft since 1898; president, Rothstein Dental Laboratory, Washington; first president of National Dental Laboratory Association; one of the founders and past president of National Association of Dental Laboratories; chairman, dental laboratory section of American Fund for Dental Education; honorary member of District of Columbia Dental Society.

100. Resolved, that in accordance with the *Bylaws*, Chapter VI, Section 30G the following be elected to honorary membership:

Baume, Louis Joseph, L.D.S., D.M.D., M.S.
 Bunn, Edward B., S.J., A.B., M.A., Ph.D.
 Hodge, Harold C., Ph.D., D.Sc.
 Mavrogordatos, Themis, M.D., D.D.S.
 Rothstein, Robert J.

Appointment of Appointive Officers: In accordance with the duty assigned in Chapter VI, Section 90B of the *Bylaws*, the Board of Trustees has appointed Dr. Harold Hillenbrand as Secretary of the Association for a period of three years ending on December 31, 1968. The Board of Trustees has also appointed Dr. Leland Hendershot as Editor for a three-year term ending December 31, 1968.

Dr. E. Jeff Justis was appointed as Treasurer in 1964 for a term ending December 31, 1967.

Appointment of General Chairman for 1969 Annual Session: The Board of Trustees has nominated Dr. Jerry J. Adelson as General Chairman of the General Committee on Local Arrangements for the 1969 session which will be held in New York City.

Centennial Recognition Certificates: The Board of Trustees has authorized the issuance of recognition certificates to the following societies and institutions which will shortly be celebrating the 100th anniversary of their founding: District of Columbia Dental Society, Maine Dental Association, Ohio State Dental Association, Washington University School of Dentistry (St. Louis) and the College of Dentistry, New York University.

Recognition Certificates for Contributions to Dental Health: At the request of the Bureau of Public Information and the Bureau of Dental Health Education, the Board of Trustees has authorized the issuance of "recognition certificates" to individuals and agencies making outstanding contributions to dental health, particularly in the field of dental health education. The Board believes that recognition of these persons and agencies will strengthen the Association's public relations and dental health education programs.

Nominations for Life Membership: In accordance with Chapter VI, Section 90M of the *Bylaws*, the Board nominates for life membership 860 members from the following constituent societies and federal dental services. Upon their election, the Association will have 8,926 life members.

**Life Membership Applicants by Constituent Society
or Federal Dental Service**

Alabama	9	Navy	3
Arizona	2	Nebraska	12
Arkansas	4	New Hampshire	1
Army	1	New Jersey	39
California	14	New Mexico	2
California, Southern	50	New York	88
Colorado	14	North Carolina	16
Connecticut	16	Ohio	53
District of Columbia	6	Oklahoma	14
Florida	20	Oregon	15
Georgia	8	Pennsylvania	53
Idaho	5	Puerto Rico	3
Illinois	69	Rhode Island	4
Indiana	20	South Carolina	2
Iowa	18	South Dakota	4
Kansas	7	Tennessee	8
Kentucky	7	Texas	31
Louisiana	3	Utah	8
Maine	1	Vermont	1
Maryland	11	Veterans	4
Massachusetts	32	Virginia	10
Michigan	49	Washington	15
Minnesota	48	West Virginia	3
Mississippi	3	Wisconsin	25
Missouri	23	Wyoming	3
Montana	3	TOTAL	860

101. **Resolved**, that the 860 members nominated by the Board of Trustees in accordance with Chapter VI, Section 90M of the *Bylaws* be classified as life members.

Waiver of Dues for Totally Disabled Members: Under the waiver of dues for totally disabled members, authorized by the House of Delegates in 1964 (*Trans.* 1964:282), 77 members in 25 states and four members in the federal dental services have had annual dues waived thus far in 1965.

Nominations to Councils: In accordance with Chapter VI, Section 90H of the *Bylaws*, the Board of Trustees presents the following nominations for membership on the councils of the Association. Elections to council membership will take place at the Wednesday meeting of the House of Delegates.

Nominations to Councils

Constitution and Bylaws, Council on
 Hughlett, Robert B., Florida, 1968
 Tidwell, Oscar Cromwell, Tennessee,
 1968

Dental Education, Council on
 Madda, Carl J., Illinois, 1968, ADA*
 Burket, Lester W., Pennsylvania, 1968,
 AADS***
 Walls, Milton G., Minnesota, 1968,
 AADE**

Dental Health, Council on
 Frost, Michael, New Jersey, 1968
 Norton, Robert A., Illinois, 1966
 Dixon, F. Gene, California, 1968
 Thurmond, William K., Texas, 1968

Dental Research, Council on
 Milas, Vincent B., Illinois, 1968
 Solomon, Harold Arthur, New York,
 1968

Dental Therapeutics, Council on
 Thompson, George E., Massachusetts,
 1968
 Lynch, James N., Illinois, 1968
 Burke, George W., Jr., Virginia, 1968

*Dental Trade and Laboratory Relations,
 Council on*
 Curran, William S., New York, 1968
 Ashjian, Leon H., Southern California,
 1968

Federal Dental Services, Council on
 Mayo, Wallace C., Florida, 1968
 Newton, W. Neal, Missouri, 1968

Hospital Dental Service, Council on
 Clug, Bernard, New York, 1968
 Ritsert, Ernest F., Pennsylvania, 1968

Insurance, Council on
 Gaynor, Joseph M., Connecticut, 1968
 Kelly, James D., Wisconsin, 1968

International Relations, Council on
 Campi, John G., New Jersey, 1968
 Frank, Victor H., Pennsylvania, 1968

Journalism, Council on
 Edwards, Donald W., Nebraska, 1968
 Lawlor, Vincent G., Pennsylvania, 1968

Judicial Council
 Bennett, Rollie A., Indiana, 1968
 Farley, John W., New Mexico, 1968

Legislation, Council on
 Mosbaugh, Richard K., Ohio, 1968
 Wilson, John B., Southern California,
 1968

*National Board of Dental Examiners,
 Council of*
 Markos, Simon G., New Hampshire,
 1968, ADA*
 Flinn, Thomas R., California, 1968,
 AADE**
 Randolph, Kenneth V., West Virginia,
 1968, AADS***

Relief, Council on
 Chanaud, Norman Pierre, Maryland,
 1968
 O'Connell, T. Jefferson, New York, 1968

Scientific Session, Council on
 Mueller, Marshall W., Minnesota, 1968
 Jones, Howard V., Southern California,
 1968

*American Dental Association

**American Association of Dental Examiners

***American Association of Dental Schools

The Board of Trustees wishes to acknowledge with appreciation the six years of service of the following council members who complete their terms with this annual session: Dr. Frank W. Jordan, Council on Constitution and Bylaws; Dr. Walter E. Dundon, Council on Dental Education; Dr. John J. Cane, Council on Dental Health; Dr. John K. Phelan, Council on Dental Health; Dr. R. L. Kreiner, Council on Dental

Research; Dr. D. C. Padelford, Council on Dental Research; Dr. W. C. Guralnick, Council on Dental Therapeutics; Dr. F. B. Wiebusch, Council on Dental Therapeutics; Dr. J. Eugene Ziegler, Council on Dental Trade and Laboratory Relations; Dr. Worthington G. Schenk, Council on Dental Trade and Laboratory Relations; Dr. George P. Hoffmann, Council on Federal Dental Services; Dr. C. N. Williams, Council on Federal Dental Services; Dr. John W. Knutson, Council on International Relations; Dr. Joseph V. Masino, Council on International Relations; Dr. Isaac Sissman, Council on Journalism; Dr. Paul Asher, Judicial Council; Dr. Richard D. Bridgford, Judicial Council; Dr. Howard J. Niedhamer, Council on Legislation; Dr. Alva S. Appleby, Council on National Board of Dental Examiners; Dr. F. J. Conley, Council of National Board of Dental Examiners; Dr. Carl Greenwald, Council of National Board of Dental Examiners; Dr. L. Lynn Emmart, Council on Relief; Dr. Thomas W. Thomas, Council on Relief; Dr. R. Donald Hooper, Council on Scientific Session; Dr. Phillip J. Tennis, Council on Scientific Session.

102. **Resolved**, that the nominees for membership on councils of the Association, submitted by the Board of Trustees in accordance with Chapter VI, Section 90H of the *Bylaws* be elected.

Association Personnel: The Association presently employs 230 permanent, full-time, nine part-time, four temporary and 18 research grant, employees. Of the permanent full-time personnel, 209 are located in the Central Office, Chicago, five in the Washington Office, nine in the Research Division at the National Bureau of Standards, five at the National Institute of Dental Research and two at the National Library of Medicine.

Publications: In January of next year, *The Journal of the American Dental Association* will appear with a larger page size and an improved format. The Board of Trustees believes that the members will welcome this change as a part of the Association's program to maintain its publications in the forefront of the world's dental literature. The Board has also authorized a new publication, *Oral Research Abstracts*, which will be published monthly and will include annually about 9,000 abstracts of articles from the dental and non-dental literature which relate to all phases of dental health. This project will be published in cooperation with the National Library of Medicine, with financial support from the National Institute of Dental Research, the Division of Dental Public Health of the U.S. Public Health Service and the Hadassah School of Dentistry at Hebrew University, Jerusalem.

In January, 1966 the Association will begin publication of the *Journal of Dental Research* under contract with the International Association of Dental Research. The Board is pleased with this opportunity to make a substantial contribution to the advancement of dental research throughout the world.

The Board of Trustees joins with all members in applauding the activities of the Editor of the Association, Dr. Leland C. Hendershot, and his staff, in providing vigorous and imaginative leadership in the field of dental journalism.

The Board has appointed Dr. James Hayward, Ann Arbor, Michigan, as Editor of the *Journal of Oral Surgery* and Dr. Robert Walker, Dallas, as Associate Editor, both for three year terms, 1966-1968. The Board of Trustees wishes to acknowledge the tireless, selfless and effective efforts of the retiring editor, Dr. Fred Henny, in the development of this publication during his long tenure as editor.

American Dental Association Research and Educational Foundation: Under its present legal status, the American Dental Association is not eligible to receive grants or gifts for research and educational programs from foundations and similar agencies. The Board of Trustees, therefore, has authorized the incorporation of the American Dental Association Research and Educational Foundation which will be eligible to receive such gifts and grants. The Board believes that the new agency will be extremely helpful in procuring financial support for research and educational activities from private sources, particularly for the expanded dental research program which is being developed in the laboratories of the new headquarters building. The officers and directors of the Foundation are the officers and trustees of the American Dental Association.

Grant to American Dental Hygienists' Association: Under an agreement with the American Dental Hygienists' Association, surplus funds from the operation of the National Board Program for Dental Hygiene will be transmitted to that association to be used for "the operation and support of scholarship, fellowship and loan fund programs in the field of dental hygiene". The Board of Trustees has authorized a grant of \$14,154 which represents the surplus funds accumulated since the inception of the program.

Grant to Louisiana Dental Association: The Board of Trustees has made a grant of \$2,000 to the Louisiana Dental Association to assist that constituent society in its legal efforts to prevent the Internal Revenue Service from assessing taxes on income derived from the sale of exhibit space at an annual session and journal advertising. The Board will continue to provide support in this area when needed in order to prevent the establishment of a precedent which would impose severe burdens upon many of the constituent and component societies.

Extension of Bonus Refunds by American Dental Association Relief Fund: Under authority granted to it by the Indenture of Trust governing the procedures of the American Dental Association Relief Fund, the Board of Trustees has amended the rules of the Relief Fund to authorize the payment of bonus refunds to constituent societies that meet the qualifying conditions for a further period of three years terminating on June 30, 1968.

Bequest to American Dental Association Relief Fund: The Board of Trustees acknowledges with appreciation the receipt of a bequest of \$2,300 to the Relief Fund by Dr. John E. Storey, Texas. A similar bequest was made to the Texas Dental Association.

Inter-Council Committee for Evaluation of Dental Devices: The Board of Trustees has authorized the establishment of an Inter-Council Committee for Evaluation of Dental Devices, with representation from the Council on Dental Research and the Council on Dental Therapeutics. Its duties are:

1. To investigate and evaluate devices used in dental practice, dental technology and oral hygiene to determine their safety and effectiveness, and to disseminate information about them.
2. To formulate plans for encouraging, establishing and supporting programs of research in the development and improvement of devices for use in dentistry.

The Board believes a program of this type has long been needed and facilities for its

operation will soon be available in the new headquarters building in Chicago. As this program matures, the Board of Trustees will give consideration to requesting amendment of the *Bylaws* to give the new agency the status of an independent council. The Board believes that this program has a great potential of usefulness for the profession.

Registry of Periodontal Pathology: The Board of Trustees has accepted a grant of \$10,000 from the American Academy of Periodontology for the establishment of "a facility and program for the development of research and teaching in periodontal pathology". The new facility will be housed in the laboratory complex of the Association's new headquarters building in Chicago. The support of the Academy is acknowledged with appreciation.

Recommendations for Improving Kerr-Mills Act and Programs: In April, in an effort to diminish the need for Medicare legislation, the Board of Trustees, at the request of the Council on Legislation, approved a presentation to the Congress to broaden care for the so-called medically indigent through the Kerr-Mills Act. At the same time, the Association urged the Congress to reject any plan for aged health care which would offer benefits without regard to financial need. The text of the resolution approved by the Board of Trustees will be found on page 225 of the 1965 *Reports of Officers and Councils* (p. 385 of this volume). The House will be aware that this effort, in conjunction with the American Medical Association, was not successful and that the Medicare program was enacted by the Congress.

Designation of Character of Practice in the "American Dental Directory": In order to conform to the new policies established by the House of Delegates for the ethical announcement of limitation of practice, the Board of Trustees has approved a revised program for the listing of dentists in the "Character of Practice" section of the *American Dental Directory*. This program is described on pages 233-234 of *Reports of Officers and Councils* (pp. 393-394 of this volume). At the request of constituent and component societies, which had to implement the program, the Board of Trustees postponed the introduction of the new system of listing until the publication of the 1967 *Directory*.

The Board of Trustees also made the following revisions in the original program on the recommendation of several constituent societies:

**Revision of Procedures for Listing Dentists Under "Character of Practice" in
"American Dental Directory"**

1. The form for indicating the character of practice to be completed by the individual dentist and affirmed by the constituent and component societies now provides for "branch of federal dental service" and the signature of the chief-of-branch. The Judicial Council at its last meeting reversed its previous position that it is impossible for dentists in the federal dental services to limit practice. The Council now agrees that it is possible for a dentist to establish his eligibility for announcement of a limited practice while in the federal dental services. The Council states that it believes that Section 18 (*Principles of Ethics*) has equal application to the dentist in the federal dental services and the civilian dentist.

The revised policy for listing character of practice in the *Directory* would, therefore, include dentists in the federal dental services who meet the qualifications and whose applications are signed by the chiefs of the federal dental services.

2. The intent of the revised policy for listing character of practice is that primary responsibility

for notification and certification lies with the individual dentist. As this Association must deal with its membership through the societies having jurisdiction over the areas of practice, the signatures of constituent and component secretaries insure that they have had opportunity to inspect each statement.

As there has been some objection by a few constituents to "certifying" eligibility for listing, the form has been revised to state: "It is hereby *certified by the above dentist,*" but will continue to require the signatures of the constituent and component secretaries.

3. As those dentists who qualify for listing under the "Grandfather" clause may present some administrative problems, it seemed an equitable solution to apply a time limit for accepting applications for listing under this qualification. A deadline of December 31, 1967, after which no further applications on the basis of this qualification would be accepted, would allow two years for all dentists in this position to request listing.

4. The right of this Association to request "proof of eligibility" is a reasonable condition and may assist in the administration of the policy for listing in the character of practice section of the *Directory*.

The Board of Trustees solicits the active cooperation of the constituent and component societies and of the federal dental services in the implementation of this program.

Joint Commission on Accreditation of Dental Laboratories: The Board of Trustees notes with approval the rapid development of an effective program by the Joint Commission on Accreditation of Dental Laboratories. Three representatives of the dental laboratory industry are now members of the Board of Commissioners. At September 1, the Joint Commission had accredited 112 dental laboratories in 34 states and the District of Columbia. The Board of Trustees encourages all constituent and component societies to cooperate with the program of the Joint Commission.

Meeting with Officials of National Association of Dental Laboratories: Officials of the Association met with officials of the National Association of Dental Laboratories in May in New York City to discuss problems of mutual interest. Officials of the National Association of Dental Laboratories were asked to give consideration to the establishment of policies relating to: (1) the development of liaison with the Joint Commission on Accreditation of Dental Laboratories; (2) the attitude of the association toward the licensing of dental laboratories and dental laboratory technicians and (3) the operation of the National Board for the Certification of Dental Laboratory Technicians. There are no present plans for further meetings.

**REPORT 2 OF BOARD OF TRUSTEES TO HOUSE OF DELEGATES:
RECOMMENDATIONS ON REPORTS OF COUNCILS AND RESOLUTIONS**

The following are the comments and recommendations of the Board of Trustees on resolutions and reports which are being considered at this session of the House of Delegates.

Dental Education, Council on: The Board of Trustees recommends the approval of Resolutions 1 and 2 in the original report and Resolution 13 in the supplemental report of the Council.

In connection with Resolution 2, the Board of Trustees took action on the amendment of the *Requirements for National Certifying Boards for Special Areas of Dental Practice* at its April, 1965 session (p. 393), but it wishes to reiterate that it recommends to the House of Delegates the 1964 amendment presented by the Council, which is again presented in Resolution 2 to the current House of Delegates. The Board of Trustees strongly disapproves the amended paragraph submitted on the floor of the 1964 House of Delegates (*Trans.* 1964:250). The Board of Trustees notes with interest that, of the eight specialty boards, the only board in favor of this resolution, as amended in the 1964 House of Delegates, is the American Board of Prosthodontics. The Board of Trustees recommends that this amended Resolution 219, which was postponed definitely to the 1965 annual session, be rejected and that Resolution 2 of the Council on Dental Education be adopted.

Dental Health, Council on: The Board recommends approval of Resolutions 3-7 inclusive. In connection with Resolutions 3 and 4, the Board of Trustees calls attention to its statement on the organization and preliminary program of the National Association of Dental Service Plans on pages 238-239 of *Reports of Officers and Councils* (pp. 398-399 of this volume).

Federal Dental Services, Council on: The Board recommends approval of Resolutions 8-9.

Hospital Dental Service, Council on: The Board recommends approval of Resolution 10. The Board of Trustees has noted the comment of the Council on Resolution 208 of the 1964 House of Delegates (*Trans.* 1964:258). This resolution requested amendment of the *Basic Standards of Hospital Dental Service: Dental Services of Hospital Patients* as proposed in the 1964 report of the Council. Resolution 208 was postponed by the 1964 House of Delegates for action at the 1965 session so that a more generalized statement on orthodontic service could be prepared. The Board notes that the requested statement appears in the paragraph on pedodontics among the guides for the development of programs in various areas of hospital dental service in the new *Guidelines for Hospital Dental Service* (p. 135). The Board of Trustees concurs with the Council's request that Resolution 208 of the 1964 House of Delegates be postponed indefinitely.

Journalism, Council on: The Board recommends approval of Resolution 11.

Library and Indexing Service, Bureau of: The Board recommends approval of Resolution 12.

Trustee Districts, Special Committee of Association on: The Board of Trustees transmits Resolutions 14-29 inclusive to the House of Delegates without recommendation.

Alaska Resolution on Secretary as Official Spokesman of American Dental Association: The Board of Trustees notes with concern that this resolution makes a serious charge without the presentation of any evidence whatever. The Board enjoys complete confidence in the Secretary of the Association as one of the official spokesmen for the Association and believes that his public statements not only reflect the policies of the Association accurately but also indicate a high degree of statesmanship and skill. The Board believes that the House will join with it in rejecting the unfounded charge and Resolution 37.

Alaska Resolution on Publication of Information on Dental Fees and Income: The Board of Trustees does not believe that the Association will wish to become a party to suppressing or withholding information which relates to public policy and public interest. Nor does the Board believe that the publication of authentic and accurate information on dental fees or income will reflect adversely on the Association or the profession. The Board of Trustees is assured that the Bureau of Public Information and other agencies of the Association will continue the long standing policy of correcting or replying to misrepresentation on any subject of interest to the Association or to the dental profession. The Board recommends that Resolution 38 be rejected.

Connecticut Resolution on Membership in the American Dental Association: The Board of Trustees recommends approval of Resolution 30.

Connecticut Resolution on State-Wide Fluoridation Legislation: The Board of Trustees extends its congratulations to the Connecticut State Dental Association on its achievement and recommends approval of Resolution 31.

Connecticut Resolution on Chronically Ill, Handicapped and Aged: The Board of Trustees recognizes the need for increased activity in the area of the chronically ill, handicapped and aged, but believes further study is needed to determine how this should be accomplished in the Association's program. The Board recommends that Resolution 39 be referred to the Council on Dental Health for study and report at the 1966 session of the House of Delegates.

Indiana Resolution on Limitation of Support to National Association of Dental Service Plans: The 1964 House of Delegates directed that "a national coordinating agency for dental service corporations" be established (*Trans.* 1964:272). In accordance with this directive, the National Association of Dental Service Plans was incorporated in 1965 and its bylaws and membership standards will be transmitted for the review of the 1965 House of Delegates (p. 71). The intent of the Indiana resolution is to limit the new agency by withholding funds on the basis that it will assist only those states with dental service corporations. The Board of Trustees believes that the purposes of the new agency, as outlined to the House of Delegates in 1964 (*Trans.* 1964:271) will benefit the entire dental profession and assist it in advancing acceptable dental prepayment programs in all states.

The Board of Trustees believes that the potential importance of the National Association of Dental Service Plans warrants the financial support of the American Den-

tal Association. The Board does not believe that the House will wish to reverse its 1964 decision before the recommended agency has had the opportunity to gain experience on which its program can be evaluated. The Board also does not believe that the present House of Delegates will wish to prevent a future House of Delegates from providing support for the national coordinating agency.

The Board of Trustees recommends that Resolution 41 be rejected.

Massachusetts Resolution on Professional Status for Dental Hygienists: The Board is in sympathy with the intent of this resolution as will be a large majority of the members of the dental profession. The resolution, however, requests the Association to grant something which it is not in its power to bestow. No profession ever reached its professional status by means of a resolution or even legislative action. Recognition as a profession can only be gained from the court of public opinion and esteem. The Board believes that dental hygiene has an honored and deserved place in the hierarchy of those dedicated to the health of the public and that it will win for itself—not by resolution but by achievement—professional recognition from our society. Only because the Association has no power to grant the request which has been made, the Board recommends that Resolution 32 be postponed indefinitely.

The Board notes the issue raised by the Massachusetts Dental Society resolution and background statement relating to the need to change and upgrade the present dental hygiene classification standards applied by the U.S. Civil Service Commission. The Board agrees that the current General Service series of ratings applied to dental hygienists is inadequate and that the corresponding salary levels for these ratings are too low. The Board is aware that in past years the Council on Dental Education has conducted staff level discussions with the Commission to consider the need to expand and upgrade the dental hygienist classification standards, and has urged the Council to intensify its efforts in this regard.

Michigan, Minnesota and New York Resolution on Restrictive Practices Relating to Entrance to Membership: The Board notes that this resolution has been supported by three constituent societies. The Board recommends approval of Resolution 33.

In view of the fact that this resolution from three constituent societies and Resolution 30 from the Connecticut State Dental Association have essentially the same purpose, the reference committee may wish to combine them in a single substitute resolution which will clearly indicate the procedures to be carried out by Association agencies in implementing the program of the House of Delegates.

New Jersey Resolution on Amendment of "Principles of Ethics": In view of the fact that the House of Delegates in 1964 disapproved two resolutions with the same intent as the New Jersey resolution (*Trans.* 1964:263-4), the Board recommends that Resolution 34 be disapproved.

New Jersey Resolution on Continuation of Dental Assistants 104-Hour Certification Courses: The Board of Trustees concurs in the recommendation of the Council on Dental Education (p. 24) that the 104-hour program be phased out so that it will no longer fulfill the formal educational requirements for dental assistant certification. For this reason, the Board of Trustees has recommended approval of Resolution 1 of the Council on Dental Education which, the Board notes, also has the support of the Certifying Board and the Committee on Education of the American Dental Assistants Association.

The Board of Trustees, therefore, can not support the continuation of the 104-hour course as a fulfillment of the formal educational requirements for dental assistant certification and recommends that Resolution 35 of the New Jersey State Dental Society be disapproved.

In view of the fact that a shortage of educational facilities for dental assistants may persist for some time in various parts of the country, this lack may dictate the continuation of the 104-hour course in some localities as a suitable educational experience which will contribute to the training of the dental assistant but which will not qualify her under the certification program for dental assistants. The Board recommends that the Council on Dental Education be requested to give consideration to this suggestion and, if possible, devise some means for recognizing those assistants completing the 104-hour course outside of the certification program.

The Board believes that this suggestion will bridge the establishment of formal educational requirements for the dental assistant and the need for dental assistants in some areas to obtain a valid educational experience.

New York Resolution on Definition of Scope of Approved Special Areas of Dental Practice: The definition of the scope of the eight approved special areas of dental practice has been a concern of the Council on Dental Education for many years. Workable definitions acceptable to the Council and to the certifying boards have been developed, but the difficulty and undesirability of attempting to produce rigid and formal definitions has been recognized both by the Council and the certifying boards. The Board of Trustees believes that, in response to the resolution, the definition of scope of the approved special areas should be submitted to the House of Delegates for information and suggestion but not for approval. Formal approval by the House of Delegates would remove the present flexibility in the definitions which the Board believes to be essential in meeting the changing conditions of dental practice. The Board recommends that Resolution 36 be postponed indefinitely.

Tennessee Resolution on Radiation Hygiene in Dental Practice: The Board of Trustees recommends approval of Resolution 40 but calls attention to the following comment on, and suggested amendment of, the resolution.

The Board has special concern about the assumption in the first statement of the preamble of the resolution that "medical and dental use of radiation produces a *major* part of the radiation exposure of human beings". The Board points out that only *improper* "medical and dental use" could produce a "*major* part of the radiation exposure of human beings". However, despite this inaccuracy, the Board is in sympathy with the general concern and interest which the resolution manifests. The Board points out that the resolution is already being implemented in the establishment of the Inter-Council Committee for Evaluation of Dental Devices (p. 281). This Committee will give early attention to x-ray machines and will have available to it the benefit of continuing investigations of the Council on Dental Research and the National Council on Radiation Protection and Measurement with which the Council cooperates. The Board is confident that the Council on Dental Research will continue its effort in the important area of radiation hygiene and protection.

The Board of Trustees recommends that Resolution 40 be amended in the first line of the first resolving clause by changing the word "Association" to "Association's" and by inserting the phrase "Council on Dental Research continue and", and in the

first line of the second resolving clause by inserting the phrase "through its program for evaluating devices", to make the amended resolving clauses read as follows:

Resolved, that the American Dental Association's Council on Dental Research continue and expand its interests in the area of radiation protection by: intensifying its efforts to emphasize the principles of protection from unnecessary exposure to ionizing radiation through its educational functions to the profession, and be it further

Resolved, that the American Dental Association through its program for evaluating devices encourage and stimulate the search for new materials and technics which would further reduce exposure to radiation by reasonable means; therefore promoting a continuing search for new minimal standards.

The Board of Trustees recommends the adoption of Resolution 40 as amended.

REPORT 3 OF BOARD OF TRUSTEES TO HOUSE OF DELEGATES: RESOLUTIONS PROPOSED, OR TRANSMITTED, BY BOARD OF TRUSTEES

Report 3 contains resolutions proposed, or transmitted, by the Board of Trustees for the consideration of the House of Delegates. The resolutions will be referred to the Reference Committees by the Speaker of the House of Delegates at the opening meeting of the House of Delegates.

Amendment of "Bylaws"—Life Membership Requirements: For several years, the Board of Trustees has maintained liaison with the National Dental Association through a special committee. The Board has received and approved a request that "consideration be given to crediting 25 years of continuous membership in the National Dental Association towards the ADA requirement of 35 years of membership for members of the National Dental Association who had recently become members of the American Dental Association". The Board of Trustees does not believe the privilege of life membership should be withheld from any member of the American Dental Association for reasons wholly beyond the control of the individual members and presents the following amendment of the *Bylaws* to correct the existing inequity.

103. Resolved, that Chapter I, "Membership", Section 20, "Qualifications", of the *Bylaws* be amended by the addition of the following to Section 20B:

A dentist who has held twenty-five (25) years of membership in the National Dental Association and who has held ten (10) years of additional membership in the American Dental Association, after complying with the other requirements for life membership in the American Dental Association as stated in Chapter I, Section 20B of these *Bylaws*, may be classified as a life member of this Association.

Amendment of "Bylaws" Relating to term "Member in Good Standing": The 1964 House of Delegates adopted the following resolution (*Trans.* 1964:265):

Resolved, that the appropriate agencies of the American Dental Association be instructed to study the provisions of the *Bylaws* relating to the phrase "member in good standing" and report its recommendations to the House of Delegates at the 1965 annual session.

The present provision of the *Bylaws* (Chapter I, Section 30) defines "in good standing" as follows:

A member of this Association whose dues for the current year have been paid shall be in good standing.

The problem, arising out of this definition, lies in the fact that a member whose major privileges have been suspended for a violation of professional ethics is still accorded the status of "in good standing". No problem can exist with respect to those members who are merely censured or placed on probation. A member who is censured completes his sentence at the time the censure is meted out and promulgated. A member who is placed on probation necessarily remains in good standing unless or until he violates the terms of his probation by engaging or continuing to engage in a prohibited activity. The original intent of this provision was to make it possible for members who were under a sentence of censure, suspension or probation (but not expulsion) to continue participation in insurance programs of the American Dental Association.

The essential solution to this problem was to qualify the phrase "in good standing" so that a member under disciplinary sentence of suspension would be appropriately indicated without violating the provision of the *Bylaws* (Chapter I, Section 40Ac) which states that "a sentence of suspension shall not abrogate any contractual relations between the disciplined member and a third party".

The insurance programs of the American Dental Association are available only to "members in good standing". If a new term, such as "member of record", was applied to a member under disciplinary sentence of suspension, the net effect would be to remove his eligibility for participation in the Association's insurance programs and to abrogate "contractual relations between the disciplined member and a third party", a violation of the Association's *Bylaws* (Chapter I, Section 40Ac).

In order to achieve the intent of the 1964 resolution of the House of Delegates without violating the contractual rights of the member under disciplinary sentence of suspension, the following amendment to the *Bylaws* is proposed:

104. Resolved, that the first sentence of Chapter I, Section 30, of the *Bylaws*, be amended by deleting the period at the end of line 134 and substituting a semicolon and adding the following clause:

provided, however, that a member in good standing who is under a disciplinary sentence of suspension shall be designated as a "member in good standing temporarily under suspension" until his disciplinary sentence has terminated.

to make the amended provision read as follows:

A member of this Association whose dues for the current year have been paid shall be in good standing; provided, however, that a member in good standing who is under a disci-

plinary sentence of suspension shall be designated as a "member in good standing temporarily under suspension" until his disciplinary sentence has terminated.

Amendment of "Bylaws"—Disciplinary Procedures: At the request of the Chicago Dental Society, the Board of Trustees approved the following resolution for transmittal to the current session of the House of Delegates.

105. **Whereas**, many component society ethics committees meet every month except during February, July and August and many times the ethics committee meetings fall less than 30 days apart, and

Whereas, when this situation occurs the accused person cannot be called for two months, therefore, be it

Resolved, that the *Bylaws*, Chapter XI, "Principles of Ethics and Judicial Procedure", Section 20Cb, be amended by the substitution of the words "twenty-one (21)" for the words "thirty (30)", the amended paragraph to read as follows:

b. **Notice.** The accused member shall be notified in writing of the charges brought against him and of the time and place of the hearing, such notice to be sent by registered letter addressed to his last known address and mailed no less than twenty-one (21) days prior to the date set for the hearing.

The background statement and comment of the Judicial Council on the resolution will be found on page 237 of *Reports of Officers and Councils* (p. 397 of this volume).

REPORT 4 OF BOARD OF TRUSTEES TO HOUSE OF DELEGATES: CONSTRUCTION PROGRAM

The Board of Trustees submits the following report to the House of Delegates on the progress made in the construction of a new headquarters building in Chicago.

Special Committee: The Board of Trustees has administered its role in the construction program through its Special Committee on Association Headquarters, of which President Pierson has been chairman since its inception. Other members of the Committee are: Drs. Maynard K. Hine, E. Jeff Justis, Laurence L. Lathrop, Hubert A. McGuirl, James P. Hollers, Paul H. Jeserich, Gerald D. Timmons and Harold Hillenbrand.

The Board of Trustees wishes to express its appreciation to the members of the Special Committee and to the members of the Central Office staff for their exceptional contributions to the planning for the new building which can not help but be an inspiration to the dental profession of this country and throughout the world.

Completion Date: The building will be essentially completed by November 1 and agencies of the Association will begin their occupancy by stages, beginning about October 15. The moving operation will be completed by the end of 1965.

Leasing of Rental Space: Twelve floors of the building will be available for rental to other agencies, two floors will be devoted to housing the mechanical equipment, one

floor will be occupied by the lobby, one by an auditorium and dining area and the Association will occupy the remaining seven floors. Approximately five of the 12 floors available to outside tenants are already under lease with an average charge of approximately \$6.00 per square foot. Income of more than \$250,000 is anticipated in 1966 from leasing activities.

Among the related dental organizations which have already signed leases are: the American Association of Dental Schools, the American Fund for Dental Education, the American Dental Hygienists' Association, the American Academy of Periodontology, the Joint Commission on Accreditation of Dental Laboratories and the International Association for Dental Research.

Financing Construction Project: The financing program for the new building is in very satisfactory condition. There have been no major, unanticipated costs. The Maximum Guaranteed Cost of Construction has been revised downward from \$11,236,487 to \$11,233,405 and the total cost of the project has also been revised downward from \$14,621,000 to \$14,150,039. The sum of \$10,175,765, or 69.6 per cent of the total cost had been paid at July 31, 1965, with \$3,974,274 still to be paid before completion of the project. When construction is completed, arrangements have been made for a mortgage loan of approximately \$7,500,000, of which \$2,000,000 will be supplied by The Employees Pension Trust of The Dentists' Supply Company of New York at $4\frac{7}{8}$ per cent interest and \$5,500,000 from New England Mutual Life Insurance Company at 5 per cent.

To date, \$470,961 has been realized in savings on the project, of which the Association will receive \$378,221.

Sale of Association Properties: The financing of the construction project has been materially assisted by the recent sale of two Association properties, one at a very substantial profit.

The present Central Office building was sold to the Chicago Wesley Memorial Hospital for a gross price of \$1,000,000 and rent free occupancy until the end of 1965. The amount received was higher than the purchase price established by three commercial appraisers.

In April, 1964 the Association purchased a rectangular strip of real estate, 140 x 25 feet, fronting on the alley in the rear of the new building. The property was purchased in order to provide a better access for large trucks to the docking station of the new building. The purchase price was \$25,000. This property has now been sold for a net sale price of \$44,555 to a purchaser who required access to the alley for the new office and residential building which he is constructing on East Superior Street. The Association retains a perpetual easement to the property which will remain unimproved except for surfacing for parking.

Research Laboratory Complex: The new building will contain a very well equipped research and testing laboratory complex which will occupy almost two entire floors. Partial support for the construction and equipment of the laboratories was received through a grant under the Health Research Facilities Act. It is planned greatly to expand the Association's scientific and research program in this area and some of the work will be supported by grants from public and private sources. In addition to expanding the laboratories of the Council on Dental Research, some of the work relating to the development of specifications and the certification of dental materials,

previously conducted at the National Bureau of Standards, will be removed to the Chicago laboratories. Space for laboratories to test and evaluate dental devices will also be provided.

Special Commemorative Areas: Plans are in progress to design two areas of the new building which will commemorate the past presidents of the Association, the constituent societies and dental officers who sacrificed their lives for their country.

Time Capsule: A feature of the new building will be a "time capsule" which will be placed behind a bronze plate, suitably engraved, in one of the pillars in the lobby. The plate will indicate that the capsule will be opened in 2009, the 150th anniversary of the founding of the Association. The capsule will contain selected materials relating to the dental profession and to national life in 1966, the year of the dedication.

Dedication Ceremonies: The Board of Trustees has established the date of February 27, 1966 for the dedication of the new building. The date was selected because it is the Sunday preceding the annual Midwinter Meeting of the Chicago Dental Society when many members of the Association will be in Chicago. Present plans indicate that the dedication ceremony will be held at 2 p.m. Sunday and that a speaker of national reputation will deliver the dedicatory address. Tours of the new building will be arranged for all of the days of the Midwinter Meeting.

The Board of Trustees issues a very cordial invitation to all members and their friends to participate in the dedication ceremony which will mark the opening of a new era for the Association and for the dental profession in the United States.

**REPORT 5 OF BOARD OF TRUSTEES TO HOUSE OF DELEGATES:
FINANCIAL AFFAIRS AND BUDGET FOR FISCAL YEAR 1966**

Introduction: In accordance with the duties outlined in the *Bylaws*, the Board of Trustees presents its annual report dealing with financial affairs and the recommended budget for the fiscal year 1966. The budget will be considered by the House of Delegates as a special order of business at 10 a.m. on Thursday, November 11, thus providing time for analysis and study.

The Board of Trustees has presented a separate report to the House on the construction program, including its financing. Report 4 will be found on page 96 of the *Supplement* (p. 290 of this volume).

Review of Financial Operations for Fiscal Year 1964: The increase in annual dues, authorized by the 1963 House of Delegates, became effective January 1, 1964. As a result, the Association had a surplus at the end of 1964 in the amount of \$733,884. Had it not been for the dues increase, a deficit of approximately \$40,000 would have been incurred in 1964. The surplus was used almost in its entirety to enlarge the Association's equity in the new Headquarters building.

At the end of 1963, the Reserve Division of the General Fund amounted to \$3,020,792 in cash and securities at cost. During 1964, capital gains of \$1,186,135 were added to the Reserve Division and subsequently \$2,525,000 were transferred for use in the construction project. At the end of 1964, Reserve Division assets were \$1,581,927 in cash and securities. Securities amounted to \$1,535,599 at cost and \$1,961,140 at market.

At the end of 1964, \$4,959,422 of Association funds had been invested in the land and construction project for the new Headquarters building.

The Board of Trustees is pleased to note that the capital gains from its Reserve Division security portfolio have contributed in a very substantial way to meeting the costs of the building program.

Copies of the audit for 1964 have been mailed to all members of the House of Delegates and to the officials of the constituent and component societies. Copies have also been made available to delegates at this meeting.

Financial Activities in Fiscal Year 1965: The House of Delegates approved a budget for the current fiscal year which projects a surplus of approximately \$231,000. On the basis of operating activities to October 15, 1965, an annual surplus of more than \$500,000 can be anticipated and will be applied to the building project. Income for the first nine months of 1965 has been satisfactory and expenditures have been held below the budget estimate.

In 1965, the sum of \$1,000,000 has been withdrawn from the Reserve Division and applied to the construction project. No further withdrawals from the Reserve Division are anticipated for the building program. As of October 12, investments in the Reserve Division amounted to \$728,326 at cost and \$1,034,400 at market, thus meeting the objective of the Board of Trustees of having a reserve of approximately one million dollars at the conclusion of the building program. Of the securities in the Reserve Division, \$453,695 is held in bonds and \$274,631 in stocks, both at cost. The portfolio yields 5.17 per cent at cost and 3.64 per cent at market.

In the current fiscal year, the Association has made the following grants: \$25,000 to the American Association of Dental Examiners; \$25,000 to the American Association of Dental Schools; \$25,000 to the American Fund for Dental Education; \$15,000 to the International Association for Dental Research and \$10,000 to ALAFO, the Latin-American Association of Dental Schools.

Tax Aspects of New Building Program: The Board of Trustees has noted an interest on the part of members in the tax problems which may develop with the completion and rental of the new building. Real estate taxes for 1966 are estimated at \$10,000 and these will increase as the fully operational building is placed on the tax records. The Association will seek partial exemption of real estate taxes for those portions of the new building which are devoted to research, education and other legally recognized tax exempt purposes.

The problem of federal income tax on income derived from rentals in the new building is a fairly complicated one but the Association is in good position to receive favorable consideration from the Internal Revenue Service if certain conditions are fulfilled. It is likely that there will be no federal tax during the first six years. If the Association can discharge its indebtedness on the new building in this period, it will have no exposure to federal non-related income tax regardless of income from the building. For this reason, the Board of Trustees has given very careful attention to payment of the building debt in the shortest possible period.

Even with mortgage indebtedness, the Association may not legally be subject to taxation if some of its rental income satisfies the requirements of the Internal Revenue Service that it is obtained from tenants which are closely related to the Association in the attainment of the same objectives. At present, eight "closely related" groups have taken tenancy in the new building. Additionally, taxation can be eliminated on all new building rentals if the Association can demonstrate that the new building has been constructed principally for the tax exempt functions of the Association and is occupied by the Association. The Board of Trustees, in consultation with staff and outside counsel, will maintain close survey of the tax problems.

RECOMMENDED BUDGET FOR FISCAL YEAR 1966

The Board of Trustees has given extended consideration to the recommended budget for 1966 because with the completion of the building program there are new financial considerations in operating the 211 East Chicago Avenue Building and the payment of interest and principal on the mortgage indebtedness. Until the new building is wholly self-supporting and produces an excess of income over expense, probably in 1967, the additional funds needed will be derived from the Operating Budget.

The Board of Trustees is pleased to report that even with the additional costs related to the building program it is able to recommend a budget which shows a modest surplus of \$33,900. The surplus, without inclusion of \$368,000 in mortgage interest to be paid in 1966, amounts to \$401,900.

It will be of interest to members of the Association to learn that income from the new building will be in excess of operating expenses during its first year of operation. Income is estimated at \$425,000 compared to operating expenses of \$349,200. Depreciation on the new building, new furniture and equipment in the amount of

\$122,445 and mortgage interest in the amount of \$368,000 will be paid out of the 1965 surplus and 1966 operating income.

Income: The recommended budget for 1966 projects income of \$5,457,100, an increase of \$576,600 over the income budget for 1965. The major item of the increase is the income of \$425,000 from rentals in the new building. There are nominal increases in income from advertising, \$57,500, from the sale of materials, \$40,000 and from subscriptions to Association publications, \$16,400.

It should be noted that no increase in income from Membership Dues is anticipated for the loss from death, retirement and life membership approximately balances the gain of new members. If this situation continues, the House of Delegates may wish to review the present qualifications for life membership. The Association currently has 8,100 life members.

Expense: The total recommended expense budget is \$5,423,200, including \$368,000 in mortgage interest. The expense budget, without interest payments, is estimated at \$5,055,200, a net increase of \$396,650 over the 1965 expense budget. Major increases in expense are reflected in the budgets of Councils and Divisions, \$102,030, in Bureaus and Departments, \$31,220, in Central Administrative Expenses, \$46,500 and in new building operating costs \$371,645.

Because of the starting-up costs of the new building, which will diminish as the building produces increased rental income, the Board has found it necessary to curtail some activities and to limit the initiation of new programs in order to produce a 1966 budget showing a modest surplus. It is the plan of the Board of Trustees to restore curtailed programs and to fund desirable new programs as soon as possible.

In projecting the need for income for the short term future, the Board noted many programs which will call for and which deserve enlarged support. Some of these projects are: (1) an expanded research program in the Association's new laboratory complex, with special emphasis on research related to dental practice; (2) the allotment of funds to the newly established American Dental Association Research and Educational Foundation which can also receive tax-free gifts from foundations and other agencies; (3) enlarged support of the American Fund for Dental Education, particularly in the area of scholarship and loan funds if this need does not diminish; (4) a more rapid amortization of mortgage indebtedness because, when the building is wholly owned, all exposure to federal taxes on non-related business income will be eliminated; (5) an enlarged program of dental health education and of audiovisual services; (6) financial support to constituent and component societies which are facing the threat of federal taxes on their revenue obtained from advertising and exhibits; (7) the development of a national program of dental health care for all children as a counter-proposal to the potential federal effort to expand Medicare by the inclusion of dental benefits for the aged and adults; (8) legal and financial assistance to constituent societies which are involved in the new and aggressive drive of the organized dental laboratory craft for the licensure of dental laboratory and of dental laboratory technicians; (9) an aggressive program for promoting dental prepayment plans of all types, particularly through an effective program by the National Association of Dental Service Plans; (10) enlarged support of the Council on Legislation and the Washington Office to safeguard against adverse federal legislation in the health field.

The Board of Trustees is making no recommendation for enlarged support from the

members at this time but in the near future this problem will require the attentive consideration of the House of Delegates.

Underwriting Budget: The Board of Trustees calls attention to the Underwriting Budget which is submitted for the consideration of the House of Delegates. This budget is, in effect, a continuous loan made to the various agencies of the Association for the production of materials for sale to the profession and to the public. When these materials are sold, the original investment is recovered and in many cases a small profit is realized. It is anticipated that income of \$250,000 will be derived from the Association's underwriting operation in 1966.

Capital Budget: The Capital Budget for 1966 has been substantially reduced when compared to budgets of previous years. The Board of Trustees felt that it was necessary to reduce capital expenditures for such items as new laboratory equipment, the purchase and production of films and the replacement of typewriters, furniture and equipment. Capital expenditures, while representing only a conversion of one asset, money, into another type of asset, furniture, etc., do enlarge fixed assets and this is not desirable in 1966 when a high level of liquidity must be maintained to meet operating and new building costs. The Board of Trustees will return to a program of normal capital expenditures as soon as possible.

Grants: The Board of Trustees wishes to report to the House of Delegates that it has authorized the following grants for the fiscal year 1966: \$25,000 to the American Association of Dental Examiners, the second payment of a three year grant; \$50,000 to the American Fund for Dental Education of which one-half will constitute a grant to the American Association of Dental Schools and one-half an unrestricted grant to the American Fund for Dental Education; \$15,000 to the International Association for Dental Research, the second payment of a three year grant; \$3,000 to the American Association for Accreditation of Laboratory Animal Care, the first payment of a three year grant which will diminish to \$2,000 in 1967 and to \$1,000 in 1968; \$10,000 to the Latin American Association of Dental Schools (ALAFD), the second payment of a three year grant; \$25,000 to the National Association of Dental Service Plans to initiate its operations.

106. **Resolved**, that the Operating, Underwriting and Capital budgets for the fiscal year 1966 be approved.

In order to provide ample time for the study and analysis of the recommended budget for 1966, this resolution will not be considered by the House of Delegates until 10 a.m. on Thursday when the consideration of the budget has been established as a special order of business on the agenda of the House of Delegates.

**OPERATING, UNDERWRITING AND CAPITAL BUDGETS
FOR FISCAL YEAR 1966**

	1965 Budget	Proposed 1966 Budget	Increase (Decrease)
Income:			
Advertising			
Dental Abstracts	\$ 10,000	\$ 15,000	\$ 5,000
JADA	675,000	725,000	50,000
Journal of Oral Surgery.....	4,500	7,000	2,500
Building Income	—	425,000	425,000
Bureau of Audiovisual Service.....	16,000	20,000	4,000
Bureau of Library & Indexing Service.....	2,000	2,700	700
Council on Dental Education			
Division of Educational Measurements.....	150,000	155,000	5,000
Council of National Board of Dental Examiners.....	165,000	165,000	—
Division of Dental Hygiene.....	25,500	25,500	—
Earnings on Investments.....	45,000	45,000	—
Exhibit Space Sales.....	170,000	185,000	15,000
Membership Dues	3,280,000	3,280,000	—
Miscellaneous Income	2,500	6,500	4,000
Sale of Materials (Note 1).....	210,000	250,000	40,000
Subscriptions			
Dental Abstracts	42,500	49,100	6,600
JADA	44,000	53,800	9,800
Journal of Oral Surgery.....	45,000	45,000	—
Newsletter	2,500	2,500	—
Total Income	\$4,889,500	\$5,457,100	\$567,600

Expense:			
Annual Session	\$ 118,165	\$ 102,545	(\$ 15,620)
Bureaus and Departments.....	829,445	860,665	31,220
Business Office	538,340	464,470	(73,870)
Central Administrative Expenses.....	421,075	467,575	46,500
Councils and Divisions.....	1,251,935	1,353,965	102,030
Elected Officers and Trustees.....	114,360	127,705	13,345
House of Delegates.....	45,680	44,805	(875)
Publications	885,370	808,345	(77,025)
Secretary	113,285	108,850	(4,435)
Washington Office	74,140	90,515	16,375
Treasurer	4,245	4,115	(130)
Contingent Fund (Note 2).....	112,510	150,000	37,490
New Building Operating Costs (Note 3).....	100,000	471,645	371,645
Research Fund: Program Development.....	50,000	—	(50,000)
Total Expense	\$4,448,550	\$5,055,200	\$396,650

Excess of Income over Expense.....	\$ 230,950	\$ 401,900	\$170,950
Mortgage Payments 1966 (Note 4).....	\$ —	\$ 368,000	\$368,000
Excess of Income over Expense.....	\$ 230,950	\$ 33,900	(\$197,050)

Note 1: Exclusive of items of overhead and other indirect expenses which are not allocated to this item.

Note 2: 1965 current balance of original appropriation of \$150,000.

Note 3: Income from the new building in 1966 is estimated at \$425,000. Operating expenses are estimated at \$349,000 and depreciation at \$122,445. Excluding the payment of interest on mortgage indebtedness, the new building will almost be self-supporting in its first year of operation. It should be noted that depreciation costs do not involve an actual outlay of funds but a transfer of funds on the Association's books. Estimated surplus for 1966, excluding mortgage payments, is \$401,900.

Note 4: Mortgage payments amount to \$368,000 in 1966. When these are paid out of the Association's operating income, there will still be a surplus of \$33,900 for all operating activities, including all costs of the new building, for the fiscal year 1966.

	1965 Budget	Proposed 1966 Budget	Increase (Decrease)
Annual Session:			
Annual Session	\$ 112,615	\$ 98,345	(\$ 14,270)
General Committee on Local Arrangements.....	5,550	4,200	(1,350)
Total	<u>\$ 118,165</u>	<u>\$ 102,545</u>	<u>(\$ 15,620)</u>

Bureaus and Departments:

Audiovisual Service	\$ 95,905	\$ 98,385	\$ 2,480
Dental Health Education.....	118,465	122,190	3,725
Economic Research & Statistics.....	95,140	93,275	(1,865)
Library & Indexing Service.....	131,825	141,400	9,575
Membership Records	130,320	136,330	6,010
Public Information	124,340	129,570	5,230
Sales & Advertising.....	97,660	102,140	4,480
Division of Sales Promotion.....	35,790	37,375	1,585
Total	<u>\$ 829,445</u>	<u>\$ 860,665</u>	<u>\$ 31,220</u>

Business Office:

Business Office: Comptroller—House Counsel.....	\$ 169,765	\$ 88,415	(\$ 81,350)
Accounting & Budget Section.....	74,555	93,365	18,810
Building Management & Maintenance Section.....	149,195	13,440	(135,755)
Conference Section	—	28,115	28,115
Data Processing Section.....	—	19,265	19,265
Duplicating Section	36,435	41,140	4,705
Order Section	38,625	35,575	(3,050)
Personnel Section	—	49,460	49,460
Purchasing Section	—	18,650	18,650
Shipping & Receiving Section.....	53,190	57,950	4,760
Subscription Section	16,575	19,095	2,520
Total	<u>\$ 538,340</u>	<u>\$ 464,470</u>	<u>(\$ 73,870)</u>

Central Administrative Expenses.....	\$ 421,075	\$ 467,575	\$ 46,500
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Councils and Divisions:

Constitution & Bylaws.....	\$ 2,585	\$ 1,735	(\$ 850)
Dental Devices, Inter-Council Committee for Evolution of, Council on Dental Research & Council on Dental Therapeutics.....	—	21,320	21,320
Dental Education	177,610	196,720	19,110
Division of Career Guidance.....	16,710	15,405	(1,305)
Division of Educational Measurements.....	100,915	89,440	(11,475)
Dental Health	113,255	120,255	7,000
Dental Research	99,350	92,860	(6,490)
National Bureau of Standards.....	122,800	136,560	13,760
National Institutes of Health.....	61,040	66,305	5,265
Dental Therapeutics	164,830	147,600	(17,230)
Dental Trade & Laboratory Relations.....	44,195	45,600	1,405
Federal Dental Services.....	16,650	15,475	(1,175)
Foundation, ADA Research & Education.....	—	5,000	5,000
Hospital Dental Service.....	47,135	45,720	(1,415)
Insurance	15,180	11,930	(3,250)
International Relations	16,955	13,800	(3,155)
Journalism	28,265	27,580	(685)
Judicial	2,260	1,970	(290)
Legislation	75,830	79,165	3,335
National Board of Dental Examiners.....	87,565	84,500	(3,065)
Division of Dental Hygiene.....	23,170	23,325	155
Relief	—	—	—
Research & Therapeutics: Assistant Secretary of Association.....	—	79,100	79,100
Scientific Session	35,635	32,600	(3,035)
Total	<u>\$1,251,935</u>	<u>\$1,353,965</u>	<u>\$102,030</u>

	1965 Budget	Proposed 1966 Budget	Increase (Decrease)
House of Delegates	\$ 45,680	\$ 44,805	(\$ 875)
Elected Officers & Trustees:			
Board of Trustees.....	\$ 76,860	\$ 90,205	\$ 13,345
President	26,000	26,000	—
President-Elect	11,500	11,500	—
Total	\$ 114,360	\$ 127,705	\$ 13,345
Publications:			
Dental Abstracts	\$ 61,310	\$ 62,430	\$ 1,120
JADA	774,200	703,415	(70,785)
Journal of Oral Surgery.....	49,860	42,500	(7,360)
Total	\$ 885,370	\$ 808,345	(\$ 77,025)
Secretary:			
Secretary	\$ 113,285	\$ 108,850	(\$ 4,435)
Washington Office	74,140	90,515	16,375
Total	\$ 187,425	\$ 199,365	\$ 11,940
Treasurer	\$ 4,245	\$ 4,115	(\$ 130)
Contingent Fund	\$ 112,510	\$ 150,000	\$ 37,490
Research Fund: Program Development	\$ 50,000	\$ —	(\$ 50,000)
Building Expenses	\$ 100,000	\$ 471,645	\$ 371,645
Mortgage Payments	\$ —	\$ 368,000	\$ 368,000
Grand Total	\$4,658,550	\$5,423,200	\$ 764,650
Underwriting	\$ 439,150	\$ 394,960	(\$ 44,190)
Capital	\$8,110,355	\$ 71,390	(\$8,038,965)

**REPORT 6 OF BOARD OF TRUSTEES TO HOUSE OF DELEGATES:
FURTHER COMMENT ON ASSOCIATION AFFAIRS AND RESOLUTIONS**

Nominations for Honorary Membership: The Board of Trustees is pleased to present three additional nominations for honorary membership in accordance with Chapter VI, Section 90M of the *Bylaws*.

Brandhorst, Otto W., D.D.S., St. Louis, Missouri: Dr. Brandhorst is a past president of the American Dental Association and one of the distinguished statesmen of the dental profession. He is a graduate of the School of Dentistry, Washington University, St. Louis, and served as dean of this institution for eight years. He has been in the private practice of orthodontics for almost four decades and has made substantive contributions to this area of special practice. Dr. Brandhorst has served as secretary of the American College of Dentists since 1953 and has been a leader in the close and cooperative relation which exists between the Association and the College. The Association is pleased to honor this distinguished leader with honorary membership.

Laird, Melvin R., B.A., Marshfield, Wisconsin: Mr. Laird, a member of the House of Representatives from Wisconsin for seven consecutive terms, is one of the outstanding younger leaders in the Congress. He is chairman of the House Republican Conference and was recognized by President Eisenhower as one of the best United States citizens qualified for election to the Presidency. He received the 15th annual Albert Lasker Medical Research Award for his promotion of research in the health field. He is the top ranking member of the important Appropriations Committee of the House of Representatives and an influential member of the sub-committee on Defense, Health, Education and Welfare. He served as the Vice-chairman of the Republican National Convention Platform Committee in 1961. Mr. Laird has devoted his career to public service and has won national recognition for his leadership, imaginative skill and achievements.

Wang-Norderud, Rolf G., D.D.S., M.D., Oslo, Norway: Dr. Wang-Norderud is president of the Norwegian Dental Association. He served as assistant physician with the United States Army 7th Division from 1942 to 1947. He is in the private practice of oral surgery and serves as professor of oral surgery at the University of Oslo. As a specialist, educator, oral surgeon and leader in dental organization, Dr. Wang-Norderud has distinguished himself not only in his own country but in international dentistry. Dr. Wang-Norderud has merited honorary membership in the American Dental Association by his contributions to dentistry in many fields, particularly in dental science and in dental education. His recognition as an honorary member is symbolic of the close relations which exist between Norway and the United States in so many fields of human endeavor.

Request from American Association of Dental Schools for Voluntary Contributions to American Fund for Dental Education: The Board of Trustees received from the American Association of Dental Schools a request that additional means of seeking voluntary contributions from individual dental practitioners for support of the American

Fund for Dental Education be explored. The Board of Trustees whole-heartedly supports the American Fund for Dental Education and is in accord with the recommendation of the AADS Executive Council that a voluntary contribution of \$10.00 in support of the AFDE be solicited from ADA members at the time of billing of annual dues.

The Board of Trustees therefore presents the following resolution with the recommendation that it be adopted.

108. Resolved, that component dental societies be urged to solicit, in their annual billing of membership dues, a voluntary contribution of \$10.00 from each of their members for support of the American Fund for Dental Education.

Use of Dental Hygienist's Name on Dentist's Door, Card or Letterhead: The Board of Trustees received a request from the American Dental Hygienists' Association to review the following official advisory opinion of the Judicial Council which relates to Section 12 of the *Principles of Ethics*:

A dentist who places the name of his dental hygienist on his door, card or letterhead is engaged in unethical conduct.

The Board of Trustees requested the rationale of this advisory opinion and has received a report from the Judicial Council. The Board of Trustees does not find the report of the Council sufficiently persuasive for the establishment of a uniform national principle to govern the use of the name of the dental hygienist on the door, card or letterhead of a dentist since both custom and law permit such usage in different parts of the country. The Board of Trustees therefore presents the following resolution with the recommendation that it be adopted.

109. Resolved, that the Judicial Council be requested to suspend temporarily the ruling in regard to the use of a dental hygienist's name on the door, card or letterhead of a dentist, and be it further

Resolved, that the Judicial Council be requested to give consideration to allowing the ethical aspects of this question to be decided at the local level, and be it further

Resolved, that the Judicial Council be requested to report on this matter to the 1966 session of the House of Delegates.

Relations with National Association of Dental Laboratories: The Board of Trustees regrets to report that relations with the National Association of Dental Laboratories have suffered further deterioration. NADL is now in outright opposition to three established policies of the American Dental Association and will now actively support legislation at the state level to effect licensure for dental laboratories and dental laboratory technicians.

In an effort to heal the rapidly widening breach between the two Associations, the President, President-elect and members of the staff met with officials of the National Association of Dental Laboratories in New York on May 28, 1965. ADA officials suggested that relations might be improved if NADL took a constructive position on three major issues: (1) the Joint Commission on Accreditation of Dental Laboratories; (2) state legislation seeking the licensure or registration of dental laboratories

and dental laboratory technicians; (3) separation of the National Board for Certification of Dental Laboratory Technicians in order to improve its operation and to regularize its finances.

At its annual session in Atlantic City on September 21-26, 1965, NADL took a policy of outright opposition toward ADA policy on the three issues which had been under discussion. The following resolutions of the NADL will be of interest to members of the House of Delegates:

Resolved, that this association shall continue its position on the Joint Commission on Accreditation of Dental Laboratories opposing the accreditation program as presented by JCADL.

Resolved, that the officers of this Association, present and future, make such representation to appropriate U.S. Government Agencies and take such other action as is deemed appropriate and necessary to protect the business interests of the dental laboratory owner and operator.

Resolved, that henceforth and hereafter the National Association of Dental Laboratories shall have as its policy:

a. the recognition that present dental practice laws are inadequate in their definition, assignment of responsibility and failure to define the areas of responsibility by special adjunctive groups or paradental services

d. that proper regulation of any group or body must come from within that body and that any regulatory measures in which the industry has no voice must be contested for the preservation of the industry

f. that for the protection of the health of the public the dental laboratory and the dental technician should come under specific regulations that do recognize his skills, limitations and service to the dental appliance and which—do subject him and the place where he is employed to positive and specific health-protective conditions.

(and be it further)

Resolved, that the National Association of Dental Laboratories shall favor and support any proposed statutory regulation which will define, limit and guide the proper service of the dental laboratory and/or the dental technician to the prosthodontic appliance, recognizing that such statutory regulation is only in the interest of protecting the public health from inefficient, inept, unhealthy, dangerous and sometimes conditions best described as quackery, (and be it further)

Resolved, that the National Association of Dental Laboratories, its officers, council staff or members, shall assist the states, the individual technician and/or operator whenever and wherever legislation, statutory regulation or other acts may affect the technical or business operation of the dental laboratory.

Resolved, that the NADL proceed forthwith toward development of the "Certified Dental Laboratory" under the guidance of the NADL Professional and Trade Relations Committee and that the use of the Certified Dental Technician be part thereof and the National Board for Certification be consultants thereto

Comment by Board of Trustees: It is now obvious that NADL has decided openly to cease any form of cooperation with the Association and the dental profession; that NADL has launched itself on aggressive program of opposition to policies of the Association. The Board of Trustees is confident that many, ethical dental laboratories will wish to dissociate themselves from these causes and this leadership since it is a deliberate effort to destroy the cooperation and mutual regard which must exist between the dentist and his dental laboratory if the public health is to be served.

The Association will always be receptive to constructive proposals from the dental laboratory industry, but the Board of Trustees is not convinced that the National Association of Dental Laboratories voices the policies of responsible dental laboratories of this country. The Board of Trustees believes that under present circumstances further conferences with NADL would be pointless. The Association will continue its close cooperation with representatives of groups of responsible dental laboratory owners such as the Dental Laboratory Owners Forum. The Association will continue to encourage the existing cordial relations between dentists and dental societies with laboratory groups at the constituent and component society level.

The Association is prepared to use its resources to resist any invasion of dental practice by the dental laboratory owners and technicians and will assist the constituent societies in preserving the integrity of state dental practice acts and the practice of dentistry in their areas.

President: The Board of Trustees believes that the President has made an extremely important proposal on the development of a national dental health care program for all children and strongly recommends the approval of Resolution 49.

Dental Health, Council on—Supplement 1: The Board of Trustees recommends the approval of Resolution 42.

Judicial Council—Supplement 1: The Board of Trustees transmits the supplemental report of the Judicial Council to the House of Delegates without comment.

Alaska Resolution on Population-Dentist Ratio for State of Alaska: The Board of Trustees is doubtful that the inclusion of the military and public health dentists in the total dentist figure would provide an accurate over-all picture of the population-dentist ratio for the State of Alaska, and believes that this is a matter for determination by the Bureau of Economic Research and Statistics. The Board recommends that Resolution 43 be referred to the Bureau of Economic Research and Statistics for study and report to the 1966 session of the House of Delegates.

Louisville Dental Society Resolution on Secretary as Official Spokesman of ADA: The Board of Trustees is wholly in accord with Resolution 47 of the Louisville Dental Society but does not believe that there is need for the resolution on the ground that past practice has been fully acceptable. The President, the other elective and appointive officers and the members of the Board of Trustees may all speak for the Association in their official positions. Since approval of Resolution 47 would modify somewhat the present satisfactory situation, the Board of Trustees recommends that it be postponed indefinitely.

Maryland Resolution on National Association of Dental Service Plans: The Board of

Trustees appreciates the interest in the future of the National Association of Dental Service Plans as indicated in Resolution 45 of the Maryland State Dental Association. However, it is the opinion of the Board that these proposals might pose grave legal and administrative problems for the new national coordinating agency and the American Dental Association. Therefore, the Board of Trustees recommends that Resolution 45 be referred to the appropriate agency of the Association for study and report to the 1966 session of the House of Delegates.

Maryland Resolution on Reorganization of Trustee Districts: The Board of Trustees transmits Resolution 46 without recommendation or comment.

Missouri Resolution on Study of Mal-Practice Insurance Policy for Members: In connection with Resolution 48, the Board of Trustees is of the opinion that it would be extremely difficult to "present the most practical plan of securing a non-cancellable mal-practice insurance policy for members of the Association" since it is unlikely that any commercial carrier would wish to assume a risk of this type. The Board believes that the Council on Insurance should be asked to secure information on the availability of the program specified and to report to the next session of the House of Delegates.

The Board of Trustees presents the following resolution with the recommendation that it be substituted for Resolution 48.

110. Resolved, that the Council on Insurance be requested to study and present information on the most practical plan of securing a non-cancellable mal-practice insurance policy for the members of the Association to the 1966 session of the House of Delegates.

The Board of Trustees recommends the adoption of the substitute resolution.

New Jersey Resolution on Continuation of Dental Assistants 104-Hour Certification Courses: The Board of Trustees notes that Resolution 35 has been withdrawn by the New Jersey State Dental Society.

Resolution of Delegate Carl O. Boucher on Amendment of "Requirements for National Certifying Boards for Special Areas of Dental Practice": The Board of Trustees believes that the approval of Resolution 44 would lead to the weakening of the requirements for formal education for specialists in dentistry and, therefore, recommends that it be rejected.

The Board of Trustees reiterates that it recommends to the House of Delegates the approval of Resolution 2 submitted by the Council on Dental Education.

**REPORT 7 TO HOUSE OF DELEGATES: COMPLAINT OF
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE ALLEGING
NON-COMPLIANCE WITH CIVIL RIGHTS ACT**

Background: The Board of Trustees wishes to advise the House of Delegates that on September 1, 1965 the Association received notice from the Department of Health, Education and Welfare that a complaint alleging non-compliance with Title VI of the Civil Rights Act of 1964 had been filed with the Department.

The complaint, in the form of a telegram filed with the Department, had the signature of Dr. Amaziah V. Cohen, a practicing dentist in Atlanta, in behalf of the Georgia Dental Society of which Dr. Cohen is president. Dr. Cohen's complaint alleges that the Association, in concert with some of its constituent and component societies, has violated the Civil Rights Act of 1964 by denying membership, presently and during prior years, to some Negro dentists. Dr. Cohen also alleges that the Association is the recipient of federal grants and assistance and asks that his telegram be considered as a formal complaint of violation of the Civil Rights Act.

Civil Rights Act: Title VI of the Civil Rights Act of 1964 states that "no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

The Board of Trustees is seriously concerned by these allegations because the Association may be held in violation of the Act by the acts of its constituent and component societies and through no fault or action of its own. The penalty for the violation of the Act is the withdrawal of federal assistance to the Association's program at the National Bureau of Standards and the withholding of grants which are made to the Association for dental research projects. The withdrawal of these funds would seriously impair the Association's research program and would destroy the cooperative effort which has been conducted at the National Bureau of Standards for many years.

Conference with Department: Association officials met with officials of the Department in Washington, D.C. on September 24 to indicate that some of the information in the complaint was misleading and erroneous; that the Association denied that it had conspired with its constituent and component societies or had rules and regulations of its own which were designed to prevent Negro dentists from becoming members of the Association; that the Association was prepared to recite the actions it had taken to increase the opportunity for Negro dentists to become members of the Association.

Officials of the Department commended the Association for the actions it had taken to eliminate discrimination in membership long before the Civil Rights Act of 1964 imposed the penalty of withdrawal of federal support for violation of the Act. Officials of the Department, however, suggested strongly that further action must be taken by the Association to remove the burden of the complaint and requested that such action be taken by the House of Delegates at its Las Vegas session. Officials of the Association agreed to a further conference with the Department after the annual session.

Letter from Department: Under date of October 19, 1965, the Department notified the Association that its "presentation . . . makes it clear that the ADA has over the past few years taken substantial steps toward breaking down the discriminatory barriers to membership. . . . Having said this—and without any wish to demean the results achieved to date—it must also be said that the results to date appear to fall short of full compliance with Title VI of the Civil Rights Act which requires that all federally assisted programs be free of discrimination on the basis of race, color or national origin". The letter continued: "Since you have indicated that your Association is bound by the decision made at the annual meeting of delegates we are quite concerned about the possibility that your members might approve an approach to the problem at its November meeting (in Las Vegas) which would fall short of insuring immediate nondiscrimination toward all potential members and thereby jeopardize ADA's continued eligibility for federal funds because ADA is unable to take needed corrective measures until the 1966 meeting."

The Board of Trustees is of the opinion that the House of Delegates has acted with good faith and conviction over the years to remove discriminatory practices which bar Negro dentists, on the basis of color alone, from entrance to membership in the American Dental Association, through a component society. These actions, however, appear not to satisfy the Department of Health, Education and Welfare. As a result, federal assistance to Association projects is in jeopardy because of the real or alleged discriminatory practices of a limited number of constituent and component societies.

The Board of Trustees is obligated to call this serious jeopardy to the attention of the House of Delegates. This obligation can be fulfilled only if all constituent and component societies freely and immediately take all necessary steps to remove any improper restrictions which may exist on entrance into membership in the Association. These actions by the constituent and component societies must be carried out fully and promptly if the Association and the dental profession are to be cleared of the allegation that they permit discrimination on the basis of color even in the smallest measure and thus are in violation of the laws of the United States.

The Board of Trustees calls upon all constituent and component societies conscientiously to revalue and eliminate any practices which might possibly be construed as discriminatory and to take such action willingly and promptly. There is no time left for non-compliance or token compliance with the Civil Rights Act without incurring severe penalties.

The Association and the dental profession will enlarge their stature if they meet this obligation willingly and not under the duress of the law.

Recommendations by Board of Trustees: The Board of Trustees has already transmitted to the House of Delegates with its approval two resolutions supported by four constituent societies, which urge the constituent and component societies to take action to eliminate discriminatory practices. The Board of Trustees strongly urges the House of Delegates to approve one or both resolutions to indicate unequivocally to the Department of Health, Education and Welfare and to the people of this country that neither the Association nor the profession is willing to tolerate any longer even the vestige of a practice which denies membership in a professional association solely on the basis of color.

The Board of Trustees is confident that the House of Delegates will be responsive to this call to insure that the Association and the dental profession will not be

penalized for the practices of the few which are now beyond the law and beyond acceptance by most Americans.

If there is default of this obligation to take immediate action, the Board of Trustees will have no recourse except to recommend further steps to remove discriminatory practices where they exist.

1. The Board of Trustees may be compelled to request full application of the provision of the *Bylaws* which gives the House of Delegates the exclusive power to "suspend or revoke charters of constituent societies" upon a showing that either a constituent or its component societies permit discrimination by practices which are not specified in its bylaws. The Board of Trustees is prepared to ask the House of Delegates to invoke this provision of the *Bylaws* when there is evidence that a component or a constituent society is not acting in good faith in the removal of discriminatory practices.

2. The Board of Trustees will give consideration to requesting the House of Delegates to permit the suspension of the representation of a constituent society in the House of Delegates upon a showing that its permits its component societies to foster and permit discriminatory practices related to entrance into membership. The constituent societies should not be permitted to shift this burden of enforcement to the American Dental Association for they have an obvious sanction in conferring and withdrawing charters of their component societies.

3. The Board of Trustees will give serious consideration to the development of an appeal mechanism as suggested by the Department of Health, Education and Welfare and the National Dental Association under which any dentist will have the right of appeal to the American Dental Association when refused membership by a component society on a discriminatory or arbitrary basis. The establishment of such an appeal mechanism would run counter to the traditional policy that only the component society has the power to determine the qualifications for entrance into membership. If this obligation is defaulted by the component societies, the American Dental Association must give consideration to a mechanism which would remove the jeopardy of its federal grants. This mechanism would be acceptable to the Board of Trustees only upon the presentation of strong evidence that a few component and constituent societies are continuing to resist their obligation of compliance with the *Bylaws* of the Association and the laws of the United States.

The Board of Trustees has a serious commitment to these further steps, when necessary, to protect the interests of the American Dental Association. The Board of Trustees believes that the membership of the Association, in major part, together with the constituent and component dental societies will be responsive to the reasoned and reasonable demand of the Association and of the federal government for compliance with the laws of the United States. In addition to being required by law, this elimination of discriminatory practices with vigor and at the earliest opportunity will conform to the highest ideals of the dental profession.

House Minutes

November 8-11, 1965

MONDAY, NOVEMBER 8, 1965

Call to Order: The first meeting of the 106th session of the House of Delegates of the American Dental Association was called to order at 2:00 p.m., Monday, November 8, 1965, in the Las Vegas Convention Center, Las Vegas, Nevada, by the Speaker of the House, Dr. F. D. Ostrander.

Invocation: The invocation was offered by Reverend Tally Jarrett, Christ Church Episcopal, Las Vegas.

Introduction of Distinguished Guests: The Speaker introduced the Honorable L. Mendel Rivers, United States representative, First Congressional District, South Carolina. Mr. Rivers addressed the members of the House of Delegates and was given a standing ovation. The Honorable John E. Fogarty, United States representative, First Congressional District, Rhode Island, was also introduced.

Report of Standing Committee on Credentials: Dr. J. Donald McPike, Iowa, chairman of the Standing Committee on Credentials, reported a quorum present. The other members of the Committee were Drs. Fred P. Barnhart, Washington; William C. Hudson, Jr., New York; Lynden M. Kennedy, Texas; James H. Yoder, Pennsylvania, and Harold M. Kramer, Oregon, and Paul W. Zillmann, New York, consultants. Later in the session the Speaker announced that 415 out of 416 delegates had registered for the current meeting.

REPORT OF STANDING COMMITTEE ON RULES AND ORDER

The report of the Standing Committee on Rules and Order was presented by Admiral Frank M. Kyes, Navy, chairman. The other members of the Committee were

Drs. Ross H. Bradley, Illinois; Harvey C. Janke, Ohio; John E. Magnuson, Indiana; John F. Maguire, Delaware.

Approval of Minutes of 1964 Session of House: On motion by Admiral Kyes, seconded by Dr. Phelps J. Murphey, Texas, a resolution presented by the Committee was adopted approving the minutes of the 1964 annual session of the House of Delegates as published in *Transactions of the American Dental Association, 1964* on pages 240-301.

Adoption of Official Agenda for Current Session: On motion by Admiral Kyes, seconded by Dr. J. Donald McPike, Iowa, a resolution presented by the Committee was adopted approving the official order of business for the current session as printed on pages 5-11 of the *Supplement to Reports of Officers and Councils, 1965*.

Order of Reports of Reference Committees: On motion by Dr. Kyes, seconded by Dr. Charles E. Hebert, Jr., Louisiana, a resolution presented by the Committee was adopted authorizing the Speaker of the House of Delegates to alter the call for reference committee reports in order to expedite the work of the House.

Establishment of Judicial Appeals to House of Delegates as Special Order of Business: The Committee called attention to the two appeals from the decision of the Judicial Council, one by Dr. Harry Rowe, Washington, and one by Dr. A. B. Weinstein, New York, appearing on the agenda for the current session. In order to conserve the time of attorneys and others involved in the appeals, the Committee recommended that the report of the reference committee on the appeals be established as a special order of business on Wednesday and that special rules be established to govern consideration of the appeals by the House of Delegates. On motion by Admiral Kyes, seconded by Dr. Edmund J. Leach, California, the following resolution presented by the Committee was adopted:

1-1965-H. Resolved, that consideration of the report of the Reference Committee on Legislation and Judicial Procedures be established as a special order of business for 1:00 p.m., Wednesday, November 10, and be it further Resolved, that the following special rules govern the consideration of the appeals:

1. On each appeal, debate will be limited to 15 minutes for the appellant and 15 minutes for the respondent constituent and component dental associations.
2. The appellant may reserve a portion of his allotted time for rebuttal following the presentation of the constituent and component dental associations, which shall not have the right of rebuttal.

Establishment of Consideration of 1966 Budget as Special Order of Business: On motion by Admiral Kyes, seconded by Dr. John G. Nolen, Michigan, the following resolution presented by the Committee was adopted:

2-1965-H. Resolved, that the consideration of the budget for the fiscal year

1966 be established as a special order of business at 10:00 a.m., Thursday, November 11.

Referral of Reports and Resolutions: On motion by Admiral Kyes, seconded by Dr. Walter Jusczyk, Rhode Island, a resolution presented by the Committee was adopted approving the preliminary and supplemental lists of referrals submitted by the Speaker of the House.

Hearings by Reference Committees: The Committee called attention to the hearings to be held by the reference committees all day Tuesday, November 9, in various rooms of the Sahara Hotel, and to the fact that any member of the Association whether or not he is a member of the House of Delegates, is privileged to attend and participate in the hearings.

Reports of Reference Committees: The Committee stated that one set of reference committee reports would be made available to the chairman of record of each delegation in advance of the Wednesday afternoon meeting. The chairmen were requested to call at the Headquarters Office in the Sahara Hotel after 9:00 a.m. on Wednesday.

Motion to Recommit or Refer to an Agency: The Committee stated that, several times in recent years, it had been the wish of the House of Delegates to recommit or refer a pending resolution to a council or to the Board of Trustees for study and report at the next annual session. The motion usually used to accomplish this purpose was the "motion to postpone definitely" until the next annual session. However, *Sturgis' Standard Code of Parliamentary Procedure* (p. 192), states that "it is not permissible to postpone a question beyond the next regular meeting or the end of the convention . . .". In order to establish a parliamentary procedure which would enable the House of Delegates to postpone consideration of a resolution from one annual session to the next, the Committee recommended that the "motion to refer to a committee" be used in place of the "motion to postpone definitely" when the House wishes to defer consideration until the next annual session. The Committee stated that this would achieve the purpose of the House of Delegates and be consistent with *Sturgis' Standard Code of Parliamentary Procedure*.

The Committee recommended that the statement on this procedure be incorporated in the 1966 issue of the *Manual of House of Delegates*.

Use of Voting Cards: The Speaker called attention to the voting cards which had been distributed to each of the delegates and requested that they be used when the Chair called for a hand vote.

REPORT OF PRESIDENT

The Speaker introduced President Fritz A. Pierson and Dr. Pierson was given a standing ovation. President Pierson addressed the members of the House of Delegates (see p. 9), and his report was referred to the Reference Committee on President's Address and Administrative Matters. The resolution appended to the report

of the President was referred to the Reference Committee on Public Health. Mrs. Pierson was introduced and was given a standing ovation. Dr. Pierson also read messages of greeting from President Lyndon B. Johnson and Vice President Hubert H. Humphrey.

REPORTS OF BOARD OF TRUSTEES TO HOUSE OF DELEGATES

Report 1 of Board to House—Association Affairs: Report 1 of the Board of Trustees to House of Delegates was read by Dr. William A. Garrett, chairman, and the following actions were taken. (For the complete text of Report 1, see p. 275.)

Election of Honorary Members: (Board of Trustees, Resolution 100) Dr. Garrett read the sections of Report 1 and Report 6 relating to nominations to honorary membership. On motion by Dr. Edmund J. Leach, California, seconded by Dr. Frederick J. Michon, Louisiana, Resolution 100 was amended by the addition of the names of the nominees for honorary membership listed in Report 6. On motion by Dr. Harvey S. Huxtable, Wisconsin, seconded by Dr. Charles E. Hebert, Jr., Louisiana, the following amended resolution was adopted:

3-1965-H. Resolved, that in accordance with the *Bylaws*, Chapter VI, Section 30G, the following be elected to honorary membership:

Baume, Louis Joseph, L.D.S., D.M.D., M.S.
 Brandhorst, Otto W., D.D.S.
 Bunn, Edward B., S.J., A.B., M.A., Ph.D.
 Hodge, Harold C., Ph.D., D.Sc.
 Laird, Melvin R., B.A.
 Mavrogordatos, Themis, M.D., D.D.S.
 Rothstein, Robert J.
 Wang-Norderud, Rolf G., D.D.S., M.D.

President Pierson presented the certificates of honorary membership to the newly elected honorary members who were present. Drs. Brandhorst, Bunn and Wang-Norderud, and Messrs. Laird and Rothstein responded briefly, and the certificates were presented *in absentia* to Drs. Baume, Hodge and Mavrogordatos.

Election of Life Members: (Board of Trustees, Resolution 101) On motion by Dr. Percy J. Ross, Michigan, seconded by Dr. Dale A. Hills, Minnesota, the following resolution was adopted:

4-1965-H. Resolved, that the 860 members nominated by the Board of Trustees in accordance with Chapter VI, Section 90M of the *Bylaws* be classified as life members.

Deferral of Election of Council Members: (Board of Trustees, Resolution 102) Action on Resolution 102 was deferred until the time of elections at the Wednesday afternoon meeting.

Report 2 of Board to House—Recommendations on Reports of Councils and Resolutions: Report 2 of the Board to the House, which commented on the reports of councils and resolutions from constituent societies, was not read but was referred to the various reference committees for consideration. (For the complete text of Report 2, see p. 284.)

Report 3 of Board to House—Resolutions Proposed, or Transmitted, by Board of Trustees: Report 3 of the Board to the House containing resolutions proposed or transmitted by the Board of Trustees was not read but was referred to the various reference committees for consideration. (For the complete text of Report 3, see p. 288.)

Report 4 of Board to House—Construction Program: Report 4 of the Board to the House was read by Dr. Garrett, chairman of the Committee. The report was informational in nature and no formal actions were taken. (For the complete text of Report 4, see p. 290.)

Report 5 of Board to House—Financial Affairs and Budget for Fiscal Year 1966: Report 5 of the Board to the House was read by Dr. Laurence Lathrop, chairman of the Committee on Finance and Investments of the Board of Trustees. Action on Resolution 106, pertaining to adoption of the budget, was deferred until the Thursday, November 11, meeting. (For the complete text of Report 5, see p. 293.)

Report 6 of Board to House—Further Comment on Association Affairs and Resolutions: Report 6 of the Board to the House was read by Dr. Garrett, chairman of the Committee. Various sections of the report were referred to the appropriate reference committees. (For the complete text of Report 6, see p. 300.)

Report 7 of Board to House—Complaint of Department of Health, Education and Welfare Alleging Non-Compliance with Civil Rights Act: Report 7 of the Board to the House was read by President Pierson, and was referred to the Reference Committee on President's Address and Administrative Matters. (For the complete text of Report 7, see p. 305.)

Dr. Robert Jordan, Georgia, addressed the House as President of the Georgia Dental Association and requested permission to present information relating to the complaint of the Department of Health, Education and Welfare. The Speaker inquired whether this was a matter that should more appropriately be discussed in the hearing of the Reference Committee on President's Address and Administrative Matters. Dr. Jordan replied in the negative.

Dr. Jordan read the following text of the telegram signed by Dr. A. V. Cohen, president of the Georgia Dental Society, addressed to the Department of Health, Education and Welfare:

Negro dentists in some 11 Southern states are denied admission to the ADA based on race. The American Dental Association, in conjunction with its component states and local societies throughout the South, particularly Georgia, have conspired to make such rules and regulations, which for 100 years have successfully kept Negro dentists from becoming members of the governing body of our profession. Therefore, the Georgia Dental Society in its last meeting voted unanimously that this telegram serve as a formal complaint under Title

VI of the Civil Rights Bill against the ADA and its component societies wherever all Negro dentists are denied membership in these organizations presently and during prior years. The federal government furnished the ADA with facilities totaling millions of dollars in terms of research facilities and grants at the National Bureau of Standards and the National Institutes of Health in Washington, D.C. and Bethesda, Maryland. In view of the ADA and its component societies segregated policy pertaining to membership against Negro dentists in the South, we regard them in violation of the Civil Rights Bill.

Dr. Jordan stated that during the past week he personally contacted Dr. A. V. Cohen in Atlanta, Georgia, that he asked Dr. Cohen about the telegram, and that Dr. Cohen "freely admitted that he did not know the text of the telegram, that he did not know what was in it, that he personally had not seen it. . . . His report to me was that the telegram was sent by a Roy Bell in Atlanta, Georgia . . ." The Speaker ruled that the discussion would be more appropriate in the hearing of the Reference Committee or in the House of Delegates at the time the report of the Reference Committee was considered.

UNFINISHED BUSINESS

The Speaker called attention to the items of unfinished business listed on the agenda, and announced the referral of each item to the appropriate reference committee.

NEW BUSINESS

The Speaker called for items of new business, and referrals were made to the appropriate reference committees.

Adjournment: The meeting adjourned at 4:30 p.m.

WEDNESDAY, NOVEMBER 10, 1965

Call to Order: The meeting of the House of Delegates was called to order at 12:00 m. by the Speaker of the House.

Invocation: The invocation was offered by Dr. C. Gordon Watson, Southern California, in the absence of Cantor Joseph Kohn, Temple Beth Sholom, Las Vegas, who was unable to be present.

Introduction of Distinguished Guests: The Speaker introduced Dr. Robert L. Morrison, general chairman, General Committee on Local Arrangements for the current session and Dr. Morrison briefly addressed the members of the House. Dr. Philip S.

Christie, president, Canadian Dental Association, was introduced and briefly addressed the House. The Speaker also introduced the winners of the Student Clinic Program and the officers who were seated on the platform. The trustees and the past presidents who were seated in the House were introduced as a group.

Presentation to Secretary Hillenbrand by Missouri Dental Association: Dr. Richard D. Korn, president, Missouri Dental Association, and Dr. W. Neal Newton, Missouri, presented Secretary Hillenbrand with a token of appreciation for services rendered during the centennial celebration of the Missouri Dental Association in October, 1965.

Commendation of Women's Auxiliary on Tenth Anniversary: On motion by Dr. J. C. Almy Harding, Southern California, seconded by Dr. Harvey S. Huxtable, Wisconsin, the following resolution was adopted unanimously:

5-1965-H. Resolved, that the House of Delegates of the American Dental Association congratulates the Women's Auxiliary of the American Dental Association and all of its officers and members, who, in its first ten years, have done so much to brighten and embellish the image of dentistry.

Report of Standing Committee on Credentials: Dr. J. Donald McPike, Iowa, chairman of the Standing Committee on Credentials, reported a quorum present. Later in the meeting the Speaker announced that 416 out of 416 delegates had registered for the current meeting.

REPORT OF REFERENCE COMMITTEE ON LEGISLATION AND JUDICIAL PROCEDURES

The report of the Reference Committee on Legislation and Judicial Procedures was read by Dr. Clarence D. Honig, Southern California, chairman. The other members of the Committee were Drs. Harold E. Barlow, Ohio; Robert Jordan, Georgia; Arnold M. Oosterhuis, Iowa; Claude V. Pettey, Jr., Mississippi.

Report of Judicial Council: The Committee commended the Council on the effective manner in which it had carried out its responsibilities during the past year.

Military Service and the Announcement of a Limited Practice: (Report of Judicial Council) The Committee called attention to the Council's statement that the character of practice in the military service could entitle a dentist who enters or reenters a civilian career to announce a limited practice if he did in fact meet the requirements of Section 18 of the *Principles of Ethics* relating to "Announcement of Limitation of Practice". The Committee noted that, in a subsequent report, the Council established that the dentist in military service could meet these requirements.

Prepaid Dental Care Plans: (Report of Judicial Council) The Committee also called attention to the following advisory opinion of the Council which relates to Section 17 of the *Principles* entitled "Contract Practice":

In the opinion of the Judicial Council, the requirement imposed by component or constituent societies to file a contract between any members and a corporation is not a matter of ethics and is unenforceable as being outside the purview of the principles of ethics of a professional association.

Dentist's Identification in Commercial Advertisements: (Report of Judicial Council) The Committee stated that it shared the concern of the Council on the increase in the number of instances of prominent dentists lending their professional identification to the promotion of a commercial product. The Committee noted that such conduct is clearly in violation of Section 15 of the *Principles*.

Appeal of Dr. A. B. Weinstein: (Judicial Council, Supplement 1) The Committee stated it believed there was sufficient evidence to support all the charges against Dr. Weinstein, and recommended that the House of Delegates uphold the decision of the First District Dental Society of The Dental Society of the State of New York and the disciplinary penalty imposed by that society. On motion by Dr. Honig, seconded by Dr. Paul S. Butcher, Michigan, the following resolution presented by the Committee was adopted:

6-1965-H. Resolved, that the House of Delegates affirms the decision of the First District Dental Society of The Dental Society of the State of New York imposing upon Dr. A. B. Weinstein a six month sentence of suspension of membership privileges as provided in Chapter XI of the *Bylaws* of the American Dental Association.

Appeal of Dr. Harry Rowe: (Judicial Council, Supplement 1) The Committee noted that Dr. Harry Rowe appealed to the House of Delegates from the Judicial Council's ruling that it did not have authority under the *Bylaws* to hear this appeal. Dr. Rowe appealed to the Judicial Council from the decision of the Seattle District Dental Society rejecting his application for a transfer of membership from the North Central District Dental Society, both societies being components of the Washington State Dental Association.

The Committee reported that it reviewed the pertinent briefs and opinions and heard the oral testimony submitted on behalf of Dr. Rowe, and that it was impressed with the fact that the Seattle society did not disclose reasons for the denial of transfer of his membership. The Committee stated that the net effect of such a denial of transfer is expulsion from the Washington State Dental Association and the American Dental Association.

The Committee stated it was fully aware of the fact that the *Bylaws* of the American Dental Association do not make specific provision for review of a component society's action denying a transfer of membership, but it believed that it could not ignore the fact that the net effect of the denial of transfer of membership is expulsion from membership.

The Committee stated that, because of the unusual nature of this particular case and the harsh effect of the action of the component society, it recommended to the House that this case be referred back to the Seattle District Dental Society to reconsider Dr. Rowe's application using the appropriate procedures of Chapter XI of the *Bylaws* of the American Dental Association. On motion by Dr. Honig, seconded by Dr. Jordan, the following resolution presented by the Committee was adopted:

7-1965-H. **Resolved**, that the appeal of Dr. Harry Rowe be referred to the Seattle District Dental Society with instructions that the Society reconsider Dr. Rowe's application for transfer of membership using the appropriate procedures of Chapter XI of the *Bylaws* of the American Dental Association.

Because the *Bylaws* do not have a completely satisfactory mechanism for handling denial of membership applications where a member transfers from one component society to another, the Committee recommended to the House that the Judicial Council be instructed to study the problem and to recommend to the House of Delegates appropriate *Bylaw* changes to protect the rights of members of the Association who wish to transfer membership from one society to another. On motion by Dr. Honig, seconded by Dr. Michael J. Del Balso, Wisconsin, the following resolution presented by the Committee was adopted:

8-1965-H. **Resolved**, that the Judicial Council recommend to the 1966 House of Delegates appropriate *Bylaw* changes to protect the rights of members of the Association who wish to transfer membership from one component society to another.

Report of Council on Legislation: The Committee complimented the Council on its accomplishments throughout the year in connection with the legislative activities of the Association, and called attention to the tremendous amount of legislation relating to the dental profession that had been considered by the session of Congress just completed. The Committee noted that, in the main, legislation had been favorable to dentistry and appropriations that were requested for dental education and research programs were granted.

The Committee noted that, in spite of the fact that Medicare was enacted into law, certain inequities toward dentistry were eliminated allowing compensation for surgical procedures performed by legally qualified dentists. The Committee stated that this achievement was a credit to the patience, endurance and effectiveness of the Council on Legislation and the Washington Office staff.

Report of Council on Legislation—Supplement 1: The Committee called attention to the concise, detailed report of the Council on the Medicare and Social Security bill signed into law this year and to the summary of all important 1965 state legislation.

State-Wide Fluoridation Legislation: (Connecticut State Dental Association, Resolution 31) The Committee congratulated the Connecticut State Dental Association on its successful efforts in the promotion of fluoridation and expressed the wish that other state dental societies would emulate this action. On motion by Dr. Honig, seconded by Dr. Percy J. Ross, Michigan, the following resolution was adopted:

9-1965-H. **Resolved**, that it be recommended to all constituent societies of the American Dental Association that they endeavor to enact state legislation similar to the Act Concerning the Fluoridation of Public Water Supplies recently enacted into law in Connecticut, and be it further

Resolved, that a copy of Connecticut's Act, the wording of which follows, be distributed to all constituent societies for their guidance and assistance.

Be it enacted by the Senate and House of Representatives in General Assembly convened: Wherever the fluoride content of public water supplies serving twenty thousand or more persons supplies less than eight-tenths of a milligram per liter of fluoride, the person, firm, corporation or municipality having jurisdiction over the supply shall add a measured amount of fluoride to the water so as to maintain a fluoride content of between eight-tenths of a milligram per liter and one and two-tenths milligrams per liter, such adjustment of fluorides to start according to the dates scheduled as follows:

Water utilities serving a population of fifty thousand or more shall begin fluoridation on or before January 1, 1967; water utilities serving a population from twenty thousand to fifty thousand shall begin fluoridation not later than October 1, 1967.

Amendment of Section 15 of "Principles of Ethics" on "Use of Professional Titles and Degrees": The Committee stated it was of the opinion that the use of additional educational degrees might tend to confuse the public and would not be of advantage to the profession. In addition, it would tend to dilute the effectiveness of the dental degree and the use of many degrees might imply superiority of one over the other. Dr. Honig moved that the following resolution be rejected and the motion was seconded by Dr. Oosterhuis:

Resolved, that Section 15 of the *Principles of Ethics*, "Use of Professional Titles and Degrees", be amended by making it permissive for a dentist who has been conferred with an earned academic degree from an accredited college or university to use such degree in addition to his dental or dental and medical degree in connection with his name on his cards, letterheads, prescription blanks, announcements, scientific papers and presentations, but *not* to be used in connection with his name on any office signs.

Dr. Attilio J. Crosta, New Jersey, spoke in favor of the New Jersey resolution, stating that the resolution had "come about because of the encouragement that was given to us by the 1964 Board of Trustees of the American Dental Association". Dr. Crosta called attention to Board of Trustees Resolution 103 (*Trans.* 1964:211) which had been proposed as a substitute for resolutions presented by the Judicial Council and the Georgia Dental Association. Resolution 103 proposed that Section 15 of the *Principles of Ethics* be amended by adding to the first sentence the words "or other earned degrees received from recognized educational institutions". Dr. Crosta stated that "this year, with practically the same personnel sitting on the Board, they have decided to recommend disapproval of the New Jersey resolution, giving as their reason, and I quote . . . 'In view of the fact that the House of Delegates in 1964 disapproved two resolutions with the same intent as the New Jersey resolution . . .'".

Dr. Crosta expressed the opinion that this reasoning was inadequate. Dr. Crosta quoted from the background statement of the New Jersey resolution and from an editorial entitled "Dental Student Recruitment" which appeared in the February, 1965 issue of *The Journal of the American Dental Association*, and stated that "If we are to help recruit future dentists, we do so by telling them to further their education. But when they do, I do not want to have to tell that boy after he gets his (earned degree), 'You can not use it'".

Dr. Francis R. Coppola, New Jersey, said "You have all heard the impassioned plea of Dr. Crosta. I rise only to make one point. He is not speaking for himself. He does not have an earned degree. All he has is a D.D.S. So you can see that his plea is an unselfish one, and he is speaking for the welfare of the dentists of America as a whole". On vote, the resolution was declared rejected.

Amendment of "Bylaws" Relating to Term "Member in Good Standing": (Board of Trustees, Resolution 104) The Committee noted that the 1964 House of Delegates requested that the appropriate agencies of the Association be instructed to study the provisions of the *Bylaws* relating to the phrase "member in good standing" and report their recommendations to the House of Delegates at the 1965 annual session. The Committee stated that, in considering Resolution 104, it was impressed with the statement of the Board of Trustees that the essential solution to this problem was to qualify the phrase "in good standing" so that a member under disciplinary sentence of suspension would be appropriately indicated without violating the provision of the *Bylaws* (Chapter I, Section 40Ac) which states that "a sentence of suspension shall not abrogate any contractual relations between the disciplined member and a third party". In order to achieve the intent of the 1964 resolution of the House of Delegates without violating the contractual rights of the member under disciplinary sentence of suspension, the Committee recommended adoption of the proposed amendment to the *Bylaws*.

On motion by Dr. Honig, seconded by Dr. Edward F. Leone, Wisconsin, the following resolution was adopted by a two-thirds majority vote:

10-1965-H. Resolved, that the first sentence of Chapter I, Section 30, of the *Bylaws*, be amended by deleting the period at the end of line 134 and substituting a semicolon and adding the following clause:

provided, however, that a member in good standing who is under a disciplinary sentence of suspension shall be designated as a "member in good standing temporarily under suspension" until his disciplinary sentence has terminated.

to make the amended provision read as follows:

A member of this Association whose dues for the current year have been paid shall be in good standing; provided, however, that a member in good standing who is under a disciplinary sentence of suspension shall be designated as a "member in good standing temporarily under suspension" until his disciplinary sentence has terminated.

Amendment of "Bylaws"—Disciplinary Procedures: (Board of Trustees, Resolution 105) The Committee stated that the Standing Committee on Constitution and Bylaws had called to its attention a typographical error in the word "registered" appearing in the second sentence of the amended paragraph. Also, the Standing Committee on Constitution and Bylaws recommended the following editorial changes in the amended paragraph in order to conform with the present wording: in the first sentence delete the word "the" appearing before "charges" and delete the word "no" in the third line and substitute "not". On motion by Dr. Honig, seconded by Dr. James N. Lynch, Illinois, the amendments were adopted. On motion by Dr. Honig, seconded by Dr. Carlton H. Williams, Southern California, the following amended resolution was adopted by a two-thirds majority vote:

11-1965-H. Resolved, that the *Bylaws*, Chapter XI, "Principles of Ethics and Judicial Procedure", Section 20Cb, be amended by the substitution of the words "twenty-one (21)" for the words "thirty (30)", the amended paragraph to read as follows:

b. Notice. The accused member shall be notified in writing of charges brought against him and of the time and place of the hearing, such notice to be sent by registered letter addressed to his last known address and mailed not less than twenty-one (21) days prior to the date set for the hearing.

Use of Dental Hygienist's Name on Dentist's Door, Card or Letterhead: (Board of Trustees, Resolution 109) In connection with Resolution 109, the Committee called attention to the following advisory opinion issued by the Judicial Council: "A dentist who places the name of his dental hygienist on his door, card or letterhead is engaged in unethical conduct." The Committee stated it concurred that the placement of the dental hygienist's name on the dentist's office door would tend to imply that she is an independent practitioner who is entitled to treat patients on her own cognizance and her own responsibility, and that the use of the dental hygienist's name on the door, card or letterhead could encourage some members of the dental profession and the dental hygiene profession to permit some hygienists to operate independently of the dental profession. In addition, any arguments which could be made in favor of permitting the placement of the dental hygienist's name would be equally applicable to the dental assistant and the dental laboratory technician.

On motion by Dr. Honig, seconded by Dr. H. Arthur Zappe, Texas, the following resolution was rejected:

Resolved, that the Judicial Council be requested to suspend temporarily the ruling in regard to the use of a dental hygienist's name on the door, card or letterhead of a dentist, and be it further

Resolved, that the Judicial Council be requested to give consideration to allowing the ethical aspects of this question to be decided at the local level, and be it further

Resolved, that the Judicial Council be requested to report on this matter to the 1966 session of the House of Delegates.

REPORT OF REFERENCE COMMITTEE ON DENTAL EDUCATION

The report of the Reference Committee on Dental Education was read by Dr. Hugo M. Kulstad, Southern California, chairman. The other members of the Committee were Drs. William E. Brown, Jr., Michigan; Harvey S. Huxtable, Wisconsin; George E. Mullen, New York; Philip G. Vierheller, Missouri.

Report of Council on Dental Education: The Committee commended the Council for its activities during the past year and for the depth and clarity of its report.

Educational Waiver No. 2 for Dental Assistants: (Council on Dental Education, Resolution 1) The Committee presented the following statement:

Waivers of formal educational requirements for dental assistant certification were first established between the Certifying Board and the Committee on Education of the American Dental Assistants Association and the Council in 1960.

Waiver Agreement No. 2 permitted persons completing less training than the minimum of one academic year prescribed in Association educational standards to qualify for the examination conducted by the Certifying Board of the Amer-

ican Dental Assistants Association. For the past five years, the majority of certification candidates have been trained in the 104-hour ADAA locally sponsored training programs. In addition, many courses, ranging in length from six weeks to six months, also have been accepted to qualify certification candidates for the examination under Waiver Agreement No. 2.

The Committee notes that the Certifying Board and the Committee on Education of the ADAA agreed that serious attention now should be directed to upgrading the educational basis for certification by ending *ad interim* educational waiver agreements. The Committee notes also that the number of accredited training programs has increased to the point where there is a sufficient number of programs operating or being developed to consider early phasing-out and termination of training programs which do not meet the minimum requirements for accreditation by the Council.

The Certifying Board and the Committee on Education have affirmed concurrence with the proposed termination of waivers and the phasing-out of extension study courses, as well as all other less than one-year programs in dental assisting. The Committee believes that it is appropriate now to terminate the educational waiver for dental assistant certification although it recommends that the 104-hour program continue to be utilized where necessary for assistant training.

On motion by Dr. Kulstad, seconded by Dr. Timothy E. Ryan, Wisconsin, the following resolution was adopted:

12-1965-H. Resolved, that Educational Waiver No. 2, approved jointly by the Council on Dental Education and agencies of the American Dental Assistants Association in 1960, be terminated on December 31, 1965, and be it further **Resolved**, that in order to provide an orderly transition period, those students who enroll in courses now identified under Educational Waiver No. 2 must complete their studies prior to December 31, 1966, and be it further **Resolved**, that trainees enrolled in courses during the phase-out period described in this resolution be permitted to take the national certification examination up to, and including, the spring, 1969 testing period.

Qualification for Examination by Specialty Boards: (Council on Dental Education, Resolution 2; Delegate Carl O. Boucher, Resolution 44; Resolution 219, as amended, deferred by the 1964 session of the House of Delegates) The Committee stated that it had considered jointly the report of the Council on Dental Education and the additional resolutions pertinent to the qualification for examination by specialty boards: Resolution 2 of the Council on Dental Education, Resolution 44 of Delegate Carl O. Boucher, Ohio, and Resolution 219, as amended, deferred by the 1964 session of the House of Delegates. The Committee reported that, as a result of its consideration of these resolutions, it would recommend the approval of Resolution 2 and the rejection of Resolutions 44 and 219 as amended.

The Committee presented the following statement:

The Committee agrees that formal graduate or postgraduate programs provide the most suitable means to develop qualified specialists in dentistry. Short courses are organized less formally, may not follow any particular sequence and vary from one school to another. They are almost impossible to evaluate.

Teaching experience, likewise cannot be guaranteed to be an effective substitute for graduate or postgraduate programs.

The Committee notes that few dentists are applying to take the American Board of Prosthodontic examination. However, the same is true of other boards. If Resolution 44 were adopted, other boards would likely request similar consideration in the future, and this appears to be a major step backwards. If the dental specialties are to realize their full potential, there should be no substitute for the best education possible.

The American Board of Prosthodontics has pointed out that many practitioners do not decide to limit their practices to prosthodontics until after a number of years of general practice, at which time it is difficult to return to school for two years. However, the Committee notes that other specialties have a similar problem. The Committee believes that the provision in Resolution 2 to permit advanced educational programs on a part-time basis over an extended period of time will help to alleviate this concern.

The Committee is sympathetic with the concern of the American Board of Prosthodontics and urges that the Council work with the Board and its parent organization to develop solutions. The Council has indicated that the rejection of Resolutions 44 and 219 would not preclude further study regarding problems facing the Board.

The Committee believes that the solution to the problem rests with the continued development of formal graduate or postgraduate programs that will attract more qualified persons.

Dr. Kulstad moved the adoption of the following resolution (Council on Dental Education Resolution 2), and the motion was seconded by Dr. William P. Humphrey, Colorado:

13-1965-H. Resolved, that the *Requirements for National Certifying Boards for Special Areas of Dental Practice* adopted in 1959 (*Trans.* 1959:204) be amended by deleting the present paragraph (2) under the section titled "Certification Requirements" and substituting in lieu thereof the following:

Each board shall require for eligibility for certification as a diplomate a minimum of two academic years of postgraduate study in recognized institutions, or two calendar years of advanced study if the programs involve hospital internships and residencies. The period of postgraduate study need not be continuous, nor completed within successive calendar years. A postgraduate program equivalent to two academic years in length, successfully completed on a part-time basis over an extended period of time, may be considered acceptable in satisfying this requirement. Short continuation and refresher courses and teaching experience in specialty departments in dental schools will not be accepted in meeting any portion of this requirement, since these experiences are not encompassed within the definition of a postgraduate program. Until January 1, 1967 candidates entering the preceptorship program operated by the American Association of Orthodontists may have the study and training of such program accepted as a substitute for a formal education program.

Dr. Roger W. Pryor, Ohio, spoke against the resolution, stating that "the greatest place in the world to get experience in the field of prosthodontia is in general practice. When a practitioner has several years' experience in general practice and feels that this field interests him most, I feel he should not be eliminated as a potential prosthodontist. Passage of this resolution will accomplish such elimination in a high

percentage of cases. Unlike the other well-established specialties, such as orthodontia, oral surgery and periodontia, two-year formal educational programs do not guarantee superior diplomates in the field of prosthodontia. Therefore, since exposure to prosthodontist problems in private practice is the best way to weed out poor candidates, and since the nature of gaining this experience precludes a return to formal education for most candidates, I urge the defeat of any approach which eliminates the development of these men as future diplomates in prosthodontia."

Dr. John A. O'Keefe, District of Columbia, inquired as to what was meant by the phrase "extended period of time" in the Council on Dental Education's resolution. At the request of the Speaker, Dr. Kulstad replied that he had not heard a specific number of years mentioned in the discussions at the Reference Committee hearing. The question was directed to Dr. R. Quentin Royer, chairman, Council on Dental Education, who replied that the phrase "on a part-time basis over an extended period of time" related to the requirement in the first part of the statement, "a minimum of two academic years of postgraduate study in recognized institutions". Dr. Royer stated that, as an example, if half-time were devoted, it might take four years to complete the requirement.

Dr. Frank P. Bowyer, Tennessee, stated that the requirement referred only to board certification, that in the American Association of Orthodontists there were approximately 3,500 members of whom only about 500 or 600 were board certified, and that this had no effect on the other 3,000 orthodontists who were practicing the exclusive practice of orthodontics without being board certified. Dr. Bowyer said "Since this refers only to certification, I hope we will not confuse it with the practicing of prosthodontics, as we did last year."

Dr. Otto L. Ricker, Michigan, spoke in favor of Resolution 2 and against Resolutions 44 and 219. Dr. Ricker related his experiences as a member of the Board of Directors of the American Board of Oral Surgery, stating that a good share of the candidates for the Board have had at least two years of some kind of general practice before beginning the three full years of study required by the Board. With reference to Resolution 44 Dr. Ricker stated that "This resolution is brought to us by a single individual. He comes to us with a sanction, maybe, of the American Board of Prosthodontics, but certainly not with a statement or letter or anything in writing from the American Board of Prosthodontics that he represents that board. . . . There are several things in this resolution that have been brought up in discussion on the floor. We would like to know what a short postgraduate course might be, what it would teach and what specifically it might do. We also would like to know how you are going to evaluate a short postgraduate course. We would like to know what teaching experience might be. . . . There is only one group that can evaluate programs . . . the Council on Dental Education. . . . The American Society of Prosthodontics is the organization that should be gathering material and bringing the educational facts together so that they can be brought to the Council on Dental Education and evaluated . . . so that the requirements in prosthodontics can be determined. . . . I believe that it would be advisable for us to adopt this resolution (Resolution 2) and to allow the prosthodontic group to spend time with the Council on Dental Education to try to develop programs suitable to the development of the prosthodontic people."

Dr. Carl O. Boucher, Ohio, stated "I would like to correct some obvious misinformation that has existed in the House. The Academy of Denture Prosthetics was the founding organization of the American Board of Prosthodontics. The Academy of

Denture Prosthetics, through its secretary, transmitted to the Council on Dental Education in 1963 a request for certain changes to be made in the requirements that would solve these problems. They were not done. The Academy of Denture Prosthetics instructed me to present these matters before the House simply because I happen to have a seat in the House. I have not done this on my own." Dr. Boucher moved that Resolution 2 be amended by the deletion of the sentence "Short continuation and refresher courses and teaching experience in specialty departments in dental schools will not be accepted in meeting any portion of this requirement, since these experiences are not encompassed within the definition of a postgraduate program." The motion was seconded by Dr. Pryor. Dr. Kulstad requested permission to call on Dr. Royer to speak to the amendment. Dr. Royer stated that the sentence in question had been placed in the *Requirements* in answer to the directive of the 1963 House of Delegates (*Trans.* 1963:248) and to clarify the phrase in the first sentence "a minimum of two academic years of postgraduate study in recognized institutions". Dr. Boucher replied "I was the one who introduced the resolution Dr. Royer has just mentioned and it asked that the Council give consideration to this problem. It has done that. But not everything the Council gives consideration to is placed in Association policies." The Speaker called for the vote and the amendment was declared defeated. Dr. Pryor requested a point of order stating that there was a question as to whether the last vote failed. The Speaker called for a standing vote and the amendment was declared lost by 166 affirmative votes to 198 negative votes. Debate on Resolution 2 was continued, and Dr. Humphrey stated "I still feel the Board should examine, not evaluate, the courses. The schools and the Council on Dental Education should do this."

On vote, Resolution 2 was declared adopted. The Speaker ruled that Resolutions 44 and 219 were negative statements in regard to the resolution which had just been adopted and that there would be no need to vote on them.

The wording of Resolution 44 follows:

Resolved, that the *Requirements for National Certifying Boards for Special Areas of Dental Practice* adopted in 1959 (*Trans.* 1959:204) be amended by deleting the present paragraph (2) under the section titled "Certification Requirements" and substituting in lieu thereof the following:

Each board shall require for eligibility for certification of a diplomate a minimum of two academic years of postgraduate study in recognized institutions, or two calendar years of advanced study if the programs involve hospital internships and residencies. This period of postgraduate study need not be continuous, nor completed within successive calendar years. A postgraduate program equivalent to two academic years in length, successfully completed on a part-time basis over an extended period of time may be considered acceptable in satisfying this requirement. *Until January 1, 1971, the American Board of Prosthodontics may consider short postgraduate courses and substantial teaching in prosthodontic areas in recognized teaching institutions as meeting some part of this requirement provided the applicant for examination has practiced dentistry for at least 10 years, and shows evidence of having earned a minimum of 12 credit hours in graduate or postgraduate basic science courses and of having made significant contributions to the development of prosthodontics.* Until January 1, 1967, candidates entering the preceptorship program operated by the American Association of Orthodontists may have the study and training of such program accepted as a formal education program.

The wording of Resolution 219 of the 1964 House of Delegates follows:

Resolved, that the *Requirements for National Certifying Boards for Special*

Areas of Dental Practice adopted in 1959 (*Trans.* 1959:204) be amended by deleting the present paragraph (2) under the section titled "Certification Requirements" and substituting in lieu thereof the following:

Each board shall require for eligibility for certification as a diplomate a minimum of two academic years of postgraduate study in recognized institutions, or two calendar years of advanced study if the programs involve hospital internships and residencies. The period of postgraduate study need not be continuous, nor completed within successive calendar years. A postgraduate program equivalent to two academic years in length, successfully completed on a part-time basis over an extended period of time, may be considered acceptable in satisfying this requirement. Short continuation and refresher courses and teaching in specialty departments in dental schools may be evaluated by the individual specialty boards for meeting some portion of this requirement. Each specialty board is capable of evaluating the type of education, training, skill and clinical judgment essential to the practice of the individual specialty, and each specialty board is capable of determining the value of continuation courses and teaching experience in specialty departments in dental schools for preparing dentists for examination in the specific specialty. Whenever a specialty board accepts continuation courses or teaching in specialty departments of dental schools as a substitute for part of the postgraduate education requirements for certification, the specialty board must add other requirements, such as additional time in practice, published research reports, significant contributions to the dental literature, etc., to the basic requirements in this section. Until January 1, 1967, candidates entering the preceptorship program operated by the American Association of Orthodontists may have the study and training of such program accepted as a formal education program.

"Requirements for an Accredited Program in Dental Hygiene Education": (Council on Dental Education—Supplement 1, Resolution 13) The Committee reported it agreed with the Council that the *Requirements for an Accredited Program in Dental Hygiene Education* reflect better the aims and objectives of modern dental hygiene education. However, the Committee stated it could find no reference to dentists participating in dental hygiene programs and recommended that the words "Dentists and" precede the third sentence in the first paragraph under "Faculty" to make the amended paragraph read as follows:

Faculty: The faculty of an education program in dental hygiene must be adequate in size for the number of the students enrolled. The faculty should be well qualified in their specific areas of responsibility. Dentists and dental hygienists should be an integral part of the teaching staff.

Dr. Kulstad moved the adoption of the amendment and the motion was seconded by Dr. Edward F. Leone, Wisconsin.

Dr. Billy F. Pridgen, California, complimented the Reference Committee for including dentists in the faculty of dental hygiene schools, but stated that "We in California feel that they should not be just members of the faculty but that they should be supervisors of the program. We have deep concern for the dental profession giving up the supervision of the education of their auxiliaries." Dr. Pridgen moved that the amendment be amended by substituting a comma after "enrolled", adding the words "and shall include the services of a supervising dentist", and deleting the words "Dentists and" in the third sentence, the revised paragraph to read as follows:

Faculty: The faculty of an education program in dental hygiene must be adequate in size for the number of students enrolled, and shall include the services of a supervising dentist. The faculty should be well qualified in their specific areas of responsibility. Dental hygienists should be an integral part of the teaching staff.

The motion to amend the amendment was seconded by Dr. William McGill Burns, New York. Dr. Burns stated that he was in thorough agreement with the amendment proposed by Dr. Pridgen, that the dentists in New York had gone on record within the past several months as being in favor of dentists being the directing heads of schools of dental hygiene, and that it did not seem logical to him to permit the direction of a school of dental hygiene by personnel other than dentists when dental hygienists must operate under the direct supervision of a dentist. Dr. Burns asked "Who should know more about the professional requirements that should be taught and should be included in the curriculum than the dentist?" Dr. Burns stated also that he did not believe the resolution was strong enough.

Dr. Royer, chairman of the Council on Dental Education, requested clarification of the wording of the amendment, asking whether Dr. Pridgen "intends that every school of dental hygiene have as the director of the entire program a dentist, or does he mean that there be dentists in supervisory capacities in various departments?" Dr. Pridgen replied "I realize the problem with some of the schools and that is the reason this amendment is worded the way it is and not as strong as Dr. Burns would like to see it. It is not even as strong as I would like to see it. . . . I would think that the dentists should supervise the content of the curriculum and also the clinical experience of the girls being taught hygiene."

Dr. Royer stated he felt the members of the House might be interested in hearing the Council's policy on the subject under discussion, and read the following paragraph from *Policies and Guidelines for the Training of Dental Auxiliaries*, June, 1965:

In addition, the Council urges parent institutions to employ either licensed dentists or dental hygienists for the teaching of dental sciences and the theory and practice of clinical dental hygiene; either part-time or full-time licensed dentists ordinarily should be engaged as supervisors of the clinical phases of the curriculum in most states in order to comply with applicable state licensing laws.

On vote, the amendment to the amendment was adopted and, on vote, the amended amendment was adopted. On motion by Dr. Kulstad, seconded by Dr. Norbert M. Sabin, Wisconsin, the following amended resolution was adopted:

14-1965-H. Resolved, that the *Requirements for an Accredited Program in Dental Hygiene Education*, as amended, be approved, and be it further Resolved, that the *Requirements for the Accrediting of a School for Dental Hygienists*, as approved in 1947 (*Trans.* 1947:254) with subsequent amendments, be rescinded.

Report of Council of National Board of Dental Examiners: The Committee noted the continued increase in the percentage of dental students and dental hygiene students taking National Board examinations; that National Board Dental Examinations are accepted and used in 40 of the 52 licensing jurisdictions; that during the past year, one additional board announced recognition of National Board Dental Hygiene Examinations in lieu of local written examinations and that, with the addition of the District of Columbia, 40 licensing agencies currently use this examination service.

Professional Status for Dental Hygienists: (Massachusetts Dental Society, Resolution 32) The Committee stated it was in sympathy with the intent of Resolution 32

which requests that professional status be granted to dental hygienists as would be the majority of the members of the dental profession. However, the Committee indicated it was in agreement with the statement of the Board of Trustees that "the resolution requests the Association to grant something which it is not in its power to bestow. No profession ever reached its professional status by means of a resolution or even legislative action. Recognition as a profession can only be gained from the court of public opinion and esteem. The Board believes that dental hygiene has an honored and deserved place in the hierarchy of those dedicated to the health of the public and that it will win for itself—not by resolution but by achievement—professional recognition from our society."

The Committee noted the issue raised by the Massachusetts Dental Society resolution and background statement relating to the need to upgrade the present dental hygiene classification standards applied by the U.S. Civil Service Commission. The Committee agreed that the current General Service series of ratings applied to dental hygienists was inadequate and that the corresponding salary levels for these ratings were too low. The Committee stated it was aware that the Council on Dental Education had conducted staff level discussions with the Commission regarding the need to amend the dental hygienist classification standards, and urged the Council to intensify its efforts in this regard.

The Committee reported that members of the American Dental Hygienists' Association attended the Reference Committee hearings and agreed that Resolution 32 should not be adopted at this time. On motion by Dr. Kulstad, seconded by Dr. Edward F. Leone, Wisconsin, the following resolution was postponed indefinitely:

Resolved, that the American Dental Association grant properly educated and licensed dental hygienists professional status.

Definitions of Scope of Approved Special Areas of Dental Practice: (The Dental Society of the State of New York, Resolution 36) The Committee reported that it had considered Resolution 36 requesting the Council on Dental Education to present to the 1966 House of Delegates for formal approval the definitions accepted by the Council of the scope of approved special areas of dental practice so that they may be established as official American Dental Association policy. The Committee stated it believed that rigid and formal definitions are difficult to establish and undesirable in view of the changing concepts of dental practice. Therefore, the Committee recommended that the definition of scope of the approved special areas be submitted to the House of Delegates for information and suggestion but not for formal approval. Dr. Kulstad moved that the following resolution be substituted for Resolution 36 and the motion was seconded by Dr. Michael J. Del Balso, Wisconsin:

15-1965-H. Resolved, that the Council on Dental Education be directed to present to the 1966 House of Delegates for its information the definitions accepted by the Council of the scope of approved special areas of dental practice.

The motion to substitute was adopted and, on motion by Dr. Kulstad, seconded by Dr. Truman J. Anderson, Iowa, the substitute resolution was adopted.

Dental Hygiene Education: (Delegate Arthur L. Hudson, Southern California, Resolutions 50 and 51) The Committee reported it agreed that it was important for the

proper growth of the profession that each school of dentistry include a dental hygiene program in its curriculum. On motion by Dr. Kulstad, seconded by Dr. Timothy E. Ryan, Jr., Wisconsin, the following resolution (Resolution 50) was adopted:

16-1965-H. Resolved, that all present and future schools of dentistry be urged to include dental hygiene programs in their curricula.

The Committee stated that it agreed generally with the intent of Resolution 51, but it believed the wording might be too binding on some schools and, further, that the concept is covered adequately under the *Requirements for an Accredited Program in Dental Hygiene Education*, "Level of Instruction". Dr. Kulstad moved the rejection of the following resolution and the motion was seconded by Dr. Harry R. Carney, Iowa:

Resolved, that the dental hygiene schools be urged to accept candidates for admission who have completed at least two years of pre-hygiene academic work so that completion of the entire course will lead to an academic degree.

Dr. Arthur L. Hudson, Southern California, stated that the intent of the resolution "is to put this House squarely on record as encouraging the maximum, even though the minimum may have to be accepted in many instances. To me the report of the Council does not do this. The reverse seems to be true in the report of the Council. I feel this resolution strengthens the Council report rather than confuses it. I do not think this resolution would hamstring any community or junior college program because of the words 'be encouraged'." Dr. Hudson referred to the earlier statement of the Reference Committee (p. 321) that "there should be no substitute for the best education possible".

Dr. George E. Mullen, New York, stated "I am speaking to this House as a member of the Reference Committee that heard this recommendation. I think we must be very careful, because in spite of what Dr. Hudson has just stated, namely, that the junior and community colleges will not be affected, I assure you they will be seriously affected, because if you in this House pass this resolution, you are urging the schools to be set up on a four-year basis. There are many community and junior colleges that have schools of dental hygiene where this would be an impossibility. Once you urge this, you are setting up a second standard. You have one standard of a four-year graduate, leading to the baccalaureate degree, and you have a two-year standard. I think this is covered quite adequately in the report of the Council. . . ."

Dr. Royer, chairman of the Council on Dental Education, called attention to the following sentence in the *Requirements for an Accredited Program in Dental Hygiene Education* previously adopted by the House of Delegates:

The Council recognizes the trend toward longer curriculums leading to the baccalaureate or higher degree. Degree programs, in the Council's view, will enable dental hygiene to develop appropriate research programs and better serve the public in education and dental public health.

Dr. Royer stated that the House of Delegates was "discussing a redundancy".

Dr. Kenneth V. Randolph, West Virginia, stated "Certainly we have a lot of respect for the intent of this resolution, which would be upgrading dental hygiene education.

It has been stated that this would seriously affect two-year programs, but as the resolution is stated here, it also would affect four-year programs, in that it suggests a pattern of development of such programs. During the Reference Committee hearings yesterday two people spoke out, pointing out that the programs of certain schools, which were four-year programs, would be affected by the statement that two years of pre-hygiene academic work be recommended. I certainly would urge that this resolution, as stated, be rejected, in accordance with the recommendation of the Reference Committee."

On vote, Resolution 51 was declared rejected.

Certification of Endodontists: (Second District Dental Society of The Dental Society of the State of New York, Resolution 52) The Committee reported that it had considered Resolution 52 requesting an educational waiver for those dentists applying to take the American Board of Endodontics examination who graduated in 1964 or before. The Committee stated it believed that educational waiver agreements should be terminated as soon as possible but, at the same time, it did not wish to be unfair or arbitrary, and that under the established policies of the Council, it believed that the American Board of Endodontics could function effectively even though definitive action on the resolution was deferred to permit further study. On motion by Dr. Kulstad, seconded by Dr. Vincent B. Milas, Illinois, the following resolution was referred to the Council on Dental Education for study and report at the 1966 annual session:

Resolved, that in order to eliminate inequities still existing toward practitioners of endodontics who graduated from dental school during and after 1957, the requirements of two years advanced formal education should not be applied to candidates applying for certification to the American Board of Endodontics who have graduated from dental school in 1964 or prior thereto, provided such candidates meet all other requirements of the American Board of Endodontics.

REPORT OF REFERENCE COMMITTEE ON DENTAL RESEARCH AND THERAPEUTICS

The report of the Reference Committee on Dental Research and Therapeutics was read by Dr. William B. Ingersoll, District of Columbia, chairman. The other members of the Committee were Drs. Joseph L. Bernier, Army; George P. Boucek, Pennsylvania; Vincent B. Milas, Illinois; William S. Smith, California.

Report of Council on Dental Research: The Committee commended the Council on the continued and accelerating pace of the development of the multiple programs in the area of dental research. The Committee noted with pleasure the progressive development of the Dental Research Information Center and stated it felt this would become the most important clearing house for information on dental research. The Committee also noted with pleasure that the Council had initiated two new programs during 1965 which were designed to interest young scientists in dentistry and dental research.

Status of Dental Research Activity: (Council on Dental Research) The Committee reported that it shared the concern of the Council on the increasing gap between scientific growth and available financial resources for dental research. The Committee noted that this lack of funds will delay important new projects which the National Advisory Dental Research Council wishes to undertake. The Committee stated it was in agreement that the Council on Legislation and the American Association of Dental Schools should continue their strong presentations to the Congress in order to enlarge funds available for dental research.

Report of Council on Dental Therapeutics: The Committee commended the Council for the fine efforts it brought forth during 1965 and for its excellent report. The Committee also commented as follows on the report: (1) the Committee stated it concurred with the action of the Council as published in *The Journal* (69:404 Sept. 1964) and in adopting a statement concerning the usefulness of powered toothbrushes; (2) the Committee stated it recognized the enormity of the cooperative efforts the Council was undertaking with the Food and Drug Administration and other agencies in reporting adverse drug reactions and recommended that the Council be given all possible support in this endeavor; (3) the Committee commended the Council for its continued cooperative activities with the American Heart Association; (4) the Committee stated it was pleased with the scope and intensity of the staff activities which had involved a greater expenditure of its time.

"Accepted Dental Remedies": (Council on Dental Therapeutics) The Committee commended the Council on the continued excellence and popularity of *Accepted Dental Remedies* as evidenced by the number of copies printed and distributed during the current year. The Committee also noted with pleasure that the current edition of *Accepted Dental Remedies* received the Mead Award for "a high rating for its obviously competent organization of a large volume of technical material, and its presentation in a dignified format with nice typography and excellent press work". The Committee encouraged the Council in its plans for the proposed changes for the 1966 edition.

Radiation Hygiene in Dental Practice: (Tennessee State Dental Association, Resolution 40) The Committee reported it concurred with the recommendation of the Board of Trustees that Resolution 40 be amended in the first line of the first resolving clause by changing the word "Association" to "Association's" and by inserting the phrase "Council on Dental Research continue and", and by inserting the phrase "through its program for evaluating devices" in the first line of the second resolving clause, to make the amended resolving clauses read as follows:

17-1965-H. Resolved, that the American Dental Association's Council on Dental Research continue and expand its interests in the area of radiation protection by: intensifying its efforts to emphasize the principles of protection from unnecessary exposure to ionizing radiation through its educational functions to the profession, and be it further

Resolved, that the American Dental Association through its program for evaluating devices encourage and stimulate the search for new materials and technics which would further reduce exposure to radiation by reasonable means; therefore promoting a continuing research for new minimal standards.

On motion by Dr. Ingersoll, seconded by Dr. Leonard C. Scribner, Wisconsin, the amendment was adopted. On motion by Dr. Ingersoll, seconded by Dr. William P. Humphrey, Colorado, the amended resolution (Res. 17-1965-H) was adopted.

**REPORT OF REFERENCE COMMITTEE
ON DENTAL TRADE AND LABORATORY RELATIONS**

The report of the Reference Committee on Dental Trade and Laboratory Relations was read by Dr. Robert J. Pollack, Illinois, chairman. The other members of the Committee were Drs. William S. Curran, New York; Marvin L. Fishmann, New Jersey; Alexander L. Martone, Virginia; Charles M. Silk, California.

Report of Council on Dental Trade and Laboratory Relations: The Committee commended the Council for the manner in which it carried out its responsibilities during the past year, noted with interest the problems of dental laboratory relations presented to the Council during the past year and stated it was pleased with the Council's actions in this important area. The Committee commended Dr. Worthington G. Schenk and Dr. J. Eugene Ziegler, retiring members of the Council, who had given so much to the profession during their years of service on the Council.

National Program for Accrediting Dental Laboratories: (Council on Dental Trade and Laboratory Relations) The Committee stated it reviewed with pleasure the progress report on the accreditation program being conducted by the Joint Commission on Accreditation of Dental Laboratories. The Committee was pleased to learn that additional dental organizations have become members of the Joint Commission and that the Joint Commission now has representation from the dental laboratory industry. The Committee joined with the Council in urging every dentist in the nation to inform his own dental laboratory that he supports the accreditation program.

At the completion of the reading of the report, Dr. Alfred J. Asgis, New York, stated that he wished to add the phrase "and the accreditation programs on the state level" to the last sentence in the section of the Reference Committee report relating to "National Program for Accrediting Dental Laboratories", to make the amended sentence read as follows:

The Committee joined with the Council in urging every dentist in the nation to inform his own dental laboratory that he supports the accreditation program and the accreditation programs on the state level.

Dr. Asgis presented the following explanatory statement: "For over 15 years we have had a state accreditation program in New York. During the past five years we have had the cooperation of the laboratory craft, represented by the New York State Dental Laboratory Association. The strained ADA and NADL relations had no effect on the cooperation of the laboratory association until June, 1965, due to some unforeseen and confusing circumstances. The philosophy of profession-craft relation applies to the state program as it does to the national program, and the phrase which is suggested for inclusion will strengthen our continuing improvement of profession-craft relations through our accreditation program in the State of New

York. It also will serve to clarify matters, both to dentists and to the craft in the State of New York, as is sought by the Board of Trustees and the Council and as suggested by the Committee. This will be very helpful in carrying on our state program."

The Speaker ruled that it was not possible to amend the text of the Reference Committee report, but that with the consent of the House and the Reference Committee, the phrase would be informally appended to the paragraph. There was no objection, and the phrase was ordered informally appended to the report of the Reference Committee.

Relations with the Dental Laboratory Industry: (Council on Dental Trade and Laboratory Relations) The Committee noted with regret that the National Association of Dental Laboratories had taken a number of policy positions which were in direct conflict with those of the American Dental Association. The Committee stated it was particularly displeased to learn that the National Association of Dental Laboratories had taken a position in favor of the licensure of dental laboratories.

The Committee reported it was pleased with the evidence that many of the responsible leaders of the dental laboratory industry were currently taking an active interest in the problems of dental laboratory relations.

The Committee stated it agreed with the Council that constituent and component societies should make every effort to maintain close relations with the dental laboratory industry.

Relations with the Dental Trade: (Council on Dental Trade and Laboratory Relations) The Committee stated it was pleased to learn of the continued good relations with the dental trade associations and joined with the Council in extending congratulations to the American Dental Trade Association for its continued and generous efforts in support of the American Fund for Dental Education.

So-Called "Denturist" Legislation and Dental Laboratory Licensure and Registration Proposals: (Council on Dental Trade and Laboratory Relations) The Committee noted the statement of the Council that all efforts to secure so-called "denturist" and licensure legislation at the state level were defeated. The Committee noted that continued vigilance and effort would be necessary in these areas and urged constituent societies to work closely with the Council to defeat these proposals.

Law Enforcement and Denture Reliner and Repair Kits: (Council on Dental Trade and Laboratory Relations) The Committee congratulated the Council for its efforts in the area of law enforcement and in bringing the problem of home denture reliner kits to the attention of the appropriate governmental agencies. The Committee urged all dentists to cooperate with the Council in these activities.

Educational Programs: (Council on Dental Trade and Laboratory Relations) The Committee commended the Council for the success of the Council's sixth annual program for dental laboratory technicians. The Committee stated it was also pleased to learn of the Council's joint sponsorship of a successful program on dental laboratory relations with the American Association of Dental Examiners. The Committee commented that these were worthwhile programs which might be emulated by constituent and component societies.

REPORT OF REFERENCE COMMITTEE ON FEDERAL DENTAL SERVICES

The report of the Reference Committee on Federal Dental Services was read by Dr. John Y. Kim, Hawaii, chairman. The other members of the Committee were Drs. Fred R. Bollen, Arkansas; William C. Draffin, South Carolina; Thomas P. Fox, Pennsylvania; David W. Matteson, Oklahoma.

Report of Council on Federal Dental Services: The Committee commended the Council for its activities in behalf of the programs of the federal dental services during the past year. The Committee commented as follows on various sections of the Council's report: (1) the Committee joined with the Council in hoping that the two constituent societies in the jurisdictions of which the three remaining family dental clinics lie would renew their efforts to bring about the disestablishment of these clinics and would achieve early success; (2) the Committee stated it was very pleased to learn that the bill introduced by Congressman Rivers which had as its objective the entitlement of the surgeons general of the armed forces to hold the rank of lieutenant general/vice admiral had become law and noted that the passage of this bill might add impetus to the Association's goal of achieving entitlement for the chief dental officer of the Air Force to hold the rank of major general; (3) the Committee joined the Council in complimenting the personnel of the Dental Services Branch of the Division of Indian Health for their efforts in providing more dental services to the Indian and Alaskan native beneficiary populations in the past year and encouraged the Council to continue and accelerate its activities in behalf of securing increased budgetary authorization for the dental care program of the Division; (4) the Committee reported it was encouraged to learn that the Council had been successful in its efforts to achieve the appointment of a dental officer to oversee and coordinate the dental program for Peace Corps volunteers and that this attainment will lend assurance that the level of dental health of the volunteers assigned to duty in areas of the world where dental attention is unavailable will not degenerate unnecessarily; (5) the Committee extended its appreciation and best wishes to Dr. George P. Hoffmann who spent six years on the Council, two of which as chairman, and to Dr. C. N. Williams on their retirement from the Council.

Dental Aspects of Dependents' Medical Care Program: (Council on Federal Dental Services) The Committee noted with interest that the provision of the Dependents' Medical Care Act which authorizes dependents of personnel of the uniformed services to receive needed dental care in uniformed facilities at installations which are found to be remote from adequate civilian dental facilities was being effectively administered. The Committee stated it was also interested to learn that although a bill was introduced during the first session of the current Congress which had as its objective the addition of a comprehensive dental care program to the current Dependents' Medical Care Program, it had not received the support of the Department of Defense because of budgetary considerations. The Committee noted that the Council reviewed the bill as it related to applicable Association policies and transmitted its comments to the Council on Legislation for reference should hearings be scheduled on the bill.

Army and Air Force Dental Bills: (Council on Federal Dental Services) The Committee reported it could appreciate that the willingness of Congressman L. Mendel

Rivers, South Carolina, to reintroduce the Army and Air Force dental bills had to be conditioned on the development of effective testimony which could be presented in their behalf. The Committee expressed the hope that the many agencies interested in this legislation would eventually be able to develop a compelling case. The Committee stated it was pleased to learn that as an interim measure Mr. Rivers was able to stimulate the Air Force to remedy the inadequate opportunity for promotion to flag rank that had existed recently in the Air Force dental service.

Doctor Draft Law: (Council on Federal Dental Services) The Committee reported it was very pleased to learn that authoritative assurance had been received by the Council indicating that under no circumstances would the principle of equality in compensation between medical and dental officers of the uniformed services be disturbed in the event that any consideration should be given to termination of the Universal Military Training and Service Act in favor of a professional officer recruitment program which would rely on increased compensation of medical and dental officers as the sole or major incentive to employment with the armed forces. The Committee stated that, in light of the announcement by the Selective Service System of the need to induct 350 dentists to serve with the Army, it was gratified to note the continuing success of the Senior Dental Student Survey conducted by the Council as an adjunct to the Armed Forces Reserve Dental Officer Commissioning Program and of the undergraduate recruitment programs sponsored by the armed forces. The Committee expressed the hope that these programs, in combination, would obviate the need for future resort to the induction authority contained in the Doctor Draft Law.

Change in Description of Council Duties—Amendment of "Bylaws": (Council on Federal Dental Services, Resolution 8) The Committee stated it concurred in the Council's belief that preparation for the performance of emergency functions following a natural disaster is a necessary component of total preparedness, and that it also believed the expression "disaster preparedness" more properly expresses the frame of reference within which preparedness activities should be developed than does the term "civil defense".

On motion by Dr. Kim, seconded by Dr. David W. Matteson, the following resolution presented by the Council was adopted by a two-thirds majority vote:

18-1965-H. Resolved, that Chapter IX, Section 110G, of the *Bylaws* be amended by the deletion of the words "civil defense" where they appear in subsection (b) and the substitution of the words "disaster preparedness activities", the amended subsection to read:

- b. To formulate programs for the participation of dentists in disaster preparedness activities.

Endorsement of Report of Dental Study Committee on Disaster Preparedness: (Council on Federal Dental Services, Resolution 9) The Committee reported that it was greatly impressed with the scope and depth of the report of the Dental Study Committee on Disaster Preparedness entitled, *The Role of the Dentist in National Disaster*. The Committee stated it believed the report to be a document of rare excellence and complimented its authors. The Committee stated further that it believed the report to be deserving of the dignity that is accorded any work which receives the official endorsement of the House of Delegates.

On motion by Dr. Kim, seconded by Dr. Roy F. McCasland, Texas, the following resolution presented by the Council was adopted:

19-1965-H. Resolved, that the principles, conclusions and recommendations contained in the report of the Dental Study Committee on Disaster Preparedness, *The Role of the Dentist in National Disaster*, be endorsed.

REPORT OF REFERENCE COMMITTEE ON HOSPITAL DENTAL SERVICE

The report of the Reference Committee on Hospital Dental Service was read by Dr. Donald T. Waggener, Nebraska. The other members of the Committee were Drs. William C. Kranz, Kentucky; Parker Mann, Maine; Marshall W. Mueller, Minnesota; Leonard C. Scribner, Wisconsin.

Report of Council on Hospital Dental Service: The Committee commended the Council on the progress made in its area during the past year. The Committee commented as follows on various sections of the Council's report: (1) the Committee noted the continued cooperation with the Joint Commission on Accreditation of Hospitals, American Medical Association and American Hospital Association; (2) the Committee called attention to *Bulletin No. 36* of the Joint Commission on Accreditation of Hospitals and urged all dentists, particularly those who now hold or desire to hold hospital appointments, to familiarize themselves with this publication; (3) the Committee noted with pleasure the continuing program of reevaluation of accredited hospitals.

"Guidelines for Hospital Dental Services": (Council on Hospital Dental Service, Resolution 10) On motion by Dr. Waggener, seconded by Dr. Benjamin Kletzky, Colorado, the following resolution presented by the Council was adopted:

20-1965-H. Resolved, that the *Guidelines for Hospital Dental Services* be approved, and be it further

Resolved, that the *Basic Standards of Hospital Dental Service* (Trans. 1946:317; 1953:220; 1955:204) and the *Recommendations on Bylaws for Hospital Dental Service (The Dental Service and the Dental Staff)* (Trans. 1955:204) be rescinded.

Amendment to "Basic Standards of Hospital Dental Service": (Resolution 208 of 1964 House of Delegates) The Committee reported that it had considered the Council on Hospital Dental Service's request that Resolution 208 of the 1964 House of Delegates be postponed indefinitely and that it concurred with the recommendation of the Board of Trustees that this request be granted. On motion by Dr. Waggener, seconded by Dr. James E. Bauerle, Texas, the following resolution was postponed indefinitely:

Resolved, that the amendment of the *Basic Standards of Hospital Dental Service: Dental Services of Hospital Patients* as proposed in the report of the Council on Hospital Dental Service be approved.

REPORT OF REFERENCE COMMITTEE ON MISCELLANEOUS BUSINESS

The report of the Reference Committee on Miscellaneous Business was read by Dr. Dale A. Hills, Minnesota, chairman. The other members of the Committee were Drs. Steve W. Lynch, Illinois; William P. Schlansker, New York; Loyd C. Templeton, Tennessee; John C. Worden, Vermont.

Report of Council on Insurance: The Committee commended the Council on the progress made during the past year, and also complimented the Council on bringing the A.D.A. Group Life Insurance Program directly to the attention of dental students throughout the country.

Establishment of Standards for School Accident Insurance: (Council on Insurance) The Committee noted with satisfaction the progress of the Council in correcting the inequities that exist in underwriting and administering dental coverage in school accident programs, and stated that the cooperation of the insurance industry through the Health Insurance Council would bring about effective solutions to these problems.

Report of Council on International Relations: The Committee reported it was pleased to note that several dental societies have taken action to implement a host program in accordance with the Council's proposal. The Committee encouraged further implementation of this type of service at the constituent and component levels. The Committee stated it had been reported at its hearing that there would be a further expansion of the dental services rendered under Project HOPE to include pedodontic, orthodontic and general practice services.

Report of Council on Journalism: The Committee commended the Council on its training programs and workshops for dental editors. The Committee stated it was pleased to note that the Council makes special effort to engage highly qualified personnel to conduct these training programs.

Tenure of Office for Editors: (Council on Journalism, Resolution 11) The Committee reported it agreed with the Council that every step should be taken to train and retain dental editors. The Committee stated it had been called to its attention that the phrase "he satisfactorily performs his duties" in Resolution 11 might carry the implication that an editor who resigns or is replaced for some reason had not satisfactorily performed his duties. Therefore, the Committee suggested the substitution of the word "possible" for the phrase "he satisfactorily performs his duties". On motion by Dr. Hills, seconded by Dr. Alfred J. Asgis, New York, the amendment was adopted. On motion by Dr. Hills, seconded by Dr. H. Arthur Zappe, Texas, the following amended resolution was adopted:

21-1965-H. Resolved, that the principle be endorsed that the dental society editor be chosen for his ability, trained and then retained for as long as possible.

Report of Council on Relief: The Committee reported it was gratified to note the continued success of the program of the American Dental Association Relief Fund,

both in terms of meeting the needs of eligible applicants for financial assistance and in relation to achieving improved fiscal stability. The Committee stated it was confident that the Council will manage its responsibilities in connection with the program in a manner calculated to preserve the integrity of the program for the benefit of future recipients. The Committee took special note that the operating expenses in connection with the administration of the Relief Fund, which were budgeted for \$21,780 in 1966, would be borne by the Relief Fund out of its investment income.

Report of Council on Scientific Session: The Committee commended the Council on its efforts, and noted that the *Official Program* for the annual session gave evidence of the Council's interest and diligent attention to duty.

Study of Malpractice Insurance Policy for Members: (Missouri Dental Association, Resolution 48; Board of Trustees, Substitute Resolution 110) The Committee reported it concurred with the Board of Trustees that it would be extremely difficult to "present the most practical plan of securing a non-cancellable malpractice insurance policy for members of the Association" since it was unlikely that any commercial carrier would wish to assume a risk of this type. The Committee stated it agreed that the Council on Insurance should be asked to secure information on the availability of the program specified and to report to the next session of the House of Delegates. The Committee recommended the substitution of Resolution 110 for Resolution 48, and stated that a representative of the Missouri delegation reported at the hearing that this substitution would be acceptable to his delegation.

Dr. Hills moved that the following resolution (Resolution 110) be substituted for Resolution 48. The motion was seconded by Dr. John W. Tiede, Minnesota, and, upon vote, was declared adopted.

Resolved, that the Council on Insurance be requested to study and present information on the most practical plan of securing a non-cancellable malpractice insurance policy for the members of the Association to the 1966 session of the House of Delegates.

Dr. Hills moved the adoption of the substitute resolution and the motion was seconded by Dr. William K. Schultz, Minnesota.

Dr. A. Howard McLaughlin, Connecticut, stated that he objected to the word "malpractice" and moved that the substitute resolution be amended by the substitution of the words "professional liability" for the word "malpractice". The motion was seconded by Dr. Harry R. Carney, Iowa. Dr. Ray G. Evans, Missouri, asked if the word "liability" covered the meaning of the word "malpractice". Dr. McLaughlin replied that he could not answer the question as an expert but that his own professional liability policy did not state "malpractice" as such but that it did use the phrase "professional liability". Dr. McLaughlin requested the opinion of the Secretary of the Council on Insurance. Mr. Herbert C. Lassiter, secretary, Council on Insurance, stated that "professional liability" was the accepted phrase for "malpractice" and that, within the past few years, the House of Delegates had adopted a resolution directing that whenever possible, the phrase "professional liability" should be used in preference to the word "malpractice". On vote, the amendment was adopted.

On motion by Dr. Hills, seconded by Dr. Tiede, the following amended substitute resolution was adopted:

22-1965-H. Resolved, that the Council on Insurance be requested to study and present information on the most practical plan of securing a non-cancellable professional liability insurance policy for the members of the Association to the 1966 session of the House of Delegates.

ELECTION OF OFFICERS AND TRUSTEES

President-Elect: Dr. William A. Garrett, Georgia, was nominated for the office of President-elect by Dr. Philip G. Vierheller, Missouri. The nomination was seconded by Dr. Otho E. Scott, Illinois, and Dr. Harold Gelb, New York. Dr. Lyall O. Bishop, California, was nominated for the office of President-elect by Dr. C. Edward Rutledge, California. The nomination was seconded by Dr. Andrew F. Catania, New York, and Dr. Marshall W. Mueller, Minnesota. The names of Drs. Garrett and Bishop were placed on the voting machines and at the November 11 meeting Dr. Garrett was declared elected President-elect by a vote of 210 to 204.

First Vice-President: Major General Joseph L. Bernier, Army, was nominated for the office of First Vice-President by Dr. Harry Lyons, Virginia. The nomination was seconded by Dr. Edmund J. Leach, California, and Dr. Ned J. Vespa, Illinois. Dr. Howard F. Lyboldt, New York, was nominated for the office of First Vice-President by Dr. Frank Nicklaus, New York. The nomination was seconded by Dr. Kenneth J. Ryan, Michigan, and Dr. Arthur L. Hudson, Southern California. The names of Drs. Bernier and Lyboldt were placed on the voting machines and at the November 11 meeting Dr. Lyboldt was declared elected First Vice-President by a vote of 256 to 158.

Second Vice-President: Dr. Frank W. Jordan, Kentucky, was nominated for the office of Second Vice-President by Dr. Alvin L. Morris, Kentucky. The nomination was seconded by Dr. Percy T. Phillips, New York, and Dr. Jack R. Winston, Texas. Dr. Laurence L. Lathrop, Pennsylvania, was nominated for the office of Second Vice-President by Dr. Naysh C. Brennan, Pennsylvania. The nomination was seconded by Dr. John R. Abel, Southern California, and Dr. Harry J. Healey, Indiana. The names of Drs. Jordan and Lathrop were placed on the voting machines and at the November 11 meeting Dr. Jordan was declared elected Second Vice-President by a vote of 227 to 185.

Third Vice-President: Dr. Robert L. Morrison, Nevada, was nominated for the office of Third Vice-President by Dr. Hugo M. Kulstad, Southern California. The nomination was seconded by Dr. Ray LaFond, Nevada, and Dr. Henry J. Walkotten, Michigan. On motion by Dr. H. Arthur Zappe, Texas, seconded by Dr. Charles E. Hebert, Louisiana, nominations were closed and Dr. Morrison was declared elected Third Vice-President by the Speaker.

Speaker of the House of Delegates: President Pierson assumed the Chair and Dr. F. Darl Ostrander, Michigan, was nominated for the office of Speaker of the House of Delegates by Dr. Percy J. Ross, Michigan. The nomination was seconded by Dr. Harvey S. Huxtable, Wisconsin, and Dr. Percy T. Phillips, New York. Nominations

were closed and Dr. Ostrander was declared elected Speaker of the House of Delegates by acclamation.

Trustee of District 3: The Secretary announced that the caucus of the Third District unanimously nominated Dr. Jay H. Eshleman, Pennsylvania, for the office of Trustee, and the Speaker declared Dr. Eshleman elected.

Trustee of District 4: The Secretary announced that the caucus of the Fourth District resulted in 21 votes for Dr. Louis A. Saporito, New Jersey, and 13 votes for Dr. Joseph P. Cappuccio, Maryland. Dr. Benjamin Rosenwasser, New Jersey, nominated Dr. Saporito for the office of Trustee and the nomination was seconded by Dr. John R. Abel, Southern California, and Dr. William McGill Burns, New York. Dr. Conrad L. Inman, Jr., Maryland, nominated Dr. Cappuccio for the office of Trustee and the nomination was seconded by Dr. Carlos J. Noya, Puerto Rico, and Dr. James E. Bauerle, Texas. The names of Drs. Saporito and Cappuccio were placed on the voting machines and at the November 11 meeting Dr. Saporito was declared elected by a vote of 221 to 193.

Trustee of District 5: The Secretary announced that the caucus of the Fifth District unanimously nominated Dr. Arthur W. Kellner, Florida, for the office of Trustee, and the Speaker declared Dr. Kellner elected.

Trustee of District 8: The Secretary announced that the caucus of the Eighth District unanimously nominated Dr. Charles S. Kurz, Illinois, for the office of Trustee, and the Speaker declared Dr. Kurz elected.

Trustee of District 9: The Secretary announced that the caucus of the Ninth District unanimously nominated Dr. Edward A. Cheney, Michigan, for the office of Trustee, and the Speaker declared Dr. Cheney elected.

ELECTION OF COUNCIL MEMBERS

The Speaker called attention to the nominations of the Board of Trustees for membership on the various councils of the Association as they appeared on Page 85 of the *Supplement to Reports of Officers and Councils, 1965* (p. 279 of this volume). There were no additional nominations from the floor and, on motion by Dr. Dale A. Hills, Minnesota, seconded by Dr. Michael J. Del Balso, Wisconsin, the following resolution (Board of Trustees Resolution 102) was adopted:

23-1965-H. Resolved, that the nominees for membership on councils of the Association, submitted by the Board of Trustees in accordance with Chapter VI, Section 90H of the *Bylaws* be elected.

REPORT OF REFERENCE COMMITTEE ON TRUSTEE DISTRICTS

Prior to the presentation of the report of the Reference Committee on Trustee Districts, the Speaker made the following comments:

The House of Delegates will now consider the report of the Reference Committee on Trustee Districts. Because there is great interest in the proposed reorganization of trustee districts, I am going to suggest some ground rules which may be of assistance in reaching a decision.

As you will see on page 202 of *Reports of Officers and Councils* (p. 250 of this volume), Resolution 14 proposes that the principle of establishing 15 trustee districts be accepted. This will require a majority vote only since it is an expression of opinion and not an amendment of the *Bylaws* which will come later.

If Resolution 14 is adopted, the House will then proceed to the consideration of Resolutions 15 to 29 inclusive. All of these resolutions will take only a majority vote. If one of these resolutions is defeated we will pass on to the next. When the last resolution has been voted on, it can be determined whether to proceed to the formal amendment of the *Bylaws*, or whether to continue a Special Committee on Trustee Districts with a set of new instructions from the House. The Committee will then report to the 1966 session of the House.

If Resolution 14 is defeated, I suggest that the House will consent to consider Resolutions 15-29 as adhering to the defeated Resolution 14 and no vote will be taken on them.

The House will then decide by new motion if it wishes to continue the Special Committee or work out a proposal for revision different than that reported by the Reference Committee.

If there is no objection to this procedure, we will use it as a basis for acting on the report of the Reference Committee on Trustee Districts.

There was no objection to the suggestions of the Speaker.

The report of the Reference Committee on Trustee Districts was read by Dr. Leo N. Thelen, South Dakota, chairman. The other members of the Committee were Drs. Joseph F. Burket, Kansas; Arthur W. Kellner, Florida; Robert J. Thomas, Oregon; John E. Whittaker, Pennsylvania.

Report of Special Committee on Trustee Districts: The Committee commended the Special Committee on Trustee Districts for its work on redistricting. The Committee stated it agreed that the following assumptions for the 1964 report of the Special Committee were valid (*Trans.* 1964:171):

1. Some inequity in the organization of the current 13 trustee districts appears to exist since one-third of the total membership is represented by three trustees while 29 constituent societies are represented by four trustees.
2. The maintenance of the number of trustee districts at 13 was not to be considered as a critical factor in the recommendations of the Special Committee. The number of trustee districts should not be reduced from 13 but, if desirable, might be increased beyond the present number.
3. The revision of the present trustee districts solely on the basis of the number of members in each district was felt to be neither desirable nor practical.
4. The Special Committee believed it desirable to explore a revision of the trustee districts based, insofar as possible, on the following factors:

- a. Permitting as many as possible of the present trustee districts to remain unchanged providing they were reasonably consistent with the criteria applied to the other districts.
- b. Placing within a revised trustee district those states and constituent societies which had good historic and geographic relations with each other.

On the basis of these assumptions, the Reference Committee recommended that Resolutions 14 through 29 be adopted.

Dr. Thelen moved the adoption of the following resolution (Resolution 14), and the motion was seconded by Dr. Joseph F. Burket, Kansas:

Resolved, that the establishment of 15 trustee districts be accepted in principle as a basis for determining the composition of these districts prior to the formal amendment of the *Bylaws* to make any changes effective.

Dr. Joseph P. Cappuccio, Maryland, spoke against the resolution, stating that "last year practically the same report presented in the same manner was given back to the Special Committee for further study. . . . The report is back here again with a minor change, the shifting of Wyoming. . . . First of all, I am basically against a figure of 15. If we were to accept in basic principle the figure of 15 trustee districts, all other resolutions that follow are under a certain amount of control; for if we move down the other resolutions and amend the other resolutions, we could hypothetically end up with 17, 18, 19 or 20 districts. How are we to know how many districts we would come out with? In fact, it is my opinion that this first resolution probably belongs at the end, because then we could proceed with the first resolution on down the various districts, and then we would finally end up with a magic figure of how many trustee districts are the districts that we really want for the American Dental Association. So it is my opinion that using a hypothetical figure of 15 trustee districts is not a proper criterion by which we should start a discussion of trustee redistricting."

Dr. Samuel J. Oltmans, Minnesota, stated "Having attended the reference committee hearings last year as an alternate and this year as a delegate, I do not believe the report and the work of the Committee this year corrected any of the inequities that were present previously. I believe all the inequities that were present and that brought the report back to the House again for further discussion still exist. Under these circumstances, I believe this resolution should be rejected."

Dr. Harry Lyons, Virginia, chairman of the Special Committee on Trustee Districts, stated "The point in proposing Resolution 14 first was in order that the House of Delegates might have an overview of the conclusions of the Committee. The Committee last year and this year again went over the entire situation state by state and district by district, and finally they evolved a plan, including at the end 15 proposed districts. And in order that you may have the benefit of its conclusions in the very beginning, Resolution 14 is offered to you first. I would like to call your attention to the distribution of personnel of the Committee and the Reference Committee. These two committees include personnel, in addition to the Chairman from Virginia, who are members from Tennessee, New York, Ohio, Louisiana, Colorado, Minnesota, California, Arizona, Florida, Kansas, Oregon, Pennsylvania and South Dakota. Every section of the country is represented. I should like you to know that there was a complete unanimity of opinion as to what should be done in the development

of the report, and this report before you was developed by unanimous judgment of the Committee and has the unanimous support of the Reference Committee. While the Speaker did state, and you all agreed, that all the following resolutions, those following Resolution 14, were inherent to Resolution 14—and I hope there will be no trouble on this point—there may be some justification if Resolution 14 is lost for considering the others and seeing how the Committee developed this magic number of 15.”

Dr. William B. Ingersoll, District of Columbia, stated “We in the Fourth District are not opposed to any growth in our Association, and with this resolution, I think that is exactly what we are establishing. . . . We would like to have (the number of trustee districts) enlarged to 17 rather than to 15, giving us some sort of distribution of these trustees.”

Dr. John G. Campi, New Jersey, stated “Dr. Ingersoll mentioned the fact that ‘we in the Fourth District are not opposed’ and so on. I do not think he can speak for the whole Fourth District because New Jersey’s stand is that we are for the resolution and we are for no change in the Fourth District.”

On vote, Resolution 14 was declared defeated.

Dr. Ingersoll moved that Resolutions 15-29 be “referred back to the Committee for further study”, and the motion was seconded by Dr. Edward F. Leone, Wisconsin. Dr. Alvin D. Farver, Florida, moved that the motion be amended “to the effect that we refer it to a new Committee”, and the motion was seconded by Dr. Cappuccio. On vote, the amendment was declared carried. On vote, the amended motion, that Resolutions 15-29 be referred to a new Special Committee on Trustee Districts for further study, was declared carried.

The wording of Resolutions 15-29 follows:

Resolved, that Trustee District 1 consist of the following constituent societies: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island and Vermont.

Resolved, that Trustee District 2 consist of the constituent society in the following state: New York.

Resolved, that Trustee District 3 consist of the constituent society in the following state: Pennsylvania.

Resolved, that Trustee District 4 consist of the constituent societies in the following states and district and of the following federal dental services: Air Force, Army, Delaware, District of Columbia, Maryland, Navy, New Jersey, Panama Canal Zone, Public Health Service, Puerto Rico and Veterans Administration.

Resolved, that Trustee District 5 consist of the constituent societies in the following states: North Carolina, South Carolina, Virginia and West Virginia.

Resolved, that Trustee District 6 consist of the constituent societies in the following states: Alabama, Florida, Georgia and Mississippi.

Resolved, that Trustee District 7 consists of the constituent societies in the following states: Indiana and Ohio.

Resolved, that Trustee District 8 consist of the constituent society in the following state: Illinois.

Resolved, that Trustee District 9 consist of the constituent societies in the following states: Michigan and Wisconsin.

Resolved, that Trustee District 10 consist of the constituent societies in the following states: Kentucky, Missouri and Tennessee.

Resolved, that Trustee District 11 consist of the constituent societies in the following states: Iowa, Minnesota, Nebraska, North Dakota and South Dakota.

Resolved, that Trustee District 12 consist of the constituent societies in the following states: Arkansas, Kansas, Louisiana, Oklahoma and Texas.

Resolved, that Trustee District 13 consist of the constituent societies in the following states: Arizona, Colorado, Nevada, New Mexico, Utah and Wyoming.

Resolved, that Trustee District 14 consist of the constituent societies in the following state: California.

Resolved, that Trustee District 15 consist of the constituent societies in the following states: Alaska, Hawaii, Idaho, Montana, Oregon and Washington.

Reorganization of Trustee Districts: (Maryland State Dental Association, Resolution 46) Dr. Thelen moved that the following resolution be rejected, and the motion was seconded by Dr. Michael J. Del Balso, Wisconsin:

Resolved, that the Fourth Trustee District of the American Dental Association be composed of the federal dental services, District of Columbia, Maryland, Puerto Rico and the Panama Canal Zone, and be it further

Resolved, that the New Jersey State Dental Society and the Delaware State Dental Association be made a separate district.

Dr. David J. Fitzgibbon, District of Columbia, moved that Resolution 46 be referred to the new Special Committee on Trustee Districts. The motion was seconded by Dr. Cappuccio and, on vote, was declared carried.

Later in the meeting, following the call for new business, Dr. Ralph L. Koerner, Arizona, presented the following resolution:

Whereas, the states of Arizona, Nevada, Wyoming, Colorado, Utah, Hawaii and New Mexico have historically been associated together in areas of mutual interest, and

Whereas, these states feel that at the present time their effective representation on the Board of Trustees is diluted because this historic alliance has been fragmented by their dispersal into three different trustee districts, and

Whereas, we jointly feel a single trustee district composed of these constituent societies is proper, both in size and number, and

Whereas, Hawaii has been associated with these states in American dentistry, therefore, be it

Resolved, that the House of Delegates create one new trustee district to include the states of Wyoming, New Mexico, Colorado, Utah, Nevada, Arizona and Hawaii.

Dr. Koerner moved the adoption of the resolution and the motion was seconded by Dr. William C. Crockatt, Utah. Dr. William B. Ingersoll, District of Columbia, stated "We have already referred this (matter) back to a Special Committee for study and I can see no reason for this particular resolution at this time. It involves all the districts all over, and I am sure study would be given to the Rocky Mountain states as well."

Dr. Michael J. Del Balso, Wisconsin, moved that the resolution be referred to the new Special Committee for study, and the motion was seconded by Dr. Paul S. Butcher, Michigan.

Dr. Arthur L. Hudson, Southern California, stated "The advantage of attacking the problem on the West Coast in this manner is that we could get some problems solved that have been hanging fire for ten or 11 years, with no argument out our way over this redistricting that I know of. We could solve our problem, and then the committee could go ahead and work on the rest of the districts where there apparently are problems."

The Speaker stated "The motion before the House at the moment is to commit this to committee."

Dr. Ingersoll commented "What he is saying is the same thing we are saying. If you take up his problem, then you should take up our problem. I move that you act upon the motion."

The Speaker asked if there was any further discussion on the motion to commit to committee.

Dr. R. C. Dalglish, Utah, stated, "I don't know as I look around, how many of you folks have sat through many, if any, sessions on redistricting. There probably is not an individual in this room at this time, and maybe not in the House of Delegates as it presently is constituted, that has been bothered more by redistricting problems and representation based on geographic considerations than I as an individual. But this is not an individual matter. It is a matter that concerns a segment of your country and of our Association which has implications that can not easily be solved if they are entwined with all the problems of many other geographical areas. Here you have a group of states, state associations if you please, who have through their own serious and sincere efforts arrived at a conclusion which would band them together in a manner that will be one by which they can be represented and where their viewpoints can be advanced without any interference whatever with all of the other geographic considerations that may be involved. I am sure this, coming to you as a matter of new business, is appropriate. There is nothing wrong with it, and we would urge you to give it your serious consideration on the basis of the resolution which has been introduced by my colleague from the State of Arizona."

Dr. Elwood F. Davidson, Washington, stated "This came as rather a surprise, I think, to everybody in the House. I would like to know if the gentleman who pro-

posed this has had a short caucus with the other states involved and if they are in agreement. I have heard no information as to whether this is agreeable to the other states or areas."

Dr. Morris F. Gallagher, Nevada, replied to the question "We have. We have contacted each and every one of the states that are involved in this Rocky Mountain States proposition, including Hawaii, and we are all most anxious to become this one district together. I certainly would hope that from our geographic position and our particular problems, our particular number of dentists, and so on, that you all would look most favorably on this resolution."

Dr. Fitzgibbon said that "this motion is out of bounds because we have a new committee."

The Speaker replied "I do not think it is out of order, because the motion is to commit to committee, which is in order."

Dr. Eugene P. Purtell, New Mexico, stated "As a representative from one of the states involved, I wish to make a slight correction, in that representatives from the states involved have not had an opportunity really to study this new proposal in detail. It was rather briefly presented to us, and we did agree to consider it. However, I myself would favor returning this matter to the Special Committee until I have had an opportunity to present the proposal to the members of my own state."

On vote, the motion to commit the resolution to the new Special Committee on Trustee Districts for study was adopted.

Encomium to Special Committee on Trustee Districts: At the Thursday, November 11, meeting Dr. Marshall W. Mueller, Minnesota, requested the unanimous consent of the House of Delegates to introduce an item of new business on behalf of the Minnesota delegation. Dr. Mueller read the following resolution, and unanimous consent was obtained:

24-1965-H. Whereas, the Special Committee on Trustee Districts has sought diligently to find a solution to a difficult problem, and

Whereas, much thought and effort and careful consideration has been given to redistricting, and

Whereas, many helpful suggestions have been made to seek a more equitable solution, therefore, be it

Resolved, that the House of Delegates show its appreciation by commending the Chairman and members of the Special Committee on Trustee Districts for the work which already has been done.

Dr. Mueller moved the adoption of the resolution and the motion was seconded by Dr. Percy J. Ross, Michigan. On vote, Resolution 24-1965-H was declared adopted unanimously.

NEW BUSINESS

Educational Waiver No. 2 for Dental Assistants: Dr. John E. Magnuson, Indiana, moved to reconsider action on Resolution 12-1965-H (Council on Dental Education Resolution 1, see p. 319), and the motion was seconded by Dr. Lloyd J. Phillips,

Indiana. There was no discussion and, on vote, the motion to reconsider was declared lost.

Commendation of Dr. Harold Hillenbrand: (Michigan State Dental Association, Resolution 55) Dr. Percy J. Ross, Michigan, read the following background statement and resolution:

Background Statement: It is the opinion of the Michigan State Dental Association that it represents the thoughts of this House of Delegates in submitting a resolution of commendation to Dr. Hillenbrand. The particular reason for submitting it at this time is that it does not seem sufficient merely to reject Resolution 37 submitted by the Alaska Dental Society but to more specifically amplify our appreciation and commendation of Dr. Hillenbrand by officially adopting a resolution that expresses more adequately the deep and sincere appreciation of dentistry for one of its most illustrious members.

Dr. Hillenbrand's many contributions to dentistry in the varied areas of administration, practice, literature, education, research, international affairs and public, professional and governmental relations are so outstanding that they cannot possibly be listed here. It can be stated unequivocally, however, that his contributions have been so outstanding and important that it would have been impossible for dentistry to make the remarkable progress of the past twenty-five years without his ready and capable clear thinking, advice, counsel and leadership. All of dentistry is greatly indebted to him, and for this reason the following resolution is submitted to express our appreciation for his outstanding and significant contributions to our profession.

25-1965-H. Resolved, that the House of Delegates expresses its great admiration and appreciation to Dr. Harold Hillenbrand for his many contributions to dentistry in all of its aspects and further that this resolution extends to Dr. Hillenbrand the House of Delegates' warm appreciation of his outstanding qualities as a professional man.

Dr. Ross moved the adoption of the resolution and the motion was seconded by Dr. Taylor B. Scott, Oklahoma. On vote, Resolution 25-1965-H was adopted unanimously and Dr. Hillenbrand was given a standing ovation.

Use of Dental Hygienist's Name on Dentist's Door, Card or Letterhead: Dr. Robert Thoburn, Florida, stated he wished to ask a question with regard to the advisory opinion issued by the Judicial Council stating that "A dentist who places the name of his dental hygienist on his door, card or letterhead is engaged in unethical conduct." Dr. Thoburn noted that "this opinion was apparently strengthened by the House when they rejected the Board of Trustees' resolution which would have returned this to the local level" (p. 319). Dr. Thoburn asked "The states that have in their law or by precedent permitted the dental hygienist's name to be on the door or on the letterhead—is there any question about their conducting unethical practices?" The Speaker requested Dr. Isidore Teich, chairman of the Judicial Council, to reply. Dr. Teich stated "All men in professions are governed from two sources. One is the law, which takes precedence. . . . The law can permit or deny permission to do certain things. The other source is ethics. Ethics can be more restrictive than the law.

The fact that the law permits you to use a sign that is six feet high does not prevent the dental organization from making a regulation that it can be no more than six inches high. So the Judicial Council, in considering this question, has taken into consideration the effect of law on it, and we find that there is no effect of the law. There is nothing in the law which would contradict the making of this judicial opinion."

Dr. Thoburn continued "If I go back to Florida, I do not know whether I ought to try to have our law changed or not. Our law permits this. We do not want to be in violation of the *Principles of Ethics*, and I appreciate the remarks by the Chairman of the Judicial Council. But I am still at a loss as to know whether I should go back and make an attempt to change our law."

Dr. Teich replied "I am sorry that there is confusion with this. There is no need to change your law. For example, some states may have laws that permit dentists to advertise in certain matters, but the dental organization says no. From the point of view of ethics, you are not permitted to do so. . . ."

Bureau of Dental Care Programs: (Delegate Rolenzo A. Hanes, Indiana, Resolution 56) Dr. Rolenzo A. Hanes, Indiana, introduced Resolution 56 and it was ordered referred to the Reference Committee on Public Health (see p. 361).

Adjournment: The meeting was adjourned at 5:00 p.m.

THURSDAY, NOVEMBER 11, 1965

Call to Order: The meeting of the House of Delegates was called to order at 9:15 a.m. by the Speaker of the House.

Invocation: The invocation was offered by the Reverend Kenneth Austin, Church of the Latter Day Saints, Las Vegas.

Report of Standing Committee on Credentials: Dr. J. Donald McPike, Iowa, chairman of the Standing Committee on Credentials, reported that a quorum was present. Later in the meeting, the Speaker announced that 414 delegates out of 416 had registered for the current meeting.

REPORT OF REFERENCE COMMITTEE ON PUBLIC HEALTH

The report of the Reference Committee on Public Health was read by Dr. John G. Nolen, Michigan, chairman. The other members of the Committee were Drs. Frederick W. Ebinger, Wyoming; Cozier W. Gilman, Southern California; Paul H. Loflin, West Virginia; A. Howard McLaughlin, Connecticut.

Report of Council on Dental Health: The Committee commended the Council on the

progress made in the past year. The Committee reported it was pleased by the attendance at its hearings and was gratified by the interest of the speakers. The Committee stated that comments at its hearings indicated some concern as to whether the Council is sufficiently staffed to provide the necessary liaison functions and information dissemination necessary in the development of all types of prepayment programs. The Committee expressed the hope that, with the development of the national coordinating agency for dental service corporations, the Council could devote more time to other areas of dental prepayment so that the constituent societies may find the Council on Dental Health a source of increasing assistance, guidance and information in these areas.

The Committee also commented as follows on various sections of the Council's report: (1) the Committee reviewed with interest the report of progress in removing the restrictions which prevent the dentist from receiving payment for services within his legal and professional competence, and urged the Council to continue its efforts until all discriminatory procedures in payment for covered procedures under health insurance contracts have been eliminated; (2) the Committee noted the efforts to develop a uniform claim form and encouraged the Council to work further on this needed form; (3) the Committee complimented the Council on the success of its National Dental Health Conference and noted that these annual meetings will be continued; (4) the Committee commended the National Congress of Parents and Teachers for its development of the Continuous Health Supervision Program.

NADSP Bylaws: (Council on Dental Health, Resolution 3) Dr. Nolen moved the adoption of the following resolution, and the motion was seconded by Dr. J. C. Almy Harding, Southern California:

26-1965-H. Resolved, that the Bylaws of the National Association of Dental Service Plans be accepted.

Dr. Harding stated "I am not a member in my state of the service corporation, so I represent a great number of you who are not covered by such a protection as this. I fear that this issue might be pigeonholed, might be set aside for further consideration, that we might vacillate and not have the courage to do what is necessary for dentistry as a profession. . . . It is said in opposition to this coordinating council that it will be setting up or approving . . . a device which undermines free enterprise. Far from it. . . . Free enterprise for us also implies free enterprise for others. Our patients are entitled to free enterprise. They are entitled to go out and to purchase insurance to protect themselves against damage to their cars, damage to their bodies, damage to their teeth. They seek many ways of doing this, because in our changing society, with an abundance of wealth, these people have learned that they can purchase this as individuals. But that requires a more noticeable self-sacrifice than if they purchase it in groups. They can obtain it through their unions, and 85 million Americans are in the labor group, with perhaps 66 million not in unions and about 22 million in unions. The unions are obtaining for their people, as a fringe benefit, health protection. It will eventually dig into the whole dental field. The other 66 million, seeing people in their same general field obtaining this, represent a hundred million votes. And do you know any politician that can resist the pressure of one hundred million voters? Employers have discovered that they can have a more satisfied employee if he is covered. . . . When there are great social movements

underway, they are irresistible, but they can be channeled into useful things for us and . . . that is what the service corporations are trying to do. They intercept this pressure for these protections. They put dentists and dentistry right in the position of having a bargaining agent, just as the union and the insurance company has. These things are all benefits, and because they will enormously increase the volume and the role of dentistry and the coverage that can be afforded, all practices will be enriched. I have heard the argument that this is only for the nine states that have such plans. No. We are the pioneers, the adventurers, to get a certain amount of clobbering and pummeling. We do not need this so much. Twenty-two states have such plans under consideration and the other states will be forced into it by economic pressure. . . . It has been said that these corporations have great losses. Now, when a bank loans you money on your character or your house, do they list that as one of their losses? They do not. It is a loan. It is an advance, because they know they are going to collect that money from you—or else. And if one or two out of thousands that borrow from them default, their profits on the others wipe out that minor item. So do not let any one stand and say that New York has had losses, that California has had losses. These are not losses, these are advances against secure repayment, because first we have to get rid of the backlog of dentistry that has piled up, and then the premiums that come in will greatly exceed the expenditures that we have. I think that any more to delay our forceful advance in this field is against the best interest of every dentist in the United States.”

Dr. Wallace C. Mayo, Florida, directed two questions to the Chairman of the Council on Dental Health. Dr. Mayo asked first “By what means or mechanism can these *Bylaws* be amended?” His second question was “Does this National Association of Dental Service Plans cover a prepayment plan that is the same as we know to be the case in dental service corporations?” Dr. Kenneth J. Ryan, chairman, Council on Dental Health, replied “In answer to your first question, amending the *Bylaws* would be done by the board of directors of the national coordinating agency, but later in the report you will note that the Reference Committee has recommended that these be brought back to the House of Delegates for review.” Dr. Ryan stated that he did not understand the second question, and Dr. Mayo repeated his question as follows: “Does this National Dental Service Plans procedure cover just the dental service corporation prepayment idea, or does it cover other types of prepayment plans, such as insurance and otherwise?” Dr. Ryan requested Mr. Bernard J. Conway, assistant secretary for legal affairs, to reply. Mr. Conway stated that he wished to make an editorial correction of Dr. Ryan’s reply to the first question before replying to the second question. Mr. Conway read Chapter XVII, “Amendments” of the proposed *Bylaws* (p. 78) which indicated that it would be the members who would have the authority to amend the *Bylaws*. In reply to the second question, Mr. Conway stated “The members of the corporation will be the active service corporations, the so-called inactive service corporations, the constituent societies and service corporations from neighboring countries, so to speak. That is the extent of the membership. I do not believe an insurance group could become a member of this corporation as such.” Dr. Mayo asked “When Mr. Conway speaks of members of the corporation, is that what he means—members of the corporation?” Mr. Conway replied “Members of the corporation. That is right. The governing body of the National Association of Dental Service Plans would be the members of the corporation as I listed them.”

Dr. Charles J. Sabel, Indiana, stated he believed Dr. Mayo’s question could be

answered by quoting from the proposed *Bylaws*. Dr. Sabel read Chapter II, "Object" (p. 72):

The object of the Corporation is to increase the availability of dental services to the public by encouraging the expansion of dental prepayment plans administered through dental society approved nonprofit service corporations, and by providing the means for active or associate members to cooperate with this Corporation in providing multi-state and national group coverage.

Dr. Viron L. Diefenbach, Public Health Service, stated "It seems to me that perhaps the members of this House should know that the United States Public Health Service has studied this plan very carefully. We have a staff, legal and technical consultants, and we have gone over these *Bylaws* paragraph by paragraph and word by word. We have done it because it is part of our responsibility as public officials, as an official public health agency. In our view, the *Bylaws* are sound, well conceived, well written, and in the best interest of the public's health and the dental profession."

Dr. Wayne H. Speer, Texas, stated "I am glad the gentleman preceding me said he understood this. I am as confused as anybody else. It clearly states that this is a coordinating agency for informational purposes, to help other states. Is that not right?" Dr. Ryan replied "This is a coordinating agency to help all states, yes. If the House will remember, when these *Bylaws* were brought in last year, it was pointed out that in some ways they were restricted. So, as Mr. Conway has pointed out, we have an avenue of entrance into membership, both active, constituent society and affiliate membership. All the dental societies in the United States, if they wish to, can participate and get information." Dr. Speer continued "In the Reference Committee (hearing) it was brought out that perhaps this would not be just a coordinating agency, that they would maybe work on contracts, and so forth. I notice here it says the NADSP was established by the House of Delegates as a separate corporation so that it could conduct a program that could not fall properly within the scope of the American Dental Association. If this is an informational bureau, I can see no difference in having it in Dr. Hanes' resolution. Of course, I would like to know why it could not fall within the scope of the American Dental Association in order that we might have control over it ourselves, this House of Delegates. Once it is established, we have no control over the constitution and bylaws, and the nine members can foist anything they wish upon the other 41 states, who may or may not wish to have a dental service corporation. To me it seems that if this is just a coordinating agency for information to be disseminated to states, why can't we keep control of it as with any bureau of information within the ADA itself?"

The Speaker requested Dr. Ryan to reply, and Dr. Ryan referred the question to Mr. Conway "inasmuch as this involves some legal points". Mr. Conway replied "I am glad Dr. Ryan said 'some' because I do not think the emphasis should be entirely on the legal phase of this matter. Administratively, I would expect that having this program conducted at the American Dental Association would be relatively difficult. But there are some legal problems. I would foresee, for example, that within the federal structure the exempt status of the American Dental Association might even be imperiled. The American Dental Association is a professional trade association of practicing dentists, privately practicing dentists. It is not a professional or trade association for dental service corporations. I would expect that there at least would be some challenge to the tax exempt status of the American Dental Association if it

were to perform services in behalf of service corporations, even information services. Beyond that, I believe an organization of this kind will have business problems, which would probably bring into further conflict the tax exempt status of the Association with the federal government."

Dr. Speer stated "I am still confused. It states that it is a nonprofit corporation. I do not see how we can get into trouble that way. Also, this is the most confusing constitution and bylaws I have ever read. It says, under 'Object': 'The object of this corporation is to increase the availability of dental services to the public, to encourage the expansion of dental prepayment plans . . .', and that is p-l-a-n-s. Then they tell us just now that nothing can be covered except the dental service corporation. This is the most confusing bylaws I have ever seen. It needs clarification, and I would like to move that it be sent back to committee for clarification and specifics." The motion was seconded by Dr. John E. McReynolds, New Mexico.

Dr. Jay H. Eshleman, Pennsylvania, spoke against the motion to recommit, stating "I represent a state that has more than 30 groups that at the present time are waiting for organized dentistry to supply a mechanism for the group care which they seek. Other methods are available to these groups, but somehow or other they still are looking to the Pennsylvania Dental Service Corporation to supply the mechanism they want. I have the greatest respect for the leadership of the American Dental Association, including the expressed opinions of its various councils. Dr. Ryan, chairman of the Council on Dental Health, and others equally knowledgeable in dental service corporation affairs, have for several years repeatedly emphasized the urgent need for a national association of dental service plans. Those of us who represent states which have adopted the philosophy of the dental service corporation as an acceptable method of supplying group care, some of which have had legislation passed, as has Pennsylvania, and others which are groping for help, sincerely hope that this House will no longer delay the help which we so long have sought. We need the coordinating agency, and we need it now. For that reason I hope nothing will be done by this House to deny us what we and the profession so sorely need now."

Dr. Harding spoke against the motion to recommit, stating "You cannot put out the fire that is coming up the hill with the water you are going to get tomorrow. A delay of another year can be most serious. The pressure for this type of coverage is national, everywhere where there are employed people, and almost everybody today has a paycheck. The only other outlet available to groups like that is the closed panel, operated by the company, operated by the union, and it means that 1 per cent of the dentists in your area will then have all of these patients referred to them if they want their dentistry without paying immediately for that service. Delay is not to be considered."

Dr. Joseph P. Cappuccio, Maryland, stated "I am still very concerned that this august body will not have the opportunity to amend, substitute, on these *Bylaws*. I can understand that the articles of incorporation of this particular group are not for this House to discuss. This is the technical point I would like to raise. You already have an incorporated body, I assume with temporary bylaws. You have come to this group to have them accept the whole *Bylaws*. If we can do it now, if this body can vote to accept the entire constitution and bylaws, why, then, is it not true that we can in the future have the same opportunity? I feel we have the placenta of the National Association of Dental Service Plans. The placenta is the nourishment by which the National Association of Dental Service Plans will be enriched and grow. Unless we have the opportunity, then, to have something to say about the

constitution and bylaws, there shall be no placenta, and the only thing left is that we will be the finance department of the National Association of Dental Service Plans. I go back to last year. We said 'review and accept'. . . . I interpret 'review and accept' to mean that we review it, and before there is acceptance, we should discuss the *Bylaws*, amend the *Bylaws* if we so wish, substitute areas of the *Bylaws* and then finally accept. I do not accept the fact that the review and acceptance really means that we look at it and take the whole thing in a parcel. I do not understand it. If we have the opportunity to vote on all the *Bylaws* today, then where does it change next year? I would like the legal department to explain this to me, because it is illegal, then, for us to vote on the *Bylaws* today, and the only reason we are voting on these *Bylaws* today is because this House directed it to be so. I would like to think that we can direct the National Association of Dental Service Plans to come back in the future for review and acceptance."

The Speaker pointed out that "at the moment we are discussing the motion to recommit to committee".

Dr. Edward F. Leone, Wisconsin, urged the rejection of the motion to recommit and the adoption of Resolution 26-1965-H. Dr. Leone then moved the previous question and, on vote, the motion was declared carried "by an overwhelming majority". On vote, the motion to recommit to committee was declared defeated.

Dr. Clarence D. Honig, Southern California, moved the immediate consideration of Resolution 26-1965-H, the motion was seconded by Dr. Michael J. Del Balso, Wisconsin, and, on vote, was declared adopted by the necessary two-thirds majority vote. On vote, Resolution 26-1965-H was adopted.

NADSP Membership Standards: (Council on Dental Health, Resolution 4) The Committee reported it had found the *Membership Standards of the National Association of Dental Service Plans* acceptable with one minor editorial change. The Committee recommended the substitution of the word "professional" for the word "personal" in Section 5, "Patient-Dentist Relationship", so that the amended section would read as follows:

The professional relationship between patient and dentist shall not be abridged by any service plan.

On motion by Dr. Nolen, seconded by Dr. A. Howard McLaughlin, Connecticut, the amendment was adopted. On motion by Dr. Nolen, seconded by Dr. Harry J. Pearsall, Michigan, the following amended resolution was adopted:

27-1965-H. Resolved, that the *Membership Standards of the National Association of Dental Service Plans*, as amended, be accepted.

Prepayment Policies of the American Dental Association: (Delegate Charles J. Sabel, Indiana, Resolution 42 of 1964 House of Delegates) The Committee stated it had reviewed the report by the Council on Dental Health on Resolution 42 introduced in the 1964 House of Delegates by Delegate Charles J. Sabel, Indiana (p. 59) and that it felt the Council's explanation satisfied those points brought up in the resolution. Dr. Nolen moved the rejection of the following resolution, and the motion was seconded by Dr. Edward F. Leone, Wisconsin.

Resolved, that the 1964 House of Delegates of the American Dental Association declares that it is the policy of this Association that in those cases where systematic programs of prepayment or budgeting of the cost of dental services are instituted, this Association endorse features of such programs which provide for the remuneration of the dentist on the basis of his usual and customary fee, or on a table of allowance, and be it further

Resolved, that it is the policy of this Association to disapprove those features of such programs which fix the fee a dentist may charge or provide for a per capita method for remuneration for professional services, and be it further

Resolved, that it is the policy of this Association to encourage features of such programs which maintain deductible clauses and co-insurance mechanisms which work to maintain a financial responsibility on the part of the patient for at least a portion of the cost of his dental services.

Dr. Sabel stated "I think I should rise to explain why I submitted this resolution last year. The reason was that many of us felt that the ADA-AFL-CIO joint statement on prepayment was not in accord with ADA policy on at least two points. One was the method of remuneration for professional services. The other was the minimization of deductibles and co-insurance, when in fact ADA policy states that deductibles and co-insurance should be encouraged. The Council on Dental Health, in recommending rejection of this resolution, stated that prepayment policies are the responsibility of the constituent society. However, the ADA-AFL-CIO joint statement is a national statement and has preempted the responsibility of the constituent society. The resolution was presented in the hope that these points may be clarified."

Dr. Carlton H. Williams, Southern California, stated "I would be derelict if I did not rise to ask to reject the motion to reject. In our state we do have such policies as are stated here. We are in favor of a flexible approach to the fee concept, and with a modest amendment to this resolution, we feel it would be acceptable to this House. However, we do not have an opportunity to amend the motion to reject and, therefore, we ask this House to join with us in rejecting the motion to reject so that the original motion may be before the House . . ."

Dr. Nolen called attention to Resolution 53 of the Tennessee Dental Association appearing at the end of the Reference Committee report (p. 359) which, with amendments proposed by the Committee, would read as follows:

Resolved, that in future negotiations with public or private agencies in relation to dental care programs, reimbursement for professional services on the basis of usual and customary fees should be given priority consideration whenever possible.

Dr. Williams replied "With this understanding, that we will have an opportunity to express our opinion on the flexible fee approach, I withdraw my appeal to the House."

Dr. Wayne H. Speer, Texas, stated "As I interpret this resolution, it seems that if you reject the resolution, you are for a fixed fee. On the one the Chairman of the Committee just read, it says customary fee where possible. Well, it seems to me we are talking out of both sides of our mouth at once, and I would like to support Dr. Williams' resolution if he will restate it."

The question was called for and, on vote, Resolution 42 introduced in the 1964 House of Delegates by Delegate Charles J. Sabel, Indiana, was declared rejected.

Joint Statement of AFL-CIO and ADA on Principles for Dental Prepayment Programs: (Council on Dental Health) The Committee reported it was satisfied that the Council had complied with the directive of the 1964 House of Delegates (*Trans.* 1964: 299) and that its statement on compliance of AFL-CIO-American Dental Association joint statement with policies of the Association indicated no conflicts. The Committee noted, however, from presentations at its hearings that misunderstandings have been caused by an imprecise wording of several portions of the statement. The Committee stated it was assured that the AFL-CIO had been made aware of the interpretations placed by the Association on the principles in the joint statement and that the AFL-CIO was in agreement with these interpretations.

Solicitation of Contracts by Dental Service Corporations: (Council on Dental Health, Resolution 5) The Committee stated it agreed that the Council's statement on solicitation of contracts by dental service corporations provided necessary clarification on this point. On motion by Dr. Nolen, seconded by Dr. John L. Moriarty, Ohio, the following resolution was adopted:

28-1965-H. Resolved, that the statement *Solicitation of Contracts by Dental Service Corporations* be approved.

Limitation of Payments to Specialty Groups: (Council on Dental Health, Resolution 6) The Committee reported it was in full agreement with the Council's statement on limitation of payment of prepaid dental benefits in a specialty area to members of the specialty group, but it wished to recommend two editorial changes in the statement. The Committee stated that, in the second point, the word "legally" should be omitted before "licensed dentist" so the sentence would read: "The licensed dentist is permitted to perform all operations and provide all services prescribed in the state dental practice act." In the third point, the phrase "with competence" should be omitted so the amended statement would read: "The patient should have access, when desired, to any practitioner in any field of dental practice." On motion by Dr. Nolen, seconded by Dr. Charles Amsterdam, New York, the amendments were adopted. On motion by Dr. Nolen, seconded by Dr. Walter Jusczyk, Rhode Island, the following amended resolution was adopted:

29-1965-H. Resolved, that the statement *Limitation of Payments to Specialty Groups*, as amended, be approved.

Project Head Start: The Committee reported it had been informed that there were plans for follow-up programs on Project Head Start and urged that the Council continue its efforts to keep constituent and component societies informed of such developments. The Council was further encouraged to continue its efforts at the federal level to develop good dental care programs under Head Start projects.

Twentieth Year of Fluoridation: (Council on Dental Health, Resolution 7) The Committee reported it concurred in the statement on the twentieth anniversary of fluoridation. On motion by Dr. Nolen, seconded by Dr. Phelps J. Murphey, Texas, the following resolution was adopted:

30-1965-H. Resolved, that the statement *Twenty Years of Fluoridation* be approved.

Restatement of Policies on Dental Prepayment: (Council on Dental Health—Supplement 1, Resolution 42) The Committee recommended the approval of the *Statement of Policies on Dental Prepayment* as revised November, 1965, but called attention to the editorial changes recommended earlier in its comments on the statement on limitation of payments to specialty groups (p. 353).

On motion by Dr. Nolen, seconded by Dr. Lloyd O. Skaalen, Wisconsin, the amendment was adopted. On motion by Dr. Nolen, seconded by Dr. David W. Matteson, Oklahoma, the following amended resolution was adopted:

31-1965-H. Resolved, that the *Statement of Policies on Dental Prepayment* (Revised, November, 1965), as amended, be approved.

Development of a National Program for Children: (President, Resolution 49) The Committee complimented Dr. Fritz A. Pierson, president of the Association, for his vision in proposing the development of a national program for children, particularly the needy and underprivileged. The Committee stated it had been assured that the program would be developed within existing policies of the Association and that any elements in the program not supported by existing policy would be submitted to the House of Delegates for approval. The Committee assumed that the necessary additional funds would be made available to the proper agencies for the development of the program.

On motion by Dr. Nolen, seconded by Dr. William H. Halvorson, New Hampshire, the following resolution was adopted:

32-1965-H. Resolved, that the Council on Dental Health, the Bureau of Dental Health Education, the Council on Legislation and other agencies of the Association be directed to develop a national program for children, particularly the needy and underprivileged, in order to make the benefits of modern dental health service available to all children of the nation.

Committee on Oral Health of Chronically Ill, Handicapped and Aged: (Connecticut State Dental Association, Resolution 39) The Committee complimented the Connecticut State Dental Association for its concern in the important area of dental care for the chronically ill, handicapped and aged. However, the Committee stated it agreed with the Council on Dental Health that the intent of Resolution 39 was already being implemented within the framework of the Council.

On motion by Dr. Nolen, seconded by Dr. Mark A. Price, Louisiana, the following resolution was postponed indefinitely:

Resolved, that the Council on Dental Health, through proper administrative channels, be instructed to establish a Committee on Oral Health of the Chronically Ill, Handicapped and Aged.

Limitation of Support to National Association of Dental Service Plans: (Indiana State Dental Association, Resolution 41) The Committee stated that the House of Dele-

gates in 1964 authorized the establishment of the National Association of Dental Service Plans and it did not believe that the 1965 House would wish to inhibit the prompt and proper development of NADSP by placing restrictions on the funds to be made available to the agency. The Committee stated further it did not believe that the authorization of NADSP could be implemented without financial support from the American Dental Association. Dr. Nolen moved the rejection of the following resolution and the motion was seconded by Dr. James F. Hebert, Washington.

Resolved, that the American Dental Association limit its financial support of the National Association of Dental Service Plans to the \$25,000 granted by the House of Delegates in November, 1964.

Dr. Charles J. Sabel, Indiana, stated "I would like to point out . . . that this resolution in no way prevents the National Association of Dental Service Plans from going into operation. But, as you know, fewer than half of the states have service corporations, and some of them have rejected the idea. We feel that the service corporations, if they are as successful as they have been reported to be, should be able to stand on their own two feet and support themselves, and the states that want them should support them."

Dr. Byrnal M. Haley, Virginia, stated "I think we must all realize that this national corporation presently exists. We have suggested to them a constitution and bylaws under which they will operate. We have approved of their objectives. How else could we see that they carry out these objectives if we do not underwrite them? It is the same problem we have in all the states."

Dr. Wayne H. Speer, Texas, stated "I would like to see this resolution approved. It frightens me a bit when there is no limitation put on the amount of moneys that are spent. As the man from Indiana says, if they are as successful as they are reported to be, why can't they carry their own weight? I resent personally taking my small part of the dues to implement something I am bitterly opposed to. I think the people, the users of this service, should pay for it. I believe in paying your own way."

Dr. Edward F. Leone, Wisconsin, stated "I think we should view this problem not as an individual problem. Too often we hear individuals speak with regard to themselves. Likewise, we often hear states speak with regard to themselves only. This is a group problem. This is a national problem. The states that are not involved yet are certainly benefiting by the pioneering efforts of the states that have initiated these plans, and these states will benefit so that when they engage in the same type of activity, they will not suffer some of the losses that may have been incurred. Therefore, I urge you to consider this a national problem and not to be too selfish about it."

Dr. Dale A. Hills, Minnesota, stated "This item already is in the budget we approved at ten o'clock. Therefore, I do not see how we can do anything but reject this resolution."

Dr. Frank A. Farrell, Illinois, stated "He said exactly what I was going to say."

The question was called for and, on vote, Resolution 41 was declared rejected.

National Association of Dental Service Plans: (Maryland State Dental Association, Resolution 45) The Committee presented the following statement:

At its hearing, the Committee gave extended consideration to Resolution 45 which deals with the National Association of Dental Service Plans. The Committee shares the concern of the Board of Trustees that the approval of the resolution would "pose grave legal and administrative problems". The *Bylaws* of the NADSP will have full consideration at this session and the House of Delegates may direct any amendments it wishes in these *Bylaws* before NADSP begins operation. The NADSP was established by the House of Delegates as a separate corporation so that it could conduct a program which could not fall properly within the scope of the American Dental Association. The Committee believes that this status of the corporation should be maintained by rejection of the Maryland resolution.

The Maryland resolution also proposes that the governing body of NADSP "have representation on the Board from the various operating dental service corporations". The Committee is assured that the *Bylaws* of NADSP already make provision for such representation and that there is no need to reinforce this provision by adoption of the Maryland resolution.

In summary, the approval of the Maryland resolution would impair or destroy the purpose for which NADSP was established and would duplicate a provision of NADSP *Bylaws* which provides for the composition of the Board of Directors. In order to retain that part of the resolution which the Committee believes to be of merit, the Committee recommends the substitution of the following resolution for the one proposed by the Maryland State Dental Association.

267. Resolved, that the National Association of Dental Service Plans, through its Board of Directors, be requested to present notice of its amendment of its *Bylaws* to the House of Delegates of the American Dental Association for review.

Dr. Nolen moved the substitution of Resolution 267 for Resolution 45, and the motion was seconded by Dr. Arnold M. Oosterhuis, Iowa.

Dr. Irving E. Gruber, New York, moved that Resolution 267 be amended by the addition of the following resolving clause:

and be it further

Resolved, that the National Association of Dental Service Plans submit a report of its activities annually to the American Dental Association House of Delegates for review and approval.

The motion was seconded by Dr. Harold Gelb, New York.

Dr. Ascher L. Jacobs, Illinois, stated "I would question the legality of this amendment in view of the adopted *Bylaws* and the corporate status. I would like an opinion by legal counsel." At the request of the Speaker, Mr. Bernard J. Conway, assistant secretary for legal affairs, replied "I do not think the amendment itself would necessarily cause any legal problems because this House could request the corporation to submit a report to it, and the House could approve or disapprove the report. What would happen after that, I don't know. I do not think you could compel the independent corporation to submit a report. After you reviewed it, I do not think

you could compel the independent corporation to take any action decided by this body.”

Dr. Joseph P. Cappuccio, Maryland, stated “Of course Maryland supports this amendment because I believe it strengthens the substitute resolution.” Dr. Cappuccio asked Mr. Conway if the amendment would not be improved by taking out the words, “and approval”, and the seconder, Dr. Gelb, agreed.

Dr. Sheldon W. Koepf, New York, stated “In response to Dr. Jacobs’ point, I recognize that some of this may be meaningless. I even felt that we were going through the motions when we adopted the *Bylaws*. But I might say, having been through a New York experience, that at least when the national coordinating agency comes back next year or in future years for some moneys, we will have had an opportunity to review their activities, and at that time we can tell them whether or not this House wants to continue to provide them with funds.”

Dr. Gruber stated that as the maker of the motion, he would withdraw the last two words, “and approval”, and the seconder, Dr. Gelb, agreed.

Dr. Kenneth J. Ryan, chairman, Council on Dental Health, stated “We must remember at this particular moment that the *Bylaws* state three of the directors must be representatives from the American Dental Association and the majority of the other directors must be dentists, and they must come from your constituent societies. If the delegates in this House are interested enough in this, you have no fears from this aspect. You also have the control of the purse strings. At any time the national coordinating agency wants money, it will have to come back to this House.”

Dr. William B. Ingersoll, District of Columbia, requested a point of clarification, asking “Who is going to approve this budget?” The Speaker replied “The House of Delegates always has the prerogative of approving the budget.” Dr. Ingersoll asked “Is that so stated?” The Speaker replied “It is in the (ADA) *Bylaws*. It does not need to be especially stated for this purpose.”

Dr. Carlton H. Williams, Southern California, stated “I would like to see the House support the amendment to the substitute resolution. I think this gives the National Association of Dental Service Plans an opportunity annually to tell us about their activities. I think the members of the House are entitled to know what their activities are. I think the word ‘approval’ must be deleted because I believe it is illegal, but I think we should have an opportunity to hear what the National Association of Dental Service Plans does. This gives them an opportunity to be honest with you and to keep you well informed. . . .”

Dr. Wayne H. Speer, Texas, stated “I concur with what Dr. Williams has said. I think it would leave a better taste in the mouth of everyone. I would like to disagree with Dr. Ryan’s statement that these will be dentists. That is if you would follow the constitution and bylaws. If you look under Chapter VIII, Section 2, ‘Qualifications and Election’, you will see that it says: ‘Three directors shall be elected by the members from nominees submitted by the American Dental Association from its active or life membership.’ Each of the other six directors shall be nominated by the Board and must either be a member of the Board of Directors or an employee in an executive capacity. Employees do not think like dentists sometimes.” Dr. Ryan replied “It says the majority of the Board would be dentists.”

Dr. John G. Campi, New Jersey, stated “We in New Jersey feel we should support the New York amendment, that is, to include the word ‘approval’. After all, if the National Association of Dental Service Plans comes in with a report and we merely

review it, it would seem to me it would be meaningless unless they had some idea of how the American Dental Association feels about the way they are to operate. I think that though it may be illegal, it would seem to me they would have some idea as to how we feel about how it is operating."

Dr. Byrnal M. Haley, Virginia, stated "As has been pointed out, this corporation exists, it is incorporated under the laws of the State of Illinois, the incorporators are all members of the Board of Trustees, with the exception of one, Dr. Ryan, who is Chairman of the Council on Dental Health. As to this amendment or anything we propose, I am sure none of us is so naive as to believe that we can adopt or reject any constitution and bylaws for a corporation which is a separate entity from the American Dental Association. However, we do have confidence in these people. We have their assurance, and we may make suggestions to them relative to referring amendments back to the House. But we can not demand it of them, nor can we put it in their constitution and bylaws. I do not think there is any legal problem there."

Dr. Speer stated "Just to clarify, I would like Dr. Ryan to answer this question. It says each of the other six directors shall be nominated—this is just for the record—by the board and must either be a member of the board of directors or an employee in an executive capacity of a member organization. As I interpret that, at the first election after this board is set up, or the second election, it seems to me that a majority, or six, could be employees."

Dr. Harvey C. Janke, Ohio, stated "Last year I had the privilege of seconding the motion of the chairman of the reference committee to create a national coordinating agency. I also had the privilege of speaking to this. I said something to the effect that I had faith, as many of my fellow delegates did, in the officers, trustees and the members of the various committees of the American Dental Association. Today, throughout this meeting on this Reference Committee report, and also throughout the Reference Committee hearings, we have listened to a strain of fear. Have no fear. I think you have demonstrated overwhelmingly that you have no fear. With six members of this Board of Directors who are your colleagues, I ask you—and after seven years as a member of this House of Delegates, I have not seen hypocrisy or deceit on the part of my colleagues who make up the bulwark of the team that conducts the affairs of the American Dental Association—I ask you if you feel that way, remember, you still have some control because you will nominate these men. The other six individuals who make up the Board of Directors will be nominated by the members of the corporation. These are all dentists. You do have control over your colleagues through referendum, but I have not seen in the eyes of anyone hypocrisy or deceit. Nor have I in my period of experience seen any man removed from a council of the American Dental Association for acting in that fashion."

Dr. Jacob J. Goldman, New Jersey, stated "I wish to agree with the previous speaker, with most of that which he has said, that the real control will come from the grass roots, the people who control their own dental service corporations, such as New York, Michigan, Southern California, so that all of the talk about control on a national level just once a year is not quite as important as the day-to-day operations of the state dental service plans."

Dr. Goldman moved the previous question. The motion was seconded by Dr. Alexander L. Ungar, New York, and was adopted by the necessary two-thirds majority vote.

On vote, the amendment to the substitute resolution was adopted.

Dr. Charles J. Sabel, Indiana, stated "I wish to point out, as a matter of budget, that we do have the right in the House of Delegates to amend the budget. But from a practical standpoint, last year this House approved a four million dollar budget with no discussion. They did the same thing just a moment ago. Now, I charge you to watch these items in the budget if you are going to control your National Association of Dental Service Plans through your budget."

The question was called for and, on vote, Resolution 267 as amended was substituted for Resolution 45. On vote, the following amended substitute resolution was adopted:

33-1965-H. Resolved, that the National Association of Dental Service Plans, through its Board of Directors, be requested to present notice of its amendment of its *Bylaws* to the House of Delegates of the American Dental Association for review, and be it further

Resolved, that the National Association of Dental Service Plans submit a report of its activities annually to the American Dental Association House of Delegates for review.

Reimbursement on Basis of Usual and Customary Fees: (Tennessee Dental Association, Resolution 53) The Committee stated it was in agreement with the intent of Resolution 53 but it believed it to be too restrictive in its present form. The Committee recommended that the resolution be amended by the deletion of the words "federal, state or other" before "public or private agencies" and the deletion of the word "governmental" before "dental care programs".

Dr. Nolen moved the adoption of the amendment and the motion was seconded by Dr. Carlton H. Williams, Southern California. Dr. Leon E. Oursland, Southern California, stated "In essence, it is a well thought out resolution. However, I would like to offer an amendment to the amendment. Right after the word 'programs', I would like to insert 'it shall be the policy of the American Dental Association that' and then continue. Then after 'usual and customary fees' insert 'or table of allowances' and then delete 'whenever possible'." Dr. Oursland read the amended resolution, including his proposed amendments, as follows:

Resolved, that in future negotiations with public or private agencies in relation to dental care programs, it shall be the policy of the American Dental Association that reimbursement for professional services on the basis of usual and customary fees or table of allowances should be given priority consideration.

Dr. Oursland moved the adoption of the amendment and the motion was seconded by Dr. Billy F. Pridgen, California.

Dr. James J. Vaughn, Jr., Tennessee, stated "I would like clarification as to why we need the words 'table of allowances' in the amended portion of the resolution." The Speaker called on Dr. Oursland and Dr. Carlton H. Williams, Southern California, replied "The maker of the motion gave me the privilege of answering that question. . . . In many areas the term 'table of allowances' is used considerably. It is understood and it is one form of 'usual and customary fees' or flexible fee approach. Therefore, in order to make it clearer in those areas where the table of allowances is an acceptable term, we thought it would be proper to place it in the

language in addition to 'usual and customary fee'." Dr. Vaughn stated "I am still a little confused. In other words, a table of allowances is one-fourth of the usual and customary fee, is that correct?" Dr. Oursland replied "The table of allowances actually gives the insuring company an opportunity to figure actuarials. This is a very strong argument against a fixed fee schedule that certain areas in our state have been throttled with, and as a result of adopting this *modus operandi*, we have been able to reverse the trend toward fixed fees in California. The fixed fee means simply that the insuring company will pay only a certain amount for a given service. Whatever you want to charge, it is then your prerogative to charge that amount, and you make the specific arrangements with the patient and they take care of it from there." Dr. Vaughn stated "That is clear now."

Dr. Kenneth J. Ryan, chairman, Council on Dental Health, stated "I am heartily in favor of this, but I think we have to realize that if you put the American Dental Association in it, this is a policy of the ADA, and we have always felt the prerogative of all of this should go to the states. Isn't there a conflict here?" Dr. Harvey C. Janke, Ohio, asked "It shall be the policy of the American Dental Association to negotiate? It would seem to me that it would better be the policy of the national coordinating agency." Dr. Oursland replied "We are establishing a policy of the American Dental Association, and we are only asking that priority consideration be given. We are not binding anyone in any way, shape or form. We are expressing our opinion as to the importance of this particular fee structure."

Dr. Jay H. Eshleman, Pennsylvania, stated "It seems to me that the last two words of the resolution would protect and safeguard those who might be negotiating with any agency, and I think this is proper, for there are certain governmental departments, for example, that are involved which employ the mechanism of table of allowances instead of usual and customary fees, and I would not like to see anything done by the House to tie the hands of those who have to negotiate with state agencies. I think we are adequately covered with the 'whenever possible'."

Dr. Crawford A. McMurray, Texas, moved the previous question. The motion was seconded by Dr. Phelps J. Murphey, Texas, and was adopted by the necessary two-thirds majority vote. On vote, the amendment proposed by Dr. Oursland was adopted. The Speaker called for discussion on the amended resolution and Dr. Hale A. Hills, Minnesota, stated there seemed to be some confusion. Dr. Hills asked whether the words "whenever possible" were still included in the amended resolution. The Speaker replied that they had been deleted. Dr. Vaughn stated "This 'whenever possible' was put in this resolution on purpose, to eliminate any dictation from the American Dental Association down to the states, as stated by Dr. Eshleman earlier. I think it would be well to keep it in there. . . ." Dr. Robert A. Cupples, California, stated that there was "definite reason in my mind why we should continue the words 'whenever possible' ". Dr. Cupples moved that the words "whenever possible" be added to the resolution, and the motion was seconded by Dr. Harvey S. Huxtable, Wisconsin.

Dr. Ascher L. Jacobs, Illinois, stated "On the statement of policy of dental prepayment, which was just adopted by this House, I would remind you that determination of policies relating to fees and methods of remuneration should be made at the state or local level by authorized representatives of the dental profession. I would remind you that this resolution and its amendments would be in conflict with an already-adopted statement."

Dr. Eshleman stated "I was about to point out the same thing. We already have

adopted the policies, and we seem to have determined to do something that is in conflict with policies that already have been adopted." Dr. Cozier W. Gilman, Southern California, stated "I would like to point out that this does not change the policy we have established. This merely establishes a priority." Dr. Harold E. Barlow, Ohio, addressed the Speaker, stating "I would like to respectfully suggest that the words 'whenever possible' were never taken out, that when you read the resolution, you did not read those words, but I never have heard a suggestion or a motion to take out the words 'whenever possible'." Dr. Oursland, Southern California, stated "I deleted 'whenever possible' for a very good reason. I think that we should be strong in a statement of our policy. However, we are given all the latitude necessary so that the states may follow the preceding existing policy that was established. These are simply nothing more than guidelines, and the two words 'whenever possible' allow a great deal of latitude."

Dr. McMurray stated "It seems to me quite obvious that the phrase in the resolution that states 'should be given priority consideration' amply takes care of this problem. Here we are discussing and taking up our time over a matter of phraseology, when these words amply take care of the situation. We oppose very strenuously leaving in the words 'whenever possible'. They seem redundant and entirely out of order in this situation."

Dr. Haley moved the previous question. The motion was seconded by Dr. William P. Humphrey, Colorado, and was adopted by the necessary two-thirds majority vote. On vote, the motion to add the words "whenever possible" to the resolution was declared lost.

On vote, the following amended resolution was adopted:

34-1965-H. Resolved, that in future negotiations with public or private agencies in relation to dental care programs, it shall be the policy of the American Dental Association that reimbursement for professional services on the basis of usual and customary fees or table of allowances should be given priority consideration.

REFERENCE COMMITTEE ON PUBLIC HEALTH: SUPPLEMENT 1

Supplemental Report 1 of the Reference Committee on Public Health was read by Dr. John G. Nolen, Michigan, chairman. The other members of the Committee were Drs. Frederick W. Ebinger, Wyoming; Cozier W. Gilman, Southern California; Paul H. Loffin, West Virginia; A. Howard McLaughlin, Connecticut.

Bureau of Dental Care Programs: (Delegate Rolenzo A. Hanes, Indiana, Resolution 56) The Committee presented the following statement:

The Reference Committee on Public Health has considered the resolution submitted by Delegate Hanes, Indiana. The Committee was agreed that in order to foster the development of prepayment mechanisms in dentistry and to meet new problems arising out of the rapid multiplication of dental prepayment programs of all types, that the Association should have available an agency which could meet the needs in this field. The Committee was advised that the Board

of Trustees has had under consideration for the past two years the development of a Bureau on the lines suggested by the resolution. The Board of Trustees deferred its decision until the House of Delegates had authorized the establishment of the National Association of Dental Service Plans and permitted it to become fully operational. The Committee has been advised that the Council on Dental Health at its December, 1965 meeting intends to include this subject in its agenda. Further, it is indicated that the Board of Trustees will consider this matter at its spring, 1966 session. The Committee believes that such an important step as the development of a Bureau of Dental Care Programs should have the considered study of the Board of Trustees and the advice of the Council on Dental Health so that there would be no conflict in the duties of the various agencies concerned with the dental prepayment programs.

The Committee is of the opinion that the Board of Trustees does not have the authority "to implement the formation of a Bureau of Dental Health Care Programs", since the establishment of a bureau requires amendment of the Association's *Bylaws*. In order to correct this defect in the original resolution, the Committee presents the following amended resolution and recommends its approval:

269. Resolved, that the Board of Trustees be requested to present recommendations on the establishment of a Bureau of Dental Care Programs, whose duties would include those needed to develop, maintain and disseminate information on prepaid dental care programs and to assist the constituent societies and other agencies in the development of programs for dental care.

Dr Nolen moved the adoption of the amendment and the motion was seconded by Dr. Frank A. Farrell, Illinois.

Dr. Hanes read excerpts from the minutes of the April, 1964 session of the Board of Trustees (*Trans.* 1964:322), and stated that the need for a Bureau of Dental Care Programs was as urgent as was the need "described for the National Association of Dental Service Plans". Dr. Hanes asked "Will this resolution specifically give the House an opportunity to establish such an agency, bureau or whatever is recommended, at its next session? If so, then I am in complete concurrence with the amended resolution."

Dr. Herbert L. Taub, New York, stated "I am pleased to see this concept of a bureau come before the House. As you have just heard, it had been before the Board of Trustees for several years, awaiting the passage of the national coordinating agency. So I would like briefly to speak to it and read a report submitted to the Board of Governors of The Dental Society of the State of New York, from its Council on Dental Service Groups of which I am the Chairman. This was unanimously adopted by the Council members: "The Council recognizes the need for the immediate development and establishment of a bureau on dental care as an agency of the American Dental Association and agrees with the original statement of the Special Committee of the American Dental Association Board of Trustees on Duties of Councils, *ADA Transactions*, 1964, pages 322, 323 and the resolutions seeking a change in the Association's *Bylaws*, *ADA Transactions*, 1964, page 323, 324. Just as a national coordinating agency for the dental service corporations is designed to serve the interests of the profession dedicated to service corporations, so can a bureau on dental care serve the interest of the entire profession on a broader base, serving all

interests concerned with sound and acceptable programs for the prepayment of dental care. Among its duties shall be assistance to constituent societies in the compiling and evaluation of all relevant information on all mechanisms of prepayment of dental care, thus better enabling the constituent societies to respond with confidence and effectiveness to inquiries for guidance at the Association level. Computation of data and statistics becomes less costly, less repetitious for the constituents, and reflects the total resources of the profession.'” Dr. Taub moved that Resolution 269 be amended by the addition of the phrase “at the 1966 annual session of the House of Delegates” following the phrase “Bureau of Dental Care Programs”. The motion was seconded by Dr. Hanes.

Dr. Ascher L. Jacobs, Illinois, stated “It is not often that I have had an opportunity to support an Indiana resolution recently, and it gives me great pleasure to do that. I urge the adoption of both the amendment and the resolution as it will be amended.”

Dr. Robert Thoburn, Florida, also urged the adoption of the amendment and the amended resolution, stating “I do so on the basis that there are some states that may not be entirely sold on the dental service corporation approach, and we would like to have information that a bureau of this type could supply us.”

The question was called for and, on vote, the amendments were adopted. On vote, the following amended resolution was adopted:

35-1965-H. Resolved, that the Board of Trustees be requested to present recommendations on the establishment of a Bureau of Dental Care Programs at the 1966 annual session of the House of Delegates, whose duties would include those needed to develop, maintain and disseminate information on prepaid dental care programs and to assist the constituent societies and other agencies in the development of programs for dental care.

Statement by Chairman of Council on Dental Health: At the close of the reading of the supplemental report of the Reference Committee on Public Health, Dr. Kenneth J. Ryan, chairman, Council on Dental Health, made the following statement: “The Council on Dental Health appreciates the confidence you have shown in us today. We know we have presented many knotty problems to you, and I thank every member of this House and all those people who for the past two years have attended reference committee hearings and have offered us guidance. Particularly, I would like to thank the other members of the Council, all eight of them, who are here presently. Most of them are here at their own expense, just to help out the Chairman.”

ADOPTION OF BUDGET FOR FISCAL YEAR 1966

As a special order of business at 10:00 a.m., the Speaker interrupted the reading of the report of the Reference Committee on Public Health to consider Resolution 106 of the Board of Trustees on approval of the budget for fiscal year 1966. The budget had been presented to the House of Delegates at the Monday, November 8, meeting of the House of Delegates in Report 5 of the Board of Trustees. On motion by Dr. William P. Humphrey, Colorado, seconded by Dr. Dale A. Hills, Minnesota, the following resolution was adopted:

36-1965-H. Resolved, that the Operating, Underwriting and Capital budgets for the fiscal year 1966 be approved.

**REPORT OF REFERENCE COMMITTEE ON PRESIDENT'S ADDRESS
AND ADMINISTRATIVE MATTERS**

The report of the Reference Committee on President's Address and Administrative matters was read by Dr. James W. Huckelberry, Indiana, chairman. The other members of the Committee were Drs. Walter Jusczyk, Rhode Island; Victor B. Marquer, Louisiana; Frank E. Nicklaus, New York; Harold E. Tingley, Massachusetts.

Report of President: The Committee complimented the President on his constructive and comprehensive presentation, and presented the following statement:

The Committee noted with approval the President's comments on the background and enactment of Medicare legislation. The Committee is in agreement that the health professions should join in making legislation of this type as effective as possible so that more people may receive adequate, high quality health service. The professions must also insist that the professional rights of the practitioners are not jeopardized to the eventual detriment of the nation's health.

The Committee commends the President for recalling at this time the long standing policy of the Association that in the establishment of dental programs a high priority must be given to children and the younger age groups. The development of such a priority program by the profession will reassert that the dental profession has the competence and leadership which American dentistry has exercised in the past. Since dental health is an essential part of total health, the dental profession must participate in such programs as Project Head Start and the implementation of the Kerr-Mills Act.

The Committee notes with enthusiasm and appreciation Dr. Pierson's statement that he will continue his interest and active participation in the affairs of the Association. The Committee recognizes the many sacrifices his wife and family have made in the past years to permit his active participation in serving the profession so long and so well. To Dr. Pierson and to his family, the Association must be deeply grateful.

Dental Insigne: (Bureau of Library and Indexing Service, Resolution 12) The Committee reported it agreed with the suggestion of the Bureau that the earlier emblem of dentistry, originally adopted in 1940, be officially reinstated. On motion by Dr. Huckelberry, seconded by Dr. Timothy E. Ryan, Jr., Wisconsin, the following resolution was adopted:

37-1965-H. Resolved, that the design or insigne for dentistry as described and portrayed in the report of the Bureau of Library and Indexing Service be re-approved as the official emblem for dentistry in the United States of America.

Membership in the American Dental Association: (Connecticut State Dental Associa-

tion, Resolution 30; Michigan State Dental Association, Minnesota State Dental Association, The Dental Society of the State of New York, Resolution 33) The Committee presented the following statement:

The Committee wishes to report that at its hearing there was extended discussion of the two resolutions, supported by four constituent societies, which were introduced to foster the elimination of discriminatory practices where they exist with all reasonable speed. The Committee was gratified by the widespread support for the intent of the two resolutions and by the evident desire to move forward firmly and with understanding to the elimination of all discriminatory practices.

While there was strong support for both Resolution 30 introduced by the Connecticut State Dental Association, and Resolution 33 supported by the constituent societies in New York, Michigan and Minnesota, there was good evidence that those at the hearing wished to have the best features of both resolutions combined and thus strengthen the Association's program for the elimination of discriminatory practices. The Committee, therefore, recommends the adoption of the following substitute resolution with the belief that it will lend strength to the Association's long standing effort to remove discrimination in regard to entrance into membership in the organized profession.

The Committee believes that full and willing compliance with the provisions of the substitute resolution will remove the need for further consideration of stringent measures which are available through the application of the Association's *Bylaws*.

Dr. Huckelberry moved that the following resolution be substituted for Resolutions 30 and 33, and the motion was seconded by Dr. Percy J. Ross, Michigan:

38-1965-H. Resolved, that in a profession-wide effort to remove discriminatory barriers to membership in the organized dental profession, all constituent and component societies be directed to take all necessary steps to eliminate all practices and procedures, both written and unwritten, which are discriminatory in fact or in concept, and be it further

Resolved, that all constituent and component societies be advised formally that non-comformance to this request will mandate more stringent action by the Association, and be it further

Resolved, that the constituent and component societies which have already taken action to eliminate all forms of discriminatory practices and procedures be commended and their actions recommended to other constituent and component societies as effective mechanisms for the elimination of discrimination, and be it further

Resolved, that the constituent and component societies be requested to report periodically to the Board of Trustees on the steps that have been taken to eliminate discriminatory practices and procedures and that this information be reported to the House of Delegates.

Dr. William A. Elsasser, California, stated "I would like to preface my remarks by saying that I certainly understand the problems all of my fellow delegates in the South have with civil rights and related problems. But I also want to say that I have some good Negro friends in the South and elsewhere, and they have been

waiting for a long, long time for admission to the various components of the American Dental Association. . . . The substitute resolution just recommended by the Chairman of the Reference Committee is little more than a platitude. . . . Respect for the law bears its own reward. Compliance with the law must be mandatory, and so it is with the rules formulated by this House of Delegates. . . . I am against this substitute resolution, because it only suggests that the components may be subject to certain disciplinary action if the directives of this House are not complied with. This resolution merely provides a vehicle through which this House can pay lip service to tolerance but not really do something about it. If we substitute the resolution under discussion for the positive statement of intent laid out in Resolution 33, I believe this House of Delegates will become a target for those who claim that dentists take no responsibility in civic affairs. You know this is not true, and I know it is not true, so I hope you will prove it to the world by defeating the substitute resolution and reconsidering Resolution 33.”

Dr. James J. Vaughn, Jr., Tennessee, stated “I think this substitute resolution answers some of the questions we have to answer in the next year on this question. I would like to remind the House that the South is not the only area of this country that has civil rights problems, as was recently noted in the newspapers.”

The question was called for and, on vote, Resolution 38-1965-H was substituted for Resolutions 30 and 33. On motion by Dr. Huckelberry, seconded by Dr. Emil W. Lentchner, New York, Resolution 38-1965-H was adopted.

Reexamination of Component Society Bylaws: The Committee presented the following statement:

At the Committee’s hearing it was obvious that the central need for progress in the elimination of discrimination rested with the component societies of the Association for they are, under the *Bylaws*, the only portal of entry into membership into the Association for all dentists with the exception of those in the federal dental services. The Committee was concerned that some component societies may be subjecting themselves to the charge of discrimination because of long-standing practices which, in the present circumstances of national life, might be construed as discriminatory. The Committee recommends that all component societies reexamine their bylaws and all practices relating to admission of new members so as to remove permanently any allegation of discriminatory practices. In order to achieve this purpose, the Committee presents the following resolution:

39-1965-H. Resolved, that all component societies of the American Dental Association be directed to eliminate from their bylaws and membership practices the following procedures which might be construed as discriminatory under the Civil Rights Act of 1964:

1. Any procedure which requires more than a majority vote for the entrance of any dentist into membership in a component society.
2. Any procedure which requires the submission of a photograph in connection with an application for membership in a component society.
3. Any procedure which places an unreasonable requirement for the sponsorship of a dentist applicant.

4. Any procedure which establishes an unacceptable period for the renewal of the application of a dentist who has been refused membership in a component society.

Dr. Huckelberry moved the adoption of Resolution 39-1965-H and the motion was seconded by Dr. Emil W. Lentchner, New York.

Dr. Eugene P. Purtell, New Mexico, stated "I would like to point out that in Resolution 38-1965-H, which has just been adopted, the first resolving clause includes the phrase 'all constituent and component societies be directed to take all necessary steps to eliminate all practices and procedures, both written and unwritten, which are discriminatory in fact or in concept'. It would seem to me that this resolution (Resolution 39-1965-H) is redundant in that it simply lists some measures which may be steps that could be taken. I would suggest the rejection of the resolution on the ground that it is unnecessary."

The Speaker replied "In the opinion of the Chair it is germane to list those steps this House is suggesting be employed to eliminate whatever membership practices might be construed as discriminatory under the Civil Rights Act of 1964."

Dr. Lynden M. Kennedy, Texas, stated, "I want very briefly to speak against this resolution, without rancor and without disrespect to the Reference Committee, for I think they have done a magnificent job. But it does seem to me that we should take just a minute and have a caucus with our consciences and let principle guide our decision on this resolution. We are being asked to eliminate anything that can be construed as discriminatory, and I submit that construing discrimination is a matter of opinion and depends on one's viewpoint. . . . The Texas Dental Association does not discriminate on the basis of color, creed or religion, and even years ago, when we had a Caucasian clause, we required two-thirds majority for acceptance into our societies. There is no way that this can be construed as discriminatory, except that you will discriminate against the one hundred years of tradition and loyalty of well-meaning and well-intentioned societies and their right to manage their internal affairs. The 'photograph' paragraph is relatively unimportant. Many societies require this for a pictorial roster or for public relations files. It is important only in that there is the inference of dishonesty rather than an expression of confidence among gentlemen. Resolution 231 (38-1965-H) has indicated the position of the American Dental Association against discrimination in no uncertain terms. Let us not deal in indignities and chase phantoms that do not exist. Resolution 232 (39-1965-H) is unnecessary and I urge you to reject it."

Dr. Ovadia Rechtman, Massachusetts, stated "I am sure we all realize that this could have been the hottest issue in this House of Delegates. The Reference Committee is to be highly commended on the admirable way in which it has handled this. We are indeed indebted to all the people who, behind the scenes, maneuvered to bring these two resolutions in this most palatable form to all the parties concerned. I therefore urge you to vote and accept this as it stands in its present form."

Dr. Vaughn asked "I wonder what we mean by the words 'unacceptable' and 'unreasonable'? Why can't we spell these out more clearly or just do away with this resolution? In other words an unacceptable period for renewal of the application would be what time?" Dr. Huckelberry replied "The answer to that is determined by the component societies." Dr. Vaughn continued "And unacceptable—does that apply to the component society or to the applying non-member?" Dr. Huckelberry

replied "That is for the component societies to determine." Dr. Vaughn replied "It could be an unreasonable thing to the Civil Rights Commission even if the component society took the stand that it was reasonable. And up above, the language indicates it is the Civil Rights Commission that is to construe something as discriminatory. So I do not think we have a very strong statement there."

Dr. Wayne H. Speer, Texas, stated "It seems to me that Dr. Purtell has pointed out that these procedures are not necessary at all. As a matter of fact, according to the *Constitution and Bylaws* of this organization, the component societies have the right to choose their members, and here you are trying to tell us in this resolution that a simple majority must prevail. It seems to me if you do this, you would have to amend the *Constitution and Bylaws*." Dr. Speer moved the previous question. The motion was seconded by Dr. Jack R. Winston, Texas, and was adopted by the necessary two-thirds majority vote.

A standing vote was taken on Resolution 39-1965-H, and it was adopted by 199 affirmative votes to 177 negative votes.

Statement by President of National Dental Association: The Speaker announced that Dr. H. R. Primas, Jr., president of the National Dental Association, had requested the privilege of addressing the House of Delegates. The Speaker asked the members of the House to indicate whether they wished Dr. Primas to appear at this time, and the response from the members of the House was overwhelmingly affirmative.

Dr. Primas presented the following statement: "I asked the members of the Third District who are in the House if I could speak before this group because I want you men to recognize that we in the National Dental Association recognize the orderly processes of law. We came here, four of our past presidents who are also members of the American Dental Association; the editor of our publication; the chairman of our board; and myself, the president, who has been a member of the American Dental Association much longer than he has been a member of the National Dental Association. This resolution that was passed and is now history, I must admit, is not as strong as we would endorse, and you may hear this at a later date. However, resolutions are merely words. If the appraisal of the Reference Committee is valid and there is a desire for full and willing compliance with this resolution, without the threat of sanctions, then the whole profession has benefited from our reasoning together. If, however, our deliberations have not been in good faith, we shall be known by our actions or our lack of actions. Officially, may I thank the administrative family of the American Dental Association, the Board of Trustees and the men of the Fifth District, for the opportunity to exchange ideas at breakfast the day before yesterday, and especially this House, in whose hands rests the future course of action of this Association."

Complaint Submitted to Department of Health, Education and Welfare Alleging Non-Compliance of American Dental Association with Civil Rights Act: (Board of Trustees Report 7) The Committee stated that it had reviewed Report 7 of the Board of Trustees to the House of Delegates on the complaint of the Department of Health, Education and Welfare which alleged non-compliance with the Civil Rights Act and, because of the importance of this message, it recommended that all constituent and component societies take immediate steps to disseminate the information in the Board of Trustees' report to all their members.

Dr. Robert Jordan, Georgia, stated "You have just heard the statement that you

are to take this information back to your constituents. I want to try again to clarify a statement I was making on Monday as we closed. There was some misunderstanding about some of the facts I was attempting to bring to you. One is that Dr. A. V. Cohen of Atlanta is a Negro dentist. He is the president of the Georgia Dental Society, which is a Negro dental society, which is part of the National Dental Association. The Georgia Dental Association is the constituent society of the American Dental Association. . . . I mentioned that Dr. Cohen, personally, by personal communication, had told me he had not signed the telegram. The doctor made great motions about being in good faith, and this is our contention, that we are moving in good faith in the South. . . . The telegram reads: 'The telegram to the HEW, bearing my signature, was not sent by me.' It is signed by Dr. A. V. Cohen. Dr. Cohen is one of the moderates in our state who has been taken advantage of, and we resent the implications in this telegram. The individual who sent it did not even have the courage to sign his own name to it. He falsified the signature on it and forwarded it to the HEW. Yet you see HEW immediately acting on such a thing as this, and, whether it is from the South, or Maine or California, this is a dangerous precedent. I bring this to you as information. We in the South—and we are mentioned in this telegram—are moving in good faith to try to correct this inequity. All we ask is to get off our necks and let us get about our business and improve the American Dental Association."

Dr. Rolenzo A. Hanes, Indiana, stated "I would like to raise a question on the wording of the statement by the Committee. As the statement is worded in the Reference Committee report, the complaint was by the HEW. In the report of the Board of Trustees, it is a notification by the Department of Health, Education and Welfare of a complaint that was filed with them." Dr. Hanes asked "Am I correct in this assumption?" The Speaker replied "That is correct. The record will show your comment."

Secretary as Official Spokesman of ADA: (Alaska Dental Society, Resolution 37) The Committee reported it considered Resolution 37 with deep concern and was utterly dismayed that such charges could be presented to the House of Delegates without any factual documentation or evidence. The Committee stated that, to its knowledge, the Association's Secretary has never misstated any of the policies established by the House of Delegates of the American Dental Association. The Committee reported it was most impressed by the number and stature of the members who voluntarily appeared before it and stated their complete confidence in this dedicated servant to the profession. The Committee emphatically recommended rejection of Resolution 37.

Dr. Huckelberry moved the rejection of the following resolution and the motion was seconded by Dr. John G. Nolen, Michigan.

Resolved, that the Alaska Dental Society hereby requests the House of Delegates to join with us in requesting the Board of Trustees to immediately curtail the capacity of the Secretary as an official spokesman for the American Dental Association.

On vote, the Speaker declared the resolution rejected "without dissent".

Publication of Information on Dental Fees and Income: (Alaska Dental Society, Reso-

lution 38) The Committee reported it had reviewed Resolution 38 on the publication of information on dental fees and income and that it fully agreed with the comment by the Board of Trustees that the Bureau of Public Information and other agencies of the Association would continue their present policy of correcting misrepresentations in this area.

On motion by Dr. Huckelberry, seconded by Dr. Phelps J. Murphey, Texas, the following resolution was rejected:

Resolved, that the Alaska Dental Society hereby registers its disapproval of the public dissemination of facts and figures relating to dental incomes in *The Journal of the American Dental Association* and urges that discretion be exercised in the future in matters of this nature, and be it further

Resolved, that the officials of the American Dental Association be urged to answer misrepresentations concerning fees and income by having published in the offending media a statement of correction.

Population-Dentist Ratio for State of Alaska: (Alaska Dental Society, Resolution 43) The Committee reported it had reviewed Resolution 43 submitted by the Alaska Dental Society concerning its population-dentist ratio and that it concurred with the recommendation of the Board of Trustees that this resolution, because of the technical issues involved, should be referred to the Bureau of Economic Research and Statistics for study and report to the 1966 session of the House of Delegates. On motion by Dr. Huckelberry, seconded by Dr. Harry J. Pearsall, Michigan, the following resolution was referred to the Bureau of Economic Research and Statistics for study and report at the 1966 annual session:

Resolved, that the Alaska Dental Society calls on the Bureau of Economic Research and Statistics of the American Dental Association to include the military and public health dentists in the total dentist figure to provide an accurate representation of the population-dentist ratio.

Secretary as Official Spokesman of ADA: (Louisville Dental Society, Resolution 47) The Committee reported it had reviewed Resolution 47 requesting that the Secretary of the Association be designated officially as the "*ad interim*" spokesman of the Association. The Committee stated it appreciated the intent of the resolution but was in agreement with the comment of the Board of Trustees that the enactment of the resolution would modify the present acceptable practice of permitting the President, the other officers and the members of the Board of Trustees to speak officially for the Association by reason of their positions in the Association. The Committee stated that, for this reason, it recommended that Resolution 47 be postponed indefinitely.

On motion by Dr. Huckelberry, seconded by Dr. Crawford A. McMurray, Texas, the following resolution was postponed indefinitely:

Resolved, that Dr. Harold Hillenbrand be officially designated as an *ad interim* spokesman of the American Dental Association.

Life Membership Requirements—Amendment of "Bylaws": (Board of Trustees, Reso-

lution 103) The Committee reported it had considered Resolution 103 requesting amendment of the *Bylaws* to give credit for membership in the National Dental Association toward the establishment of eligibility for membership in the American Dental Association. The Committee stated it believed this to be a necessary and desirable amendment of the *Bylaws*.

Dr. Huckelberry moved the adoption of the following resolution and the motion was seconded by Dr. Homer N. Hake, Iowa:

Resolved, that Chapter I, "Membership", Section 20, "Qualifications", of the *Bylaws* be amended by the addition of the following to Section 20B:

A dentist who has held twenty-five (25) years of membership in the National Dental Association and who has held ten (10) years of additional membership in the American Dental Association, after complying with the other requirements for life membership in the American Dental Association as stated in Chapter I, Section 20B of these *Bylaws*, may be classified as a life member of this Association.

Dr. J. C. Almy Harding, Southern California, requested a point of clarification, asking "Could these ten years in the ADA and 25 years in the NDA have been overlapping, or must the one, the ADA membership, be succeeding the 25 years? I do not believe the resolution is clear in that respect. . . ."

The Speaker asked Mr. John P. Noone, assistant secretary and comptroller-house counsel, to reply and Mr. Noone requested Dr. Harding to restate his question. Dr. Harding replied "Say that Dr. Jones has been a member of the National Dental Association for 15 years. He now becomes a member of the American Dental Association and remains in the National Dental Association for a period of ten years. He then would have had 25 years in the National Dental Association and ten years in the ADA, although ten of those years were in both groups." Mr. Noone stated "They would have to add up to 35 years total." Dr. Harding called attention to the fact that Dr. Primas had stated that he had been a member of the American Dental Association longer than he had been a member of the National Dental Association (p. 368). Dr. Harding continued "This gentleman, at his tender years, may already have qualified, except for the age 65 restriction, because he probably has been in the ADA since his graduation at 22, and he has been in the NDA. These should be one following the other." Mr. Noone replied "Yes. You get various combinations with respect to this, because if he had been a member of the NDA for ten years, then becomes a member of the ADA and remains a member of the ADA for 25 years, he will have had 35 years of membership in NDA, and he would qualify for life membership in the ADA under this particular provision of the *Bylaws*." Secretary Hillenbrand commented "Under the terms of this resolution, the years in the National Dental Association are additive. They do not have to be consecutive. Any combination—eight in the NDA and 27 in the ADA—any combination of figures. The ADA *Bylaws* do not require membership to be consecutive." Dr. Harding continued "I am sorry I am not able to make myself clear. I am not questioning the fact that in acquiring life membership one must have 35 consecutive years. I know that is true in the ADA, but Dr. Primas has been a member of both associations during the same years. Can membership in each be counted as two years in each year?" Dr. Hillenbrand replied in the negative. Dr. Harding commented "It does not state that in here. That is not clear in this resolution. I think that it should be reworded to make that clearer." Mr. Noone stated ". . . since Dr. Primas was a member of the American Dental Association before he became a member of NDA, he would just continue

for 35 years and would become entitled to life membership under the regular ADA provisions in the *Bylaws*."

Dr. David W. Matteson, Oklahoma, asked ". . . How many of these people now comply with these requirements, approximately?" Secretary Hillenbrand replied "I do not think anyone really knows. We would think about 100, 105, 110, but there are no accurate records."

Dr. Edward F. Leone, Wisconsin, requested a point of information, stating "Our Secretary has said any combination of 35 years. I just wondered whether or not a combination of 34 plus one would qualify a man for life membership in the ADA." The Speaker replied "It says specifically ten years in the American Dental Association."

Dr. Henry J. Walkotten, Michigan, stated "We are buying a rather big package here, and I would like to be sure that we have accurate records or that there are accurate records of the National Dental Association. In the absence of any evidence that these records are accurate and they are complete, I think this should be referred back to committee and reported on in 1966."

Dr. Michael J. Del Balso, Wisconsin, asked "Where the statement begins 'A dentist who has held 25 years of membership . . .', is that given as an example, or is that part of the resolving clause?" The Speaker replied "That would be specific. In other words, in the opinion of the Chair, he has to have a minimum of ten years membership in the ADA." Dr. Del Balso said "This is the point I wish to make. Would it not be better clarified by stating that the years of membership in the National Dental Association should be applied toward life membership, with the other limitation of ten years minimum in the ADA?" Secretary Hillenbrand commented "Your suggestion would be easier to administer, but the ADA request was made only for those Negro dentists who, because of circumstances, could not join. This should not apply to Negroes who can now join the ADA. It is a 'grandfather' clause to take care of those who have been members of NDA for 25 years. This is the reason why the resolution is couched in these terms."

Dr. Roger W. Pryor, Ohio, stated "I would like to make sure that this does not give the option of joining the National Dental Association in 1965 and then, in 1990, joining the ADA. The way it is written, it does not make clear that this could not happen." Dr. Hillenbrand replied "I would think when this group for which the resolution is being considered had outgrown itself, this amendment would be changed to give no credit for membership in the National Dental Association."

Dr. Cozier W. Gilman, Southern California, stated "As I interpret this resolution, it is entirely possible for someone to be a member of the American Dental Association and the National Dental Association and thereby get credit for two years for each year of membership in both associations." Dr. Gilman moved that the resolution be amended by the substitution of the words "followed by" for the words "and who has held", so that the first sentence of the proposed amendment would read as follows: "A dentist who has held twenty-five (25) years of membership in the National Dental Association followed by ten (10) years of additional membership in the American Dental Association. . . ." The motion was seconded by Dr. John L. Moriarty, Ohio.

Dr. Ascher L. Jacobs, Illinois, requested a point of information, asking "Was it the original intent of this resolution that there be a total of 25 years rather than 35 years, or that it be a total of 35 years?" The Speaker replied "It would be a total of 35 years." Dr. Jacobs stated "Then with respect to the amendment that was offered, if

it could be arranged, I think a simpler way to handle that would be to say 'A dentist who has had 25 years of membership in the National Dental Association and who has held ten years of additional membership in the American Dental Association', and then immediately after that say 'for a total of 35 years.'" Secretary Hillenbrand replied "The provision for 35 years is in the other part of this section of the *Bylaws* which you do not have before you."

Dr. Carlton H. Williams, Southern California, stated "It is quite obvious there is a great deal of confusion regarding this resolution." Dr. Williams moved that the resolution be referred back to the Board of Trustees for further consideration and report in 1966. The motion was seconded by Dr. Percy J. Ross, Michigan.

Dr. Ovadia Rechtman, Massachusetts, stated "I think that in keeping with the spirit of the two previous resolutions we have passed pertaining to the question, we should not refer this present resolution back to the Board of Trustees. It is a very simple resolution. I do not see how so many people can be laboring under a misapprehension. I was trying to get the microphone earlier to say that merely by the insertion of the word 'previous', to say '25 years of previous membership', and changing the word 'additional' from its present place, to read 'who has held additional ten years membership in the ADA'. This would make it very clear. . . ."

The Speaker commented "We are speaking to the motion to refer back to the Board of Trustees."

Dr. Morris S. Minton, Texas, stated "Due to the fact that we like to operate on facts, I would like to make a substitute motion to the motion, that this be postponed definitely, and that the authenticity of those members who will get (life) membership next year be ascertained." The Speaker replied "Your motion to postpone definitely is not in order. . . ." Dr. Minton replied "With your permission, I will withdraw that. . . ."

The question was called for and, on vote, Resolution 103 was referred back to the Board of Trustees for further consideration and report at the 1966 annual session.

Request from American Association of Dental Schools for Voluntary Contributions to American Fund for Dental Education: (Board of Trustees, Resolution 108) Dr. Huckelberry moved the adoption of the following resolution and the motion was seconded by Dr. A. Raymond Baralt, Jr., Michigan:

40-1965-H. Resolved, that component dental societies be urged to solicit, in their annual billing of membership dues, a voluntary contribution of \$10.00 from each of their members for support of the American Fund for Dental Education.

The Speaker called first for a showing of voting cards, then a voice vote. then ruled that it would be necessary to take a standing vote since not all of the delegates were participating in the voting.

Dr. Paul S. Butcher, Michigan, stated "This is not an assessment. It is on a voluntary basis. I can not understand why it should not be a unanimous vote of the House. . . ."

The votes were tallied, and the Speaker announced that Resolution 40-1965-H was adopted by 212 affirmative votes to 98 negative votes.

INSTALLATION OF OFFICERS AND TRUSTEES

Presentation of Certificates of Past Service: President Pierson assumed the Chair, and presented certificates of service to the retiring officers and trustees.

Installation of New Officers and Trustees: The newly elected officers and trustees were installed as follows by President Pierson:

- Dr. Edward A. Cheney, trustee, District 9
- Dr. Charles S. Kurz, trustee, District 8
- Dr. Arthur W. Kellner, trustee, District 5
- Dr. Louis A. Saporito, trustee, District 4
- Dr. Jay H. Eshleman, trustee, District 3
- Dr. F. Darl Ostrander, speaker, House of Delegates
- Dr. Robert L. Morrison, third vice president
- Dr. Frank W. Jordan, second vice president (*in absentia*)
- Dr. Howard F. Lyboldt, first vice president
- Dr. William A. Garrett, president-elect

Dr. Garrett briefly addressed the members of the House of Delegates and was given a standing ovation.

Presentation to President-Elect Hine from Seventh Trustee District: On behalf of the members of the Seventh Trustee District (Indiana and Ohio), Dr. John E. Magnuson, president, Indiana State Dental Association, presented a plaque to President-elect Maynard K. Hine, with which they pledged their support during his term as President.

Installation of President: President Pierson addressed the members of the House of Delegates and was given a standing ovation. Dr. Pierson then installed Dr. Maynard K. Hine as the new President. Dr. Hine addressed the House and was given a standing ovation. Dr. Hine presented Dr. Pierson with the certificate of service for his term as President.

Presentation of Past President's Insigne: Dr. Gerald D. Timmons, on behalf of the Past Presidents' Club, presented to retiring President Pierson the insigne of that organization.

Presentation to Past President Pierson by Oklahoma State Dental Association: On behalf of the Oklahoma State Dental Association, Dr. Taylor B. Scott, president, pronounced Past President Pierson an honorary "chief" of the Oklahoma State Dental Association and presented him with an authentic Indian headdress.

Adjournment: The 106th session of the House of Delegates was adjourned at 1:00 p.m. *sine die*.

Board Minutes

November 12, 1964

April 1-2, 1965

September 1-4, 1965

November 3-6, 1965

November 11, 1965

FAIRMONT HOTEL, SAN FRANCISCO

NOVEMBER 12, 1964

Call to Order: The first session of the new Board of Trustees was called to order by President Fritz A. Pierson in the Fairmont Hotel, San Francisco, at 3:30 p.m., November 12, 1964.

Roll Call: The following officers were present: Fritz A. Pierson, president; Maynard K. Hine, president-elect; Joseph B. Zielinski, first vice-president; Carl V. E. Cassel, second vice-president; Thomas R. Flinn, third vice-president; Harold Hillenbrand, secretary; Paul H. Jeserich, treasurer; Leland C. Hendershot, editor; F. Darl Ostrander, speaker of the House of Delegates.

Members of the Board of Trustees present were: Edward J. Cooksey, John M. Deines, Keith DeVoe, Harold S. Eberhardt, William A. Garrett, Clifford C. Gregory, Aloyse E. Kopp, Charles S. Kurz, Laurence L. Lathrop, Carl A. Laughlin, Hubert A. McGuirl, Paul K. Musselman and Roger K. Trueblood.

Staff members present were: Bernard J. Conway, assistant secretary (legal affairs); J. Roy Doty, assistant secretary (research and therapeutics); John P. Noone, assistant secretary (comptroller-house counsel); Carl L. Sebelius, assistant secretary (dental health); Donald H. Rowcliffe, Jr., business manager; Hal M. Christensen, director, Washington Office; Doris Nugent, assistant to the Secretary.

Introduction of New and Retiring Officers and Trustees: The retiring officers and trustees introduced their successors and brief comments were made by each. In accordance with the *Rules of the Board of Trustees*, the retiring members were invited to remain for the balance of the meeting.

REPORT OF COMMITTEE ON RULES AND ORDER

In accordance with the *Rules of the Board of Trustees*, the appointment of the following Committee on Rules and Order by President Pierson was announced: Drs.

Cooksey, Kopp, Musselman and Hillenbrand, with President-elect Hine as observer, and President Pierson, chairman. A motion was adopted confirming the appointment of the Committee. The report of the Committee was read by the Secretary.

Approval of Agenda: A motion was adopted approving the agenda submitted by the Committee on Rules and Order as the official order of business for the current session of the Board of Trustees.

Appointment of Member of Committee on Finance and Investments: In accordance with the *Rules of the Board of Trustees* which require that the Committee on Finance and Investments "shall consist of three voting members of the Board of Trustees, one of whom shall be elected each year from among the members of the Board who are serving the first year of a term, the President, the President-elect and the Treasurer", the Committee on Rules and Order nominated Dr. Hubert A. McGuirl for the term ending in 1967, and Dr. Laurence L. Lathrop as chairman, the personnel of the Committee to be composed as follows:

- Lathrop, Laurence L., 1965, chairman
- Trueblood, Roger K., 1966
- McGuirl, Hubert A., 1967
- Pierson, Fritz A., president
- Hine, Maynard K., president-elect
- Justis, E. Jeff, treasurer
- Hillenbrand, Harold, secretary, *ex officio*
- Noone, John P., assistant secretary (comptroller-house counsel), *ex officio*
- Rowcliffe, Donald H., Jr., business manager, *ex officio*

A motion was adopted approving the nominations to the Committee on Finance and Investments as submitted.

Appointment of Reference Committees of the Board of Trustees: The Committee proposed the following nominations to the reference committees of the Board of Trustees:

- | | |
|---|--|
| <p><i>Committee A</i></p> <ul style="list-style-type: none"> Kurz, Charles S., chairman Deines, John M. Kopp, Aloyse E. Laughlin, Carl | <p><i>Committee C</i></p> <ul style="list-style-type: none"> Trueblood, Roger K., chairman Cooksey, Edward J. Eberhardt, Harold Cassel, Carl V. E. |
| <p><i>Committee B</i></p> <ul style="list-style-type: none"> Garrett, William A., chairman Gregory, Clifford C. Lathrop, Laurence L. Zielinski, Joseph B. | <p><i>Committee D</i></p> <ul style="list-style-type: none"> Musselman, Paul K., chairman McGuirl, Hubert A. DeVoe, Keith Flinn, Thomas R. |

A motion was adopted approving the nominations to the reference committees of the Board of Trustees as submitted.

Appointment of Committee on Reports to House of Delegates: In accordance with the *Rules of the Board of Trustees* governing the composition of the Committee on Reports to the House of Delegates, the Committee on Rules and Order announced that the personnel for the next year would consist of:

Garrett, William A., chairman
 Kurz, Charles S.
 Lathrop, Laurence L.
 Musselman, Paul K.
 Trueblood, Roger K.
 Pierson, Fritz A., president
 Hine, Maynard K., president-elect
 Ostrander, F. Darl, speaker of the House, *ex officio*
 Hillenbrand, Harold, secretary, *ex officio*

A motion was adopted approving the nominations to the Committee on Reports to the House of Delegates as submitted.

Appointment of Member to Committee on Salary and Tenure: The Committee on Rules and Order stated that the *Rules of the Board of Trustees* provide that this Committee shall consist of the President, as chairman, the President-elect, the Chairman of the Committee on Finance and Investments and two voting members of the Board of Trustees appointed for terms of two years each. The Committee nominated Dr. John M. Deines for the term ending in 1966, the personnel of the Committee to be composed as follows:

Pierson, Fritz A., president, chairman
 Hine, Maynard K., president-elect
 Lathrop, Laurence L., chairman, Committee on Finance and Investments
 Garrett, William A., 1965
 Deines, John M., 1966

A motion was adopted approving the appointment of Dr. Deines to the Committee on Salary and Tenure for the term ending in 1966.

1965 Schedule of Board of Trustees: A motion was adopted establishing the following schedule for the regular sessions of the Board of Trustees in 1965:

Spring Session: April 1-3, with the Committee on Rules and Order and the Committee on Finance and Investments meeting on March 31.

Summer Session: September 1-4, with the Committee on Rules and Order and the Committee on Finance and Investments meeting on August 31.

Annual Session: November 3-6, with the Committee on Finance and Investments meeting on October 31-November 2, the Committee on Rules and Order meeting on November 2, and the first session of the new Board of Trustees immediately after the adjournment of the House of Delegates *sine die* on November 11.

UNFINISHED BUSINESS

Report on Membership Problems: Secretary Hillenbrand called attention to the problems which might be created by the actions of the House of Delegates in rejecting Resolution 108 of the Board of Trustees (*Trans.* 1964:286) and by the amendment of Resolution 104 by the substitution of the phrase "the duties of the dental profession" for the phrase "any gainful occupation" (*Trans.* 1964:281). The Secretary stated that these matters would be studied by staff and a report submitted to the Board of Trustees at its spring, 1965 session.

REPORT OF SPECIAL INFORMATION COMMITTEE ON PROGRAM AND BUDGET

The report of the Special Information Committee of the Board of Trustees on Program and Budget was read by the Secretary. The members of the Committee were Dr. Pierson, chairman, Drs. Deines, Jeserich, Justis, Lathrop and McGuirl.

The Committee reported that only a few persons attended the hearing of the Special Information Committee and that the questions asked were limited to the following categories: (1) financing of the Association's new headquarters building; (2) real estate taxes on the new building; (3) American Dental Association Relief Fund. In connection with the Relief Fund, the Committee suggested that more information on the operation of the Fund should be made available to the membership in *The Journal*, and that information might also be included in the requests for Christmas seals contributions. The Committee reported that Mr. Robert W. Newport, building co-ordinator, was commended on the production of the excellent newsletter, *211 Construction Progress*.

The Committee recommended that, unless more requests for information are received in the future, the hearing of the Special Information Committee be limited to one-half day. During discussion, it was agreed that a half-day meeting would be desirable and a majority indicated a preference for a morning meeting.

NEW BUSINESS

Appointment of National Treasurer for "Fédération Dentaire Internationale": The following resolution was adopted:

146-1964-B. Resolved, that Dr. Obed H. Moen, Wisconsin, be confirmed as the National Treasurer for the *Fédération Dentaire Internationale* (FDI) for the term ending with the 1965 annual session.

Appointment of Liaison Committee to Joint Commission on Accreditation of Hospitals: The following resolution was adopted:

147-1964-B. Resolved, that the following be designated as members of the Liaison Committee to the Joint Commission on Accreditation of Hospitals for terms ending with the 1965 annual session: Dr. Fred A. Henny, Michigan,

chairman; Dr. O. J. McCormack, New York, and Dr. Ralph S. Lloyd, U. S. Public Health service.

Appointment of Delegate to "Fédération Dentaire Internationale": The following resolution was adopted:

148-1964-B. Resolved, that the following be elected to the delegation of the American Dental Association to the General Assembly of the *Fédération Dentaire Internationale* for a term ending with the 1965 annual session: Dr. James P. Hollers, immediate past president.

Appointment of Delegates to National Health Council: The following resolution was adopted:

149-1964-B. Resolved, that the following be appointed as delegates to the National Health Council for terms ending with the 1965 annual session: Dr. Jay H. Eshleman, Pennsylvania; Dr. Clifford C. Gregory, New York; Dr. Kenneth J. Ryan, Michigan; Dr. Carl L. Sebelius, Illinois.

Appointment of Council Chairmen: The following chairmen of councils of the Association were appointed for terms ending with the 1965 annual session:

Constitution and Bylaws, Council on: Dr. Frank W. Jordan
Dental Education, Council on: Dr. R. Quentin Royer
Dental Health, Council on: Dr. Kenneth J. Ryan
Dental Research, Council on: Dr. Robert L. Kreiner
Dental Therapeutics, Council on: Dr. Robert B. Shira
Dental Trade and Laboratory Relations, Council on: Dr. J. Eugene Ziegler
Federal Dental Services, Council on: Dr. George P. Hoffmann
Hospital Dental Service, Council on: Dr. Bernard Clug
Insurance, Council on: Dr. Joseph M. Gaynor
International Relations, Council on: Dr. John W. Knutson
Journalism, Council on: Dr. Isaac Sissman
Judicial Council: Dr. Isidore Teich
Legislation, Council on: Dr. John B. Wilson
National Board of Dental Examiners, Council of: Dr. Ralph L. Ireland
Relief, Council on: Dr. Thomas R. Abbott
Scientific Session, Council on: Dr. R. Donald Hooper

Appointment of Special Committee on Research: The following resolution was adopted:

150-1964-B. Resolved, that the Special Committee on Dental Materials and Research, which has served very effectively in behalf of the Association, be discharged with the appreciation of the Board of Trustees, and be it further Resolved, that the President be authorized to appoint a special committee of five members to review on behalf of the Board of Trustees the expansion of the Association's research program.

Continuation of Special Committee on Association Headquarters: The following resolution was adopted:

151-1964-B. Resolved, that the Special Committee on Association Headquarters be continued until the 1965 annual session with the following personnel: Dr. Fritz A. Pierson, chairman, Drs. Maynard K. Hine, E. Jeff Justis, Laurence L. Lathrop, Hubert A. McGuirl, James P. Hollers, Gerald D. Timmons, Paul H. Jeserich and Harold Hillenbrand.

Discontinuance of Special Committee on Duties of Councils: A motion was adopted discharging the Special Committee on Duties of Councils with the commendation of the Board of Trustees for its efforts. It was agreed that at the spring, 1965 session of the Board consideration would be given to the desirability of appointing a special committee with a broader frame of reference dealing with the entire program of prepayment rather than the conflict of duties between the Council on Dental Health and the Council on Insurance.

Continuation of Special Committee on Liaison with the National Dental Association: The following resolution was adopted:

152-1964-B. Resolved, that the Special Committee on Liaison with the National Dental Association be continued until the 1965 annual session with the following personnel: Dr. Fritz A. Pierson, chairman, Drs. Maynard K. Hine, F. Darl Ostrander, Harold Hillenbrand, Leland C. Hendershot, John M. Deines and Harold S. Eberhardt.

Continuation of Special Committee on Scientific Session: The following resolution was adopted:

153-1964-B. Resolved, that the Special Committee on Scientific Session be continued until the 1965 annual session with the following personnel: Dr. Maynard K. Hine, chairman, Drs. Keith DeVoe, Charles S. Kurz, Laurence L. Lathrop and Roger K. Trueblood.

Continuation of Special Committee on Women's Auxiliary: The following resolution was adopted:

154-1964-B. Resolved, that the Special Committee on Women's Auxiliary be continued until the 1965 annual session with the following personnel: Dr. Paul K. Musselman, chairman, Drs. Clifford C. Gregory and Carl A. Laughlin.

Adjournment: The Board of Trustees adjourned *sine die* at 6:30 p.m.

CENTRAL OFFICE, CHICAGO

APRIL 1-2, 1965

Call to Order: The second regular session of the Board of Trustees of the American Dental Association was called to order at 9:00 a.m., Thursday, April 1, 1965 in the Board Room of the Central Office, Chicago, by President Fritz A. Pierson.

Roll Call: The following officers were present: Fritz A. Pierson, president; Maynard K. Hine, president-elect; Joseph B. Zielinski, first vice-president; Carl V. E. Cassel, second vice-president; Thomas R. Flinn, third vice-president; Harold Hillenbrand, secretary; E. Jeff Justis, treasurer; Leland C. Hendershot, editor; F. Darl Ostrander, speaker of the House of Delegates.

Members of the Board of Trustees present were: Edward J. Cooksey, John M. Deines, Keith DeVoe, Harold S. Eberhardt, William A. Garrett, Clifford C. Gregory, Aloyse E. Kopp, Charles S. Kurz, Laurence L. Lathrop, Carl A. Laughlin, Hubert A. McGuirl, Paul K. Musselman, Roger K. Trueblood.

Staff members present were: Bernard J. Conway, assistant secretary (legal affairs); J. Roy Doty, assistant secretary (research and therapeutics); John P. Noone, assistant secretary (comptroller-house counsel); Carl L. Sebelius, assistant secretary (dental health); Donald H. Rowcliffe, Jr., assistant comptroller (accounting and finance); Hal M. Christensen, director, Washington Office; Doris Nugent, assistant to the Secretary.

Approval of Minutes of Previous Sessions: Resolutions were adopted approving the minutes of the August 31-September 3, November 4-7 and November 12, 1964 sessions of the Board of Trustees as circulated in typewritten form.

REPORT OF COMMITTEE ON RULES AND ORDER

First Vice-President Zielinski assumed the Chair, and the report of the Committee on Rules and Order was read by President Pierson, chairman. The other members of the Committee were Drs. Cooksey, Kopp, Musselman and Hillenbrand, and Dr. Hine, observer.

Approval of Agenda: A motion was adopted approving the agenda on pages 1-4 of the *Board Manual* as the official order of business for the current session.

Revision of "Rules of Board of Trustees": The Committee called attention to the resolution adopted by the Board of Trustees at its April, 1964 session (Res. 2-1964-B) authorizing the Secretary to make the necessary editorial changes in the *Rules of the Board of Trustees* to clarify the current status of "voting members of the Board of Trustees". The Committee reported that this action had been taken in order to conform with the amendment of the *Bylaws* which conferred voting privileges on the Board of Trustees to the three Vice-Presidents and the President-elect. The Committee stated that, in complying with this directive, the *Rules* had been generally reorganized, and that most of the changes were editorial in nature and

not in substance. At the request of the Chairman, Secretary Hillenbrand read the revised *Rules*, calling attention to any outdated provisions. During consideration of the text of the *Rules* motions were adopted approving the following amendments:

Rules of Procedure—Seating Arrangements: The following paragraph was deleted:

Voting members of the Board of Trustees, the President and the Secretary, together with members of the secretarial staff, shall be seated in a group at one end of the table at meetings of the Board of Trustees. The President may request the Speaker of the House of Delegates or any *ex officio* member of the Board of Trustees to be seated with the voting members.

Reimbursement of Travel, Maintenance and Other Expenses—Reimbursement for Air Travel: The allowance for “each trip involving surface transportation to and from the airport” was increased from \$5.00 to \$7.00.

Reimbursement of Travel, Maintenance and Other Expenses—Reimbursement for Travel by Personal Auto: The reimbursement for travel by personal automobile was increased from ten cents per mile to 12 cents per mile.

Reimbursement of Travel, Maintenance and Other Expenses—Reimbursement of Expenses of President: The second paragraph of this section was amended to read as follows:

The President may make withdrawals from the budgeted sum by submitting reimbursement requests on the usual forms.

Reimbursement of Travel, Maintenance and Other Expenses—Reimbursement of Expenses of President-Elect: The first paragraph of this section was amended by the addition of the following sentence:

The President-elect may not accept reimbursement or honoraria from any constituent or component society.

The second paragraph of this section was amended to read as follows:

The President-elect may make withdrawals from the budgeted sum by submitting reimbursement requests on the usual forms.

Policies on Nominations, Appointments and Consultants—Nominations to Councils: The third paragraph of this section was amended to read as follows:

It is the policy of the Board of Trustees to make appointments to the councils of the Association not on the basis of a ratio to membership or a geographic location but on the basis of qualifications of the members for the important positions on the policy-recommending agencies of the Association.

Policies on Nominations, Appointments and Consultants—Council on Insurance: The following section was deleted:

It shall be the policy of the Board of Trustees not to nominate for membership on the Council on Insurance the Insurance Counselor for the Group Accident and Health Insurance Program.

Policies on Employment and Employees—Compulsory Retirement Age of Employees: This section was amended to read as follows:

Employment after reaching the normal retirement age of 65, as specified in the Pension Trust Agreement and in the Bankers Life Company contract, shall be on a year-to-year basis with the employment agreement reviewed annually by the Board of Trustees.

Policies on Employment and Employees—Treasurer: The following section was deleted:

It shall be the policy of the Board of Trustees to appoint the Treasurer of the Association for one term of three years, without the right to succeed himself.

The following resolution presented by the Committee was adopted:

1-1965-B. Resolved, that the *Organization and Rules of the Board of Trustees, Revised, April 1, 1965* be approved.

Nominations to Councils: The Committee noted the following schedule provided by the Secretary for the 1965 nominations to councils, in accordance with the *Rules of the Board of Trustees* governing nominations:

May 4	Call for nominations from voting members of Board
June 2	Deadline for first nominations to Secretary
July 6	Circulation of list of nominations and call for additional nominations
August 3	Circulation of complete list of nominations with a majority vote required to place additional names in nomination
September 1-4	Nomination of council members to the House of Delegates

Future Sessions of Board of Trustees: The Committee stated that the summer, 1965 session of the Board of Trustees would be held in the Central Office, Chicago, in accordance with the following schedule:

August 30	9:00 a.m. Special Committee of Board of Trustees on Association Headquarters (Pierson)
August 31	10:00 a.m. Committee on Rules and Order (Pierson) 2:00 p.m. Committee on Finance and Investments (Lathrop)
September 1 to September 4	Meetings of Board of Trustees to consider annual reports of Association officers and agencies and to prepare reports to the House of Delegates

The Committee stated that the annual session of the Board of Trustees would be held in the Sahara Hotel, Las Vegas, in accordance with the following schedule:

- October 30 9:00 a.m. Special Committee of Board of Trustees on Association Headquarters (Pierson)
- October 31 9:00 a.m. Committee on Finance and Investments (Lathrop)
to
November 2
- November 3-6 Meetings of the Board of Trustees
- November 8-11 Meetings of the House of Delegates and first meeting of new Board of Trustees, p.m., November 11

President Pierson resumed the Chair.

SPECIAL REPORT OF COUNCIL ON LEGISLATION: HEALTH CARE PLANS FOR THE AGED

The Special Report of the Council on Legislation on Health Care Plans for the Aged was read by Mr. Bernard J. Conway, assistant secretary for legal affairs and secretary, Council on Legislation.

Association Policy on Federal Financial Support of Personal Health Services: The Council reported that it had again reviewed the federal social security (King-Anderson) approach to the nation's aged health care problem and that it recommended without reservation that the Association reject the King-Anderson plan as introduced in the 89th Congress (S.1 and H.R.1). The Council stated that the latest version of the King-Anderson plan contained all the objectionable features of its predecessors, and that chief among these was that the benefits would be provided to all persons over age 65 regardless of their financial need. Appended to the Council's report was a copy of the Association's policy position opposing federal social security health care for the aged.

Recommendations for Improving Kerr-Mills Act and Programs: The Council reported that it had also reviewed the progress the states had made since 1961 in broadening care for the so-called medically indigent through the Kerr-Mills Act, and that its study of Kerr-Mills activity included participation in a national conference on Kerr-Mills programs sponsored by the American Medical Association. As a result of this evaluation of Kerr-Mills progress, the Council stated it was convinced that the existing federal-state plans, called Medical Care for the Aged, should be expanded to cover more persons and to provide greater benefits. The Council stated further that apparently the American Medical Association shares this conviction since the AMA's plan for improving Kerr-Mills programs contains features which the Council endorses. However, the Council stated, the AMA's plan lacks a key element—a uniform basic benefit plan available to all persons in similar circumstances of need no matter what state they may reside in—and without such a provision, in the Council's judgment, there was little chance of Congressional acceptance.

The Council presented the following recommendations for improving and expanding the Kerr-Mills Act and the state programs administered under that Act. The resolution was adopted for transmittal to the House of Delegates.

2-1965-B. Resolved, that Congress be requested to improve and expand state Medical Assistance to the Aged programs by amending the Kerr-Mills Act to include the following provisions:

1. Entitlement for health care benefits under the MAA portion of the Kerr-Mills Act should continue to be based upon need; but individual or family need should be determined by reference to income only. (Other factors such as assets and ability of children to contribute would not be considered in determinations of need.)
2. Those administering the state plan should be authorized to confirm the income statement submitted by an applicant for Kerr-Mills benefits by reference to his federal income tax return.
3. States should be given strong encouragement to establish a basic plan of benefits for Kerr-Mills (MAA) recipients. As an incentive to the establishment of such uniform basic benefits, the federal government should increase the federal share of Kerr-Mills (MAA) funds paid to a state by 10 per cent if that state adopts a uniform basic benefit plan as outlined in the Kerr-Mills Act.
4. Dental care should be included in any uniform basic benefit plan prescribed by the Kerr-Mills Act.
5. The uniform basic benefit plan should be available to those applicants for Kerr-Mills coverage whose income is below a minimum prescribed in the federal Kerr-Mills Act.
6. States which do not elect adoption of the uniform basic benefit plan should be permitted to continue to determine the scope and types of care to be provided in their programs.
7. States which expand upon the uniform basic benefit plan should be free to determine the scope and types of care to be provided within the expanded portion of their programs.
8. States should be permitted to establish a sliding scale of income test. The range of income would be between a minimum, which would call for no financial contribution from an aged recipient (including recipients eligible under the uniform basic benefit plan, if their states elect to adopt the basic plan), through graduated brackets of income up to a maximum; in each bracket the recipient would contribute an increasingly larger share of an enrollment fee (the equivalent of a flat annual premium for the health care coverage specified in the state's program.)
9. States should be left free to determine the amount of income beyond which there would be no health care entitlement.
10. States should place the responsibility for administering MAA plans within the state department of health or equivalent agency. States should be permitted to assign administration of their plans to non-profit prepayment agencies or commercial carriers.
11. The federal share of Kerr-Mills (MAA) state plans should continue to be financed from general revenue

and be it further

Resolved, that the Association urge Congress to reject any plan for aged health care which would offer benefits without regard to financial need.

During discussion on Resolution 2-1965-B, a member of the Board of Trustees inquired whether each member of Congress would receive a copy of the 11 points contained in the resolution. Mr. Conway replied that the Council on Legislation would present testimony before the Senate Finance Committee on the Social Security Amendments bill and, at that time, the Council would explain the 11 points and would ask the Senate Finance Committee to consider changing the bill in accordance with its recommendations. Mr. Conway stated further that, upon the completion of the hearing, the full transcript, including the 11 points contained in the Council's resolution, would automatically be sent to each member of Congress.

**SPECIAL REPORT OF WASHINGTON OFFICE:
CURRENT LEGISLATIVE PROPOSALS UNDER CONSIDERATION BY CONGRESS**

The Special Report on Current Legislative Proposals under Consideration by Congress was read by Mr. Hal M. Christensen, director of the Washington Office.

The report commented in detail on the numerous legislative proposals relating to health matters currently under consideration by Congress, including aged health care legislation, loans for medical and dental group practice facilities, expansion and extension of the Health Research Facilities Act and the Community Health Services Act, the Heart Disease, Cancer and Stroke Program, the Self Employed Individuals Retirement Act, legislation to prevent the Internal Revenue Service from taxing income received by professional and trade journals, U. S. Public Health Service appropriations, legislation to provide dental care for dependents of military personnel and to upgrade the status of the dental services in the Air Force and Army, and legislation to extend and expand the Health Professions Educational Assistance Act.

Mr. Christensen and the other members of the staff of the Washington Office were commended for their numerous activities in behalf of the Association.

The report was informational in nature and no formal actions were taken.

**SPECIAL REPORT OF ASSISTANT SECRETARY FOR LEGAL AFFAIRS:
EFFORT OF INTERNAL REVENUE SERVICE TO TAX EXHIBIT INCOME OF CONSTITUENT SOCIETIES**

The Special Report on Effort of Internal Revenue Service to Tax Exhibit Income of Constituent Societies was read by Mr. Bernard J. Conway, assistant secretary of the Association for legal affairs.

The report reviewed the actions of local offices of the Internal Revenue Service in assessing taxes for the income derived from rental of exhibit space at the annual meetings of the Louisiana Dental Association and the Michigan State Dental Association, and the assessing of the Louisiana association for journal advertising income. The report contained the recommendations that the Association continue to supply staff assistance to state dental societies which are involved in Internal Revenue Service actions seeking to tax advertising or exhibit income, and that the Board of Trustees consider providing some measure of financial assistance to the affected state dental associations.

Appended to the report was a copy of a letter from the Louisiana State Dental Association requesting that the possible need for financial assistance be brought to the attention of the Board of Trustees. During discussion it was agreed that a future request for a specific amount could be considered by the Board of Trustees by mail vote or at a future session.

**PROGRESS REPORT OF THE JOINT COMMISSION ON
ACCREDITATION OF DENTAL LABORATORIES**

The Progress Report of the Joint Commission on Accreditation of Dental Laboratories was read by Miss Helen M. Pugh, director-secretary of the Joint Commission.

Mr. Harvey Sarnier, secretary, Council on Dental Trade and Laboratory Relations, was present during the reading and discussion of the report.

The report outlined the background which led to the establishment of the Joint Commission and activities which had been carried out to promote the accreditation program. The report stated that, as of March 15, 1965, 192 requests for applications for accreditation had been honored from 41 states and 66 completed applications had been received from 22 states; on February 1, 1965, the first group of 43 dental laboratories from 19 states was accredited by the Joint Commission and a second group was being processed with an announcement date of April 15 for an additional 20-25 accredited dental laboratories.

Following the reading of the report, Miss Pugh and Mr. Sarnier replied to questions posed by various members of the Board of Trustees.

The report was informational in nature and no formal actions were taken.

**SPECIAL REPORT OF COUNCIL ON RELIEF:
EXTENSION OF THE BONUS REFUND AUTHORITY**

The Special Report of the Council on Relief on the Extension of the Bonus Refund Authority was read by Mr. Herbert C. Lassiter, secretary, Council on Relief.

The Council reported that the provision of the *Rules of the American Dental Association Relief Fund* which authorizes payment of bonus refunds to constituent societies who qualify for such refunds will terminate on June 30, 1965 and, at its meeting on February 1, 1965, it had concluded that the authority should be continued for an additional period of three years.

The Council outlined the background of the amendment of the *Rules* in 1959 to provide that a bonus refund of one-fourth of the contributions received by the Relief Fund from members of a constituent society would be returned to the society if, in the preceding fiscal year, the society (a) had met its assigned quota and (b) had paid out as its share of approved grants more than it had received as its regular refund. In its background statement, the Council noted the following points: (1) the resolution to amend the *Rules* as indicated appeared in the 1959 annual report of the Council to the House of Delegates (*Trans.* 1959:122); (2) the Council, in support of its recommendation, recited the belief that the installation of such a system would stimulate greater interest in the Relief Fund program and would help to assure that the amount of assistance suggested would be based on the needs of the applicant rather than the ability of the constituent to meet its sharing responsibility; (3) the Board of Trustees, although it recommended approval of the resolution, expressed concern that the long-range effect of such a system might be detrimental to the Relief Fund and, accordingly, requested the Reference Committee on Miscellaneous Business of the House of Delegates to suggest an amendment to the resolution by which a three-year limitation would be imposed on the bonus refund authority, with the Council on Relief directed to present an evaluation of the bonus program to the Board and House prior to the expiration of the three-year period; (4) the Reference Committee accepted the suggestion and the amended resolution was adopted by the House of Delegates (*Trans.* 1959:220). The Council stated that it wished to acknowledge in retrospect that the resolution should not have been submitted to the House of Delegates, but only to the Board of Trustees, under the terms of the *Indenture of Trust*.

The Council stated that, in accordance with the directive from the House of Delegates, it had commented in detail on the bonus refund program in its 1962 annual report, declaring, in substance, that the program was inequitable and should not be continued (*Trans.* 1962:155). The Board of Trustees concurred. A resolution was introduced however, by the Chicago Dental Society, through the Illinois State Dental Society, which called for continuation of the amendment to the *Rules* that authorized the bonus refund for an additional three years (*Trans.* 1962:273). Despite expressed opposition from the Council, the Board of Trustees and the Reference Committee, the House defeated the motion to reject the resolution and subsequently adopted a motion that the resolution be approved.

The Council noted that the action of the 1962 House of Delegates, in rejecting the arguments advanced by the Council and Board of Trustees in opposition to extension of the bonus refund authority, was taken at a time when the financial position of the Relief Fund was less favorable than at the present time. The Council stated it was convinced that any effort to oppose further extension of the bonus refund authority at the 1965 annual session would be a vain act. The Council stated it did not believe, however, that the extension of the authority should be permanent since the opportunity for periodic review of a program of this type was highly desirable. Finally, the Council stated it believed that, to the extent possible, decisions involving the *Rules* should be left to the Board of Trustees as set forth in the *Indenture of Trust*.

Following discussion, the following resolution presented by the Council was adopted:

3-1965-B. Resolved, that the amendment to the *Rules of the American Dental Association Relief Fund* which authorizes payment of bonus refunds to constituent societies that meet the qualifying conditions be extended through June 30, 1968.

REPORT OF COMMITTEE ON FINANCE AND INVESTMENTS

The report of the Committee on Finance and Investments was read by Dr. Lathrop, chairman. The other members of the Committee were Drs. Trueblood, McGuirl, Pierson, Hine, Justis, Hillenbrand, *ex officio*, and Messrs. Noone and Rowcliffe, *ex officio*.

Report of Audit for Fiscal Year 1964: A resolution was adopted placing the report of audit for the fiscal year 1964 on file.

Review of Financial Operations for the Fiscal Year 1964: The Committee reported that the Association completed the year 1964 with an operating surplus of \$733,884, and that if the new dues increase had not been in effect, this operating surplus could have resulted in an operating deficit of approximately \$40,000. The Committee stated that income for 1964 of \$4,815,767 exceeded the budget estimate by \$859,267, and that the major part of this excess, or \$777,957, was provided by the increase in membership dues. The Committee reminded the Board of Trustees that the 1964 budget did not take into consideration the 1964 dues increase. Total expenditures for the year of \$4,081,883 were \$148,076 under the budget estimate. The Committee

stated that the Association surplus at December 31, 1964 was at the unprecedented level of \$7,401,547, an increase of 32.6 per cent, or \$1,821,747, over the surplus of \$5,579,800 a year ago, and that the major part of this increase was provided by the gain on the sales of Reserve Division securities.

Status of Reserve Division of General Fund: The Committee presented a statement of securities held in the Reserve Division as of March 10, 1965 which had been prepared by Mr. Richard H. Samuels, investment counsel. The Committee called attention to the market value of the portfolio in the amount of \$988,340, an excess of \$270,529 over its cost. The Committee stated that in addition to this appreciation of 37.7 per cent over the original investment, the annual income was expected to provide a 5.28 per cent return on the investment.

The Committee reported that at December 31, 1963 the Reserve Division's surplus stood at \$3,020,792 which was \$2,302,981 greater than its balance of \$717,811 as of February 28, 1965. The Committee noted with gratification that the sale of these investments produced capital gains of \$1,341,514 enabling the Association to reinvest a total of \$3,500,000 in the new headquarters building. The Committee stated that during the period October 1, 1963 to February 28, 1965, the Reserve Division had provided \$3,800,000 or 26 per cent of the total estimated cost of the new headquarters building, on the wise investment of only \$2,205,325.

Approval of Supplemental Appropriations: Dr. Lathrop read the comments of the Committee on Finance and Investments on each supplemental appropriation request received from the agencies of the Association. The following resolutions presented by the Committee were adopted:

4-1965-B. Resolved, that the following appropriations be made from the Contingent Fund and allocated to the line items in the budgets of the requesting agencies in accordance with the terms of the supplemental appropriation request:

Central Administrative Expenses	\$ 2,500
Association Memberships	\$ 2,500
Scientific Session, Council on	\$ 600
Council Meetings	\$ 600
Total	<u>\$ 3,100</u>

5-1965-B. Resolved, that the following appropriations be made on a capital basis.

Audiovisual Service, Bureau of	\$15,000
Film Production	\$15,000
Business Office, Accounting Section	\$ 8,800
Equipment	\$ 8,800
Total	<u>\$23,800</u>

The Secretary announced that the amount remaining in the Contingent Fund for the balance of the current fiscal year was \$146,900.

Resolution to Authorize Bank Account for 1965 Annual Session: The following resolution presented by the Committee was adopted:

6-1965-B. **Resolved**, that D. H. Rowcliffe, Jr., be and he is hereby authorized to open a bank account for the American Dental Association with the First National Bank of Nevada, Main and Oakey Street Branch, Las Vegas, Nevada, and be it further

Resolved, that any two of the following persons be and they are hereby authorized to sign checks, drafts, or orders for the payment of money drawn by the American Dental Association against its account at the First National Bank of Nevada, Main and Oakey Street Branch, Las Vegas, Nevada:

Harold Hillenbrand
E. Jeff Justis
John P. Noone
D. H. Rowcliffe, Jr.
Dorothy G. Wright

Long Term Mortgage and Construction Loan Agreement: The Committee reported that, with respect to the Association's long term \$7,500,000 financing arrangement with New England Mutual Life Insurance Company and the Employees Pension Plan of the Dentists' Supply Company of New York, the Association executed as of February 1, 1965, a trust deed, assignment of rents and three mortgage notes. The trust deed and assignment of rents were recorded in the Office of the Recorder of Deeds for Cook County, Illinois, on February 18, 1965.

Recess: The Board of Trustees recessed at 12:00 m. and reconvened at 1:40 p.m.

**SPECIAL REPORT OF COUNCIL ON DENTAL EDUCATION:
QUALIFICATIONS FOR EXAMINATION BY SPECIALTY BOARDS**

The Special Report of the Council on Dental Education on Qualifications for Examination by Specialty Boards was read by Dr. Kenneth E. Wessels, secretary of the Council.

The Council presented a background statement which included the following information:

In 1959, the House of Delegates approved revision of the *Requirements for the Approval of Examining Boards in Dental Specialties* (Trans. 1947:254), under the title, *Requirements for National Certifying Boards for Special Areas of Dental Practice* (Trans. 1959:204). The educational requirements for certification examination in the amended document, which remain in effect, specify that:

Each board shall require for eligibility for certification as a diplomate a minimum of two academic years of postgraduate study in recognized institutions, or two calendar years of postgraduate study if the programs involve hospital training. Until January 1, 1967 candidates entering the preceptorship program operated by the American Association of Orthodontists may have the study and training of such program accepted as a substitute for a formal education program.

The 1963 House of Delegates adopted the following resolution (*Trans.* 1963:248) regarding certification requirements:

Resolved, that the Council on Dental Education provide the several national certifying boards with an interpretation of the phrase "two academic years" in the sentence "Each board shall require for eligibility for certification as a diplomate a minimum of two academic years of postgraduate study in recognized institutions, or two calendar years of postgraduate study if the programs involve hospital training", in the certification requirements in *Requirements for National Certifying Boards for Special Areas of Dental Practice*, and be it further

Resolved, that the Council on Dental Education rewrite paragraph (2) of the *Certification Requirements for National Certifying Boards for Special Areas of Dental Practice* to clarify its intent and language, and be it further

Resolved, that consideration be given in this paragraph to short postgraduate courses and to teaching in specialty departments in dental schools as they may apply toward the minimum certification requirements.

In its consideration of this resolution, the Council agreed that short refresher or continuation courses in special areas of dental practice cannot be presumed to follow a graduated sequence of educational content, nor to meet the Council's definition of a postgraduate program, as specified in the *Requirements for the Approval of Postgraduate Programs in Dentistry*. Such courses, therefore, were regarded by the Council as unacceptable in meeting the educational requirements of national certifying boards. The Council also agreed that teaching in specialty departments in dental schools cannot be guaranteed to be a satisfactory substitute for formal programs of advanced education. The Council, therefore, presented the following resolution (*Trans.* 1964:28) for consideration by the House of Delegates:

Resolved, that the *Requirements for National Certifying Boards for Special Areas of Dental Practice* adopted in 1959 (*Trans.* 1959:204) be amended by deleting the present paragraph (2) under the section titled "Certification Requirements" and substituting in lieu thereof the following:

Each board shall require for eligibility for certification as a diplomate a minimum of two academic years of postgraduate study in recognized educational institutions, or two calendar years of advanced study if the programs involve hospital internships and residencies. The period of postgraduate study need not be continuous, nor completed within successive calendar years. A postgraduate program equivalent to two academic years in length, successfully completed on a part-time basis over an extended period of time, may be considered acceptable in satisfying this requirement. Short continuation and refresher courses and teaching experience in specialty departments in dental schools will not be accepted in meeting any portion of this requirement, since these experiences are not encompassed within the definition of a postgraduate program. Until January 1, 1967 candidates entering the preceptorship program operated by the American Association of Orthodontists may have the study and training of such program accepted as a substitute for a formal education program.

This resolution was reviewed by the Reference Committee on Dental Education and transmitted to the House of Delegates with committee approval.

During House of Delegates discussion of this issue, the following amendment to the Council's resolution was submitted by Dr. Carl O. Boucher, delegate from Ohio, and was adopted (*Trans.* 1964:246):

Each board shall require for eligibility for certification as a diplomate a minimum of two academic years of postgraduate study in recognized institutions, or two calendar years of advanced study if the programs involve hospital internships and residencies. The period of postgraduate study need not be continuous, nor completed within

successive calendar years. A postgraduate program equivalent to two academic years in length, successfully completed on a part-time basis over an extended period of time, may be considered acceptable in satisfying this requirement. *Short continuation and refresher courses and teaching in specialty departments in dental schools may be evaluated by the individual specialty boards for meeting some portion of this requirement. Each specialty board is capable of evaluating the type of education, training, skill and clinical judgment essential to the practice of the individual specialty and each specialty board is capable of determining the value of continuation courses and teaching experience in specialty departments in dental schools for preparing dentists for examination in the specific specialty. Whenever a specialty board accepts continuation courses or teaching in specialty departments of dental schools as a substitute for part of the postgraduate education requirements for certification, the specialty board must add other requirements, such as additional time in practice, published research reports, significant contributions to the dental literature, etc., to the basic requirements in this section.* Until January 1, 1967 candidates entering the preceptorship program operated by the American Association of Orthodontists may have the study and training of such programs accepted as a formal education program.

The House of Delegates voted to postpone definitely until the 1965 annual session, action on this amended resolution since amendment of the *Bylaws* regarding Council authority would be involved in implementation of the amended resolution (*Trans.* 1964:250).

During its January, 1965 meeting, the Council on Dental Education reviewed the action of the House of Delegates and agreed unanimously that the amendment to the Council's resolution as presented by Dr. Boucher was unacceptable to the Council. In its consideration of this issue, the Council reiterated its belief that only formal postgraduate or graduate programs, whether conducted on a full or part-time basis, could be presumed to guarantee educational experience sufficiently comprehensive and in proper sequence, properly to prepare an individual for specialty practice or diplomate certification.

The Council noted that approval of the amended resolution would necessitate amendment of the *Bylaws* of the Association pertinent to the duties of the Council on Dental Education. Implementation of the amended resolution, if approved, would grant the respective national certifying boards in special areas of practice the prerogative of evaluating and approving or disapproving educational programs at the continuation course level. This would grant accreditation authority to organizations not responsible to the American Dental Association, rather than to an official agency of the Association as presently specified in the *Bylaws*. The Council believes that transfer of such authority from an agency of the Association to agencies or organizations not related to the Association would not be in the best interests of the specialty groups, the profession or the Association. For that reason, the Council does not recommend amendment of the *Bylaws* to permit such transfer of authority.

The Council has been advised that during its meeting on November 21, 1964 the Executive Council of the American Association of Dental Schools adopted the following resolution for transmittal to its House of Delegates:

Resolved, that the member institutions of the American Association of Dental Schools recognize only the Council on Dental Education as the accrediting agency for dental education programs.

It is presumed that this resolution will be adopted by the House of Delegates of the A.A.D.S. during its meeting in July, 1965.

In an effort to determine the present position of national certifying boards regarding educational prerequisites to diplomate certification, the Council has requested each board to provide its opinion of the Council's 1964 resolution in this regard and of the amended resolution submitted by Dr. Boucher. Responses to date indicate opposition to permitting fulfillment of educational requirements for diplomate certification by other than formal educational programs.

Following discussion, the following resolution presented by the Council was adopted:

7-1965-B. Resolved, that the Board of Trustees transmit to the 1965 session of the House of Delegates notice of its affirmation of its approval of the amendment of the *Requirements for National Certifying Boards for Special Areas of Dental Practice*, as proposed by the Council on Dental Education in its 1964 annual report to the House of Delegates (*Trans.* 1964:28), and be it further Resolved, that the Board of Trustees transmit to the 1965 session of the House of Delegates notice of its strong disapproval of the amendment to the Council's 1964 resolution proposed by Dr. Carl O. Boucher, delegate, Ohio (*Trans.* 1964:246).

**SPECIAL REPORT OF BUREAU OF MEMBERSHIP RECORDS:
LISTING OF SPECIALISTS IN AMERICAN DENTAL DIRECTORY**

The Special Report of the Bureau of Membership Records on Listing of Specialists in *American Dental Directory* was read by Secretary Hillenbrand. Mrs. Georgia Christman, director of the Bureau, and Dr. Kenneth E. Wessels, secretary of the Council on Dental Education, were present during the reading and discussion of the report.

The Bureau presented the following recommended procedure for listing of specialists in the 1966 *American Dental Directory* in order to conform with the new regulations of the Association for the ethical announcement of limitation of practice and to increase the value of the *Directory* as a reference publication:

All specialty listings which appeared in the "Character of Practice" section of the 1965 *American Dental Directory* would be maintained without change. Forms would then be issued to all constituent societies on which they would be asked to designate the dentists within their areas of jurisdiction who ethically announce limitation of practice, and certify that these individuals are entitled to be listed as specialists in the "Character of Practice" section of the *Directory*. The proposed form is shown as an appendix to this report. The Bureau would continue to ask each of the eight approved boards for current lists of diplomates, and all diplomate listings in the *Directory* would carry special coding to indicate diplomate status. With the exception of those individuals who are board certified, dentists in the federal dental services would not be included in the "Character of Practice" section of the *Directory* since their services are not available to the public, nor may they voluntarily limit their activities to a single area of dental practice. Notification of these procedural changes would be sent to the constituent societies, federal dental services, the five recognized specialty societies and the ten state boards which license specialists. The above action, if approved, may necessitate delaying the publication of the 1966 *Directory* 60 to 90 days. If the proposed policy for listing dentists who limit practice to a recognized specialty is acceptable, the explanation of codes which appears on the inside front cover of the *Directory* would be changed as follows:

Third Column: Figures in the third column indicate the character of practice or principal occupation. The letter "d" following the code number indicates the individual is a Diplomate of the American Board in the indicated area of dentistry. A dentist who is an oral pathologist may also be engaged as a teacher. In this instance, the code number 80 follows his name in the geographical section and he is listed, in addition, with the code number 60 in the section indicating character of practice.

- 00 General practitioner
- 10 Oral surgeon
- 15 Endodontist
- 20 Orthodontist

- 30 Pedodontist
- 40 Periodontist
- 50 Prosthodontist
- 60 Oral pathologist
- 70 Public health dentist
- 80 Dentist, full time on staff of dental school
- 81 Dentist, serving internship or residency in approved program
- 82 Dentist, full time with state public dental health
- 83 Dentist, full time with dental society
- 90 Dentist, retired
- 95 Dentist, engaged in other profession or occupation

The designation of character of practice within this *Directory* is limited in accordance with a policy adopted by the Board of Trustees of the American Dental Association, April, 1965 to:

Diplomates of the following American boards which are authorized by the American Dental Association:

- American Board of Dental Public Health
- American Board of Endodontics
- American Board of Oral Pathology
- American Board of Oral Surgery
- American Board of Orthodontics
- American Board of Pedodontics
- American Board of Periodontology
- American Board of Prosthodontics

Dentists who limit practice exclusively to an area of dentistry for which there is a certifying board approved by the American Dental Association and who have completed two or more academic years of advanced education as specified by the certifying boards, essentially all of which is in or directly related to the selected area, or possess a state license permitting announcement in an area approved by the American Dental Association. Dentists in this classification are certified to the Bureau of Membership Records of this Association by the constituent societies having jurisdiction over the areas in which the individuals practice.

Dentists who ethically announced limitation of practice under Association policy in effect at the time of initial announcement of such limitation, and those dentists who met existing regulations for listing in the "Character of Practice" section at the time of publication of the 1965 edition of the *American Dental Directory*.

The following resolution presented by the Bureau was adopted:

8-1965-B. Resolved, that the revised policy and procedures for designating character of practice in the *American Dental Directory* as described in the April, 1965 report of the Bureau of Membership Records be approved and implemented with the publication of the 1966 *American Dental Directory*.

During discussion on Resolution 8-1965-B, a motion was adopted requesting the Secretary to investigate the possibility of reimbursing constituent societies for any costs involved in the designation and certification of dentists within their areas for listing as specialists in the "Character of Practice" section of the *Directory*, and to report to the September, 1965 session of the Board of Trustees.

**SPECIAL REPORT ON ESTABLISHMENT OF A
DENTAL RESEARCH AND EDUCATION FOUNDATION**

Mr. John P. Noone, assistant secretary (comptroller-house counsel) read the Special Report on Establishment of a Dental Research and Education Foundation.

The report included the following background statement:

The American Dental Association can legally establish a subsidiary dental research and education corporation under the effective control of the Board of Trustees. Several advantages can grow out of the use of a separate corporation for the Association's expanded research and education objectives. Chief among these advantages are: (1) Private foundations, such as Kellogg and Ford, could sponsor and finance programs conducted by the research and education program; such foundations may not legally contribute funds to the American Dental Association. (2) Business corporations and individuals would be permitted to deduct for purposes of federal income tax their contributions to the research and education foundation; they could not deduct such contributions to the American Dental Association. (3) Government agencies, such as the National Institute of Dental Research and the Division of Dental Public Health and Resources, are in a much better position, legally and politically, in furnishing continuing grants to a corporation organized solely for research and education than to an organization with diverse purposes such as the Association. (4) The Association's legislative presentations before Congressional committees will be relieved of any impairment from a charge that the Association seeks funds for its own programs. (5) In relation to federal tax on building rentals, the research and education corporation as a related tenant would enhance the Association's opportunity to receive the maximum tax advantage from Internal Revenue Service.

The legal requirements for establishing a subsidiary research and education corporation are not burdensome. The charter and bylaws for the subsidiary could and should permit the new corporation to engage in research and education programs as broadly as possible. The most onerous task, mainly a policy matter, will be to decide what aspects of the Association's research and related programs will remain with the Councils on Dental Therapeutics, Dental Research and possibly Dental Education. To gain the full benefit of the five advantages obtainable through the subsidiary research and education corporation, the Association should arrange for the subsidiary to control and administer all projects for which any substantial support from outside resources might be sought. The one legal question that may arise in determining what programs and projects should remain with Association agencies and what should devolve upon the subsidiary research and education corporation is whether the program is principally for the benefit of Association members or chiefly for prevention and cure of dental ailments. Thus, the evaluation programs of the Councils on Dental Therapeutics and Dental Research might better be retained by the Association. But research projects for developing new remedies or improved remedies might readily be assigned to the subsidiary corporation.

The financial resources for establishing the subsidiary dental research and education program and for initiating its operations would be principally an Association responsibility. The legal expenses for starting the subsidiary and obtaining appropriate federal tax exemption would be relatively insignificant. At the most, \$5,000 to \$7,500 might be needed if the application for tax exemption requires the hiring of special tax counsel in Washington. The substantial cost of starting the subsidiary corporation's operations would be salaries of scientists and technical aids. The first year cost of employing additional key personnel for the expanded research objectives would probably be \$150,000; about six persons would make up the cadre of key scientists. From this nucleus, the program and scientific staff would expand to about 80 persons in four to five years as grant support from the National Institute of Dental Research and other agencies develops. It should be kept in mind that acceptance of the federal research facility grant contemplates that about 80 persons will be engaged in the Association's and its subsidiary's research programs within a few years after the research facility is completed.

At the time the research and education program has matured, an expenditure of \$4,000,000 a year would not be an unreasonable estimate. On a sharing basis, the Association might wish to meet anywhere from 10 to 25 per cent of the cost; the remainder would, then, come

as grants from both federal and non-federal agencies. It is suggested that any further and more detailed explanation of the research and education program development be obtained from Dr. J. Roy Doty, Dr. Sholom Pearlman and Dr. John J. Hefferren.

The foundation can be established by the filing of articles of incorporation under the Illinois General Not for Profit Corporation Act. To meet statutory requirements the articles of incorporation need only show the name of the corporation, the names of three or more incorporators, the names of three or more members of the initial board of directors or trustees, the address of the corporation's registered office and agent, the purposes for which the corporation is organized and such other articles of incorporation as will further assure the corporation's classification of exemption from taxes.

The following resolution was adopted:

9-1965-B. Resolved, that articles of incorporation be filed under the Illinois General Not for Profit Corporation Act establishing the American Dental Association Research and Education Foundation, naming as incorporators and members of the initial board of trustees, Dr. Fritz A. Pierson, Dr. Maynard K. Hine, _____, _____, and _____; indicating the Central Office and Secretary of the American Dental Association as the registered office and agent, respectively, stating the following as the purposes for which the corporation is organized:

To operate exclusively for charitable, scientific, literary or educational purposes, including but not limited to making gifts and contributions to one or more organizations described in Section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law).

and listing the following as additional articles:

- a. No part of the net earnings of the corporation shall inure to the benefit of or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth above.
- b. No substantial part of the activities of the corporation shall be used for the carrying on of propaganda or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office.
- c. Notwithstanding any other provision of these articles the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law), or (b) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law).
- d. Upon dissolution of the corporation, the Board of Trustees shall, after paying or making provision for the payment of all of the liabilities of the corporation, dispose of all of the assets of the corporation exclusively for the purposes of the corporation in such manner, or to such organization or organizations organized and operated exclusively for charitable, educational, literary, or scientific purposes as shall at the time qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law), as the Board of Trustees shall determine.

It was agreed that the three additional incorporators and members of the board of trustees be appointed by the President.

**SPECIAL REPORT OF JUDICIAL COUNCIL:
PROPOSED AMENDMENT OF BYLAWS ON DISCIPLINARY PROCEDURES**

The Special Report of Judicial Council on Proposed Amendment of *Bylaws* on Disciplinary Procedures was read by Mr. Harvey Sarner, secretary of the Council.

The Council reported that the following resolution, submitted by the Illinois State Dental Society at the request of the Chicago Dental Society, had been referred to it for study and report at the current session by the Board of Trustees at its September, 1964 session:

10-1965-B. Whereas, many component society ethics committees meet every month except during February, July and August and many times the ethics committee meetings fall less than 30 days apart, and

Whereas, when this situation occurs the accused person cannot be called for two months, therefore, be it

Resolved, that the *Bylaws*, Chapter XI, "Principles of Ethics and Judicial Procedure", Section 20Cb, be amended by the substitution of the words "twenty-one (21)" for the words "thirty (30)," the amended paragraph to read as follows:

b. **Notice.** The accused member shall be notified in writing of charges brought against him and of the time and place of the hearing, such notice to be sent by registered letter addressed to his last known address and mailed no less than twenty-one (21) days prior to the date set for the hearing.

The Council presented the following background information and comment on the resolution:

The ethics committee of the Chicago Dental Society meets once a month except in the months of February, July and August, to consider disciplinary cases. When the ethics committee decides to hold a disciplinary hearing the bylaws require that the accused be given 30 days' written notice of the scheduled hearing.

Sometimes there is less than 30 days between ethics committee meetings, with the result that the disciplinary hearing cannot be scheduled for the next meeting because of the 30-day notice requirement. The result is a two-month delay from the time the committee considers the accusations until the hearing is scheduled. The sponsors of the resolution are of the opinion that the best interests of the accused and the component society are served by holding the hearing as soon as possible with a reasonable delay for the accused to prepare for the hearing. The sponsors of the resolution suggest that by reducing the hearing notice requirement from 30 to 21 days the disciplinary proceedings are expedited without any prejudice to the accused. The majority of the members of the Judicial Council share this viewpoint and recommend the adoption of this resolution. Although the *Bylaws* do not expressly provide for an extension of time, the majority of the members of the Judicial Council are confident that the practice has been and will continue to be that of granting the accused a reasonable amount of "extra" time to prepare his case when an appropriate request is made.

The Judicial Council believes that in most instances the accused is anxious to dispose of the disciplinary procedure as soon as possible and would have no objection to reducing the notice requirement from 30 to 21 days.

One member of the Judicial Council dissents from the majority opinion on the grounds that the reduction in notice from 30 to 21 days would prejudice the accused. The Council member is of the opinion that 21 days is not an adequate period of time to enable the accused to prepare his case for presentation at a disciplinary proceeding.

In reply to a question from a member of the Board of Trustees, Mr. Sarner stated

that an informal inquiry had been made of the secretaries of the component societies that are most active in holding disciplinary procedures and that they concurred with the recommendation of the Chicago Dental Society.

Following discussion, Resolution 10-1965-B was ordered transmitted to the House of Delegates with the recommendation that it be approved.

First Vice-President Zielinski assumed the Chair at the request of President Pierson.

**SPECIAL REPORT OF INCORPORATORS AND BOARD OF DIRECTORS
OF NATIONAL ASSOCIATION OF DENTAL SERVICE PLANS**

The Special Report of Incorporators and Board of Directors of National Association of Dental Service Plans was read by President Pierson.

Following discussion, the following resolution was adopted:

11-1965-B. Resolved, that the Board of Trustees, in response to the request of the incorporators, makes the following advisory comment in regard to the organization and preliminary program of the National Association of Dental Service Plans.

1. At its 1964 session, the House of Delegates directed that "a national coordinating agency for dental service corporations of cooperating constituent societies as an agency independent of the American Dental Association be established".

The Board of Trustees believes that the incorporation of the National Association of Dental Service Plans on January 7, 1965 is responsive to the 1964 mandate of the House of Delegates.

The Board of Trustees notes that the incorporators of the National Association of Dental Service Plans are: Dr. Fritz A. Pierson, Dr. Maynard K. Hine, Dr. John M. Deines, Dr. E. Jeff Justis, Dr. Hubert A. McGuirl and Dr. Kenneth J. Ryan. All of the incorporators are members of the Board of Trustees of the American Dental Association with the exception of Dr. Ryan who is Chairman of the Council on Dental Health of the American Dental Association.

The National Association of Dental Service Plans is incorporated under the General Not For Profit Corporation Act of the State of Illinois and its purpose is to "promote an increase in the availability of dental care to the public by encouraging the expansion of dental prepayment plans administered through dental society approved non-profit corporations" and to provide "the means for such service corporations to cooperate in providing multi-state and national group dental prepayment coverages".

The Board of Trustees points out that the National Association may bring together various instrumentalities, such as dental service corporations, Blue Cross or Blue Shield Plans or commercial carriers, in order to assist in developing nation-wide or multi-state dental prepayment programs but that the National Association does not have, nor can it have under its charter, any role in underwriting a dental prepayment program. The National Association will not become a party to contracts between the dental care purchaser and the prepayment plan or carrier. The National Association and its parent, the American Dental Association, therefore, have no exposure to the risks and potentially heavy costs which are involved in the role of carrier of a dental prepayment program.

2. The 1964 session of the House of Delegates also directed that "the bylaws of the (national coordinating) agency stipulate that a majority of the Board of Directors of the agency be composed of ethically and legally qualified members of the dental profession". The Board of Trustees is satisfied that there has been compliance with this mandate of the House of Delegates by the following provision of the bylaws of the National Association: "Three directors shall be elected by the members from nominees submitted by the American Dental Association from its active or life membership. The other six directors, three of whom must be licensed dentists, shall be elected by members from nominees submitted

by the Board (of Directors)." This provision insures that at least six of the nine members of the Board of Directors will be "ethically and legally qualified members of the dental profession".

3. The Board of Trustees notes that a meeting of the incorporators was held in Chicago on March 31, 1965 to fulfill the requirements of the Act under which the Association is incorporated. Since the National Association has not yet enrolled any members, the incorporators will serve as members of the first Board of Directors until their successors are nominated.

4. The members of the National Association of Dental Service Plans will be non-profit dental service corporations approved by a constituent society, and the constituent societies themselves. When members have been acquired, they will annually elect the officers of the corporation as well as the members of the Board of Directors. It is anticipated, therefore, when the National Association becomes active, its officers and directors will be dentists who are experienced in the organization and development of dental service corporations.

5. The 1964 House of Delegates also directed "that the bylaws and other supporting documentary material relating to the agency (National Association of Dental Service Plans) be presented to the 1965 session of the House of Delegates for its review and acceptance".

The Board of Trustees notes that since the bylaws and membership standards have now been developed in preliminary form they will be sent to all of the constituent societies for review and comment. Interested constituent societies and dental service corporations may also participate in a discussion of the bylaws and membership standards at the 16th Annual National Dental Health Conference which will be held in Chicago on April 26-28, 1965. Following this review by all interested parties, appropriate recommendations for changes will be made. The Council on Dental Health will then present the bylaws and membership standards to the House of Delegates in its annual report. An open hearing on the documents will then be held by the Reference Committee on Public Health on the Tuesday of the 1965 annual session. The instruments will then be transmitted to the House of Delegates for final approval. The Board of Trustees is satisfied that this thorough, preliminary review by all interested parties will result in bylaws and membership standards which meet the needs of the dental profession, the Association and the corporation itself.

6. The Board of Trustees has reviewed the bylaws and membership standards and has approved them for circulation to the constituent societies, the dental service corporations and to others who may have an interest in the matter.

7. Until the National Association of Dental Service Plans' bylaws and membership standards have been approved by the 1965 House of Delegates the corporation will be on a standby basis. A temporary Executive Director has been named to perfect the organization of the corporation and to give attention to the development of suitable recommendations for the enrollment of members and for a dues structure which will provide financial support for the Association in its initial stages. The National Association, of course, can not be fully operative until its bylaws and membership standards have been approved by the House of Delegates. In the interim period, the officials and temporary Executive Director will be available for advice and consultation.

The Board of Trustees is in full concurrence with the farsighted action of the 1964 House of Delegates in authorizing the establishment of the National Association of Dental Service Plans and with the statement of the Council on Dental Health that "without such a national association, purchasing groups seeking nation-wide coverage would be denied use of dental society-sponsored non-profit plans".

It was the consensus of the Board that the advisory comment as expressed in Resolution 11-1965-B should be circulated to the constituent societies along with the bylaws and membership standards of the National Association of Dental Service Plans.

**SPECIAL REPORT OF COUNCIL ON DENTAL EDUCATION:
POSITION REGARDING DENTAL LICENSURE AND RECIPROCITY**

The Special Report of the Council on Dental Education on Position Regarding Den-

tal Licensure and Reciprocity was read by Dr. Kenneth E. Wessels, secretary of the Council.

The Council presented the following statement:

The Council on Dental Education has not stated formally its position regarding dental licensure reciprocity, although it periodically has directed attention to this problem as it relates both to dentistry and to dental hygiene. During its December, 1944 meeting the Council stated that "The stimulation of reciprocity for licensure, in the judgment of the Council, should be referred to the American Association of Dental Examiners". The Council has taken no further formal action regarding reciprocity in dental licensure, although it continues to include routinely in its publication, *Requirements and Registration Data: State Dental Examining Boards*, reciprocal agreements reported by the various state boards. The topic likewise has been the subject of discussion at several of the congresses on dental education and licensure sponsored by the Council.

During its July, 1964 meeting the Council reviewed the letter transmitted on November 19, 1963 to Dr. Hillenbrand by Dr. Earle S. Arnold, secretary of the Connecticut State Dental Association, urging the Association to "take a definite stand in favor of reciprocity". The Council also reviewed the letter sent to the Senate Committee on Labor and Public Welfare by Dr. Anthony E. Bedrick, secretary of the National Society for Reciprocity in State Dental Licensure, urging review of present methods of state dental licensure. In its consideration of these letters, the Council directed attention again to the following comments of the Board of Trustees made during the special session in January, 1962 (*Trans.* 1962: 314) in regard to licensure and reciprocity:

There was extended discussion of the steps the Association might take to bring about greater reciprocity for dental practice among the states. The Board was agreed that basic determinations in this area would be made by the individual states. The Board, however, agreed that the following steps should be urged at the national level: (1) all states should accept the scores of the National Board of Dental Examiners with all possible speed to remove, in part, the barriers to free movement of dental personnel that are occasioned by examinations in the didactic subjects; (2) the individual state boards of dental examiners should attempt as soon as possible to unify their approach to, and standards for the clinical examinations which are a prerequisite to licensure; (3) that a study be made of those conditions and attitudes which presently diminish the opportunity for reciprocity between the states.

The Board of Trustees concurred in the opinion that the responsibility for the solution of this problem rested in major part with the individual boards of dental examiners. The Board of Trustees was agreed, however, that the financial and staffing problems of the individual boards be solved as soon as possible and that one approach to this major problem was the strengthening of the administration of the American Association of Dental Examiners by the establishment of a central office and the procurement of adequate financial support.

The Council was reminded that the 1964 Workshop of Dental Examiners and Dental Educators had given consideration to certain problems relating to reciprocity and state licensure and that a similar workshop scheduled for 1965 probably would devote further attention to this subject. The following resolution subsequently was adopted by the Council:

Resolved, that the following statement be considered as interim policy by the Council in regard to licensure and reciprocity.

The Council on Dental Education will continue its study of its responsibility within the area of licensure and reciprocity. However, the Council will withhold any statement regarding its position in this matter until it has had an opportunity to evaluate further the recommendations from the 1964 Workshop of Dental Educators and Dental Examiners, and in all probability the recommendations from the next workshop, scheduled for February, 1965.

Recommendations from both the 1964 and 1965 Workshop of Dental Educators and Dental Examiners will be studied by the Council during its May, 1965 meeting.

In reply to a question from a member of the Board of Trustees, Dr. Wessels stated that some very good recommendations had emerged from the Workshops of Dental Educators and Dental Examiners relative to the first steps of partial reciprocity, and that these had to do with regional agreements between states on a geographic basis. The report was informational in nature and no formal actions were taken.

REPORT OF SPECIAL COMMITTEE ON ASSOCIATION HEADQUARTERS

The report of the Special Committee on Association Headquarters was read by Dr. Pierson, chairman. The other members of the Committee were Drs. Hine, Justis, Lathrop, McGuirl, Hollers, Timmons, Jeserich and Hillenbrand. Mr. Robert W. Newport, building coordinator, was present during the reading of the report.

Construction Progress: The Committee reported in detail on construction progress to date and stated that it was pleased with the general progress of the construction program, that there had been no problems of a special nature and it appeared as if construction would be completed approximately on schedule in November, 1965.

New Building Topping-Out Ceremony: The Committee reported that the topping-out ceremony for the new building had been held on January 25, 1965 with many state and local officials as well as national leaders in the dental profession in attendance.

Office Layouts: The Committee stated that during the past few months extensive work had gone into planning the office layouts for the space to be occupied by Association laboratories and offices and that the initial stages of this work had been completed. The Committee called attention to the plans and models of these layouts which were on display in the Board Room.

Interior Design: The Committee reported that an amendment had been added to the contract between the Association and Graham, Anderson, Probst & White, Inc., which would provide for the interior design of the building, and that work on the interior design was presently under way.

Health Research Facilities Act Grant: The Committee reported that on January 8, 1965 a quarterly advance payment in the amount of \$185,412 was received representing the first payment of funds from the Health Research Facilities Act grant for construction of the laboratory facilities in the new building, that a second application for funds was submitted on March 12, and that additional requests would continue to be made quarterly.

Leasing Activities: The Committee reported in detail on the leasing activities in connection with the new Association headquarters building and commented that interest in the building had increased noticeably in the past two to three months.

New Building Dedication Ceremonies: The Committee stated that the following sub-

committee had been designated to develop the program for the dedication of the new building: Dr. Pierson, chairman, Drs. Hine and Hillenbrand.

The Committee reported that it had reviewed the staff suggestion that the dedication involve a two or three day scientific meeting, but that, after due consideration, it recommended that no scientific program be held in connection with the dedication ceremonies.

The following resolution presented by the Committee was adopted:

12-1965-B. Resolved, that the dedication of the new Central Office building at 211 East Chicago Avenue be held on February 27, 1966, and be it further **Resolved**, that the spring, 1966 session of the Board of Trustees be held on February 24-26, 1966.

Time Capsule: The Committee reported on the progress made by Dr. Gerald D. Timmons on plans for the contents of the time capsule. The Committee stated that it had concurred with the suggestion of placing a tape recording containing messages from the past presidents in the time capsule and that it had requested that Dr. Timmons proceed with the preparation of the tape. The Committee also agreed with the suggestion of placing a film of the dedication proceedings in the capsule.

Special Areas in New Association Headquarters Building: The Committee stated it was agreed that attention should be given to the development of the following special areas in the new building: (1) to commemorate dentists who had fallen in the country's wars; (2) honoring the past presidents of the Association; (3) recognizing the constituent societies. The Committee stated further that staff had been requested to develop suggestions for these areas in consultation with Mr. Alfonso Carrara, designer for the architect, and to report at a later date to the Special Committee.

A motion was adopted indicating the concurrence of the Board of Trustees with the three special areas to be developed in the new headquarters building as outlined by the Special Committee.

Data Processing Program: The Committee reported that the computer feasibility study authorized by the Board of Trustees at its September, 1964 session (Res. 66-1964-B) was initiated on October 12, 1964 by EDP Statistical Service and was now completed and a report submitted. The Committee noted that in the conduct of the study, EDP personnel attempted to (1) gain an overall understanding of the Association in terms of present and anticipated data processing needs, (2) evaluate present operating procedures in general, (3) discuss data processing requirements with Association agency heads, (4) visit related and allied organizations to determine their data processing requirements, (5) develop an appreciation for the attitudes of Association personnel regarding data processing, (6) review present organization in relation to changes necessary for successful implementation of a computerized system, (7) analyze interrelationships between agencies and (8) examine present controls to determine their effectiveness in light of a computerized system.

The Committee stated that the report, copies of which had been sent to the members of the Board of Trustees, included EDP's findings and conclusions, reasons for data processing, applications to be considered, a planned program for installation, information on the necessity of education for data processing, a recommendation for the organization of the data processing operation, cost information and general recom-

mendations and considerations. At the conclusion of the study EDP recommended "that the American Dental Association begin a total information system program that will culminate in the installation of a computer". This conclusion was based upon three factors: (1) improved service to the membership, the component and constituent societies, the related and allied organizations within the Central Office; (2) increased control particularly over surveys, test research and financial affairs and (3) the capability to handle growth. The report included a timetable for the conversion to computer and a preliminary estimate of conversion and operating costs.

The Committee also presented the following comments of Secretary Hillenbrand:

Much more information and work are needed before the Association can commit itself to a full-scale data processing program involving the use of computers since significant new costs will be involved. In addition, the technical problems of integrating the use of a computer into the programs of various Association agencies are formidable and mistakes could seriously disrupt current programs. The Secretary is of the opinion that sound future planning dictates the eventual development of a full-scale computer program, by stages which the Association can afford.

As a first step, the Secretary has authorized the development of the special facilities which will be needed in the new building for an eventual computer operation. Funds for this purpose are available in the building program budget. A total of \$85,650 has been budgeted for the computer program and the cost of placing the basic facilities in the new building will amount to \$48,724. It is estimated that if this work is postponed to a time when the building is completed, the cost will rise to approximately \$125,000.

As a second step, if there is agreement that the computer program should proceed by stages, the Secretary proposes the employment this fiscal year of a highly competent expert in this field to relate the Association's program to a computer system and to determine a practical time schedule and the costs for the program. This assignment would require a level of competence in a highly technical field which is not presently available through existing staff. The Secretary believes that good control can be exercised over the program by Board scrutiny of budget askings as they emerge. In the present fiscal year, it is likely that only a supplemental appropriation for the employment of a director of the program will be required. This will be requested at the summer or annual session of the Board when more information is available.

Following discussion, the Board of Trustees indicated concurrence with the comments and recommendations of the Secretary regarding the data processing program.

Sale of Property and Building at 222 East Superior Street: The Committee reported that, pursuant to an exclusive sales agency contract entered into with the Association on September 18, 1964, Hogan & Farwell, Inc., had been acting as the Association's real estate broker for the sale of the property and building at 222 East Superior Street. The Committee outlined the terms of a written offer submitted on March 16, 1965 by Chicago Wesley Memorial Hospital through Hogan & Farwell, Inc., for the purchase of subject property. The Committee suggested that the Association decline Wesley's offer and make the following counter-offer containing the same specifics as in the written Wesley offer except as otherwise indicated: Wesley shall pay a gross sale price of \$1,000,000 for a closing of the transaction on or about July 1, 1965, and the Association shall be permitted to remain in occupancy on a month-to-month basis rent free until January 1, 1966. A motion was adopted approving the terms of the counter-offer as suggested by the Special Committee.

Sale of Alley Property: The Committee reported that, at its April, 1964 session, the Board of Trustees authorized the purchase of the 140 x 25 foot rectangular strip of

real estate with alley frontage in the rear of 160 through 172 East Superior Street, Chicago, and to the south of the new building at 211 East Chicago Avenue (Res. 9-1964-B), and that the purchase was completed in accord with the authorization of the Board. The Committee outlined the terms of an offer to purchase subject property which had been received by the Association, and recommended that a counter-offer be made for a sale price of \$50,000 with a recession to \$45,000 and then to the minimum price of \$35,000. The Committee stated that the Secretary had agreed that he would comply with this request without the statement of a resolution so directing.

The following resolution presented by the Committee was adopted:

13-1965-B. Resolved, that the President and Secretary be authorized to sell the property involved in the 140 by 25 foot rectangular strip with alley frontage in the rear of 160-172 East Superior Street, Chicago, provided: (1) that the sale price be not less than \$35,000; (2) that the Association receive a lease in perpetuity for the sum of one dollar (\$1.00) per year with the right of access; (3) that the property be improved with pavement at the expense of the purchaser; (4) that there be no obligation to the Association for taxes after the sale of the property; (5) that if the purchaser wishes to use the property after purchase as a staging area in the construction of his own building, the Association be appropriately reimbursed for such usage.

President Pierson resumed the Chair.

Recess: The Board of Trustees recessed at 5:30 p.m.

FRIDAY, APRIL 2, 1965

Call to Order: The meeting of the Board of Trustees was called to order at 9:00 a.m. by President Pierson.

Roll Call: The officers, members of the Board of Trustees and members of staff were present as previously recorded.

First Vice-President Zielinski assumed the Chair.

REPORT OF SPECIAL COMMITTEE ON LIAISON WITH NATIONAL DENTAL ASSOCIATION

The report of the Special Committee on Liaison with National Dental Association was read by President Pierson, chairman. The other members of the Committee were Drs. Hine, Ostrander, Hillenbrand, Hendershot, Deines and Eberhardt.

The Committee reported that it had met with officials of the National Dental Association on February 21, 1965 in the Central Office, Chicago.

Credit for National Dental Association Membership Towards American Dental Association Life Membership: The Committee stated that one of the matters discussed at the February 21 meeting had been the request of the National Dental Association that consideration be given to crediting 25 years of continuous membership in the National Dental Association towards the ADA requirement of 35 years of membership for life membership, for members of the National Dental Association who had recently become members of the American Dental Association. The Committee reported that, by unanimous vote of the liaison committees of both associations, it was agreed to transmit this request to the Board of Trustees of the American Dental Association.

Following discussion, a motion was adopted approving the request in principle. The Secretary stated that the appropriate amendments to the *Bylaws* would be drafted and presented to the Board of Trustees at its September, 1965 session for approval and transmittal to the House of Delegates.

Next Meeting of NDA Liaison Committee with ADA Board of Trustees: The Committee reported that the tentative date of November 6, 1965 had been established for the next meeting of the Liaison Committee of the National Dental Association with the American Dental Association Board of Trustees. It was noted that this date would fall on the Saturday prior to the opening of the annual session in Las Vegas. President Pierson resumed the Chair.

REPORT OF SPECIAL COMMITTEE ON SCIENTIFIC SESSION

The report of the Special Committee on Scientific Session was read by Dr. Hine, chairman. The other members of the Committee were Drs. DeVoe, Kurz, Lathrop and Trueblood. Dr. John S. Oartel, secretary, Council on Scientific Session, and Mr. John J. Hollister, director, Department of Advertising and Exhibits, were present during the reading and discussion of the report.

The Committee reported on activities to date and stated that time had not permitted the completion of its assignment from the Board of Trustees "to evaluate all aspects of the scientific session with a view to improving its usefulness to the membership and to keeping pace with modern methods of presenting scientific information in the most effective manner". The Committee stated that its recommendations on this, and on other assignments received subsequently, would be presented to the Board of Trustees in later reports.

Closing Time for Scientific and Industrial Exhibits at 1965 Annual Session: The Committee reported that also referred to it were two resolutions concerning the time at which the scientific and industrial exhibits should be permitted to close at an annual session. The first of these resolutions, which was referred to the Board of Trustees by the House of Delegates (*Trans.* 1964:281), read as follows:

Resolved, that there be a full scientific session through Thursday until 5:00 p.m. with scientific and industrial exhibitors keeping their exhibits intact until that time.

The second resolution, which follows, was referred to the Special Committee by the Board of Trustees (*Trans.* 1964:393):

Resolved, that the closing time of the scientific session, including scientific exhibits and industrial exhibits, be established at 5:00 p.m. Thursday of each annual session.

The Committee stated that it had not yet had an opportunity to study this question in depth but that it had been given to understand that some decision should be reached to govern the closing time at the Las Vegas annual session. The Committee recommended that the matter be discussed by the Board of Trustees at the current session and stated that it would also keep the question under observation with a view to commenting on it in its final report to the Board of Trustees.

During discussion, it was pointed out that, because of the physical arrangement of the rooms in the convention hall in Las Vegas, the dismantling of exhibits prior to 5:00 p.m. on Thursday of the annual session would be disturbing not only to the scientific program which was scheduled for that day but possibly to the House of Delegates. The following resolution was adopted:

14-1965-B. Resolved, that the scientific and industrial exhibits at the 1965 annual session be closed on Thursday at 5:00 p.m.

REPORT OF SPECIAL COMMITTEE ON RESEARCH

The report of the Special Committee on Research was read by Dr. Hine, chairman. The other members of the Committee were Drs. Eberhardt, Garrett, Hendershot and Timmons, with Drs. Doty, Hampp, Paffenbarger and Pearlman as consultants. The Committee stated that its assignment, to "review on behalf of the Board of Trustees the expansion of the Association's research program", was a comprehensive one and would require the collection of a good deal of material prior to the development of recommendations and report. The Committee stated further that it would make an effort to report to the annual session of the Board of Trustees in Las Vegas but that this might not be possible if information does not develop as rapidly as anticipated.

REPORT OF SPECIAL COMMITTEE ON WOMEN'S AUXILIARY

The report of the Special Committee on Women's Auxiliary was read by Dr. Musselman, chairman. The other members of the Committee were Drs. Gregory and Laughlin.

Amendment of "Bylaws" of Women's Auxiliary: The Committee reported that the Women's Auxiliary had submitted the following proposed amendment of its *Bylaws* for the approval of the Board of Trustees:

Amend Chapter II, Constituent Auxiliaries, Section 40 of the *Bylaws* of the Women's Auxiliary to the American Dental Association by the addition of the following subsection C:

C. Constituent auxiliaries affiliating after January 1 in any year shall be allowed delegates on the basis of paid membership 60 days prior to the annual session.

The Committee stated that the proposed amendment had been examined by the members of the Committee, in consultation with the Secretary of the Association's Council on Constitution and Bylaws, and had been found not to be in conflict with the *Bylaws* of the American Dental Association.

The following resolution presented by the Committee was adopted:

15-1965-B. Resolved, that the proposed amendment to Chapter II, Section 40 of the *Bylaws* of the Women's Auxiliary to the American Dental Association, as presented in the report of the Special Committee of the Board of Trustees on Women's Auxiliary, be approved.

UNFINISHED BUSINESS

Reactivation of Special Committee of Board of Trustees on Duties of Councils: The Secretary read the background statement which called attention to the action of the Board of Trustees at its November, 1964 session of discharging the Special Committee on Duties of Councils with commendation and agreeing that "at the spring, 1965 session of the Board consideration would be given to the desirability of appointing a special committee with a broader frame of reference dealing with the entire program of prepayment rather than the conflict of duties between the Council on Dental Health and the Council on Insurance" (*Trans.* 1964:442).

Following discussion, it was agreed that consideration of this matter be postponed until the spring, 1966 session of the Board of Trustees, by which time it would be possible to determine "what the role of the National Association of Dental Service Plans will be and what effect it will have upon the distribution of information on prepaid dental plans to the membership".

Report on Meeting of Special Committee on Trustee Districts: Secretary Hillenbrand read the Report on Meeting of Special Committee on Trustee Districts which had been held on March 9, 1965 in the Central Office, Chicago. The report included a summary of the preliminary report of the Special Committee which would be distributed shortly to all of the constituent societies and federal dental services for comment prior to preparation of the final report to the House of Delegates.

The report was informational in nature and no formal actions were taken.

NEW BUSINESS

Report of President: President Pierson reported orally on the visitations made since

his inauguration in November, 1964 and stated that he had been impressed by the excellent relations existing between the constituent societies and the American Dental Association.

Report of Secretary: Dr. Hillenbrand read the report of the Secretary.

Protest of Certification Procedures of American Board of Endodontics—Secretary: The Secretary presented the text of a letter addressed to the Chairman of the American Board of Endodontics and the Chairman of the Council on Dental Education by a legal firm in New York City protesting the certification procedures of the American Board of Endodontics. The Secretary stated that staff counsel had advised that the filing of a suit for a temporary injunction was likely and probably would be granted, that the Association was not likely to be a party in the suit, but that its interest in all of the specialties in dentistry is such that it should take a role in the proceedings.

The Secretary reported further that the matter was being given consideration by the Council on Dental Education which would hold its next meeting in May. Dr. Kenneth E. Wessels, secretary, Council on Dental Education, was present during the reading of the report and participated in the discussion.

Following discussion, there was a consensus that the Association would intervene in the suit if filed and if deemed appropriate by counsel, and that the Association would support the position of the American Board of Endodontics.

Study by Association Auditors—Secretary: The Secretary reported that the growth of the Association in recent years and problems which were developing in connection with the removal of the Central Office to the Chicago Avenue building had indicated the desirability of a formal review of certain phases of the Association's business procedures. Accordingly, the Secretary had asked the Association's auditors, Swanson, Ogilvie and McKenzie, to initiate the study with a review of the procedures in the Order, Shipping and Receiving Sections and the Accounting Department. The Secretary stated that, at a later date, the study would include a program for the development of cost accounting materials, revision of the accounting system to handle maintenance costs, rental income and other expenditures which would occur with occupancy in the new headquarters, and that the auditors were also being asked to develop procedures for handling the accounts of new subsidiaries, such as the Research and Education Foundation, when and if it is organized.

The Secretary stated that the cost of these studies could not be estimated at the present time and that he would present a report on cost and progress to the September, 1965 session of the Board of Trustees.

Reallocation of Delegates for 1965—Secretary: The Secretary reported that, in the reallocation of delegates for 1965, the constituent societies of Kansas and Wisconsin each lost one delegate while the constituent societies in Georgia and Virginia each gained one.

Complimentary Tickets for Annual Session Events—Secretary: The Secretary reported that, at its August, 1964 session, the Board of Trustees requested that the question of providing complimentary tickets for members of the Board of Trustees for social events at an annual session be placed on the agenda of a future meeting. The Secre-

tary stated that, under the present practice, no complimentary tickets were provided to members of the Board of Trustees and only the President and his wife were guests of the Association at the annual President's Dinner.

A motion was adopted postponing consideration of the matter until the September, 1965 session of the Board of Trustees.

Loss of Internal Revenue Code Exemption for Discriminatory Practices—Secretary: The Secretary reported that the Council on Legislation had advised that, on March 16, H.R. 6342 was introduced in the Congress to amend the Internal Revenue Code of 1954 to deny exemption from taxation to all organizations described in section 501(c)3 which engage in certain discriminatory practices. It was noted that while section 501(c)3 was cited in the bill, the remarks of the author of the bill in the *Congressional Record* clearly indicated that section 501(c)6 was intended, and that the Association was in the latter category. The "prohibited practices" described in the bill were defined as follows:

. . . The term "prohibited practice" means any procedure or conduct of the organization which is required, sanctioned, or permitted by the organization's charter, bylaws, regulations, or other official statements of policy, or which is required by the law or regulations of any State, State agency, or political subdivision of a State and which results in discrimination on the basis of race, creed, color or national origin.

The Secretary stated that the Council on Legislation would report on the progress of the bill but that it was not thought that the Association itself would have undue exposure to the penalty even if the bill is enacted. The Secretary stated further that all of the constituent societies would be notified formally of the bill.

Joint Meeting with Canadian Dental Association—Secretary: The Secretary reported that, in accordance with the request of the Board of Trustees, he had communicated with officials of the Canadian Dental Association to ascertain their attitude to another joint meeting with officials of the American Dental Association. The Secretary of the Canadian Dental Association had replied that this question would be referred to his Board of Governors at its May, 1965 meeting with a view to considering a meeting some time during 1966. The Secretary stated that, if the present pattern of rotation was continued, the next joint meeting would be held in Canada and provision should be made for it in the budget for the fiscal year 1966.

Meeting with Officials of American Medical Association—Secretary: The Secretary stated that if the Board of Trustees wished to meet with officials of the American Medical Association a date should be determined so that an invitation could be issued. Following discussion, the Secretary was requested to communicate with officials of the American Medical Association to determine whether a meeting could conveniently be arranged in connection with the September, 1965 session of the Board of Trustees.

Agreement with American Dental Hygienists' Association—Secretary: The Secretary stated that, in accordance with the action of the Board of Trustees at its November, 1964 session (*Trans.* 1964:417), an agreement had been completed with the American Dental Hygienists' Association to govern the handling of surplus funds which are

derived from the National Board Program for Dental Hygiene. The amount of funds accumulated to the end of 1963 was \$14,154, and these would now be transferred together with the surplus from the operation of the 1964 program. The agreement provides that the funds are to be used in aid of "the operation and support of scholarship, fellowship and loan fund programs in the field of dental hygiene".

Promotion of Group Life Insurance Program—Secretary: The Secretary called attention to the following comment of Committee D on the Group Life Insurance Program in its report to the September, 1964 session of the Board of Trustees (*Trans.* 1964:390):

The Committee commended members of the Council who visited dental schools and stated it believed consideration should be given to a program by which all dental schools might be visited, thus acquainting dental students with the advantages of the Group Life Program as well as other advantages of the Association.

The Secretary stated that the Great-West Life Assurance Company reported a significant enrollment of dental students and young dentists in the program in 1964 and recommended that the program of visitations to the dental schools be enlarged. Accordingly, the Secretary had employed Dr. Harold M. Flickinger, former chairman of the Council on Insurance, to initiate an experimental program of visitations beginning on September 1, 1965. It was anticipated that 75 per cent of the dental schools would be visited annually and the program would be reviewed annually for its effectiveness. The Secretary stated further that an agreement had been completed with Dr. Flickinger to cover the details of the program which involve part-time employment by the Association and that the reimbursement, which would be based on the number of days Dr. Flickinger spends away from his office, would be paid to the Association by the Great-West Life Assurance Company. The Secretary stated also that the Council on Insurance had concurred in the development of this experimental program.

National Association of Dental Laboratories Proposed Accreditation Program—Secretary: The Secretary reported that, in January, a committee of the National Association of Dental Laboratories announced that it was developing "a new program that will establish standards for, and upgrade and identify the ethical laboratory"; that it would be called "the Guild of Dental Prescription Laboratories" and would "operate in the same manner as the National Board for Certification does for dental technicians". The Secretary stated that, obviously, this was an effort to compete with the Joint Commission on Accreditation of Dental Laboratories.

Report on Administration of Research Activities—Secretary: The Secretary stated that he had been requested by the Board of Trustees at its November, 1964 session to prepare a report on the administration of the Association's research activities and, at the same session, the Board requested the staff to develop a statement on the long-range objectives of the Association's research program for submission to the Board (*Trans.* 1964:430). The Secretary stated that there had not been sufficient time to develop these reports and that, in any event, the same matters should come under the scrutiny of the Board of Trustees' Special Committee on Research. The Secretary indicated that the possibility of including the two staff reports in the report of the Special Committee would be given consideration prior to the next session of the Board of Trustees.

Report on Contracts—Secretary: A report on contracts entered into since the last session of the Board of Trustees was appended to the report of the Secretary.

Report of Treasurer: Dr. Justis read the report of the Treasurer. The report contained a list of security transactions for the period June 8, 1964 to January 31, 1965, and comments on the *Report of Audit* for the fiscal year 1964. Appended to the report was a schedule of securities from the Reserve Division of the General Fund that had been sold.

The report was informational in nature and no formal actions were taken.

Nomination of General Chairman of General Committee on Local Arrangements for 1969 Annual Session: The Secretary read the background statement which indicated that, under date of December 11, 1964, Dr. Percy T. Phillips, secretary, The Dental Society of the State of New York, transmitted the nomination of the Board of Directors of the First District Dental Society of Dr. Jerry J. Adelson as general chairman of the General Committee on Local Arrangements for the annual session to be held in New York City in 1969.

The following resolution was adopted:

16-1965-B. Resolved, that Dr. Jerry J. Adelson, 200 West 59th Street, New York, New York, be designated as the General Chairman of the General Committee on Local Arrangements for the 1969 annual session in New York.

Nominations for General Committee on Local Arrangements for 1966 Annual Session: The Secretary read the background statement which listed the nominations for the General Committee on Local Arrangements for the 1966 annual session in Dallas as submitted by Dr. Phelps J. Murphey, general chairman, under date of March 17, 1965. The following resolution was adopted:

17-1965-B. Resolved, that the list of nominees submitted by Dr. Phelps J. Murphey, under date of March 17, 1965, for membership on the General Committee on Local Arrangements for the 1966 annual session in Dallas be approved.

Recess: The Board of Trustees recessed at 11:55 a.m. and reconvened at 2:00 p.m.

Report of Editor: Dr. Hendershot read the report of the Editor.

Appointment of Editor, "Journal of Oral Surgery"—Editor: The Editor reported that, under date of January 21, 1965, Dr. Fred A. Henny submitted a letter of resignation as Editor of the *Journal of Oral Surgery*, effective December 31, 1965. The Editor stated that Dr. Henny's resignation had been received with regret since he had guided the course of the *Journal of Oral Surgery* ably and devotedly during many of its most difficult years. The following resolution submitted by the Editor was adopted:

18-1965-B. Resolved, that the Board of Trustees express its sincere appreciation to Dr. Fred A. Henny for his tireless, selfless and effective efforts during his long tenure as Editor, *Journal of Oral Surgery*, and accept with regret his resignation from this office effective December 31, 1965.

The Editor stated that, at its February 21, 1965 meeting, the Board of Directors of the American Society of Oral Surgeons nominated Dr. James R. Hayward, Ann Arbor, Michigan to succeed Dr. Henny. The Association received notification of this nomination from Dr. Daniel F. Lynch, president, American Society of Oral Surgeons, under date of February 23, 1965. The Editor reported that Dr. Hayward had expressed his willingness to accept the editorship of the *Journal of Oral Surgery* subject to the approval of the Association's Board of Trustees, and had also suggested the appointment of Dr. Robert V. Walker, Dallas, Texas as the *Journal's* sole Associate Editor. The Editor noted that, should the Board of Trustees approve Dr. Walker's appointment, a change in title of the present Associate Editors of the *Journal of Oral Surgery* would be required. The following resolutions presented by the Editor were adopted:

19-1965-B. Resolved, that Dr. James R. Hayward, Ann Arbor, be appointed Editor, *Journal of Oral Surgery*, for the three-year period, 1966-1968.

20-1965-B. Resolved, that Dr. Robert V. Walker, Dallas, Texas be appointed Associate Editor, *Journal of Oral Surgery*, for the three-year period, 1966-1968, and be it further

Resolved, that the present Associate Editors, *Journal of Oral Surgery*, be titled, "Section Editors", effective January 1, 1966.

Incorporation of the Text of "Dental Abstracts" in "The Journal"—Editor: The Editor reported that, at its November, 1964 session, the Board of Trustees raised the question of the feasibility of incorporating the text of *Dental Abstracts* in *The Journal* and had requested the Editor to study this possibility and to report to the Board at the current session. (*Trans.* 1964:433). The Editor presented the following statement:

Although the idea of wider dissemination (by almost 20 times) of the *Dental Abstracts* material is attractive, it poses a serious financial problem for the Association. *Dental Abstracts* is a 64-page monthly publication, with a circulation of about 5,500 and with a type-page dimension (35 x 52 picas) almost as large as that to be used in the new *Journal* (39 x 56 picas). Incorporating the *Dental Abstracts* material into *The Journal* would therefore require about 64 pages, or the equivalent of about two 32-page forms. This would necessitate increasing the number of *Journal* pages by roughly 25 per cent, the manufacturing and mailing costs of which would be about \$11,000 a month, or \$132,000 a year. The 1964 manufacturing and mailing costs of *Dental Abstracts* were approximately \$4,280 a month, or \$51,360. Income from advertising and subscriptions totalled \$50,286.

Adding the *Dental Abstracts* material would also make *The Journal* about 320 pages. There is some question of whether this might not become too formidable a package.

A member of the Board of Trustees requested Secretary Hillenbrand to comment on the matter and he stated that he was in wholehearted agreement with the views of the Editor.

Publication of "Oral Research Abstracts", New Comprehensive Abstracting Service for Dental Investigators—Editor: The Editor called attention to the authorization of the Board of Trustees at its November, 1964 session (*Trans.* 1964:423) that "the Association, in cooperation with the National Library of Medicine and other interested agencies, work toward establishing and publishing an abstract journal designed spe-

cifically to meet the needs of the dental research community", and to the comment of Committee C that ". . . specific information on the costs to the Association for this operation should be made available to the Board of Trustees prior to any financial commitment".

The Editor stated that the Association staff, mindful of the fiscal responsibilities of the Board of Trustees and the cost of inaugurating a publication of the type envisioned, had encouraged the financial support of governmental agencies and it now appeared that sufficient government contract and grant funds would be available so that the Association could establish the new publication. The Editor reported that the following groups had exhibited voluntary interest in helping the Association establish the new publication: the National Library of Medicine, the National Institute of Dental Research, the Division of Dental Public Health and Resources and the Hadassah School of Dentistry at the Hebrew University in Jerusalem.

The Editor presented the following brief description of the new journal:

Oral Research Abstracts would be published monthly by the American Dental Association and would include annually about 9,000 abstracts of articles in the dental and non-dental literature which relate to all phases of oral health. The new journal would therefore relate not only to dentally oriented research in the biological and physical sciences, but also to other research which is of importance to dentistry. It would be designed to attract the interest of educators and researchers from a variety of disciplines and should, therefore, be of value to dentists, physicians and chemical, biological, physical and behavioral scientists and other persons concerned directly or indirectly with oral health.

The following resolution presented by the Editor was adopted:

21-1965-B. Resolved, that the publication of a comprehensive literature abstract journal titled *Oral Research Abstracts* be authorized, provided that the U.S. Public Health Service or other agencies assure that sufficient supportive funds will be made available during the early years of the new publication's existence.

Report of Bureau of Membership Records: The report of the Bureau of Membership Records was read by Mrs. Georgia Christman, director of the Bureau.

Approval of Applications for Direct Active, Affiliate and Associate Membership—Bureau of Membership Records: The following resolutions presented by the Bureau were adopted:

22-1965-B. Resolved, that the 1,105 applicants for active membership through the federal dental services, and the 63 applicants for affiliate membership be approved in accordance with Chapter VI, Section 90K of the *Bylaws*.

23-1965-B. Resolved, that the applications for direct active membership from Dr. Bill D. Rogers and Dr. Samuel F. Leichter who are practicing in the dependencies of the United States where no constituent societies exist be approved in accordance with Chapter VI, Section 90K of the *Bylaws*.

24-1965-B. Resolved, that the following applicants for associate membership be approved in accordance with Chapter VI, Section 90N of the *Bylaws*:

Kenneth F. Crane
 John J. Dean
 J. David Eick
 Robert S. French
 Edward E. Hunt, Jr.
 Anil P. Joglekar
 Gerald N. Kurtz
 Joseph J. LaBuda
 Kaare Langeland
 Leena K. Langeland
 George H. McDonald

Jimi D. Mehta
 William A. Nolte
 E. P. Shanahan
 Donald E. Shay
 Edwin L. Smith
 Paul E. Tullar
 E. G. Vanden Bosche
 David E. Watson
 Joseph F. Welch
 Kathryn J. Wynns

Waiver of Dues for Totally Disabled Members—Bureau of Membership Records: Appended to the report of the Bureau was a table indicating the pertinent factors for each of the 16 totally disabled members who had been granted waiver of dues. The Bureau stated that it intended to request annual recertification in those instances where disability was not of a permanent nature.

Suggestion for Establishment of Committee of General Chairmen of General Committees on Local Arrangements: Third Vice-President Flinn thanked the members of the Board of Trustees for the opportunity of having served as General Chairman of the General Committee on Local Arrangements for the 1964 annual session. Dr. Flinn also thanked Secretary Hillenbrand and the members of the staff for the cooperation and courtesy extended to him.

Dr. Flinn suggested that a committee be formed of the past three and the next three or four Chairmen of General Committees on Local Arrangements and that a meeting be held on the Sunday prior to the annual session with appropriate members of the staff in order to discuss mutual problems. Discussion of the matter was deferred until the September, 1965 session of the Board of Trustees.

Request of American Academy of Periodontology for the Establishment of Registry of Periodontal Pathology: The Secretary read the background statement relating to the request of the American Academy of Periodontology to the Association "to establish and house a Registry of Periodontal Pathology in the new headquarters building". Following discussion, the following resolution was adopted:

25-1965-B. Resolved, that the proposal of the American Academy of Periodontology for the establishment of a Registry of Periodontal Pathology be received with interest and that it be referred to the Special Committee on Research for exploration and to determine the extent of the financial support of the American Academy of Periodontology, and be it further

Resolved, that a report be made on this matter to the September, 1965 or subsequent session of the Board of Trustees.

Request of The Dental Society of the State of New York on Including Members under ADA Group Accident and Sickness Insurance Program*: The Secretary read the background statement relating to the request from The Dental Society of the State of

*Formerly known as the Association's Group Accident and Health Insurance Program.

New York that all members of that society insured in the society's plan of accident and health insurance be accepted into the Association's program at the level of benefit carried in the New York plan and without proof of insurability. The statement indicated that inherent in the request was the intention of the society, if the request should be granted, to terminate sponsorship of its own plan. The request was received by the Secretary of the Association and was forwarded to the Council on Insurance for consideration and comment. The Council discussed the matter in depth at its meeting on March 12 and concluded that the request should be granted if firm assurance was received by the Association from The Dental Society of the State of New York that the society's resources would be applied unstintingly to the task of promoting the desirability of the transfer among its members. The statement included recommendations of the Council on Insurance for adjustments in the Association's program if the request of the New York society should be granted.

Secretary Hillenbrand placed in the record two letters from Dr. Percy T. Phillips, secretary, The Dental Society of the State of New York, and stated that he had been informed by the Council on Insurance that these communications fulfilled the condition established by the Council.

The following resolutions were adopted:

26-1965-B. Resolved, that the request of The Dental Society of the State of New York for acceptance into the Association's Group Accident and Sickness Insurance Program of all members of that society insured in the society's sponsored accident and health insurance plan, without proof of insurability and at the same level of benefit, be approved, subject to the Association receiving firm assurance from the society of its intention to support fully, vigorously and enthusiastically the communications effort needed to effect optimal acceptance of the requested substitution of programs by members of the society, and be it further

Resolved, that, on receipt of such assurance, the administrators of the Association's program be authorized to institute appropriate measures to effectuate the transfer.

27-1965-B. Resolved, that, if the request of The Dental Society of the State of New York is granted, the amount of monthly benefit available under the basic and extended coverage plans of the Group Accident and Sickness Insurance Program be increased to \$1,200 in accordance with the schedules submitted at the 1965 annual meeting of the Council on Insurance.

In view of the approval of the request of The Dental Society of the State of New York, the following resolution was postponed indefinitely:

Resolved, that, if the request of The Dental Society of the State of New York is not granted, the amount of monthly benefit available under the extended coverage plan be increased to \$1,000 in accordance with the applicable portion of the schedule submitted at the 1965 annual meeting of the Council on Insurance.

Request for Membership in Conference of National Organizations (CNO): The Secretary presented for the consideration of the Board of Trustees correspondence with

Dr. R. Glenn Reed, Jr., Marietta, Georgia, regarding membership for the Association in the Conference of National Organizations (CNO). Following discussion, a motion was adopted requesting the Secretary to acknowledge Dr. Reed's invitation with appreciation and to indicate that, in the opinion of the Board of Trustees, a difficult precedent would be created if the Association responded favorably to a request for membership in an organization obviously unrelated to dentistry at a cost annually of \$375 to \$600.

Letter from Minnesota State Dental Association Regarding Selection of Las Vegas as 1970 Convention Site: The Secretary presented a letter received under date of February 9, 1965 from Dr. Horace L. Drake, secretary, Minnesota State Dental Association regarding the selection of Las Vegas for the site of the 1970 annual session. Following discussion, a motion was adopted requesting the Secretary to thank Dr. Drake for his observation and to advise him that the matter of the selection of Las Vegas as the 1970 annual session site would be given appropriate consideration after the 1965 annual session had been held in Las Vegas and, if necessary, the situation would be reviewed by the entire Board of Trustees.

Authorization of Recognition Certificates for Outstanding Contributions to Dental Health: The Secretary read the background statement regarding the request from the Bureau of Public Information and Dental Health Education that a recognition certificate be authorized for awarding to those individuals and agencies who make outstanding contributions to dental health. The statement included the text of the proposed certificate. Following discussion, the following resolution was adopted:

28-1965-B. Resolved, that the award of a recognition certificate to individuals and agencies making unusual contributions to dental health be authorized on nomination of an agency of the Association, constituent or component society and approval by the Secretary of the Association.

Low Interest Rates to Dentists Entering Practice—Proposal of Delegate from Ohio: Dr. DeVoe, trustee of the Seventh District, read a letter addressed to him by Dr. Harvey C. Janke, Cleveland, dated December 10, 1964, in which Dr. Janke called attention to loan practices of certain credit companies in financing the purchase of dental office equipment by young dentists starting into practice. Dr. Janke requested the Board of Trustees to give consideration to alleviating the situation through (1) the use of the American Dental Association Relief Fund, (2) a special loan fund, (3) the creation of a credit union for Association members, or (4) as a feature of an insurance program.

Following discussion, a motion was adopted requesting the Secretary to express the Board of Trustees' appreciation to Dr. Janke for his thoughtful interest in a program which could be of benefit to the recently graduated dentist and help to channel his interest and effort into the programs of local, state and national dental associations. The motion also requested the Secretary to point out to Dr. Janke the inability of either the American Dental Association or the American Dental Association Relief Fund to develop a program of low-interest loans because of the jeopardy to both agencies' not-for-profit status, and to suggest that the credit union, operating at the level of the constituent or component society, might be a suitable vehicle for such a program provided there were no legal obstacles.

Appointment of Representative to Joint Commission on Accreditation of Dental Laboratories: The Secretary read the background statement which indicated that the Association holds membership in the Joint Commission on Accreditation of Dental Laboratories and is entitled to three representatives on that agency's Board of Commissioners. The present Association representatives were listed as Dr. Alex L. Martone, Virginia, 1967; Dr. J. Eugene Ziegler, Southern California, 1966, and Dr. Walter E. Dundon, Illinois, 1965. Following discussion, the following resolution was adopted:

29-1965-B. Resolved, that Dr. Walter E. Dundon be named as the Association's representative to the Joint Commission on the Accreditation of Dental Laboratories for the term ending in 1968.

Report of General Chairman of General Committee on Local Arrangements for 1965 Annual Session: Since Dr. Robert L. Morrison, general chairman, was not present at the session, the Secretary read the progress report of the General Committee on Local Arrangements for the 1965 annual session in Las Vegas. The report was informational in nature and no formal actions were taken.

The Board of Trustees extended its compliments to Dr. Morrison and the members of his committee on the excellence of their plans for the annual session.

Request of Constituent Society to Cease Promotion of ADA Group Accident and Sickness Insurance Program: The Secretary read the background statement which contained a request from the Board of Trustees of the New Jersey State Dental Society that the American Dental Association ". . . cease solicitation of New Jersey State Dental Society members for enrollment in the ADA Accident and Sickness Insurance Program by direct mail or any other means of direct communication". The statement indicated that, with the change of carrier for the Group Accident and Sickness Insurance Program, it became possible for enrollment in the Association's program to be solicited in all of the states, and that previously, by agreement, solicitation was not made in those states, including New Jersey, which had parallel programs underwritten by the National Casualty Company.

The Secretary called attention to the resolution presented by the Washington State Dental Association to the House of Delegates in 1957 (*Trans.* 1957:219) which requested that the American Dental Association adopt a policy "that it will not enter into group insurance programs in state areas in which similar group insurance programs, under the sponsorship of the local association, are being carried out without first obtaining the permission of the constituent society of that area . . .". In commenting on this resolution, the Board of Trustees stated (*Trans.* 1957:254):

The Board of Trustees does not believe that any constituent society should have the right to deprive a member of the American Dental Association of participating in benefits which are provided by that Association. It has been the established policy of the Association to urge participation in its group insurance program as a supplement to sound programs offered by the constituent societies.

The House of Delegates "concurred with the viewpoint of the Board of Trustees that no member of the American Dental Association should be denied the benefits that are extended to other members of the Association". The resolution was rejected by the House of Delegates (*Trans.* 1957:387).

Following discussion, the following resolution was adopted:

30-1965-B. Resolved, that the Secretary be requested to reply to the New Jersey State Dental Society that the Board of Trustees has examined the 1957 decision of the House of Delegates in regard to solicitation in the area of constituent societies and concurs in the position taken by the House of Delegates, and be it further

Resolved, that the Secretary be requested to ask M. A. Gesner, Inc., to stress the supplemental character of the ADA Group Accident and Sickness Insurance Program in future mailings to the state of New Jersey.

Interpretations of Judicial Council on Announcement of Limited Practice: Mr. Harvey Sarner, secretary of the Judicial Council, read the background statement which indicated that the Council had recently taken certain actions with respect to the announcement of a limited practice which were causing some difficulty and complaint, and that the Board of Trustees might wish to review the basis of these opinions with a view to making a recommendation to the Council or, alternately, to the House of Delegates for the correction of any inequity which might exist. The statement continued that, in each of the following three cases, the Judicial Council had ruled that Section 18 of the *Principles of Ethics* would not permit announcement of a limited practice:

1. The dentist completed one year of postgraduate study in endodontics and entered military service immediately thereafter. He will be discharged in June, 1965 after two years of service. He practices endodontics full time as an army dentist.

2. The dentist did not complete any postgraduate training in endodontics, but has practiced endodontics exclusively for two years in military service. He will be discharged in June, 1965 and wants to announce a limited practice at that time.

In both cases, it is clear that the dentist would be entitled to announce as an endodontist, before January 1, 1965, if he had not been in military service.

3. The dentist has completed 30 years of military service, the last 16 years as chief of a prosthetic department. He has practiced prosthetics exclusively for the past 16 years. It is clear that he would be permitted to announce, before January 1, 1965, if he were a civilian.

In making interpretation of the *Principles* in these three cases, the Council has taken the view (a) that it is impossible to practice a specialty "exclusively" while in military service and (b) there has not been any "announcement" of a limited practice while a dentist is in the armed services.

Mr. Sarner stated that the Council had invited the chiefs of the military dental services to its June, 1965 meeting to review the situation. A motion was adopted postponing the matter definitely to the September, 1965 session of the Board of Trustees.

Adjournment: The Board of Trustees adjourned at 4:55 p.m.

CENTRAL OFFICE, CHICAGO
SEPTEMBER 1-4, 1965

Call to Order: The third regular session of the Board of Trustees of the American Dental Association was called to order at 9:00 a.m., Wednesday, September 1, 1965, in the Board Room of the Central Office, Chicago, by President Fritz A. Pierson.

Roll Call: The following officers were present: Fritz A. Pierson, president; Maynard K. Hine, president-elect; Joseph B. Zielinski, first vice-president; Carl V. E. Cassel, second vice-president; Thomas R. Flinn, third vice-president; Harold Hillenbrand, secretary; E. Jeff Justis, treasurer; Leland C. Hendershot, editor; F. Darl Ostrander, speaker of the House of Delegates.

Members of the Board of Trustees present were: Edward J. Cooksey, John M. Deines, Keith DeVoe, Harold S. Eberhardt, William A. Garrett, Clifford C. Gregory, Aloyse E. Kopp, Charles S. Kurz, Laurence L. Lathrop, Carl A. Laughlin, Hubert A. McGuirl, Paul K. Musselman and Roger K. Trueblood.

Staff members present were: Bernard J. Conway, assistant secretary (legal affairs); J. Roy Doty, assistant secretary (research and therapeutics); John P. Noone, assistant secretary (comptroller-house counsel); Carl L. Sebelius, assistant secretary (dental health); Armand Landerghini, assistant comptroller (accounting and finance); Hal M. Christensen, director, Washington Office; Doris Nugent, assistant to the Secretary.

Approval of Minutes of Previous Session: A resolution was adopted approving the minutes of the April 1-2, 1965 session of the Board of Trustees as printed in *Reports of Officers and Councils, 1965* on pages 221-258 (pp. 381-418 of this volume).

Recording of Mail Ballots: A resolution was adopted placing the following mail ballots taken since the April 1965 session in the record:

Authorization to Sign Checks: Mail Ballot No. 1 was circulated on May 25, 1965 and was approved by the following vote: affirmative, 17; negative, 0. The text of the resolution follows:

Resolved, that all prior authorizations of signature to sign checks, drafts or orders for the payment of money drawn by the American Dental Association against its General Fund, Payroll, Research Fund, Relief Fund, Cuban Loan Trust and Cuban Subsistence Trust accounts maintained at Lake Shore National Bank, Chicago, Illinois, be and the same are hereby revoked, and be it further

Resolved, that any two of the following persons be and they are now hereby authorized to sign checks, drafts or orders for the payment of money drawn by the American Dental Association against its General Fund, Payroll, Research Fund, Relief Fund, Cuban Loan Trust and Cuban Subsistence Trust accounts maintained at the Lake Shore National Bank, Chicago, Illinois.

Harold Hillenbrand

E. Jeff Justis
Bernard J. Conway
John P. Noone
Dorothy G. Wright

Appropriation from Contingent Fund for Payment of Subscriptions or Grants: Mail Ballot No. 2 was circulated on May 25, 1965 and was approved by the following vote: affirmative, 17; negative, 0. The text of the resolution follows:

Resolved, that the sum of \$3,000 be appropriated from the 1965 Contingent Fund to the budget of Central Administrative Expense: Association Memberships, to be utilized for the payment of subscription or grants to:

National Better Business Bureau, \$1,000
American Public Health Association, \$1,000
National Council on Radiation Protection and
Measurement, \$1,000

Request from Louisiana Dental Association for Financial Assistance: Mail Ballot No. 3 was circulated on June 29, 1965 and was approved by the following vote: affirmative, 17; negative, 0. The text of the resolution follows:

Resolved, that the sum of \$2,000 be appropriated from the 1965 Contingent Fund to the budget of the Secretary: Special Services, to be utilized as a grant to the Louisiana Dental Association to help meet the substantial legal and other costs of protesting the Internal Revenue Service assessment of tax on that association's annual session exhibit and journal advertising income.

REPORT OF COMMITTEE ON RULES AND ORDER

First Vice-President Zielinski assumed the Chair, and President Pierson read the report of the Committee on Rules and Order. The members of the Committee were Dr. Pierson, chairman, Drs. Cooksey, Kopp, Musselman and Hillenbrand, and Dr. Hine, observer.

Approval of Agenda: A motion was adopted approving the agenda on pages 1-7 of the *Board Manual* as the official order of business for the current session.

Special Orders of Business: Resolutions were adopted establishing the following special orders of business and permitting attendance of the Speaker of the House of Delegates at the Executive Meeting:

1. Appearance of Dr. Robert L. Morrison, chairman, General Committee on Local Arrangements for 1965 session, 10 a.m., Friday, September 3.
2. Executive Meeting of Board of Trustees, at the call of the Chair.

Information Committee on Program and Budget: The Committee stated that, after considering the report of the 1964 hearing of the Board of Trustees' Information Committee on Program and Budget, it was of the opinion that the Committee should not be appointed for the 1965 session. During discussion it was agreed that since little interest had been displayed in the last few years in the Committee hearings, the Committee should not be appointed for the forthcoming session.

Meeting with Members of the Board of Governors, Canadian Dental Association: The Committee reported that, at the request of the Board of Trustees, the Secretary communicated with the Secretary of the Canadian Dental Association regarding appropriate dates for a joint meeting which would be held in Toronto, and that the proposed dates were Thursday and Friday, May 12-13. A resolution presented by the Committee was adopted accepting the invitation to meet jointly with members of the Board of Governors of the Canadian Dental Association in Toronto on May 12-13, 1966.

At the request of a member of the Board of Trustees, the Secretary stated that the purpose of the joint meeting was, basically, to share legislative and administrative viewpoints with particular emphasis on the socio-economic developments in Canada and the United States.

Revision of "Standing Rules for Councils": The Committee reported that, at the request of the Secretary, it had reviewed the *Standing Rules for Councils* which required revision in certain areas. The Committee stated that the text of the revised *Rules* appeared on pages 100-108 of the *Board Manual* and that most of the changes were editorial in nature or had been previously authorized by action of the Board of Trustees. The following resolution presented by the Committee was adopted:

31-1965-B. Resolved, that the revision of the *Standing Rules for Councils* be approved.

President Pierson resumed the Chair.

Recess: The Board of Trustees recessed at 9:20 a.m. to permit the reference committees of the Board to meet, and reconvened at 3:20 p.m. for a progress report. The Board recessed again at 3:25 p.m. to enable the reference committees to complete their assignments.

THURSDAY, SEPTEMBER 2, 1965

Call to Order: The meeting of the Board of Trustees was called to order at 9:00 a.m. by President Pierson.

Roll Call: The officers, members of the Board of Trustees and members of staff were present as previously recorded with the addition of Mr. Robert W. Newport, building coordinator.

REPORT OF SPECIAL COMMITTEE ON ASSOCIATION HEADQUARTERS

First Vice-President Zielinski assumed the Chair, and President Pierson, chairman, read the report of the Special Committee on Association Headquarters. The other members of the Committee were Drs. Hine, Justis, Lathrop, McGuirl, Hollers, Timmons, Jeserich and Hillenbrand.

Construction Progress: The Committee reported in detail on construction progress to date. The Committee stated that it was originally expected that the building would be completely enclosed by June 1. This date was improved upon by one month, thus allowing 20 per cent additional time to complete the interiors, and that this additional time was making possible a more orderly, economical and efficient completion of this phase of the work.

Interior Design: The Committee reported that a color schedule had been prepared for the painted portions of the building, carpet had been selected for the typical office areas, furniture and carpet had been selected for the auditorium, the lounge and dining areas on the second floor, various styles of furniture and the corresponding prices had been submitted for consideration for use in the typical Association office areas, an inventory of existing office furniture had been made and classified as to whether or not it would be suitable for reuse and an appraisal had been made of the value of all existing furniture. The various schemes for the reuse and replacement of furniture were being reviewed considering, particularly, the costs involved in each scheme. The Committee stated that some new furniture should be purchased but that all furniture to be installed should not be new.

Move to New Building: The Committee stated that it was not yet definite when the move to the new building would occur but it was thought that the laboratory operation might move about October 1 and that the major moving date would be November 22.

Leasing Activities: The Committee presented a chart indicating the leases that had been signed as of August 23, 1965, and stated that leases signed to that date would provide the Association with an income of \$6,779 for the 1965 fiscal year and \$155,349 for the 1966 fiscal year. In addition to income derived from the rental of office space, the Committee reported that storage space would be rented to tenants, 26 parking spaces would be rented, conference space would be rented on a per use basis and funds would be recovered from the cost of the building maintenance operation by charging tenants for some services rendered.

Management Activities: The Committee reported that Hogan and Farwell, Inc. had started to recruit the necessary staff personnel to manage the new property when it is occupied. The Committee presented an estimate of income and expense from the building operation for fiscal year 1966, and stated that the estimates were subject to many variables and would become more concrete as plans develop.

Data Processing Program: The Committee presented a comprehensive report on the data processing program. The Committee reported that Mr. Wendell K. Holman was employed in July, 1965 as director of systems and data processing and that, as

a follow-up to the general feasibility study conducted by EDP Statistical Service, a detailed data processing study had been initiated. The Committee stated that the general review made thus far substantiated the findings of EDP in its feasibility study that there is a definite need to expand the use of data processing in the Association. While the immediate requirements can be handled satisfactorily through the use of outside computer facilities, it appeared reasonably certain that cost reductions and other benefits to be gained would make the installation of data processing equipment a sound investment for the Association within the next two to three years. The installation of equipment, however, would be approached on a step-by-step basis.

Report on Insurance Program: The Committee reported that, at the request of Mr. Noone, and in consultation with Mr. Conway and Mr. Newport, the firm of Flynn, Harrison and Conroy was requested to prepare recommendations on new or modified insurance coverage which would become necessary with the move to, and occupancy of, the new building. The Committee stated that, after discussion with staff on the adequacy and extent of the program, the firm would submit the program to seven major carriers for estimates, and that funds needed for this program would be requested in the budget for the next fiscal year.

The Committee presented a list of the types of coverage which had been recommended for inclusion in the program, with a brief description of each.

Commemorative Areas: The Committee reported on the progress made in the development of special areas in the new building to commemorate the past presidents of the Association, the constituent societies and dental officers who had sacrificed their lives for their country. The Committee stated that Mr. Alfonso Carrara, designer of Graham, Anderson, Probst & White, in consultation with members of the staff, had recommended that the light courts on each side of the central core, at street level, would provide excellent sites for commemorative areas. The court on the west could be developed as a War Memorial Court. The names of all U. S. dental officers who had sacrificed their lives would be cut into the marble of the south wall and, in the center of the court, a three-figure sculpture cast in bronze would be placed. The east court could be developed as the Past Presidents' Court and the name of each past president would be graven on the marble of the south wall. Sufficient space would be provided for the names of future presidents and, on the same wall, the names of all of the states and dependencies would be graven under the heading "Constituent Societies".

The following resolution presented by the Committee was adopted:

32-1965-B. Resolved, that the War Memorial Court and the Past Presidents' Court be developed at the street level of the new headquarters building in accordance with the recommendations made in the "Report on Development of Special Commemorative Areas" of the Special Committee on Association Headquarters, August 30, 1965.

Requests for Other Memorials in New Building: The Committee presented for the comment of the Board of Trustees a list of other requests which had been made for the placement of memorials or gifts in the new building. Following discussion, it was agreed that until the Special Committee on Association Headquarters is ter-

minated, it would act as a "screening committee" for such requests and, in the event special problems arose, the Committee would refer these to the Board of Trustees.

Dedication Ceremony: The Committee reported on plans made to date for the dedication ceremony to be held on February 27, 1966. The following resolution presented by the Committee was adopted:

33-1965-B. Resolved, that the Secretary be authorized to prepare a budget for presentation to the Board of Trustees at the November, 1965 session for the anticipated costs of the new building dedication ceremony, said costs to include provisions for invitations, printed programs, souvenirs of the occasion, a dinner, a luncheon, required travel expenses and an open house.

Time Capsule: The Committee reported that the opening in the precast concrete column which will house the time capsule will be covered by a plaque 12 inches wide and 18 inches high which will be fabricated of bronze one-quarter inch thick. The Committee presented the following wording of the inscription for the plaque for the approval of the Board of Trustees:

This building was dedicated on February 27, 1966 to better health for mankind. Behind this plaque is a sealed capsule to be opened in 2009 on the 150th anniversary of the Association. The capsule contains materials reflecting the progress of dentistry and the Association and will serve as the benchmark for those in 2009 who are serving the public through better dental health care.

The following resolution presented by the Committee was adopted:

34-1965-B. Resolved, that the inscription for the time capsule plaque presented as a part of the "Report on Program for Time Capsule" of the Special Committee on Association Headquarters, August 30, 1965 be approved.

Financing Program: The Committee reported that there had been little change in the Maximum Guaranteed Cost of the construction project; the contract amount was \$11,236,487, and at July 13 this had been reduced to \$11,233,405 by the issuance of change orders. The Committee reported further that the total cost of the project was originally estimated at \$14,621,000 and that this had now been revised downward to \$14,150,039 because of savings of \$470,961 as of July 13. The Committee stated that the total investment in the construction project as of July 31 was \$10,175,765 or 69.6 of the original total estimated cost, and that on the basis of the revised total cost, the sum of \$3,974,274 still remained to be paid. The Committee presented a comparison of expenditures to date with budget estimates for the information of the Board of Trustees.

The Committee noted that, at July 13, Turner Construction Company reported savings or underrun of \$505,300 with an overrun of \$34,339 to produce net savings of \$470,961. After deduction of the initial \$100,000 in savings, the contractor receives 25 per cent and the Association 75 per cent and, on this basis, the Association had realized savings of \$378,221 with \$92,740 for Turner Construction Company.

The Committee presented, as additional appendices to the report, (1) a statement of cash flow for 1964-1966; (2) a statement of cash flow for the seven months ended

July 31, 1965; (3) a projected statement of income and expense for the new building for 1965-1969.

The Committee acknowledged the great assistance provided by Messrs. Noone, Conway and Newport in developing the financing program for the building project.

Audit of Construction in Progress: Appended to the Committee Report was a copy of the report of audit for the construction program to May 31, 1965 which had been made by the Association's auditors, Swanson, Ogilvie and Mackenzie. The Committee stated that audits would be continued until the project is completed.

Sale of 222 East Superior Street Property: The Committee reported that on July 16, 1965, the Association sold and conveyed by general warranty deed the land and building located at 222 East Superior Street, Chicago, to Chicago Wesley Memorial Hospital for a gross sale price of \$1,000,000. After deduction of such expenses as title insurance premiums, federal documentary stamps, real estate broker fees, escrow charges, surveyor fees and appraisal costs, the Association realized a net sales price of \$974,708 from the sale of the property. The Committee stated that, with regard to the agreement reached with Chicago Wesley Memorial Hospital, the Association has the right to retain possession of the 222 East Superior Street premises until December 31, 1965 without being obligated to pay rent but that, until the Association surrenders possession, it has the obligation of paying all maintenance and operational expenses.

Sale of Alley Property at Rear of 160-172 East Superior Street: The Committee reported that the 140 x 25 rectangular strip of real estate which the Association purchased on April 23, 1964, for \$25,000 was sold on July 19, 1965, for a gross sales price of \$45,000. The Committee stated that this rectangular strip has alley frontage in the rear of 160-172 East Superior Street and was originally purchased by the Association to ease its access to the loading dock of the new building and to provide extra parking space for vehicles. The narrowness of the alley between the Chicago Avenue and Superior Street properties caused some concern that trailer trucks might find it difficult to negotiate through tight quarters to the dock area at 211 East Chicago Avenue.

After payment of such expenses as federal documentary stamps, title insurance premiums, survey fees and escrow charges, the Association realized a net sales price of \$44,555 from the sale of the property. The deed of conveyance to the purchaser reserved and accepted a perpetual easement to the Association to use the 140 x 25 foot strip as a truck and other vehicle turn-around and temporary waiting space for gaining and negotiating entry to the new building at 211 East Chicago Avenue and for use of the west 48 feet of the strip for six parking stalls by the Association. The purchaser has agreed at the purchaser's cost to construct and pave the strip on or before June 1, 1966. The Association has agreed to permit the purchaser to use the strip until June 1, 1966, as a staging area for the construction of a 30-story building on adjacent property, except that commencing October 1, 1965, the portion of the premises which is intended for use as a truck and vehicle turn-around area by the Association must be made available by the purchaser.

Encomiums: The Committee acknowledged with great appreciation the exceptional cooperation which had been received from members of the Central Office staff, par-

ticularly Mr. Newport, as Building Coordinator, Mr. Conway, Mr. Noone, Miss Nugent and Mrs. Wakefield.

A motion presented by a member of the Board of Trustees was adopted commending Secretary Hillenbrand and the Association's legal staff for their acumen in the sale of the properties at 222 East Superior Street and at the rear of 160-172 East Superior Street.

Authorization to Execute Personal Undertaking in Favor of Chicago Title and Trust Company—Special Committee on Association Headquarters. Supplement 1: The Committee reported that the Association has applied to Chicago Title and Trust Company for a mortgage policy in the amount of \$7,500,000 and an owner's policy in the amount of \$11,000,000 to cover the improvements on the property at 211 East Chicago Avenue. The Committee stated that ordinarily the Chicago Title and Trust Company requires mortgagors, such as the Association, to deposit in cash a reserve equal to as much as 150 per cent of the estimated cost for the development of tenant space after the building has been delivered by the contractor with the certificate of the architect attesting to the fact of completion. The current estimate for further development of tenant space is estimated to be approximately \$500,000. After negotiations between representatives of the Association and Dovenmuehle, Inc., the construction loan lender, and Chicago Title and Trust Company, the title company has agreed to accept the Association's personal undertaking to pay the contractor and all subcontractors and suppliers who engage in or supply materials for the construction of tenant improvements rather than require a cash deposit from the Association.

The following resolution presented by the Committee was adopted:

35-1965-B. Resolved, that the President and Secretary be authorized to execute for and in the name of the Association a personal undertaking in favor of Chicago Title and Trust Company of Chicago to protect Chicago Title and Trust Company against possible mechanic lien claims which may arise as a result of the construction and completion of tenant improvements in the American Dental Association building at 169-211 East Chicago Avenue, Chicago, Illinois.

President Pierson resumed the Chair.

Appearance of Dr. Teiryō Aoki, Representative of Japan Dental Association, and Past President Harold W. Oppice: Dr. Harold W. Oppice, past president of the Association, 1950-1951, briefly addressed the members of the Board of Trustees and introduced Dr. Teiryō Aoki, representative of the Japan Dental Association. Dr. Aoki also briefly addressed the Board and extended an invitation to Secretary Hillenbrand to attend the 11th General Meeting of the Japanese Association for Dental Science to be held in Tokyo on October 8-11, 1966. Drs. Oppice and Aoki were accompanied by Dr. Isamu Tashiro, Chicago.

REPORT OF COMMITTEE A

The report of Committee A was read by Dr. Kurz, chairman. The other members of the Committee were Drs. Deines, Kopp and Laughlin.

Report of President: The Committee stated it was interested to learn of the many activities of the President and expressed admiration for the high level of contributions to the dental profession made during the past year by Dr. Pierson. The Committee noted Dr. Pierson's comments that the constituent societies had displayed a major interest in prepayment plans, that there was some opposition to the Association's policy on prepayment plans and the formation of the National Association of Dental Service Plans, but it was felt that this was due in a large degree to lack of information; when the constituent societies were informed they seemed willing to accept the policy of the Association in this matter. The Committee stated that it looked forward to Dr. Pierson's detailed report to the House of Delegates.

Report of President-Elect: The Committee commended Dr. Hine for his excellent report and stated it was confident that the numerous official assignments of this office had been fulfilled in an extremely competent and effective manner. The Committee stated it was gratified to note the increased interest in the activities of the American Fund for Dental Education during the past year and that under the leadership of Dr. Gerald D. Timmons the campaign to raise funds was unusually successful. The Committee stated it was pleased to learn that the new building has been accepted throughout the country as a monument to dentistry. The Committee concurred with the President-elect's comment that the Association staff, particularly Dr. Harold Hillenbrand and his assistants, have developed a strong and effective organization.

Report of Secretary: The Committee commended the Secretary for the efficient manner in which he has carried out the innumerable responsibilities of his office. The Committee called attention to the following sections of the Secretary's report: (1) the Committee noted that, as of August 15, 1965, the Association employed a total of 261 persons; (2) the first phase of a study of the accounting procedures by the Association's auditors has been completed and the recommendations are being implemented; (3) the auditors have also been requested to recommend accounting and other changes that will be needed because of income and operating expenses related to the new building; (4) the Committee was pleased to note the great interest of the component societies in receiving copies of *Reports of Officers and Councils, Supplement, Transactions* and *Report of Audit*; (5) the Committee was gratified to learn of a bequest in the amount of \$2,300 to the American Dental Association Relief Fund from the estate of Dr. John E. Storey, Texas; (6) the Committee noted the timely action of the North Carolina Dental Society in amending its constitution and bylaws to eliminate those provisions declared to be in violation of the ADA *Bylaws*; the Committee expressed hope for a successful outcome of the Louisiana Dental Association's protest of the IRS assessment of tax on its annual exhibit and journal advertising income and noted the grant of \$2,000 made by the Board of Trustees to help defray the cost of this protest.

Trustees of ADA Pension and Retirement Program—Secretary: The Committee noted that Dr. Paul H. Jeserich is retiring and expressed the opinion that the Treasurer of the Association would be a well qualified person to serve as a Trustee of the ADA Pension and Retirement Program. The following resolution was adopted:

36-1965-B. Resolved, that Dr. E. Jeff Justis be appointed as a Trustee of the

American Dental Association Pension and Retirement Program to succeed Dr. Paul H. Jeserich.

Designation of Character of Practice in "ADA Directory"—**Secretary:** The Committee reported that it was in agreement with the recommendation that additional time be permitted for the constituent societies to develop accurate information for the revised program of listing of specialists in the 1966 edition of the *American Dental Directory*. The following resolution presented by the Secretary was adopted:

37-1965-B. Resolved, that the implementation of the April, 1965 directive of the Board of Trustees for the listing of specialists in the 1966 issue of the *American Dental Directory* be delayed until the 1967 issue in order to permit the constituent and component societies to complete their portions of the listing program.

The Committee stated that it concurred in the recommendation that no offer of reimbursement be made to the constituent societies for costs involved in the designation and certification of dentists within their areas for listing as specialists in the "Character of Practice" section of the *American Dental Directory*.

Centennial Recognition Certificates—**Secretary:** The following resolution presented by the Secretary was adopted:

38-1965-B. Resolved, that centennial recognition certificates be authorized for presentation to the District of Columbia Dental Society, Maine Dental Association, Ohio State Dental Association and the Washington University School of Dentistry in 1966 and to the College of Dentistry of New York University in November, 1965.

Report of Washington Office: The Committee expressed the opinion that the services being performed by the Washington Office, particularly in the area of national legislation, are certain to advance the Association's legislative objectives. The Committee noted that the Washington Office staff has maintained good liaison with officials in charge of such programs as the Job Corps, Operation Head Start and the manpower retraining and development programs, all of which have dental aspects. The Committee commended the staff for continuing to develop and maintain active liaison with key members of Congress which is important to the Association's legislative program. Since a major part of Congressional action involved the controversial Medicare bill, a great deal of time and attention of the Washington Office staff was devoted to this area of legislation. Other activities involved the following legislation proposals: Health Professions Educational Assistance Act Extension, Keogh-Byrnes bills, Health Research Facilities Act extension, Group Practice Loans, Medical Library Assistance Act, Heart Disease, Cancer and Stroke, Department of HEW appropriations, three-star rank for military surgeons general, Drug Abuse Control, tax status of professional associations, dental care for dependents of military personnel and humane treatment of laboratory animals.

The Committee noted that the Washington Office was instrumental in elevating the Chief Dental Officer of the Air Force to the rank of major general and for obtaining authorization to restore the rank of brigadier general for the Deputy Chief Dental Officer.

On behalf of the Board of Trustees, the Committee commended the Washington Office for its active part in public information activities which includes preparation of news releases and articles for publication. The Committee stated its belief that the Association is well represented in Washington.

Report of Bureau of Audiovisual Service: The Committee noted that the report of the Bureau comprehensively described its wide range of activities involving audiovisual materials, and commented that the additional films scheduled during the past year indicate a continued increase in the interest in audiovisual services.

Report of Bureau of Economic Research and Statistics: The Committee stated that it was impressed with the various surveys being carried out by the Bureau and that it feels they are of essential value to the profession. The Committee noted that the *1965 Survey of Dental Practice* is under way and commented that it would look forward to the analysis of the findings which would appear serially in *The Journal* starting late in 1965 or early in 1966.

The Committee urged the Bureau's continued cooperation with state and local dental societies in conducting dental fee surveys.

Report of Bureau of Membership Records: In connection with the report of the Bureau, the Committee stated that particularly satisfying was the report of an increase in Association membership over previous years. The Committee noted that total membership as of June 30, 1965, was 103,196, setting an all time high.

Applications for Associate Membership—Bureau of Membership Records, Supplement 1 to Board: The following resolution presented by the Bureau was adopted:

39-1965-B. Resolved, that the applications for associate membership submitted by the following individuals be approved in accordance with Chapter I, Section 20F of the *Bylaws*:

Apostolos X. Apostolopoulos
 Charles Edward Becker
 Emma Carr Bivins
 Martin Cattoni
 Frank J. Draus
 Clifford L. Freehe
 Evan H. Greener
 Victor A. Hill
 John L. Hillsman
 Sumiyo Hobo
 Jean T. Hodson
 Andrew M. Howe
 Lucille Jenks
 Nelson E. Lyttle
 David Platt
 Charles Schroeter
 John S. Shell
 Mildred A. Snyder

Ellery C. Stowell
Ralph H. Tash
Jack R. Vermillion

Application for Direct Active Membership—Bureau of Membership Records, Supplement 1 to Board: The following resolution presented by the Bureau was adopted:

40-1965-B. Resolved, that the application for direct active membership submitted by Dr. John P. O'Neill be approved in accordance with Chapter VI, Section 90K of the *Bylaws*.

Report of Bureau of Public Information: The Committee stated that the report of the Bureau contained many items of interest and that the important responsibilities of developing and maintaining the Association's public relations program have been carried out in a very satisfactory manner. The Committee commended the Bureau for the expansion of services to state and local societies in order to multiply the effective public relations programs of the entire profession. The Committee noted that the first National Conference on Dental Public Relations was held with good representation in 1964 and expressed the hope that a second conference can be held in 1966.

The Committee stated it was interested to learn that the Bureau Director is writing a series of articles on public relations for publication in *The Journal* which will be reprinted as a public relations manual for distribution to dental societies. The Committee encouraged the Bureau's preparation of news releases as another noteworthy service.

The Committee particularly complimented the Bureau on its distribution of newspaper clippings and suggested that the distribution be expanded since it believed that these clippings would make excellent reading as reception room material.

Report of Treasurer: The Committee noted that the Association's total surplus at May 31, 1965 was \$10,120,263, an increase of \$2,148,797 over the total surplus as of May 31, 1964. The Committee also noted that the Relief Fund continues to grow as evidenced by the fact that the Principal Fund of the Relief Fund Trust showed a surplus of \$1,806,253 as of May 31, 1965, an increase of \$70,326 for the first 11 months of the past fiscal year.

Secretary as Official Spokesman of ADA—Alaska Dental Society: The Committee reported it noted with concern that Resolution 37 makes a serious charge without the presentation of any evidence whatever and stated that the Board of Trustees enjoys complete confidence in the Secretary of the Association as one of the official spokesmen for the Association; that his public statements not only reflect the policies of the Association accurately but also indicate a high degree of statesmanship and skill. Resolution 37 was ordered transmitted to the House of Delegates with the recommendation that it be rejected.

Membership in the American Dental Association—Connecticut State Dental Association: Resolution 30 was ordered transmitted to the House of Delegates with the approval of the Board of Trustees.

Restrictive Practices Relating to Entrance to Membership—Michigan State Dental Association, Minnesota State Dental Association and The Dental Society of the State of New York: The Committee noted that Resolution 33 had been supported by three constituent societies and recommended its approval.

Following discussion, it was agreed to recommend to the appropriate reference committee of the House of Delegates that, since Resolution 30 from the Connecticut State Dental Association and Resolution 33 have essentially the same purpose, the reference committee may wish to combine them in a single substitute resolution which would clearly indicate the procedures to be carried out by Association agencies in implementing the program.

Listing of Specialists in "American Dental Directory": The Committee reported that it had studied the background statement (*Board Manual*:331) outlining the further changes to revise the listing of specialists in the *American Dental Directory*. The following resolution was adopted:

41-1965-B. Resolved, that the revision of the policy and procedures for designating the character of practice in the *American Dental Directory* (*Reports*, 1965:234) be amended in accordance with the proposal of the Bureau of Membership Records as outlined in this report.

Bylaws of American Dental Association Research and Educational Foundation: The Committee reported that it had examined the draft of the bylaws for the American Dental Association Research and Educational Foundation (*Board Manual*:334) and noted that five incorporators have been designated: Dr. Fritz A. Pierson, Dr. Maynard K. Hine, Dr. Harold Hillenbrand, Dr. E. Jeff Justis and Mr. John P. Noone. The following resolution was adopted:

42-1965-B. Resolved, that the Bylaws of the American Dental Association Research and Educational Foundation be approved.

Recess: The Board of Trustees recessed at 12:00 m. and reconvened at 2:00 p.m.

REPORT OF COMMITTEE B

The report of Committee B was read by Dr. Garrett, chairman. The other members of the Committee were Drs. Gregory, Lathrop and Zielinski.

Report of Council on Constitution and Bylaws: The Committee noted that the Council received no requests or assignments from the 1964 House of Delegates and that its report was informational in nature.

Report of Council on Dental Health: The Committee commended the members of the Council for their accomplishments during the past year and joined the Council in expressing sorrow over the death of Dr. Clifton B. Clarno on April 27.

Bylaws and Membership Standards of National Association of Dental Service Plans—

Council on Dental Health: Resolutions 3 and 4 were ordered transmitted to the House of Delegates with the approval of the Board of Trustees.

Solicitation of Contracts by Dental Service Corporations—Council on Dental Health: Resolution 5 was ordered transmitted to the House of Delegates with the approval of the Board of Trustees.

Limitation of Payments to Specialty Groups—Council on Dental Health: Resolution 6 was ordered transmitted to the House of Delegates with the approval of the Board of Trustees.

Twentieth Year of Fluoridation—Council on Dental Health: Resolution 7 was ordered transmitted to the House of Delegates with the approval of the Board of Trustees.

National Assembly on Dental Health—Emphasis: Fluoridation—Council on Dental Health, Supplement 1 to Board: The Committee stated that it had reviewed the Council's supplemental report describing plans for a National Assembly on Dental Health—Emphasis: Fluoridation to be held during National Children's Dental Health Week in 1966. The Committee stated it agreed that the Association should participate as co-sponsor with the U. S. Public Health Service, providing that funds are available for this purpose.

Report of Council on Federal Dental Services: The Committee noted the range of activities described in the report of the Council, and called particular attention to the following: (1) the Committee joined with the Council in expressing appreciation to Representative L. Mendel Rivers, South Carolina, for his vigorous support of the Army and Air Force dental bills; (2) the Committee commended the Council for the success of the Senior Dental Student Survey, stating that it has served well the interests of both the dental students and the military services; (3) the Committee encouraged the Council to continue its efforts to obtain greater support for the dental health program of the Division of Indian Health until that program can assure an adequate level of dental services to Indians and Alaskan natives; (4) the Committee commended the Mississippi Dental Association for its success in eliminating the family dental clinic at Keesler Air Force Base and expressed appreciation for the efforts of Senator John Stennis, Mississippi, in effecting this action. The Committee expressed the hope that dental societies in Colorado and Illinois will continue to work for the closing of family dental clinics in their states, thus completing the elimination of these clinics.

Change in Description of Council Duties—Council on Federal Dental Services: Resolution 8 was ordered transmitted to the House of Delegates with the approval of the Board of Trustees.

Role of the Dentist in National Disaster—Council on Federal Dental Services: Resolution 9 was ordered transmitted to the House of Delegates with the approval of the Board of Trustees.

Report of Judicial Council: The Committee stated it was pleased to note the general interest of the profession in the contributions of the Council as indicated in the

volume of requests for reprints of the *Principles of Ethics with Official Advisory Opinions* which was published in the January, 1965 *Journal*.

Interpretation on Announcement of Limited Practice—Judicial Council, Supplement 1 to Board: In connection with the supplemental report of the Council, the Committee stated that it concurred with the opinion that a dentist released from the federal dental services seeking to qualify under Section 18 of the *Principles of Ethics* as ethically entitled to announce a limited practice must establish that he met the educational "exclusive practice" and "announcement" requirements at the time he commenced to announce a limited practice.

Report of Council on Legislation: The Committee stated that it was impressed with the scope of activity of the Council and the accomplishments described in its report. With the increase in health legislation at the national level, the Committee stated it anticipated that support for the Council would have to be increased.

The Committee complimented the members of the Council for their outstanding work in presenting testimony before Congress and establishing rapport with members of Congress. The Committee also acknowledged the contributions to the legislative goals of the dental profession by the following members of Congress: Senator Abraham A. Ribicoff, Connecticut; Senator Frank Carlson, Kansas; Representative Eugene J. Keogh, New York; Representative John W. Byrnes, Wisconsin; Representative L. Mendel Rivers, South Carolina, and Representative Melvin Price, Illinois.

The Committee also commented as follows: (1) the Committee joined with the Council in urging that state and local societies not concede to their local Internal Revenue Service any liability for tax on advertising and exhibit income; (2) the Committee agreed with the position expressed by the Council in opposition to H.R. 2987, a bill to provide federal loans and loan guarantees for dental and medical group practice with particular favor to those facilities sponsored by non-professional groups; (3) the Committee commended Mr. Hal Christensen, director of the Washington Office, for his efforts as reported by the Council on Dental Health to eliminate inequitable features in the Federal Employees Health Benefits Act.

Council on Legislation—Supplement 1 to House: The Committee stated that it had studied with interest the Council's informational supplemental report to the House of Delegates.

Report of the Council on Relief: The Committee noted with pleasure that the 1964-65 Relief Fund seals campaign exceeded the campaign quota, but stated it was still distressed that only a minority of the members support this worthy cause. The Committee encouraged constituent societies to work for broader participation in the Relief Fund campaign.

Bonus Refund—Council on Relief: The Committee noted with approval that the *Rules* of the Relief Fund have been amended to extend until June 30, 1968 the system under which a bonus refund of 25 per cent is paid to constituent societies that attain their quotas and pay out as their share of approved grants more than they received as a regular refund.

Report of Bureau of Dental Health Education: The Committee stated it had reviewed with interest the report of the Bureau and that it was pleased to see that the extensive activity of this Bureau continued during the past year. The Committee stated it was greatly impressed by the variety of programs carried out by the Bureau, by the participation in meetings throughout the nation, and by the volume of publications issued. The Committee noted that increased interest in dental health matters was demonstrated by the great number of requests for Bureau materials received during the year from dentists, teachers, students, participants in the Peace Corps, and members of the general public. The Committee stated it also recognized the importance of the Bureau's cooperation with publishers in providing them with facts on dental health and reviewing resulting publications for scientific accuracy.

State-Wide Fluoridation Legislation—Connecticut State Dental Association: The Committee congratulated the Connecticut State Dental Association and Connecticut legislators for the enactment of legislation requiring fluoridation for communities with more than 20,000 in population. Resolution 31 was ordered transmitted to the House of Delegates with the approval of the Board of Trustees.

Chronically Ill, Handicapped and Aged—Connecticut State Dental Association: In connection with Resolution 39 requesting that the Council on Dental Health establish a Committee on Oral Health of the Chronically Ill, Handicapped and Aged, the Committee reported it recognized the need for increased activity in this area, but that it felt further study was needed to determine how this will be accomplished in the Association program. Resolution 39 was ordered transmitted to the House of Delegates with the request that it be referred to the Council on Dental Health for study and report to the 1966 session of the House.

Amendment of Section 15 of "Principles of Ethics" on "Use of Professional Titles and Degrees"—New Jersey State Dental Society: The Committee noted that Resolution 34 was almost identical in intent with resolutions that were rejected by the House of Delegates in 1964. Resolution 34 was ordered transmitted to the House of Delegates with the disapproval of the Board of Trustees.

Request from American Dental Hygienists' Association for Review of Judicial Opinion: The Committee reported that it had studied the letters from the American Dental Hygienists' Association to the ADA Secretary and Judicial Council protesting the advisory opinion of the Council which states that a dentist who places the name of his dental hygienist on his door, card or letterhead is engaged in unethical conduct. The Committee noted that the Board of Trustees has no formal authority to alter decisions of the Judicial Council and recommended that the ADHA, if it wished to pursue the matter further, direct a resolution to the House of Delegates.

Following discussion, a motion was adopted requesting the Judicial Council to present to the November session of the Board of Trustees the justification for its present ruling regarding the use of a dental hygienist's name on a dentist's door, card or letterhead.

Amendment of "Bylaws" Relating to "Member in Good Standing": The Committee reported that it had studied the background statement which had been prepared in compliance with the directive of the 1964 House of Delegates that the appropriate

agencies of the Association study the provisions of the *Bylaws* relating to the phrase "member in good standing" and report their recommendations to the House of Delegates at the 1965 annual session. The Committee noted that the proposed amendment to the *Bylaws* had been prepared in order to achieve the intent of the 1964 resolution of the House of Delegates without violating the contractual rights of the member under disciplinary sentence of suspension. The following resolution was ordered transmitted to the House of Delegates with the approval of the Board of Trustees.

43-1965-B. Resolved, that the first sentence of Chapter I, Section 30, of the *Bylaws*, be amended by deleting the period at the end of line 134 and substituting a semicolon and adding the following clause:

provided, however, that a member in good standing who is under a disciplinary sentence of suspension shall be designated as a "member in good standing temporarily under suspension" until his disciplinary sentence has terminated.

to make the amended provision read as follows:

A member of this Association whose dues for the current year have been paid shall be in good standing; provided, however, that a member in good standing who is under a disciplinary sentence of suspension shall be designated as a "member in good standing temporarily under suspension" until his disciplinary sentence has terminated.

Limitation of Support to National Association of Dental Service Plans—Indiana State Dental Association: The Committee noted that the 1964 House of Delegates directed that a "national coordinating agency for dental service corporations" be established and that, in accordance with this directive, the National Association of Dental Service Plans was incorporated in 1965 and its bylaws and membership standards will be transmitted for review by the 1965 House of Delegates. The Committee stated it believed that the potential importance of NADSP in the broad field of dental prepayment warrants the financial support of the Association and that it did not believe that the House of Delegates would wish to reverse its 1964 directive before the recommended agency had had the opportunity to gain experience on which its program could be evaluated. The Committee stated further it did not believe that the present House of Delegates would wish to prevent a future House of Delegates from providing support for the national coordinating agency. Resolution 41 was ordered transmitted to the House of Delegates with the recommendation that it be rejected.

REPORT OF COMMITTEE C

The report of Committee C was read by Dr. Trueblood, chairman. The other members of the Committee were Drs. Cooksey, Eberhardt and Cassel.

Report of Editor: The Committee commended the Editor on the contents of his report and commented as follows on various sections: (1) the Committee commended the Editor on all of his publications and noted the many favorable expressions extended by the membership; (2) the Committee noted with pleasure a slight increase in the monthly circulation of *The Journal* and commended the Editor for his plan of hav-

ing in each issue information and articles on some particular subject of special interest to the profession; (3) the Committee stated it was pleased with the increase in advertising in *The Journal* and commended the Department of Sales and Advertising for its *Guide to the Industrial Exhibits* and the *Dental Students' Purchasing Guide*; (4) the Committee expressed the opinion that the contract with the Neely Printing Company, Inc. for the manufacture of *The Journal* is a good contract and commented that it awaited with anticipation the January, 1966 issue with the new format; (5) the Committee noted with pleasure an increase in subscriptions for *Dental Abstracts* and complimented the Editor on the new format and on the inclusion of more abstracts; (6) the Committee stated it awaited with anticipation the new publication *Oral Research Abstracts* and noted with pleasure that notification of a grant in the amount of \$300,000 had been received from the U. S. Public Health Service; (7) the Committee predicted immediate success for the Department of Publications which had been authorized by the Board of Trustees in 1964 and which would become operative as soon as possible.

Section Editor and Editorial Board of "Journal of Oral Surgery"—Editor: The following resolution presented by the Editor was adopted:

44-1965-B. Resolved, that the following Section Editor and members of the Editorial Board of the *Journal of Oral Surgery* be reappointed for the three-year period 1966-1968:

Section Editor: Herbert J. Bloom, Detroit
Editorial Board: William F. Harrigan, Rockville Centre, New York
 Lon W. Morrey, Chicago
 LeRoy W. Peterson, Clayton, Missouri

Report of Council on Dental Education: The Committee complimented the Council on the completeness of its report and stated it agreed unanimously that, if it were possible, this report should be required reading for each member of the Association. The Committee commented as follows on various sections of the report: (1) the Committee stated it was happy to learn that the 1964 entering class of freshmen in dental schools represents a capacity first-year enrollment on a nation-wide basis and that this number represents about 50 per cent of those who took the aptitude tests; (2) the Committee reported it was amazed at the accelerated trends in the field of training programs for auxiliary personnel and suggested that the Council emphasize the use of its *Policies and Guidelines for the Training of Auxiliary Personnel* to all advisory committees of local dentists in establishing any new training programs; (3) the Committee stated it was pleased that the number of dental assisting programs is growing and that there were 50 schools with 1,019 students in 1964; (4) the Committee stated it was pleased with the growing enrollment of dental hygiene students and that it agreed with the Council that additional schools must be established; (5) the Committee reported it shared the concern of the Council on the limited number of training programs for dental laboratory technicians and that it agreed that additional training programs must be established; (6) the Committee stated it was gratified to learn that more young men are taking the dental aptitude tests and to learn also that the attrition rate is falling in the schools because of this program; (7) the Committee stated it was pleased with the exhibit of the Dental Aptitude Testing Program and the National Board examinations at the 1964

annual session; (8) the Committee praised the Council for its activities in connection with the evaluation of qualifications of foreign dental graduates; (9) in connection with the experimental training programs for auxiliary personnel which have been completed, the Committee stated it concurred with the Council that the profession should not give consideration to implementation of the findings pending completion and evaluation of other experimental studies in auxiliary training and utilization currently being conducted; (10) the Committee thanked Dr. Walter E. Dundon, retiring Council member, for his untiring work during the past six years.

Examination Program of the Certifying Board of the American Dental Assistants Association—Council on Dental Education: Resolution 1 was ordered transmitted to the House of Delegates with the approval of the Board of Trustees.

Qualifications for Examination by Specialty Boards—Council on Dental Education: Resolution 2 was ordered transmitted to the House of Delegates with the approval of the Board of Trustees.

"Requirements for an Accredited Program in Dental Hygiene Education"—Council on Dental Education, Supplement 1 to House: Resolution 13 was ordered transmitted to the House of Delegates with the approval of the Board of Trustees.

Report of Council on Dental Trade and Laboratory Relations: The Committee commended the Council on its excellent accomplishments and stated it was especially pleased with the Council's efforts in defeating "denturist" legislation; defeating laboratory technicians' licensure; the successful conclusion of the mail order fraud case; prosecution of unlicensed persons in state courts, and license revocation for dentists who allow technicians to deal directly with the public. The Committee also commented as follows: (1) the Committee reported it was delighted to learn that 95 laboratories had become accredited in 30 states as of June 30 and stated it felt that all dentists should tell their laboratories that they favor accreditation; (2) the Committee stated it was glad to know that meetings had been held between representatives of the Association and members of the National Association of Dental Laboratories and expressed the hope that there would be a meeting of the minds of the two associations in the near future; (3) the Committee thanked Dr. Worthington G. Schenk and Dr. J. Eugene Ziegler, retiring Council members, for their untiring work for the past six years on the Council.

Report of Council on Hospital Dental Service: The Committee commended the Council for its fine report and stated it concurred with the Council's request that Resolution 208 of the 1964 House of Delegates be postponed indefinitely.

"Guidelines for Hospital Dental Services"—Council on Hospital Dental Service: Resolution 10 was ordered transmitted to the House of Delegates with the approval of the Board of Trustees.

Report of Council on Journalism: The Committee complimented the Council on its report and stated it was particularly pleased with the Council's efforts in the areas of its workshops, survey of state society publications and the training programs for editors. The Committee thanked Dr. Isaac Sissman, retiring Council member, for his untiring work for the past six years on the Council.

Tenure of Office for Editors—Council on Journalism: Resolution 11 was ordered transmitted to the House of Delegates with the approval of the Board of Trustees.

Report of Council of National Board of Dental Examiners: The Committee reported it was delighted to learn that more states have accepted the results of the National Board in their licensing programs. The Committee stated it was also happy to see that the examinations of the National Board are now taken by almost 100 per cent of the students and that this same situation exists for the Dental Hygiene Program.

Report of Department of Sales and Advertising: The Committee congratulated the Department for the excellent work it is doing and noted with satisfaction the increase in advertising income for two of the publications. The Committee stated it was impressed with the number of sales promotion plans and that it was extremely interested in the success of all of them.

Publication of Information on Dental Fees and Income—Alaska Dental Society: The Committee stated it was of the opinion that more real benefits are derived from the reports of the Bureau of Economic Research and Statistics than the alleged instances of the misuse of this information as claimed in Resolution 38. Resolution 38 was ordered transmitted to the House of Delegates with the recommendation that it be rejected.

Professional Status for Dental Hygienists—Massachusetts Dental Society: The Committee reported that it was in sympathy with the intent of Resolution 32, but that the resolution requests the Association to grant something which is not in its power to bestow. The Committee commented that no profession ever reached its professional status by means of a resolution or even legislative action since recognition as a profession can only be gained from the court of public opinion and esteem. The Committee stated it believes that dental hygiene has an honored and deserved place in the hierarchy of those dedicated to the health of the public and that it will win for itself—not by resolution but by achievement—professional recognition from our society. The Committee stated that, only because the Association has no power to grant the request which has been made, it recommended that Resolution 32 be postponed indefinitely, but that it strongly urged the Council on Dental Education to increase its efforts to secure a more favorable civil service designation for dental hygienists.

Dr. Kenneth E. Wessels, secretary of the Council on Dental Education, was present during the discussion relating to Resolution 32 and was requested by a member of the Board of Trustees to include in the 1966 report of the Council a report on the steps taken to implement the request of Committee C.

Resolution 32 was ordered transmitted to the House of Delegates with the recommendation that it be postponed indefinitely.

Continuation of Dental Assistants 104-Hour Certification Courses—New Jersey State Dental Society: The Committee noted that Resolution 35 was the exact opposite of the Council on Dental Education's Resolution 1 which had been transmitted to the House of Delegates with the approval of the Board of Trustees. Resolution 35 was ordered transmitted to the House of Delegates with the disapproval of the Board of Trustees.

Later in the session action on Resolution 35 was reconsidered and a motion was

adopted transmitting the following additional comment of the Board of Trustees to the House of Delegates:

In view of the fact that a shortage of educational facilities for dental assistants may persist for some time in various parts of the country, this lack may dictate the continuation of the 104-hour course in some localities as a suitable educational experience which will contribute to the training of the dental assistant but which will not qualify her under the certification program for dental assistants. The Board recommends that the Council on Dental Education be requested to give consideration to this suggestion and, if possible, devise some means for recognizing those assistants completing the 104-hour course outside of the certification program.

The Board believes that this suggestion will bridge the establishment of formal educational requirements for the dental assistant and the need for dental assistants in some areas to obtain a valid educational experience.

Definitions of Scope of Approved Special Areas of Dental Practice—The Dental Society of the State of New York: The Committee commented that the problem of defining the specialties with precision has been the concern of the Council on Dental Education for many years and that workable definitions, adequate for the program of the Council and of the Association, have been developed. However, the Committee stated it did not believe these should have the approval of the House of Delegates since the definitions will change from time to time as new trends in the dental profession become apparent. The Committee suggested that the Board of Trustees might wish to request the Council on Dental Education to submit the definitions to the House of Delegates for information, but stated it did not believe the New York resolution should be approved.

Resolution 36 was ordered transmitted to the House of Delegates with the recommendation that it be postponed indefinitely. The negative vote of Dr. Gregory was recorded.

Requests for Grants from American Fund for Dental Education and American Association of Dental Schools: On motion, the requests for grants from the American Fund for Dental Education and the American Association of Dental Schools were postponed definitely until the November, 1965 session in order that they might be considered in the perspective of the 1966 budget.

Statement of American Association of Orthodontists on Advanced Training in Hospital Treatment Clinics: The Committee reported that it had reviewed the statement of the American Association of Orthodontists (*Board Manual*:530) commenting on the provisional approval by the Council on Dental Education of an advanced program for the training of orthodontists in the Albert Einstein Medical Center, Philadelphia, and commented as follows:

The point at issue appears to be that the American Association of Orthodontists protests the provisional approval of this educational program on the grounds (1) that it is conducted in a hospital center and (2) that it may not meet established educational requirements.

The Committee has reviewed the directive of the House of Delegates (*Trans.*

1962:247) directing the Council on Dental Education to evaluate and approve postgraduate programs which have as their primary objective the qualification of dental specialists in areas of practice recognized by the Association. The Council on Dental Education has complied with this directive and evaluated the orthodontic program at the Albert Einstein Medical Center and has given this program provisional approval.

Committee C is not persuaded that the mere site of the program—a hospital—has an essential influence on the quality of the educational program which is provided. Committee C is persuaded that the quality of the program has been carefully evaluated by the Council on Dental Education and has been found worthy of provisional approval. The Committee is further persuaded that, in view of the provisional approval which has been granted, the Council will keep this program under its purview until it is able to make an evaluation based on experience.

In view of the need for programs for the training of dentists in the approved special area of orthodontics, Committee C concurs in the action of the Council on Dental Education in granting provisional approval to the program at the Albert Einstein Medical Center. The Committee is assured that the Council is evaluating the quality of educational programs and not their sites.

The Committee is appreciative of the thoughtful comment of the American Association of Orthodontists and appreciates its concern for the quality of education in the field of the special area of orthodontics. The Committee does not agree that the provisional approval of one program in a hospital center, with academic relations to an outstanding educational institution, the University of Pennsylvania, is inimical to the continued growth of advanced education in orthodontics.

Upon motion, the comments of Committee C were ordered transmitted to the American Association of Orthodontists.

Resolution of Council of Societies in Dental Hypnosis: The Committee reported that it had studied the resolution submitted by the Council of Societies in Dental Hypnosis (*Board Manual*:534) and that it agreed with the Council on Dental Education that the application of psychology is an important aspect of dental practice; that improper use of hypnosis should be condemned; that special means for regulation of the use of hypnosis in dentistry are not necessary since the use of hypnosis would subject the dentist to the same ethical and legal sanctions as would the use of any adjunct to treatment. The Committee stated it also agreed that the Council of Societies in Dental Hypnosis has no official relation to any organization whose activities relate to the study or promotion of an approved special area of dental practice. Following discussion, the following resolution was adopted:

45-1965-B. Resolved, that the Council of Societies in Dental Hypnosis be informed that the Board of Trustees has not transmitted the submitted resolution to the House of Delegates for the following reasons:

1. The Board of Trustees does not believe the appointment of a committee to evaluate and regulate the use of hypnosis by dentists will be useful or effective, since the state boards of dental examiners presently have the power to regulate this phase of dental practice if necessary.

2. The Board of Trustees does not believe that it can appropriately direct or request the dental schools to give consideration to an adequate teaching program in psychology and hypnodoctics since the Council of Societies in Dental Hypnosis may take such action of its own initiative if it desires to do so.
3. The Board of Trustees indicates that the *Bylaws* of the American Dental Association contain no mechanism for the recognition of organizations in dentistry other than the constituent and component societies.
4. The Board of Trustees also indicates that the creation of a scientific section will require amendment of the American Dental Association *Bylaws*.

**REPORT OF SPECIAL COMMITTEE ON LIAISON WITH
NATIONAL DENTAL ASSOCIATION**

The report of the Special Committee on Liaison with National Dental Association was read by Dr. Pierson, chairman. The other members of the Committee were Drs. Hine, Ostrander, Hillenbrand, Hendershot, Deines and Eberhardt.

The Committee reported that no meeting had been held with officials of the National Dental Association since February 21, 1965 but that the NDA Liaison Committee had been invited to meet with the entire ADA Board of Trustees on November 6 in Las Vegas. The Committee stated that the President, Secretary, Editor and members of the Central Office staff were guests of the National Dental Association at its annual session in Chicago on August 1-5 and that no particular problems were brought to light. The Committee also noted that the Association will join with the National Dental Association and the American Association of Dental Schools in the joint sponsorship of the Conference on Impact of Research on Dental Education in Washington, D. C. on October 4-6, and that the Association staff had assisted in the development of the program for the conference.

Life Membership Requirements for NDA-ADA Members—Special Committee on Liaison with National Dental Association: The Committee reported that in April, 1965, the Board of Trustees considered a request of the two liaison committees that "consideration be given to crediting 25 years of continuous membership in the National Dental Association towards the ADA requirement of 35 years of membership for life membership, for members of the National Dental Association who had recently become members of the American Dental Association" (p. 405). The Board of Trustees approved the request in principle and requested the submission of amendments of the *Bylaws* to effect the change by the 1965 House of Delegates. The Committee stated that, while there may be some administrative problems in determining length of membership in the National Dental Association, it did not believe these to be of sufficient proportion to indicate reconsideration of the proposed amendment. The following resolution presented by the Committee was approved for transmittal to the House of Delegates.

46-1965-B. Resolved, that Chapter I, "Membership", Section 20, "Qualifications", of the *Bylaws* be amended by the addition of the following to Section 20B:

A dentist who has held twenty-five (25) years of membership in the National Dental Association and who has held ten (10) years of additional membership in the American Dental Association, after complying with the other requirements for life membership in the American Dental Association as stated in Chapter I, Section 20B of these *Bylaws*, may be classified as a life member of this Association.

REPORT OF SPECIAL COMMITTEE ON SCIENTIFIC SESSION

The report of the Special Committee on Scientific Session was read by Dr. Hine, chairman. The other members of the Committee were Drs. Kurz, DeVoe, Lathrop and Trueblood. The Committee reported that the Chairman and other members would meet with the Council on Scientific Session on August 30-31 and that its report would, accordingly, be delayed until the November session of the Board of Trustees.

NEW BUSINESS

Appointment of Consultants and Advisers: The following resolutions were adopted:

47-1965-B. Resolved, that the following appointments as consultants to the Council on Dental Education be approved for terms ending with the 1966 annual session:

Armstrong, Wallace D., Minneapolis
 Blackerby, Philip E., Jr., Battle Creek, Michigan
 Blomquist, (Miss) Barbara C., Belmont, Massachusetts
 Bloom, Herbert J., Detroit
 Boling, Leroy R., St. Louis
 Brauer, John C., Chapel Hill, North Carolina
 Buchmann, Walter A., Chicago
 Champagne, Joseph L., Detroit
 Clarke, (Miss) Bettie, San Jose, California
 Dewel, B. F., Evanston, Illinois
 Dixon, Russell, Washington, D. C.
 Dolan, (Mrs.) Frances, Bridgeport, Connecticut
 Dundon, Walter E., Chicago
 FitzGerald, Leslie M., Dubuque, Iowa
 Fleming, Willard C., San Francisco
 Galagan, Donald J., Bethesda, Maryland
 Gilman, C. W., National City, California
 Green, Francis (Frank) A., Chattanooga
 Hahn, William E., Baltimore
 Hayward, James R., Ann Arbor, Michigan
 Holland, Mellor R., Minneapolis
 Hord, (Miss) Louise W., Boston
 Howard, (Mrs.) Alicia M., Washington, D. C.
 Jensen, James R., Minneapolis

Johnson, (Mrs.) Edna, New Orleans
 Kellner, Arthur W., Hollywood, Florida
 Kerr, Donald A., Ann Arbor, Michigan
 Kimbrough, Jack J., San Diego
 Kruger, Gustav O., Jr., Washington, D. C.
 Kryger, (Miss) Lois, Bethesda, Maryland
 Kyes, Rear Admiral Frank M., Washington, D. C.
 Lyons, Harry, Richmond
 McDonald, Ralph E., Indianapolis
 Novitski, Monica, Albuquerque
 Noyes, Harold, Portland, Oregon
 Patterson, William R., Texarkana, Arkansas
 Pelton, Walter J., Birmingham
 Peterson, Leroy W., St. Louis
 Peterson, Shailer, Memphis
 Ricker, O. Lee, Grand Rapids, Michigan
 Robinson, Hamilton B. G., Kansas City, Missouri
 Rowley, (Mrs.) Mary E., San Diego
 Ship, Irwin I., Philadelphia
 Smith, Gilbert P., New York City
 Stough, G. Paul, Cleveland
 Sullens, Reginald H., Chicago
 Swanson, (Miss) Margaret E., Chicago
 Thompson, Edward C., Urbana, Illinois
 Thompson, Elbert O., Salt Lake City
 Throne, (Miss) R. Roberta, Philadelphia
 Timmons, Gerald D., Scottsdale, Arizona
 Walker, Robert V., Dallas
 Williams, Ned B., Philadelphia

48-1965-B. Resolved, that the following appointments as consultants to the Council on Dental Health be approved for terms ending with the 1966 annual session:

Castellucci, John W., Chicago
 Easlick, Kenneth A., Ann Arbor, Michigan
 Follman, J. R., Jr., New York City
 Galagan, Donald J., Washington, D. C.
 Goodman, James, Chicago
 St. Marie, Gerald L., New Haven, Connecticut
 Sanborn, Noel B., New York City
 Silverman, Sidney I., New York City

49-1965-B. Resolved, that the following appointments as consultants to the Council on Dental Research be approved for terms ending with the 1966 annual session:

Barr, John H., Boston
 Forziati, Alphonse F., Washington, D. C.
 Jones, L. Meyer, Chicago

Lyman, F. Earle, Bethesda, Maryland
 Mann, William R., Ann Arbor, Michigan
 Manson-Hing, Lincoln, Birmingham
 Nelsen, Robert J., Rockville, Maryland
 Peterson, Shailer, Memphis
 Peyton, Floyd A., Ann Arbor, Michigan
 Phillips, Ralph W., Indianapolis
 Richards, Albert G., Ann Arbor, Michigan
 Ryge, Gunnar, Milwaukee
 Spangenberg, H. D., Columbus, Ohio
 Volker, Joseph F., Birmingham
 Wilde, Charles E., Jr., Philadelphia
 Yale, Seymour H., Chicago

50-1965-B. Resolved, that the following appointments as consultants to the Council on Dental Therapeutics be approved for terms ending with the 1966 annual session:

Blayney, J. Roy, Evanston, Illinois
 Burkholder, David F., Lexington, Kentucky
 Chilton, Neal W., Trenton, New Jersey
 Crowley, (Miss) Mary C., Ann Arbor, Michigan
 Dreizen, Samuel, Chicago
 Driscoll, Edward J., Bethesda, Maryland
 Grainger, Robert M., Toronto, Canada
 Harris, Stanley G., Chicago
 Hess, Walter, Washington, D. C.
 Jorgensen, Niels B., Loma Linda, California
 Monheim, Leonard M., Pittsburgh
 Nikiforuk, Gordon, Los Angeles
 Orland, Frank J., Chicago
 Sadove, Max, Chicago
 Stanley, Harold R., Washington, D. C.
 Williams, Ned B., Philadelphia

51-1965-B. Resolved, that the following appointment as consultant to the Council on Dental Trade and Laboratory Relations be approved for a term ending with the 1966 annual session:

Woelfel, Julian, Columbus, Ohio

52-1965-B. Resolved, that the following appointments as consultants to the Council on Federal Dental Services be approved for terms ending with the 1966 annual session:

Fox, Thomas P., Philadelphia
 Hobson, Robert W., Denver
 Hoffmann, George P., Greenville, South Carolina
 Jensen, James R., Minneapolis

Kerr, I. Lawrence, Endicott, New York
 Matteson, David W., Oklahoma City
 McCallum, Charles A., Jr., Birmingham
 Michael, Jerrold M., Washington, D. C.
 Murphey, Phelps J., Dallas
 Rault, Clemens V., Washington, D. C.

53-1965-B. Resolved, that the following appointments as consultants to the Council on Hospital Dental Service be approved for terms ending with the 1966 annual session:

Dummett, Clifton O., Tuskegee, Alabama
 Love, Robert C., Chicago
 Vickers, Denver M., Chicago

54-1965-B. Resolved, that the following appointment as consultant to the Council on Insurance be approved for a term ending with the 1966 annual session:

Zillmann, Paul W., Buffalo

55-1965-B. Resolved, that the following appointments as consultants to the Council on International Relations be approved for terms ending with the 1966 annual session:

Blackerby, Philip E., Battle Creek, Michigan
 Moen, Obed H., Watertown, Wisconsin
 Restrepo, Dario, Washington, D. C.

56-1965-B. Resolved, that the following appointments as consultants to the Council on Journalism be approved for terms ending with the 1966 annual session:

Barton, Paul, Columbus, Ohio
 McGiffert, Robert, Columbus, Ohio

57-1965-B. Resolved, that the list of consultants submitted by the Council on Legislation be approved.

58-1965-B. Resolved, that the list of advisers submitted by the Council of National Board of Dental Examiners be approved for terms ending with the 1966 annual session.

59-1965-B. Resolved, that the following appointments as consultants to the Council on Scientific Session be approved for terms ending with the 1966 annual session:

Frankel, John M., Bethesda, Maryland
 Hooper, R. Donald, St. Paul

Kreiner, Robert S., Chicago
Leathers, Lindell L., Washington, D. C.
Lindahl, Roy L., Chapel Hill, North Carolina
Mullen, George E., New York City
Nuttall, Ernest B., Baltimore
Verneti, James P., Coronado, California
Tennis, Phillip J., Los Angeles
Thompson, Elbert O., Salt Lake City
Walker, Robert V., Dallas

Nomination of Life Members to House of Delegates: The Secretary presented a list, by constituent society or federal dental service, of the total number of active members of the Association to be recommended for life membership. It was pointed out that eligibility had been determined according to the best available records by members of the staff, and the constituent societies had been informed of the proposal to classify these members as life members. The following resolution was adopted:

60-1965-B. Resolved, that the nomination for life membership of 860 members listed by the total in each constituent society or federal dental service be transmitted to the House of Delegates.

Recess: The Board of Trustees recessed at 5:40 p.m.

FRIDAY, SEPTEMBER 3, 1965

Call to Order: The meeting of the Board of Trustees was called to order at 9:00 a.m. by President Pierson.

Roll Call: The officers, members of the Board of Trustees and members of staff were present as previously recorded.

Appearance of General Chairman, General Committee on Local Arrangements, 1965 Annual Session: Dr. Robert L. Morrison, general chairman of the General Committee on Local Arrangements for the 1965 Annual Session, appeared before the Board of Trustees and presented a progress report on plans for the annual session in Las Vegas. President Pierson expressed appreciation to Dr. Morrison and the members of his committee for the excellent work accomplished.

REPORT OF COMMITTEE D

The report of Committee D was read by Dr. Musselman, chairman. The other members of the Committee were Drs. McGuirl, DeVoe and Flinn.

Report of Council on Dental Research: The Committee commented as follows on the Council's report: (1) the Committee noted with alarm that there is a deficiency of U. S. National Institute of Dental Research grant funds and expressed the hope

that this problem would be alleviated in the near future; (2) the Committee stated it was pleased to learn that the initiation of the Dental Research Information Center had proceeded promptly and that several agencies outside of the Association had expressed avid interest in supporting and maintaining the program; (3) the Committee stated it was also pleased to note the increase in the expansion of dental research, the number of conferences and the interest shown at the pre-baccalaureate level, to which the science fair activities throughout the country had contributed greatly; (4) the Committee joined with the Council in expressing fear that unsuitable legislation might improperly hinder the effectiveness of scientific investigation requiring the use of laboratory animals, and noted that the Council is continuing to proceed intelligently in supporting the accreditation program under the jurisdiction of the American Association for Accreditation of Laboratory Animal Care; (5) the Committee commended the Council on the conferences held and for its program in the areas of laboratory animal care and radiation hygiene.

Registry of Dental and Oral Pathology—Council on Dental Research: The Committee stated that the summary of activities of the Registry of Dental and Oral Pathology for 1964 indicated the value of this Registry. The Committee commented it felt that the fascicle, "Tumors of the Odontogenic Apparatus and Jaws", is very valuable and encouraged activity to stimulate its sale.

Research Division, National Bureau of Standards—Council on Dental Research: The Committee commended the Research Division of the Council at the National Bureau of Standards for its continuing activity in research and the progress being made in the study of dental materials, particularly in the analytical methods now employed for cast gold alloys and alloys for dental amalgams.

Research Division, National Institutes of Health—Council on Dental Research: The Committee commended the staff of the Research Division at the National Institutes of Health for diligently investigating a wide variety of research projects.

Report of Council on Dental Therapeutics: The Committee complimented the Council on the excellence of the contents of the current edition of *Accepted Dental Remedies* as evidenced by the receipt of the Mead Award. The Committee noted that the distribution of complimentary copies of *Accepted Dental Remedies* to those entering practice has proven to be most worthwhile. The Committee stated its belief that cooperation between the Council and the American Heart Association is most valuable and encouraged the Council to continue its activities in this area.

Report of Council on Insurance: The Committee noted that the Council has responded to the directive of the House of Delegates (*Trans.* 1963:290) to attempt to procure the correction of existing inadequacies in school accident insurance. The Committee stated it recognized, with the Council, that the problem is a difficult one and expressed the hope that the meeting with officials of the Health Insurance Council will produce an acceptable solution.

The Committee reported it was very pleased to learn that the experience in the Group Life Insurance Program continues at a very satisfactory level and that participation is enjoyed by many members. The Committee stated that the cooperation of the underwriters, the Great-West Life Assurance Company, is evident in the con-

tinuation of the 25 per cent bonus authority despite the premium reduction and benefit improvement which became effective in 1965. The Committee commented that the employment of Dr. Harold M. Flickinger as a part-time advisor, in the capacity of Student Insurance Counselor, to make formal visits to dental schools is further evidence of interest of the underwriter in promoting the benefits of the Group Life Insurance Program to student members. The Committee expressed the hope that the deans and other officials of the dental schools will be cooperative in this program.

The Committee noted with approval that the Group Accident and Sickness Insurance Program has been transferred to the Insurance Company of North America with a minimum of difficulty and that after an initial decline in enrollment there has been a substantial increase of participating members. The Committee commented that the cooperation of the underwriter in the transfer of this program was evident and predicted a successful future for the program. The Committee stated it was pleased with the action of the Board of Trustees in accepting members from The Dental Society of the State of New York into the program without proof of insurability and at the same level of benefit. The Committee recommended that the Council be receptive to requests from constituent societies to utilize ADA coverage in order to improve the coverage presently afforded to their members. The Committee commented it was in agreement with the Council's statement that the Association's program will serve as a substantial supplement to insurance coverage held by members under constituent society or other programs.

The Committee stated it concurred with the Council in believing that members of the federal dental services should continue to purchase professional liability insurance which is available at a reduced rate.

The Committee joined the Council in commending the Insurance Company of North America, Great-West Life Assurance Company and M. A. Gesner, Inc. for contributing to the American Fund for Dental Education, Inc. The Committee also concurred with the Council in expressing appreciation to Great-West Life Assurance Company and M. A. Gesner, Inc. for underwriting the publication of the revised pamphlet, *Insurance Protection for the Dentist*. The Committee stated it wished to stress the importance of this pamphlet and its reading by all members, particularly new members as they join the Association.

Group Accident and Sickness Insurance Program—Council on Insurance, Supplement 1 to Board: The following resolution presented by the Council was adopted:

61-1965-B. Resolved, that the accidental death benefit contained in the Group Accident and Sickness Insurance Program be amended to permit the purchase, on an optional basis, of additional amounts of coverage, in \$1,000 increments, from the present level of \$3,000 up to a maximum of \$10,000, in accordance with the premium quotations submitted to the Council on Insurance by the administrators of the program.

Report of Council on International Relations: The Committee commented as follows on the Council's report: (1) the Committee commended the Council on the literature sent to other countries, particularly the translations, and expressed the hope that suitable materials will continue to be available for this purpose; (2) the Committee concurred with the Council in recommending that the participation in, and

financial support of, Project HOPE be continued, and noted that dentists have participated in every program and have been well received; (3) the Committee commended the Council on its continuance of the International Hospitality Room and the International Luncheon at the annual session, and expressed the hope that these two activities will be attended by many Association members as they afford an opportunity to create a great deal of international good will and understanding.

Report of Council on Scientific Session: The Committee reported it was pleased to learn that the attendance at the 1964 annual session in San Francisco exceeded all sessions except that of the Centennial, and that there was a marked increase of 57 per cent over the attendance at the 1955 annual session in San Francisco.

The Committee stated it was also very pleased to learn that the Council has discussed methods designed to improve the programs of the annual scientific sessions. The Committee concurred in the Council's belief that the television programs presented by the Council should come under the direction of the Bureau of Audiovisual Service, and joined with the Secretary of the Council in regretting the poor response to inquiries which had been sent to allied groups in the dental field requesting suggestions for improvements of the scientific session. The Committee also noted with dismay the poor response to the opinion survey of the members attending the annual session asking for their preferences of programs presented in the scientific session and suggestions for future programming. The Committee expressed the hope that the Council will not be discouraged by this lack of cooperation and that it will continue to pursue every means available to enhance and improve the quality of the meeting.

The Committee suggested that the Board of Trustees institute a study of the propriety of the pre-convention meetings of the allied groups, and of the effect which these meetings have upon the attendance of the scientific session and the Association. The Committee stated it also believed that this subject might well be considered by the Special Committee on Scientific Session of the Board of Trustees.

Approval of Section Officers for 1966 Annual Session—Council on Scientific Session, Supplement 1 to Board: The following resolution presented to the Council was adopted:

62-1965-B. Resolved, that the section officers recommended by the Council on Scientific Session for the 1966 annual session be approved.

Report of Bureau of Library and Indexing Service: The Committee commended the Bureau staff on the many activities performed. The Committee stated it believed that the improvements in the indexing of dental literature was particularly commendable. The Committee also noted with pleasure the increased utilization of the library facilities by groups outside of the Association membership. The Committee stated it looked forward to suitable housing for the library in the new building and commended the Bureau for the excellence of its performance under very trying and crowded conditions.

Dental Insigne—Bureau of Library and Indexing Service: Resolution 12 was ordered transmitted to the House of Delegates with the approval of the Board of Trustees.

Report of General Committee on Local Arrangements for 1965 Annual Session: The

Committee stated it was very pleased with the progress which has been made to date as reported by the General Committee on Local Arrangements for the 1965 annual session. However, the Committee noted that no reference was made in the report to the scarcity of transportation facilities to Las Vegas, especially for those members and groups who will be traveling from Chicago and points east. The Committee recommended that some consideration be given to this apparent paucity of air travel space as it concerned the possible influence it might have upon the attendance, not only at this meeting, but at the meeting which has already been scheduled in Las Vegas in 1970. The Committee stated its belief that this was the responsibility of the General Committee on Local Arrangements since the Board of Trustees was assured that there would be adequate transportation available.

The Committee noted with some displeasure the discontinuation of the Tuesday night entertainment and recommended that this be reinstated so that the membership will have this source of excellent and inexpensive entertainment during the annual session. During discussion, it was pointed out that the Tuesday night entertainment had been eliminated for the 1965 annual session on the recommendation of the General Committee on Local Arrangements since the Committee felt it would be expensive and poorly attended, and that the Choralon Choir was being brought in from Salt Lake City at some additional expense to perform at the Opening Meeting.

Approval of Officers of General Committee on Local Arrangements for 1967 Annual Session: The following resolution was adopted:

63-1965-B. Resolved, that the nominations for officers of the General Committee on Local Arrangements for the 1967 annual session be approved as submitted by Dr. Francis J. Fabrizio, general chairman.

Report of Inter-Council Committee for Evaluation of Dental Devices: The Committee noted with pleasure the progress made to date in the establishment of the Inter-Council Committee for Evaluation of Dental Devices, as evidenced by that Committee's report. The Committee stated it was pleased to learn that the Inter-Council Committee had developed a program for evaluation of devices by the Association, had set up patterns of procedure and assigned priority for evaluation of certain classes of devices. The Committee reported it also looked with favor upon the fact that the program of the Inter-Council Committee will be carried out in the new headquarters of the Association.

Radiation Hygiene in Dental Practice—Tennessee State Dental Association: The Committee reported that it had special concern about the assumption in the first statement of the preamble to Resolution 40 that "medical and dental use of radiation produces a *major* part of the radiation exposure of human beings". The Committee stated, however, that despite this inaccuracy, it was in sympathy with the general concern and interest which the resolution contained. The Committee pointed out that the action requested in the resolution was already being implemented through the establishment of the Inter-Council Committee for the Evaluation of Dental Devices. It also pointed out that x-ray machines will be given early consideration by the Inter-Council Committee, which will have available to it the continuing investigations of the Council on Dental Research and the National Council on Radiation

Protection and Measurement. The Committee expressed confidence that the Council on Dental Research will continue its avid pursuit of the proper solution of this important problem.

Resolution 40 was ordered transmitted to the House of Delegates with the recommendation that it be amended in the first line of the first resolving clause by changing the word "Association" to "Association's" and by inserting the phrase "Council on Dental Research continue and", and in the first line of the second resolving clause by inserting the phrase "through its program for evaluating devices", to make the amended resolving clauses read as follows:

Resolved, that the American Dental Association's Council on Dental Research continue and expand its interest in the area of radiation protection by: intensifying its efforts to emphasize the principles of protection from unnecessary exposure to ionizing radiation through its educational functions to the profession, and be it further

Resolved, that the American Dental Association through its program for evaluating devices encourage and stimulate the search for new materials and techniques which would further reduce exposure to radiation by reasonable means; therefore, promoting a continuing search for new minimal standards.

REPORT OF SPECIAL COMMITTEE ON RESEARCH

The report of the Special Committee on Research was read by Dr. Hine, chairman. The other members of the Committee were Drs. Eberhardt, Garrett, Hendershot and Timmons with Drs. Doty, Hampp, Paffenbarger and Pearlman as consultants.

The Committee reported that it had not held a meeting since the April session of the Board of Trustees since sufficient information on various research activities had not developed to the point at which a meeting would be warranted. The Committee stated that it had requested all agencies of the Association to submit reports on their present and future research activities so that the total scope of the Association's research program could be envisioned, and that these reports were being compiled for the use of the Committee.

The Committee noted that the administration of the expanded research program in the Association's new laboratories was being developed by the Secretary of the Association in consultation with the Assistant Secretary: Research and Therapeutics. The Committee stated that when the administrative pattern has been determined, the Committee will use it as a basis for its recommendations on a long-range research program. The Committee commented that the development of a program by the Inter-Council Committee for Evaluation of Dental Devices represents a new facet of Association activity and must be fitted into the total research program. The Committee also noted that the appropriation of increased funds for the collaborative research between the Association's Research Division at the Bureau of Standards, the National Bureau of Standards and the National Institute of Dental Research still awaited action by the Congress and that, if granted, the expansion of this program must be given renewed consideration.

The Committee stated that, while it would like to complete its assignment, it was likely that a final report could not be developed until the new research facilities have been in operation for some time.

Registry of Periodontal Pathology—Special Committee on Research: The Committee reviewed the action of the Board of Trustees at its April, 1965 session in connection with a request from the American Academy of Periodontology to establish and house a Registry of Periodontal Pathology in the new Association Headquarters Building (p. 414). The Board of Trustees had received the request with interest and had referred it to the Special Committee on Research for exploration and to determine the extent of the financial support of the American Academy of Periodontology. The Committee presented the text of a letter from Dr. Donald A. Kerr, secretary, and Dr. Helmut A. Zander, chairman of the Planning Committee, American Academy of Periodontology, addressed to the Secretary of the Association, which described in detail the operation and support of this activity. The letter included the statement that the American Academy of Periodontology had pledged \$10,000 toward starting and maintaining this activity and that a U. S. Public Health Service planning grant to the Academy had also committed \$2,500 for the purchase of laboratory equipment to initiate this project in a laboratory at the Association's new Headquarters.

The Committee stated that it had solicited comment of the staff, and presented the text of a statement by Dr. J. Roy Doty, assistant secretary: Research and Therapeutics, and Dr. Richard Tiecke, assistant secretary, Council on Dental Therapeutics. The statement included the comments that the proposal, if accepted, would be helpful to the Association's research program because it would provide funds for partially equipping the histology laboratory which would serve the other areas of research also, and that it should not be necessary for the Association to obligate itself to budget funds from year to year for this activity.

The Committee stated it was of the opinion that the project was worthy of the support of the Association, particularly in developing the research facilities in the new Headquarters Building. The following resolution presented by the Committee was adopted:

64-1965-B. Resolved, that the American Academy of Periodontology be advised of the acceptance of its offer to establish in the Association's new headquarters building a "facility and program for the development of research and teaching in periodontal pathology", and be it further

Resolved, that the offer of grants in the amount of \$10,000 for initial support and in the amount of \$2,500 for the purchase of laboratory equipment by the American Academy of Periodontology be acknowledged with appreciation, and be it further

Resolved, that a program for the operation of the facility be developed in a Memorandum of Agreement between the American Academy of Periodontology and the American Dental Association.

REPORT OF COMMITTEE ON FINANCE AND INVESTMENTS

The report of the Committee on Finance and Investments was read by Dr. Lathrop, chairman. The other members of the Committee were Drs. Trueblood, McGuirl, Pierson, Hine and Justis, and Hillenbrand, Noone and Landerghini, *ex officio*.

Reports of Audit: A resolution presented by the Committee was adopted placing the

reports of audit of the American Dental Association for the six months ended June 30, 1965 and the American Dental Association Relief Fund for the year ended June 30, 1965 on file.

Review of Financial Operations to June 30, 1965: The Committee reported that during the first six months of 1965 income reached \$4,048,157, an increase of 2 per cent over the similar period in 1964. Expenses for the first six months of 1965 totaled \$2,054,923 as compared to \$1,915,682 during the first six months of 1964, representing an increase of 7.2 per cent. The Committee noted that during the past five years income had risen 44 per cent while expense had increased 40.8 per cent, indicating that expenditures have risen almost proportionately to the increase in income during the past several years. Appended to the report for information were (1) a statement of income and expense at June 30 for the years 1961 through 1965; (2) estimate of surplus of operating income over expense for the current fiscal year; (3) sources of income and expense by dollars and per cent.

Status of Reserve Division of General Fund: The Committee reported that at August 13, 1965 securities in the Reserve Division were valued at \$1,001,730 at market compared to \$736,001 at cost, a difference of \$265,729. The portfolio held 77 per cent in bonds and 23 per cent in stocks. The yield at cost was 5.28 per cent and at market, 3.88 per cent. A summary of the security portfolio was appended to the report.

The Committee stated that it had reviewed the securities in the Reserve Division with Mr. Richard H. Samuels, investment counsel. In view of the fact that the portfolio presently consists of 77 per cent bonds, Mr. Samuels recommended that, because of present market and economic conditions, a stronger position be taken in stocks. In accordance with Mr. Samuels' recommendations, the Committee reported it authorized the sale of three bond issues and the purchase of three common stocks.

Financing New Building Program: The Committee called attention to the detailed report on the financing program for the construction of the new Headquarters Building which had been presented in the report of the Special Committee on Association Headquarters. The Committee stated that it had reviewed this program in some detail in order to determine limitations which might be placed on preparation of the budget for the next fiscal year and to assess the availability of funds for the balance of 1965. The Committee reported that, according to all indications, there would be no problems during the balance of 1965, which should be of concern to the Board of Trustees.

Approval of Supplemental Appropriations: The Committee reported that requests for supplemental appropriations to the Operating Division budgets in the amount of \$69,600 were considered by the Committee and requests in the amount of \$29,390 were approved. The following resolution presented by the Committee was adopted:

65-1965-B. Resolved, that the following appropriations be made from the Contingent Fund and allocated to the line items in the budgets of the requesting agencies in accordance with the terms of the supplemental appropriation requests:

Annual Session	\$ 9,500
TV	\$ 9,500
Board of Trustees	\$ 2,750
Committee Meetings	\$ 1,250
Special Projects	1,500
Business Office: Duplicating Section.....	\$ 600
Operating Supplies	\$ 600
Business Office: Order Section.....	\$ 7,100
Salaries: Regular	\$ 1,750
Salaries: Temporary	5,350
Journal of American Dental Association.....	\$ 4,700
Postage and Mailing.....	\$ 3,200
Special Services	1,500
Library and Indexing Service, Bureau of.....	\$ 800
Committee Meetings	\$ 800
Membership Records, Bureau of.....	\$ 3,940
Salaries: Temporary	\$ 3,940
Total Supplemental Appropriation Requests.....	\$29,390

Status of Contingent Fund: The Committee reported that a Contingent Fund of \$150,000 was approved by the House of Delegates for the fiscal year 1965. The Board of Trustees appropriated \$3,100 from the Fund at its April, 1965 session and \$5,000 by mail ballot of June 3, 1965, leaving a balance in the Fund of \$141,900. With the deduction of \$29,390 for supplemental requests approved at the current session, the balance remaining in the Fund was \$112,510.

UNFINISHED BUSINESS

Report of Special Committee of Association on Trustee Districts: The report of the Special Committee of the Association on Trustee Districts was ordered transmitted to the House of Delegates without recommendation.

Complimentary Tickets for Annual Session Events: The Secretary read the background statement which noted that at its August, 1964 session the Board of Trustees requested that the question of providing complimentary tickets for members of the Board of Trustees for social events at the annual session be placed on the agenda of a future session of the Board. The matter was discussed at the April, 1965 session and further consideration was postponed to the current session. The statement indicated that only the President and his wife receive complimentary tickets for the President's Dinner and that, on the basis of providing tickets for the 22 members of the Board and their wives to three social events at the annual session (two at Las Vegas), the estimated cost would be \$850. This estimate was based on 44 tickets to the President's Dinner at \$15 each; 22 tickets to the Ladies' Luncheon at \$6 each and 44 tickets to the General Entertainment at 95 cents each. The Secretary stated that, since there would be no General Entertainment at Las Vegas, the total cost of tickets for this session would amount to \$806 and that no funds had been provided in the 1965 budget for this purpose. Following discussion a motion was

adopted that the officers and trustees continue to pay for their own tickets for social events at the annual sessions on the same basis as in the past.

Comments for Future Chairmen of General Committees on Local Arrangements: Dr. Thomas R. Flinn, third vice-president and general chairman of the General Committee on Local Arrangements for the 1964 annual session, presented a statement containing comments and recommendations to assist future chairmen in carrying out their assignments. The statement included references to selection of committee members, protocol, relations with Central Office staff, social events, ticket sales, Tuesday night general entertainment and reports to the Board of Trustees. A motion was adopted referring the statement to the appropriate members of the staff for implementation.

Recess: The Board of Trustees recessed at 12 m. and reconvened at 2:15 p.m. in Executive Meeting.

EXECUTIVE MEETING

Call to Order: The Board of Trustees convened in Executive Meeting at 2:15 p.m., President Pierson presiding.

Roll Call: Those present were the President, President-elect, three vice-presidents, Secretary, Treasurer, Editor, Speaker of the House of Delegates, all members of the Board of Trustees and the official reporter.

The following official actions were taken:

Nomination of Honorary Members to House of Delegates: The following resolution was adopted:

66-1965-B. Resolved, that in accordance with Chapter VI, Section 90M of the *Bylaws*, the Board of Trustees nominates the following for honorary membership:

Baume, Louis J., D.M.D.
 Bunn, Edward B., S.J.
 Hodge, Harold, Ph.D.
 Mavrogordatos, Themis, D.D.S.
 Rothstein, Robert

Report of Committee on Salary and Tenure: The following resolutions were adopted:

67-1965-B. Resolved, that an employment agreement for a period of three years, from January 1, 1966, to December 31, 1968, be extended to Dr. Leland C. Hendershot as Editor of the Association.

68-1965-B. Resolved, that an employment agreement for a period of three

years, from January 1, 1966, to December 31, 1968, be extended to Dr. Harold Hillenbrand as Secretary of the Association.

Deferred Compensation Agreements with Executive Level Employees: The following resolution was adopted:

69-1965-B. **Resolved**, that the Secretary be authorized to complete deferred compensation agreements with executive level employees and that completed deferred compensation agreements be presented routinely to the Board of Trustees for review.

Adjournment of Executive Meeting: The Executive Meeting was adjourned at 3:30 p.m.

Call to Order—Regular Session: The Board of Trustees reconvened in regular session at 3:30 p.m., President Pierson presiding.

Roll Call: The officers, members of the Board of Trustees and staff were present as previously indicated.

NEW BUSINESS

Communication from Department of Health, Education and Welfare Alleging Non-Compliance with Civil Rights Act of 1964: The Secretary read a letter addressed to him by James M. Quigley, assistant secretary, Department of Health, Education and Welfare, under date of August 30, 1965, alleging that the Association was not complying with Title VI of the Civil Rights Act of 1964. The Secretary also read the text of the complaint which was signed by Dr. A. V. Cohen, president, Georgia Dental Society, a component of the National Dental Association. The Secretary stated that the letter would be acknowledged, the requested meeting arranged as soon as convenient and that the Board of Trustees would be kept advised of developments. (For text of Report 7 of Board of Trustees to House of Delegates on Complaint of Department of Health, Education and Welfare Alleging Non-Compliance with Civil Rights Act see p. 305.)

Nomination of Council Members to House of Delegates: The nominations to councils of the Association were considered, and the following were approved by the Board of Trustees for transmittal to the House of Delegates:

Constitution and Bylaws, Council on

Hughlett, Robert B., Florida, 1968
Tidwell, Oscar Cromwell, Tennessee,
1968

*American Dental Association
**American Association of Dental Examiners
***American Association of Dental Schools

Dental Education, Council on

Madda, Carl J., Illinois, 1968, ADA*
Burket, Lester W., Pennsylvania, 1968
AADS***
Walls, Milton G., Minnesota, 1968,
AADE**

Dental Health, Council on

Frost, Michael, New Jersey, 1968
 Norton, Robert A., Illinois, 1966
 Dixon, F. Gene, California, 1968
 Thurmond, William K., Texas, 1968

Dental Research, Council on

Milas, Vincent B., Illinois, 1968
 Solomon, Harold Arthur, New York,
 1968

Dental Therapeutics, Council on

Thompson, George E., Massachusetts,
 1968
 Lynch, James N., Illinois, 1968
 Burke, George W., Jr., Virginia, 1968

*Dental Trade and Laboratory Relations,
Council on*

Curran, William S., New York, 1968
 Ashjian, Leon H., Southern California,
 1968

Federal Dental Services, Council on

Mayo, Wallace C., Florida, 1968
 Newton, W. Neal, Missouri, 1968

Hospital Dental Service, Council on

Clug, Bernard, New York, 1968
 Ritsert, Ernest F., Pennsylvania, 1968

Insurance, Council on

Gaynor, Joseph M., Connecticut, 1968
 Kelly, James D., Wisconsin, 1968

*American Dental Association

**American Association of Dental Examiners

***American Association of Dental Schools

International Relations, Council on

Campi, John G., New Jersey, 1968
 Frank, Victor H., Pennsylvania, 1968

Journalism, Council on

Edwards, Donald W., Nebraska, 1968
 Lawlor, Vincent G., Pennsylvania, 1968

Judicial Council

Bennett, Rollie A., Indiana, 1968
 Farley, John W., New Mexico, 1968

Legislation, Council on

Mosbaugh, Richard K., Ohio, 1968
 Wilson, John B., Southern California,
 1968

*National Board of Dental Examiners,
Council of*

Markos, Simon G., New Hampshire,
 1968, ADA*
 Flinn, Thomas R., California, 1968,
 AADE**
 Randolph, Kenneth V., West Virginia,
 1968, AADS***

Relief, Council on

Chanaud, Norman Pierre, Maryland,
 1968
 O'Connell, T. Jefferson, New York,
 1968

Scientific Session, Council on

Mueller, Marshall W., Minnesota,
 1968
 Jones, Howard V., Southern California,
 1968

Recess: The Board of Trustees recessed at 4:00 p.m.

SATURDAY, SEPTEMBER 4, 1965

Call to Order: The meeting of the Board of Trustees was called to order at 9:30 a.m. by President Pierson.

Roll Call: The officers, members of the Board of Trustees and staff were present as previously indicated with the exception of Mr. Christensen who was absent.

REPORTS OF BOARD OF TRUSTEES TO HOUSE OF DELEGATES

Report 1 of Board to House—Association Affairs: Report 1 of the Committee on Reports of the Board of Trustees to the House of Delegates was read by Dr. Garrett, chairman. The other members of the Committee were Drs. Kurz, Lathrop, Musselman, Trueblood, Pierson and Hine, and Ostrander and Hillenbrand, *ex officio*. Report 1 was approved and ordered transmitted to the House of Delegates with such editorial changes and corrections as might be necessary.

Report 2 of Board to House—Recommendations on Reports of Councils and Resolutions: Report 2 of the Committee on Reports of the Board of Trustees to House of Delegates was read by Dr. Garrett, chairman. Report 2 was approved and ordered transmitted to the House of Delegates with such editorial changes and corrections as might be necessary.

Report 3 of Board to House—Resolutions Proposed, or Transmitted, by Board of Trustees: Report 3 of the Committee on Reports of the Board of Trustees to House of Delegates was read by Dr. Garrett, chairman. Report 3 was approved and ordered transmitted to the House of Delegates with such editorial changes and corrections as might be necessary.

Report 4 of Board to House—Construction Program: Report 4 of the Committee on Reports of the Board of Trustees to House of Delegates was read by Dr. Garrett, chairman. Report 4 was approved and ordered transmitted to the House of Delegates with such editorial changes and corrections as might be necessary.

Tribute to Predecessors: Since the current session was the last which would be held in the Board Room of the 222 East Superior Street Building, the members of the Board arose for a moment of silent tribute "to all those who have passed this way and who gave so unstintingly of their resources all down the years and thus have promoted and advanced the progress and interests of this Association".

Adjournment: The Board of Trustees adjourned at 11:00 a.m.

THE SAHARA HOTEL, LAS VEGAS, NEVADA

NOVEMBER 3-6, 1965

Call to Order: The fourth regular session of the Board of Trustees of the American Dental Association was called to order at 9:00 a.m., Wednesday, November 3, 1965 in The Sahara Hotel, Las Vegas, Nevada by President Fritz A. Pierson.

Roll Call: The following officers were present: Fritz A. Pierson, president; Joseph B. Zielinski, first vice-president; Carl V. E. Cassel, second vice-president; Thomas R. Flinn, third vice-president; Harold Hillenbrand, secretary; E. Jeff Justis, treasurer; Leland C. Hendershot, editor; F. Darl Ostrander, speaker of the House of Delegates. President-elect Maynard K. Hine was unable to attend the Wednesday meet-

ing since he was representing the Association at the White House Conference on Health in Washington, D. C.

Members of the Board of Trustees present were: Edward J. Cooksey, John M. Deines, Keith DeVoe, Harold S. Eberhardt, William A. Garrett, Clifford C. Gregory, Aloyse E. Kopp, Charles S. Kurz, Laurence L. Lathrop, Carl A. Laughlin, Hubert A. McGuirl, Paul K. Musselman and Roger K. Trueblood.

Staff members present were: Bernard J. Conway, assistant secretary (legal affairs); J. Roy Doty, assistant secretary (research and therapeutics); John P. Noone, assistant secretary (comptroller-house counsel); Armand Landerghini, assistant comptroller (accounting and finance); Hal M. Christensen, director, Washington Office; Doris Nugent, assistant to the Secretary.

Deferral of Approval of Minutes for September, 1965 Session: A resolution was adopted deferring the approval of the minutes of the September 1-4, 1965 session of the Board of Trustees until the spring, 1966 session since time had not permitted their preparation.

Recording of Mail Ballots: A resolution was adopted placing the following mail ballots taken since the September, 1965 session in the record:

Subscription Rates of "The Journal", "Dental Abstracts" and "Oral Research Abstracts": Mail Ballot No. 4 was circulated on September 21, 1965 and was approved by the following vote: affirmative, 17; negative, 0. The text of the resolutions follows:

Resolved, that the annual subscription rate of *The Journal of the American Dental Association* be increased, at January 1, 1966, to \$12.00 for non-member domestic subscriptions and to \$14.00 for non-member foreign subscriptions.

Resolved, that the subscription rate for *Dental Abstracts* be increased, at January 1, 1966, to \$10.00 for domestic subscriptions and to \$12.00 for foreign subscriptions.

Resolved, that the publication of *Oral Research Abstracts* be authorized beginning January 1, 1966 and that its annual subscription rate be established at \$30.00.

Nominations for Honorary Membership: Mail Ballot No. 5 was circulated on October 12, 1965 and was approved by the following vote: affirmative, 17; negative, 0. The text of the resolution follows:

Resolved, that in accordance with Chapter VI, Section 90M, of the *Bylaws*, the Board of Trustees nominates the following for honorary membership:

Brandhorst, Otto W.
Laird, Melvin R.
Wang-Norderud, Rolf G.

REPORT OF COMMITTEE ON RULES AND ORDER

First Vice-President Zielinski assumed the Chair, and President Pierson read the report of the Committee on Rules and Order. The members of the Committee were Dr. Pierson, chairman, Drs. Cooksey, Kopp, Musselman and Hillenbrand, and Dr. Hine, observer.

Approval of Agenda: A motion was adopted approving the agenda on pages 1-5 of the *Board Manual* as the official order of business for the current session.

Special Orders of Business: Resolutions were adopted establishing the following special orders of business and permitting attendance of the Speaker of the House of Delegates at the Executive Meeting:

1. Conference with Liaison Committee of National Dental Association, 9:00 a.m., Saturday, November 6.
2. Executive Meeting, at the call of the Chair.

President Pierson resumed the Chair.

Recess: The Board of Trustees recessed at 9:30 a.m. to permit the reference committees of the Board to meet and reconvened at 1:40 p.m.

REPORT OF SPECIAL COMMITTEE ON ASSOCIATION HEADQUARTERS

First Vice-President Zielinski assumed the Chair and President Pierson read the report of the Special Committee on Association Headquarters. The members of the Committee were Dr. Pierson, chairman, Drs. Hine, Justis, Lathrop, McGuirl, Hollers, Jeserich, Timmons and Hillenbrand. Dr. Timmons and Mr. Robert W. Newport, building coordinator, were present during discussion of the report.

The Committee reported it was very pleased to note the excellent progress that had been made in the construction program now nearing completion. The Committee stated that there had been no major problems during the course of construction and that was due in large part to the exceptional service which had been rendered by Mr. Robert Newport, building coordinator, and other members of the staff: Mr. Conway, Mr. Noone, Miss Nugent and Mrs. Wakefield. The following resolution presented by the Committee was adopted:

70-1965-B. Resolved, that Mr. Robert W. Newport be commended for the competent and diligent manner in which he has dispatched his duties as Building Coordinator of the construction project.

Construction Progress: The Committee reported with pleasure that the new Association Headquarters Building was now substantially completed and that the work was accomplished in accordance with the construction schedule. The Committee stated that there were a few miscellaneous tasks to be completed, but that this was to be

expected. The Committee commented that it was now expected that the major move to the new building would start on November 26, the day after Thanksgiving, at which time the Central Office would be closed.

Leasing and Managing Activities: The Committee reported that leasing of space in the new Headquarters Building continued to progress quite well and that, to date, leases had been signed for 65,095 square feet of space which represented 43.4 per cent of the 150,000 square feet of available tenant space. The Committee presented a chart indicating the leases signed as of October 15, 1965, amount of space rented, occupancy date and monthly rental. The Committee also presented a list of prospective tenants with which negotiations were in progress.

The Committee stated that Hogan and Farwell, leasing and managing agents, had employed a building manager, a building carpenter, a mechanical engineer and a lobby attendant and that additional staff would be added as required.

Estimated Building Expenses for 1966: The Committee stated that, at the September, 1965 session of the Board of Trustees, it was reported that fixed building expenses were estimated at \$404,000 but that, since that time, these figures had been reviewed and analyzed in greater detail and it now appeared that they would not exceed \$349,800. Therefore, if depreciation, interest and principal were not considered, the building would show a slight profit during 1966.

Package Insurance Program: The Committee reported that the Association's insurance broker, Flynn, Harrison and Conroy, had recently prepared and submitted invitations to bid, accompanied by detailed specifications for a package insurance policy, to seven of the nation's leading insurance carriers. The Committee stated that the specifications cover a sizeable portion of the Association's total insurance needs relating primarily to the coverages which need to be in effect when the Association accepts the new building for occupancy. The Committee presented the specifications for the package insurance policy for the information of the members of the Board of Trustees and stated that final selection of a carrier would be made after giving due consideration not only to the quoted premiums but also the coverages, deductibles and claim handling services which each bidder can provide and the expert recommendation of Flynn, Harrison and Conroy as to which bidder could best be expected to fulfill the Association's needs.

Financial Status of Building Project: The Committee reported that during the August, 1964 session of the Board of Trustees, the building project cost was estimated at \$14,621,000 but that, with the project rapidly drawing to a close, it was estimated that the final cost would be \$14,294,897, representing a total project savings of \$326,103. Appended to the report was a chart comparing the original itemized project cost estimate with the current estimate. The Committee stated that, of the estimated total project cost, \$11,531,685 had been expended on September 30, 1965 leaving a balance to be paid of \$2,763,212, and that of this latter amount it was expected that \$1,660,686 would be paid out prior to the end of 1965 with the balance to be paid after January 1.

The Committee stated that there had been little change in the cash flow projections since the last session of the Board of Trustees but that a current projected statement of income and expense for the new building for 1965-1969 was appended to the report.

Plans for Dedication Ceremonies: The Committee noted that at its September, 1965 session the Board of Trustees had authorized the preparation of a budget for the anticipated expenses of the building dedication ceremonies to be held on February 27, 1966. The budget was to include provisions for invitations, programs, a dinner, a luncheon, a souvenir of the occasion, the required travel expenses and an open house. The Committee reported in detail on current planning for the event and presented a budget in the amount of \$11,327. The Committee stated that, in order to have adequate funds available for any unanticipated expenses, the total request was adjusted to \$12,000. The following resolution presented by the Committee was adopted:

71-1965-B. Resolved, that an appropriation of \$12,000 be made to the budget of the Board of Trustees in the fiscal year 1966 to defray the expenses of the dedication ceremonies for the new Headquarters Building.

Commemorative Areas: The Committee noted that the Board of Trustees, at its September, 1965 session, requested that the War Memorial Court and the Past Presidents' Court be developed at the street level of the Association's new Headquarters Building in accordance with the recommendations made in the "Report of Development of Special Commemorative Areas" of the Special Committee on Association Headquarters (p. 423). The Committee reported that on September 25, 1965 the Association entered into a written agreement with a sculptor, Mr. Joseph J. O'Connell of St. Joseph, Minnesota, to design and create a dynamic three figure bronze sculpture-in-the-round to heroic scale for placement in the War Memorial Court. The Committee stated that the names of dentists who lost their lives as members of the Armed Services of the United States in wars and police actions were currently being gathered for engraving into the marble of the south wall of the court.

The Committee reported that while only preliminary inquiries had been made with regard to a sculpture for the Past Presidents' Court of the building, the names of the past presidents of the Association had been collected and were ready for inscription on the south wall.

The Committee stated it was of the opinion that a bronze plaque should be developed commemorating the construction project. Such a plaque would be appropriately inscribed with the names of the members of the Special Committee of the Board of Trustees on Association Headquarters, the name of the architect and the contractor and others contributing to the project. The following resolution presented by the Committee was adopted:

72-1965-B. Resolved, that a bronze plaque appropriately inscribed with the names of those contributing to the construction project be developed for prominent display in the new Association Headquarters Building.

Time Capsule: The Committee reported that the time capsule insert, or the box that will contain the materials to be preserved, had been received and that materials to be contained therein were being collected and prepared for insertion. The Committee stated that one of the items for enclosure was a compilation of a list of the past presidents, their dates of office and other data relating to each of them which was gathered by Dr. J. Ben Robinson. The information had been designed into booklet form and copies were presented to members of the Board of Trustees.

A motion was adopted commending Dr. Gerald D. Timmons for the excellence of his work in preparing the time capsule for the new building.

Continuation of Special Committee: The Special Committee on Association Headquarters recommended that it be continued at least until the spring, 1966 session of the Board of Trustees so that it might be available for planning the dedication ceremony and handling any problems connected with the completion of the building program.

REPORT OF SPECIAL COMMITTEE ON LIAISON WITH NATIONAL DENTAL ASSOCIATION

The report of the Special Committee of the Board of Trustees on Liaison with the National Dental Association was read by Dr. Pierson, chairman. The other members of the Committee were Drs. Hine, Ostrander, Hillenbrand, Hendershot, Deines and Eberhardt.

The Committee reported that the Liaison Committee of the National Dental Association had been invited to meet with the Board of Trustees at 9:00 a.m. on Saturday, November 6 and that it was assumed that the complaint of the Department of Health, Education and Welfare on alleged non-compliance with Title VI of the Civil Rights Act of 1964 and the proposal that National Dental Association membership bring an automatic entitlement to ADA membership would be among the topics discussed.

President Pierson resumed the Chair.

REPORT OF SPECIAL COMMITTEE ON RESEARCH

The report of the Special Committee of the Board of Trustees on Research was read by the Secretary. The members of the Committee were Dr. Hine, chairman, Drs. Eberhardt, Garrett, Hendershot and Timmons, and Drs. Doty, Hampp, Paffenbarger and Pearlman, consultants.

The Committee reported that it had not yet completed the work necessary to present a final report to the Board of Trustees; that the establishment of the American Dental Association Research and Educational Foundation, the development of the laboratory complex in the new Association Headquarters Building, the transfer of research personnel from Washington to Chicago and the establishment of the Inter-Council Committee on Evaluation of Dental Devices all required further study in order to develop a comprehensive statement on the Association's research program. The Committee stated that much attention had been given to problems associated with the Association's research program, that progress was being made and that a comprehensive report should be available for the spring or summer, 1966 session of the Board.

REPORT OF SPECIAL COMMITTEE ON WOMEN'S AUXILIARY

The report of the Special Committee of the Board of Trustees on Women's Auxiliary was read by Dr. Musselman, chairman. The other members of the Committee were Drs. Gregory and Laughlin.

Proposed Amendments to Constitution and Bylaws of Women's Auxiliary: The Committee reported that the Constitution and Bylaws Committee of the Women's Auxiliary to the American Dental Association would present to its 1965 House of Delegates at Las Vegas on November 8-10, through its Board of Directors, a constitutional amendment which provides for the disposition of funds in the event of dissolution, a bylaw amendment which extends official recognition to the wives and widows of dentists and deceased dentists serving or having served in the federal dental services, and a bylaw amendment re-aligning all of the federal dental services into the First District and adding the Panama Canal Zone to the Second District.

The Committee stated that it had examined the proposed amendments in consultation with the Secretary of the Association's Council on Constitution and Bylaws, and had found them not to be in conflict with the *Constitution and Bylaws* of the American Dental Association. The following resolution presented by the Committee was adopted:

73-1965-B. Resolved, that the proposed amendments to Section 10, Article III of the *Constitution* and Section 20A, Chapter I, and Section 10, Chapter III of the *Bylaws* of the Women's Auxiliary to the American Dental Association, as presented in the report of the Special Committee of the Board of Trustees on Women's Auxiliary be approved.

Exemption from Federal Income Tax: The Committee stated it was pleased to advise that the U. S. Treasury Department on May 28, 1965, granted the Women's Auxiliary an exemption from federal taxation on the ground that the Auxiliary is a business league. The Committee noted that Mr. Harvey Sarner of the Association's staff represented the Women's Auxiliary in this successful effort.

UNFINISHED BUSINESS

Report of Dental Exhibit in Smithsonian Institution: The Secretary reported that, at the September, 1965 session of the Board of Trustees, a member requested that a report be made to the annual session of the Board of the dental exhibit at the Smithsonian Institution, Washington, D. C. The Secretary stated that Dr. C. Willard Camalier, chairman, Advisory Committee on Smithsonian Institution Affairs of the American Academy of the History of Dentistry, transmitted a memorandum prepared by Alfred R. Henderson, M.D., consultant to the Division of Medical Sciences. Dr. Camalier also transmitted a report which contained "a general description of the present and prospectus for the exhibit as envisioned by the Special Advisory Committee of the American Academy of the History of Dentistry". The text of both reports was presented to the members of the Board of Trustees.

Requests for Grants from American Fund for Dental Education and American Association of Dental Schools: The Secretary read the background statement relating to the requests from the American Fund for Dental Education and American Association of Dental Schools for grants totaling \$100,000 which had been presented to the Board of Trustees at its September, 1965 session. At that session a motion was adopted postponing action until the current session so that the requests could be considered in the perspective of the 1966 budget. Following discussion, a motion was adopted approving a grant in the amount of \$50,000 for the American Fund for Dental Education in the fiscal year 1966, \$25,000 of this sum to be utilized for the operating program of the American Association of Dental Schools and the remaining \$25,000 to be utilized for the support of the program of the American Fund for Dental Education.

NEW BUSINESS

Organizational Meeting of American Dental Association Research and Educational Foundation: First Vice-President Zielinski assumed the Chair and President Pierson read the report for the organizational meeting of the American Dental Association Research and Educational Foundation (*Board Manual:1100*). The report stated that, although the Foundation technically came into existence with the filing of the Articles of Incorporation on September 3, 1965, Illinois law requires that an organizational meeting of the incorporators and directors be held before the Foundation operates. The report noted that the *Bylaws* of the Foundation provide that the members of the Board of Trustees and officers of the American Dental Association, except the Speaker of the House of Delegates, automatically shall be the members of the Board of Directors and officers, respectively, of the Foundation. Therefore, no election of directors or officers of the Foundation would be necessary, but the Board of Directors of the Foundation needed to adopt such necessary resolutions as relate to the approval and acceptance of the *Articles of Incorporation* and *Bylaws* of the Foundation, the opening of a bank account, the authorization of signatures for such bank account, the appointment of an agent for the service of legal process, the appointment of an insurance broker, the authorization of the President to submit with the advice and counsel of an attorney an application for a federal income tax exemption, the reimbursement of travel and maintenance expenses of the directors and employees, authorization to include the employees of the Foundation under such fringe benefit programs as the American Dental Association offers or may offer to its employees, and authorization to pay all properly evidenced fees and expenses incident to and necessary for the organization of the Foundation.

The following resolutions were adopted:

74-1965-B. Resolved, that the *Articles of Incorporation* and *Bylaws* of the American Dental Association Research and Educational Foundation be approved and accepted.

75-1965-B. Resolved, that Mr. John P. Noone and Mr. Armand A. Landerghini be and they are hereby authorized to open a bank account for the American Dental Association Research and Educational Foundation with the Lake Shore National Bank, Chicago, and be it further

Resolved, that any two of the following persons be and they are hereby authorized to sign checks, drafts or orders for payment of money drawn by the American Dental Association Research and Educational Foundation against its account at the Lake Shore National Bank:

Harold Hillenbrand
E. Jeff Justis
Bernard J. Conway
John P. Noone
Armand A. Landerghini
Dorothy G. Wright

76-1965-B. Resolved, that Dr. Harold Hillenbrand be and he is hereby appointed as the agent for service of legal process in Illinois against the American Dental Association Research and Educational Foundation.

77-1965-B. Resolved, that the President and Secretary contact and engage Flynn, Harrison and Conroy, Inc., as the insurance broker for the American Dental Association Research and Educational Foundation and immediately advise or place an order through said broker for the inclusion of the American Dental Association Research and Educational Foundation as a named insured on each and every policy issued to and owned by the American Dental Association.

78-1965-B. Resolved, that the President be and he is hereby authorized to submit, with the advice and counsel of an attorney, an application for a federal income tax exemption, preferably under Section 501(c)(3) of the United States Internal Revenue Code.

79-1965-B. Resolved, that the Directors of the American Dental Association Research and Educational Foundation be reimbursed for maintenance expenses at the uniform rate of \$40.00 per day for every day of official business, and be it further

Resolved, that all Directors be reimbursed for transportation expense on the following basis:

For air travel, reimbursement will be made on the basis of first-class, round trip transportation from home town to home town by the most direct route plus an allowance of \$7.00 for each trip involving surface transportation to and from the airport. (The use of tourist flights is recommended whenever practical.)

For train travel, reimbursement will be made on the basis of first-class, round trip transportation from home town to home town by the most direct route, plus the cost of a parlor car seat, roomette or bedroom when they are essential, and a travel allowance of one cent per mile. The minimum travel allowance will be \$2.50 per one-way trip.

For travel by personal auto, reimbursement will be made on the basis of a first-class plane or train fare, or at the rate of twelve cents per mile.

and be it further

Resolved, that employees of the American Dental Association Research and Educational Foundation be reimbursed only for the actual cost of transportation and maintenance, and be it further

Resolved, that reimbursement shall not be made by the American Dental Association Research and Educational Foundation when reimbursement is made for the same expense by any other agency or organization, and be it further

Resolved, that reimbursement for transportation and maintenance expenses of Directors relating to a meeting of the Board of Directors of the American Dental Association Research and Educational Foundation not be made unless all meetings of the session are attended or attendance is excused by the Chairman.

80-1965-B. Resolved, that the Secretary be authorized to offer and include the employees of the American Dental Association Research and Educational Foundation under such fringe benefit programs as the American Dental Association offers or may offer to its employees.

81-1965-B. Resolved, that the Secretary be and he is hereby authorized to pay all properly evidenced fees and expenses incident to and necessary for the organization of the American Dental Association Research and Educational Foundation.

Letter from Philadelphia County Dental Society on IRS Actions to Tax Advertising and Exhibit Income: The Secretary read a letter addressed to Dr. Laurence L. Lathrop, trustee, Third District, by Mr. Max Kohn, executive secretary, Philadelphia County Dental Society, under date of October 12. The letter called attention to the "Special Report of Assistant Secretary for Legal Affairs: Effort of Internal Revenue Service to Tax Exhibit Income of Constituent Societies" presented to the Board of Trustees at its April, 1965 session (p. 386). Following is the text of the letter in part:

The report cites the problems encountered by the Louisiana and Michigan Associations, and recommends that "the Association continue to supply staff assistance to state dental societies which are involved in Internal Revenue Service actions seeking to tax advertising or exhibit income, and that the Board of Trustees consider providing some measure of financial assistance to the affected state dental associations."

This is, of course, a very serious matter for many state dental associations. However, the societies most likely to be affected, and therefore most vulnerable, are components, particularly those involved in operating the Greater New York Dental Meeting, the Chicago Midwinter Meeting and the Greater Philadelphia Annual Meeting. Many others, including Pennsylvania's Odontologic Society, also provide their members with meetings that include exhibits.

Therefore, I would hope that the Board of Trustees would not limit its support to state dental associations in the event a component was faced with this particular problem. An adverse ruling for a component could have dire consequences for constituents and the American Dental Association itself.

During discussion, attention was called to the long-standing policy of the Association

to deal with component societies through the constituent societies. A motion was adopted requesting the Secretary to reply to Mr. Kohn indicating that the Association would give consideration to a request for the provision of legal advice or for financial support from a component society provided the request is channeled through the appropriate constituent society and, in the case of a request for financial support, provided there is a showing that the constituent society is participating financially.

Recess: The Board of Trustees recessed at 4:50 p.m.

THURSDAY, NOVEMBER 4, 1965

Call to Order: The Board of Trustees was called to order at 9:00 a.m. by President Pierson.

Roll Call: The officers, members of the Board of Trustees and staff were present as previously indicated. President-elect Maynard K. Hine was present for the Thursday afternoon meeting.

REPORT OF COMMITTEE A

The report of Committee A was read by Dr. Kurz, chairman. The other members of the Committee were Drs. Deines, Kopp and Laughlin.

Report of President: The Committee noted with appreciation the long and valuable service rendered by the President, Dr. Pierson, and stated it was happy to learn he has no intention of retiring from his practice or from interest in activities in the affairs of the Association and the profession. The Committee stated that the Association can be proud to have an individual serve it who has given such unique effort toward bettering not only the profession of dentistry, but to improving relations between the patient and the profession. The Committee also commended the President for his excellent report.

Development of a National Dental Program for Children—President: The Committee noted the President's reference to the recently enacted Social Security and Medicare legislation and commented that it concurred with Dr. Pierson's statement that the health professions must join in making Medicare work so that more people receive adequate, high quality health care and so that the professional rights of practitioners are not impaired by the program to the eventual detriment of the nation's health. The Committee noted that the Association has consistently stated the policy that when dental programs are organized, priority attention must be given to children and younger age groups. The Committee expressed its belief that a program should be designed so that all children can receive the benefits of a modern dental health service. Resolution 49 was ordered transmitted to the House of Delegates with the approval of the Board of Trustees.

American Fund for Dental Education—President: The Committee stated that, while the contributions to the American Fund for Dental Education were encouraging, it did not believe they represent the maximum contribution which individual dentists can and should make to the cause of dental education. The Committee commented that it believed further interest should be encouraged.

Report of Secretary: The Committee commented as follows on various sections of the Secretary's report: (1) the Committee noted that, after several conferences with the Director and Assistant Director of the National Institute of Dental Research, the Secretary had fulfilled the request of the Board of Trustees made at the November, 1964 session by reaching an agreement that the Association's program at the Institute would be considered as a long-term research program; (2) the Committee noted that the Secretary had also fulfilled a request of the Board to prepare a report on the administration of the Association's research activities and that a chart of such administration was appended to his report; (3) the Committee stated it was pleased to learn that the Association would establish a Science Writers Award in 1966 in cooperation with Lever Brothers Company, Inc.; (4) the Committee noted that the Association contributed \$2,500 to the American Thrift Assembly for the first half of 1965, that a further contribution for the current year was expected, and stated it believed that a request of \$5,000 from the Assembly to the Association for 1966 was in excess of what should be contributed at the present time.

Report of Contracts—Secretary: The Committee noted that approximately 54 contracts had been executed and reported in accordance with the standing rule of the Board of Trustees.

Waiver of Dues for Totally Disabled Members—Bureau of Membership Records, Supplement 1 to Board: The Committee reported that it had reviewed the list of names of disabled members who had applied for waiver of dues and noted with approval that 66 dues waivers had been granted.

Applications for Associate Membership—Bureau of Membership Records, Supplement 1 to Board: The following resolution presented by the Bureau was adopted:

82-1965-B. Resolved, that the applications for associate membership submitted by the following individuals be approved in accordance with Chapter I, Section 20F of the *Bylaws*:

Douglas Clyde Bowman
 Russell Stuart McMillan
 Benjamin L. Reyes
 Fayez S. Sayegh
 Robert F. Sloan

Population-Dentist Ratio for State of Alaska—Alaska Dental Society: The Committee reported it was doubtful that the inclusion of the military and public health dentists in the total dentist figure would provide an accurate representation of the population-dentist ratio. Resolution 43 was ordered transmitted to the House of Delegates with the recommendation that it be referred to the Bureau of Economic Research and Statistics for study and report to the 1966 session of the House of Delegates.

Secretary as Official Spokesman of ADA—Louisville Dental Society: The Committee reported that it was wholly in accord with the intent of Resolution 47, but it did not believe there was a need for the resolution on the ground that past practice had been fully acceptable. The Committee noted that the President, the other elective and appointive officers and the members of the Board of Trustees may all speak for the Association in their official positions, and stated that approval of the Louisville resolution would somewhat modify the present satisfactory situation. Resolution 47 was ordered transmitted to the House of Delegates with the recommendation that it be postponed indefinitely.

REPORT OF COMMITTEE B

The report of Committee B was read by Dr. Garrett, chairman. The other members of the Committee were Drs. Gregory, Lathrop and Zielinski.

“Statement of Policies on Dental Prepayment”—Council on Dental Health, Supplement 1 to House: The Committee complimented the Council on the drafting of the *Statement of Policies on Dental Prepayment* and commented it agreed that the *Statement* would provide needed clarification of many of the issues involved. Resolution 42 was ordered transmitted to the House of Delegates with the approval of the Board of Trustees.

Appeals to House of Delegates by Drs. Weinstein and Rowe—Judicial Council, Supplement 1 to House: The Committee reported that it had read with interest the supplemental report of the Judicial Council which included the decisions and opinions of the Council denying the appeals of Dr. A. B. Weinstein and Dr. Harry Rowe and the appeal briefs to the House of Delegates on these adverse decisions. The Committee stated that, since these appeals were to be considered by a reference committee of the House of Delegates, it was of the opinion that it would not be appropriate for the Board of Trustees to make comment on the two cases.

Use of Dental Hygienist’s Name on Dentist’s Door, Card or Letterhead—Judicial Council, Supplement 1 to Board: The Committee reported that it had reviewed with interest the supplemental report of the Council in which it presented the reasoning which led to its advisory opinion against the use of the name of a dental hygienist on a dentist’s door, card or letterhead. The Committee stated it agreed that the Council’s opinion would be correct in cases of gross violation but that it questioned the wisdom of setting forth such restrictive opinions at the national level against practices which are permissible at the local level. The Committee expressed the opinion that the Judicial Council should define broad principles of philosophy at the national level but that the more restrictive applications of such principles should be the responsibility of the constituent or component societies according to the needs and customs at the local level. The following resolution was adopted and ordered transmitted to the House of Delegates:

83-1965-B. Resolved, that the Judicial Council be requested to suspend temporarily the ruling in regard to the use of a dental hygienist’s name on the door, card or letterhead of a dentist, and be it further

Resolved, that the Judicial Council be requested to give consideration to allowing the ethical aspects of this question to be decided at the local level, and be it further

Resolved, that the Judicial Council be requested to report on this matter to the 1966 session of the House of Delegates.

National Association of Dental Service Plans—Maryland State Dental Association: The Committee stated that it appreciated the interest in the future of the National Association of Dental Service Plans as indicated in Resolution 45, but expressed the opinion that the proposals contained in the resolution might pose grave legal and administrative problems for the new national coordinating agency and the American Dental Association. Resolution 45 was ordered transmitted to the House of Delegates with the recommendation that it be referred to an appropriate agency of the Association for study and report to the 1966 annual session.

Request for Financial Support in Defense of Suit by Milwaukee Area Truck Drivers Health and Welfare Cooperative—Wisconsin State Dental Society: In connection with the request for financial support from the Wisconsin State Dental Society in defense of a suit by the Milwaukee Area Truck Drivers Health and Welfare Cooperative (*Board Manual:603*), the Committee recommended to the Board of Trustees that the requested aid be advanced in accordance with existing policies of the Association.

REPORT OF COMMITTEE C

The report of Committee C was read by Dr. Trueblood, chairman. The other members of the Committee were Drs. Cooksey, Eberhardt and Cassel.

Amendment of "Requirements for National Certifying Boards for Special Areas of Dental Practice"—Delegate Carl O. Boucher, Ohio State Dental Association: The Committee stated it believed that approval of Resolution 44 would lead to the weakening of the requirement for formal education for specialists in dentistry. Resolution 44 was ordered transmitted to the House of Delegates with the recommendation that it be rejected.

Voluntary Contributions for Support of American Fund for Dental Education—American Association of Dental Schools: The Committee noted the request from the American Association of Dental Schools for voluntary contributions for the support of the American Fund for Dental Education. The Committee expressed its wholehearted support of the Fund and stated it felt that any device that would improve its function in supporting dental education would be worthwhile. The following resolution was adopted and ordered transmitted to the House of Delegates:

84-1965-B. Resolved, that component dental societies be urged to solicit, in their annual billing of membership dues, a voluntary contribution of \$10.00 from each of their members for support of the American Fund for Dental Education.

Request to be Designated as "Single Institution of Dental Education"—U.S. Navy Dental Corps: The Committee reported that it had reviewed the request from Admiral Frank M. Kyes that the U.S. Navy be designated as a single institution of dental education, including application to advanced training and graduate education in the dental specialty fields (*Board Manual:702*). The Committee stated that, since it was not familiar with the programs described and since the request entailed many facets which required considerable examination and evaluation, it recommended that the matter be referred to the Council on Dental Education for study. A motion was adopted referring the request from the U.S. Navy Dental Corps to the Council on Dental Education for study and report at the summer, 1966 session of the Board of Trustees.

REPORT OF COMMITTEE D

The report of Committee D was read by Dr. Musselman, chairman. The other members of the Committee were Drs. McGuirl, DeVoe and Flinn.

Study of Mal-Practice Insurance Policy for Members—Missouri Dental Association: In connection with Resolution 48, the Committee expressed the opinion that it would be extremely difficult to "present the most practical plan of securing a non-cancellable mal-practice insurance policy for members of the Association" since it was unlikely that any commercial carrier would wish to assume a risk of this type. The Committee stated it believed that the Council on Insurance should be asked to secure information on the availability of the program specified and present this information to the 1966 session of the House of Delegates. The following substitute resolution was adopted and ordered transmitted to the House of Delegates:

85-1965-B. Resolved, that the Council on Insurance be requested to study and present information on the most practical plan of securing a non-cancellable mal-practice insurance policy for the members of the Association and report to the 1966 session of the House of Delegates.

Request for Financial Support of American Association for Accreditation of Laboratory Animal Care: The Committee reported it had reviewed the background statement relating to the request for financial support of the American Association for Accreditation of Laboratory Animal Care (*Board Manual:801*). The Committee noted that the association is a non-profit corporation composed of scientific and professional organizations interested in laboratory animal care and that its purpose is to promote a program for the accreditation of laboratory animal care facilities which will encourage, promote and facilitate scientific research, including the use of experimental animals. The Committee stated it believed that since such a program would be beneficial to the American Dental Association, particularly in view of the expanded research facilities in the new building, the Association's participation and financial support for the three-year period, 1966-1968, would be most desirable. The Committee reported it had been advised that the Committee on Finance and Investments had provided for the \$3,000 appropriation in the 1966 budget pending approval of the request by the Board of Trustees. The following resolution was adopted:

86-1965-B. Resolved, that the following three-year appropriation be made to the American Association for Accreditation of Laboratory Animal Care:

1966: \$3,000
 1967: \$2,000
 1968: \$1,000

NEW BUSINESS

Reorganization of Trustee Districts—Maryland Dental Association: Resolution 46 was ordered transmitted to the House of Delegates without comment.

Letter of Appreciation from American Association of Dental Examiners: A letter addressed to the Board of Trustees by Dr. Donald F. Wallace, secretary, American Association of Dental Examiners, under date of October 21, 1965 was read by the Secretary. The letter described the progress made during the past year by the American Association of Dental Examiners which had been made possible by a grant from the American Dental Association and expressed appreciation to the Association for the support.

Complaint of Discrimination in Membership Entrance from Dr. Donald G. MacQueen, Southern California: The Secretary read a letter dated October 20, 1965, addressed to Dr. Roger K. Trueblood, trustee of the 13th District, by Dr. Donald G. MacQueen, Los Angeles, California. The letter requested the House of Delegates to take action against discrimination by certain component societies in California which, according to Dr. MacQueen, were denying membership to closed panel practitioners only because of their mode of practice. The Secretary also read the reply dated November 2, 1965 from Dr. Trueblood to Dr. MacQueen which advised that the 1965 House of Delegates would act on an appeal from a Judicial Council decision in which a dentist from the State of Washington alleged denial of membership in the Seattle District Dental Society only because he was engaged in closed panel practice. Dr. MacQueen was further advised that the Reference Committee on Legislation and Judicial Procedures would consider this appeal and all interested parties would be permitted to debate the question implicit in his request, namely, whether the Association should intervene where a component society denies membership to an applicant dentist for what appears to be an arbitrary cause or for a reason which has no bearing on the legal, professional or ethical standing of the applicant dentist. Dr. MacQueen was invited to attend the Reference Committee hearing and to present his comments at that time.

REPORT OF COMMITTEE ON FINANCE AND INVESTMENTS

The report of the Committee on Finance and Investments was read by Dr. Lathrop, chairman. The other members of the Committee were Drs. Trueblood, McGuirl, Pierson, Hine, Justis and Hillenbrand, Noone and Landerghini, *ex officio*.

Review of Financial Operations to September 30, 1965: The Committee reported that the operating surplus as of September 30, 1965 amounted to \$1,381,246, compared to a surplus of \$1,426,706 at the same time the previous year, and that the projected operating surplus for the year 1965 was \$632,775 compared with \$733,883 in 1964. The Committee presented a comparative statement of income and expense for the first nine months of the years 1961 through 1965 and a table indicating major income and expense activity and their relation to the total income and expense dollar for the first nine months of the years 1964 and 1965. The Committee stated that, although the percentage increase in expenditures was higher than that of income in 1965 compared to 1964, the excess of income over expense in 1965 was 45.8 per cent.

Current Status of Reserve Division of General Fund: The Committee presented a statement of securities held in the Reserve Division as of October 12, 1965 which had been prepared by Mr. Richard Samuels, investment counsel. The market value of the portfolio as of October 12, 1965 was \$1,034,400, which exceeded cost value by \$306,074, or 29.6 per cent. The return on investment at cost value was 5.2 per cent and at market value was 3.7 per cent. The Committee stated that, at its September, 1965 session, the Board of Trustees authorized the sale of bond securities and the purchase of stock securities, and the Committee presented a summary of these securities transactions.

Requests for Supplemental Appropriations: The Committee reported that the following requests for supplemental appropriations had been received from the agencies of the Association:

"Dental Abstracts": A supplemental appropriation of \$2,500 was requested at the September, 1965 session to cover an anticipated budget deficiency. Action on this request was deferred until the November, 1965 session. This request has been withdrawn by the requesting agency.

"Journal of the American Dental Association"—\$5,000: Because of the increase in labor costs experienced by *The Journal's* printer, The General Printing Company, and because of the increased print order in 1965, a supplemental appropriation of \$5,000 was requested to cover the deficit that will be incurred in the printing of *The Journal* for the balance of 1965.

The Committee recommended that no supplemental appropriation in the amount of \$5,000 be made for *The Journal* since it may be possible to realize this sum through savings for the balance of the year. If not, the sum will be allowed to remain as an overexpenditure in this line item of the budget.

Sales and Advertising, Department of: A supplemental appropriation of \$1,700 was requested at the September, 1965 session to cover the cost of additional pages for the *Guide to Industrial Exhibits*. Action on this request was deferred until the November, 1965 session. This request has been withdrawn by the requesting agency.

The Board of Trustees concurred in the Committee's recommendation.

Status of Contingent Fund: The Committee stated that the sum of \$112,510 remained in the Contingent Fund for the balance of the current fiscal year.

Depreciation of Association's New Headquarters Building: The Committee reported that, since the new Headquarters Building would soon be completed, consideration should be given to establishment of a reasonable, estimated useful life of the building, and that for budget, balance sheet and tax return purposes, a part of the cost of the building would then be deducted over each year of its estimated useful life. The Committee also reported in detail on the Internal Revenue Service requirements and other aspects of the depreciation program. The Committee stated that the Association has constructed a building which should have a longer useful life than the usual guideline life of 45 years and recommended that, for budget, balance sheet and tax return purposes, the building and its fixtures be depreciated on a 55 year useful life span basis using straight line depreciation. Since the estimated depreciable cost of the new building and its fixtures is approximately \$13,000,000, this would mean that the Association would take approximately \$118,182 for straight line depreciation for 1966 and \$236,364 for each year thereafter through the next 54 years. On the last year, the Association would again take \$118,182 in depreciation. The following resolution presented by the Committee was adopted:

87-1965-B. Resolved, that the Association's new Headquarters Building at 211 East Chicago Avenue, Chicago, Illinois be depreciated over a 55 year useful life span, commencing July 1, 1966 and employing the straight line method of depreciation.

Authorization of Persons to Sign Checks: The Committee reported that, in view of Mr. Armand A. Landerghini's recent appointment as Assistant Comptroller (Accounting and Finance), a revision of the list of persons authorized to sign checks on behalf of the Association was desirable. The following resolution presented by the Committee was adopted:

88-1965-B. Resolved, that all prior authorizations of signature to sign checks, drafts or orders for the payment of money drawn by the American Dental Association against its General Fund, Payroll, Research Fund, Relief Fund, Cuban Loan Trust and Cuban Subsistence Trust Accounts maintained at Lake Shore National Bank, Chicago, Illinois, be and the same are hereby revoked, and be it further

Resolved, that any two of the following persons be and they are now hereby authorized to sign checks, drafts or orders for the payment of money drawn by the American Dental Association against its General Fund, Payroll, Research Fund, Relief Fund, Cuban Loan Trust and Cuban Subsistence Trust Accounts maintained at the Lake Shore National Bank, Chicago, Illinois:

Harold Hillenbrand
E. Jeff Justis
Bernard J. Conway
Armand A. Landerghini
John P. Noone
Dorothy G. Wright

Preparation of Budget for Fiscal Year 1966: The Committee stated that the budget for the fiscal year 1966 required very careful consideration for a variety of reasons: the fixed charges for the new building were substantially reflected in an annual budget for the first time; the availability of new space appeared to have dictated substantial requests for new and expanded programs; the operation of three new agencies, the American Dental Association Research and Educational Foundation, the National Association of Dental Service Plans and the Inter-Council Committee on Evaluation of Dental Devices, would lead to an increased call for operating funds. The Committee noted that all of these factors were operative at a time when the income of the new building would be sufficient to cover building expenses but not sufficient to carry the payment of interest and principal which would have to be met out of 1966 operating income.

Dr. Lathrop read the comments and recommendations of the Committee on Finance and Investments as the budget askings of the various agencies were examined by line item.

Allocation from Research Fund: During discussion of the budget, a motion was adopted approving the request of the Council on Dental Therapeutics to utilize a sum not to exceed \$5,000 from the Research Fund to support its program of grants for the fiscal year 1966.

Approval of Operating, Capital and Underwriting Divisions of Annual Budget for Fiscal Year 1966: An Operating Budget in the amount of \$5,423,200, a Capital Budget in the amount of \$71,390 and an Underwriting Budget in the amount of \$394,960 for fiscal year 1966 were approved for transmittal to the House of Delegates.

Recess: The Board of Trustees recessed at 12:05 p.m. and reconvened at 1:30 p.m.

NEW BUSINESS

Relations with National Association of Dental Laboratories: The Secretary read the background statement regarding relations with the National Association of Dental Laboratories (*Board Manual*:1109). The statement was informational in nature and no formal action was taken. (For the report of the Board of Trustees to the House of Delegates on relations with the National Association of Dental Laboratories see p. 301.)

Recess: The Board of Trustees recessed at 5:20 p.m.

SATURDAY, NOVEMBER 6, 1965

Call to Order: The Board of Trustees was called to order at 9:00 a.m. by President Pierson*.

Roll Call: The officers, members of the Board of Trustees and staff were present as previously indicated. Others present were Dr. Robert L. Morrison, general chairman, General Committee on Local Arrangements; Mr. Peter C. Goulding, director, Bureau of Public Information; Mr. Herbert C. Lassiter, secretary, Councils on Federal Dental Services, Insurance and Relief; Mr. Robert W. Newport, assistant comptroller (central services) and building coordinator; Mr. David G. Pettengill, director of conferences.

SPECIAL ORDER OF BUSINESS

Meeting with Liaison Committee of National Dental Association: The meeting of the Board of Trustees with the Liaison Committee of the National Dental Association was held as a special order of business. The following members of the Liaison Committee of the National Dental Association were present: Dr. H. R. Primas, president; Dr. James C. Wallace, Jr., chairman of the Board; Dr. William J. Walker, past president; Dr. Clifton O. Dummett, editor. Dr. Russell Dixon, dean, Howard University Dental School, attended as an observer. President Pierson read a message from Dr. James A. Catchings, president-elect, NDA, expressing regret at his inability to attend the meeting.

Following introductions, President Pierson extended a welcome to the guests on behalf of the officers and trustees. President Primas then briefly addressed the members of the Board. Topics discussed during the meeting were: request of National Dental Association to give life membership credit in the American Dental Association to NDA members; resolutions from ADA constituent societies to be considered at current session of House of Delegates; report of complaint from Department of Health, Education and Welfare alleging non-compliance with Civil Rights Act; membership information relating to National and American Dental Associations and letter from President of National Dental Association on membership in ADA.

It was agreed that selection of a time for the next meeting of the Liaison Committees would be postponed until a later date owing to the scheduling of the Dedication of the ADA Headquarters Building in conjunction with the Midwinter Meeting of the Chicago Dental Society.

Recess: The meeting with the NDA Liaison Committee was adjourned at 10:15 a.m. and was followed by a 15-minute coffee break.

REPORTS OF BOARD OF TRUSTEES TO HOUSE OF DELEGATES

Report 5 of Board to House—Financial Affairs and Budget for Fiscal Year 1966: Report 5 of the Committee on Reports of the Board of Trustees to the House of Delegates was read by Dr. Lathrop, chairman of the Committee on Finance and

*No meeting of the Board was held on Friday, November 5.

Investments. The other members of the committee were Dr. Garrett, chairman, and Drs. Kurz, Musselman, Trueblood, Pierson, Hine and Ostrander and Hillenbrand, *ex officio*. Report 5 was approved and ordered transmitted to the House of Delegates with such editorial changes and corrections as might be necessary.

Report 6 of Board to House—Further Comment on Association Affairs and Resolutions: Report 6 of the Committee on Reports of the Board of Trustees to the House of Delegates was read by Dr. Garrett, chairman. Report 6 was approved and ordered transmitted to the House of Delegates with such editorial changes and corrections as might be necessary.

Report 7 of Board to House—Complaint of Department of Health, Education and Welfare Alleging Non-Compliance with Civil Rights Act: Report 7 of the Committee on Reports of the Board of Trustees to the House of Delegates was read by Dr. Garrett, chairman. Report 7 was approved and ordered transmitted to the House of Delegates with such editorial changes and corrections as might be necessary.

Recess: The regular session of the Board of Trustees recessed at 11:25 a.m.

EXECUTIVE MEETING

Call to Order: The Board of Trustees convened in executive meeting at 11:30 a.m., President Pierson presiding.

Roll Call: Those present were the President, President-elect, three Vice-Presidents, Secretary, Treasurer, Editor, Speaker of the House of Delegates, all members of the Board of Trustees and the official reporter.

The discussion was informational and no formal actions were taken.

Recess: The executive meeting adjourned at 11:40 a.m. and the Board of Trustees reconvened in regular session.

Gifts to Retiring Officers and Trustees: Gifts were presented to the retiring officers and trustees and to the wife of the President.

Recess: The Board of Trustees recessed at 12:00 m. at the call of the Chair.

NEW BOARD OF TRUSTEES THURSDAY, NOVEMBER 11, 1965

Call to Order: The first session of the new Board of Trustees was called to order by President Maynard K. Hine in the Sahara Hotel, Las Vegas, at 3:15 p.m., November 11, 1965.

Roll Call: The following officers were present: Maynard K. Hine, president; William A. Garrett, president-elect; Howard F. Lyboldt, first vice-president; Robert L. Morrison, third vice-president; Harold Hillenbrand, secretary; E. Jeff Justis, treasurer; Leland C. Hendershot, editor, and F. Darl Ostrander, speaker of the House of Delegates. Second Vice-President Frank W. Jordan was unable to attend.

Members of the Board of Trustees present were: Edward J. Cooksey, John M. Deines, Keith DeVoe, Harold S. Eberhardt, Arthur W. Kellner, Clifford C. Gregory, Carl A. Laughlin, Edward A. Cheney, Charles S. Kurz, Jay H. Eshleman, Louis A. Saporito, Hubert A. McGuirl and Roger K. Trueblood.

Staff members present were: Bernard J. Conway, assistant secretary (legal affairs); J. Roy Doty, assistant secretary (research and therapeutics); John P. Noone, assistant secretary (comptroller-house counsel); Armand A. Landerghini, assistant comptroller (accounting and finance); Hal M. Christensen, director, Washington Office; Doris Nugent, assistant to the Secretary.

Introduction of New and Retiring Officers and Trustees: The retiring officers and trustees introduced their successors and brief comments were made by each. In accordance with the *Rules of the Board of Trustees*, the retiring members were invited to remain for the balance of the meeting.

REPORT OF COMMITTEE ON RULES AND ORDER

In accordance with the *Rules of the Board of Trustees*, the appointment of the following Committee on Rules and Order by President Hine was announced: Drs. Cooksey, Gregory, Kurz and Hillenbrand, President-elect Garrett as observer, and President Hine, chairman. A motion was adopted confirming the appointment of the Committee. The report was read by President Hine.

Approval of Agenda: A motion was adopted approving the agenda submitted by the Committee on Rules and Order as the official order of business for the current meeting of the Board of Trustees.

Appointment of Member of Committee on Finance and Investments: In accordance with the *Rules of the Board of Trustees* which require that the Committee on Finance and Investments "shall consist of three voting members of the Board of Trustees, one of whom shall be elected each year from among the members of the Board who are serving the first year of a term, the President, the President-elect and the Treasurer", the Committee nominated Dr. Arthur W. Kellner for the term ending in 1968, and Dr. Hubert A. McGuirl as Chairman, the personnel of the Committee to be composed as follows:

McGuirl, Hubert A., 1967, chairman
 Trueblood, Roger K., 1966
 Kellner, Arthur W., 1968
 Hine, Maynard K., president
 Garrett, William A., president-elect
 Justis, E. Jeff, treasurer

Hillenbrand, Harold, secretary, *ex officio*
Noone, John P., assistant secretary (comptroller-house counsel), *ex officio*
Landerghini, Armand, assistant comptroller (accounting and finance),
ex officio

A motion was adopted approving the nominations to the Committee on Finance and Investments as submitted.

Appointment of Reference Committees of the Board of Trustees: The Committee presented the following nominations to the reference committees of the Board of Trustees:

Committee A

Eberhardt, Harold S., chairman
Eshleman, Jay H.
Cooksey, Edward J.
McGuirl, Hubert A.

Committee B

Deines, John M., chairman
Cheney, Edward A.
Laughlin, Carl A.
Lyboldt, Howard F.

Committee C

Trueblood, Roger K., chairman
Gregory, Clifford C.
Kellner, Arthur W.
Jordan, Frank W.

Committee D

DeVoe, Keith, chairman
Kurz, Charles S.
Saporito, Louis A.
Morrison, Robert L.

A motion was adopted approving the nominations to the reference committees of the Board of Trustees as submitted.

Appointment of Committee on Reports to House of Delegates: In accordance with the *Rules of the Board of Trustees* governing the composition of the Committee on Reports to the House of Delegates, the Committee on Rules and Order announced that the personnel for the next year would consist of:

Trueblood, Roger K., chairman
Deines, John M.
DeVoe, Keith
Eberhardt, Harold S.
McGuirl, Hubert A.
Hine, Maynard K.
Garrett, William A.
Ostrander, F. Darl, *ex officio*
Hillenbrand, Harold, *ex officio*

A motion was adopted approving the nominations to the Committee on Reports to the House of Delegates as submitted.

Appointment of Member to Committee on Salary and Tenure: The Committee on Rules and Order stated that the *Rules of the Board of Trustees* provide that the Committee shall consist of the President, as Chairman, the President-elect, the Chairman of the Committee on Finance and Investments and two voting members

of the Board of Trustees for terms of two years each. The Committee nominated Dr. Charles S. Kurz for the term ending in 1967, the personnel of the Committee to be composed as follows:

Hine, Maynard K., president, chairman
 Garrett, William A., president-elect
 McGuirl, Hubert A., chairman, Committee on Finance and Investments
 Deines, John M., 1966
 Kurz, Charles S., 1967

A motion was adopted approving the appointment of Dr. Kurz to the Committee on Salary and Tenure for the term ending in 1967.

1966 Schedule of Board of Trustees: A motion was adopted establishing the following schedule for the regular sessions of the Board of Trustees in 1966:

Spring Session: February 24-26, with the Committee on Rules and Order and the Committee on Finance and Investments meeting on February 23.

Special Session: May 12-13, with Board of Governors, Canadian Dental Association, Toronto.

Summer Session: August 24-27, with the Committee on Rules and Order and the Committee on Finance and Investments meeting on August 23.

Annual Session: November 9-12, with the Committee on Finance and Investments meeting on November 6-8, the Committee on Rules and Order meeting on November 8, and the first meeting of the new Board of Trustees immediately after the adjournment of the House of Delegates *sine die* on November 17.

REFERRALS FROM HOUSE OF DELEGATES

Authorization of President to Appoint Special Committee on Trustee Districts: The Secretary called attention to the directive of the House of Delegates that a new Special Committee of the Association on Trustee Districts be appointed. There was agreement that, since the motion adopted by the House of Delegates did not specify the method of appointment, the Committee be appointed by the President.

Proposal to Establish Bureau of Dental Care Programs: The Secretary called attention to the resolution adopted by the House of Delegates requesting the Board of Trustees "to present recommendations on the establishment of a Bureau of Dental Care Programs". A motion was adopted requesting staff to study this matter and to report to the February, 1966 session of the Board of Trustees.

NEW BUSINESS

Appointment of National Treasurer for "Federation Dentaire Internationale": The following resolution was adopted:

89-1965-B. Resolved, that Dr. Obed H. Moen, Wisconsin, be confirmed as the National Treasurer for the *Federation Dentaire Internationale* (FDI) for the term ending with the 1966 annual session.

Appointment of Liaison Committee to Joint Commission on Accreditation of Hospitals: The following resolution was adopted:

90-1965-B. Resolved, that the following be designated as members of the Liaison Committee to the Joint Commission on Accreditation of Hospitals for terms ending with the 1966 annual session: Dr. Fred A. Henny, Michigan, chairman; Dr. O. J. McCormack, New York, and Dr. Ralph S. Lloyd, U.S. Public Health Service.

Appointment of Delegates to "Federation Dentaire Internationale": The following resolution was adopted:

91-1965-B. Resolved, that the following be elected to the delegation of the American Dental Association to the General Assembly of the *Federation Dentaire Internationale* for terms ending with the 1966 annual session: Dr. Fritz A. Pierson and Dr. E. Jeff Justis.

Appointment of Delegates to National Health Council: The following resolution was adopted:

92-1965-B. Resolved, that the following be appointed as delegates to the National Health Council for terms ending with the 1966 annual session: Dr. Jay H. Eshleman, Dr. Carl L. Sebelius, Dr. Howard F. Lyboldt and Dr. Kenneth J. Ryan.

Appointment of Council Chairmen: The following chairmen of councils of the Association were appointed for terms ending with the 1966 annual session:

Constitution and Bylaws, Council on: Dr. John B. Lewis
Dental Education, Council on: Dr. R. Quentin Royer
Dental Health, Council on: Dr. Kenneth J. Ryan
Dental Research, Council on: Dr. George W. Arthur
Dental Therapeutics, Council on: Dr. Robert B. Shira
Dental Trade and Laboratory Relations, Council on: Dr. Gustave J. Perdigon
Federal Dental Services, Council on: Dr. Fred P. Barnhart
Hospital Dental Service, Council on: Dr. Bernard Clug
Insurance, Council on: Dr. Joseph M. Gaynor
International Relations, Council on: Dr. William P. Humphrey
Journalism, Council on: Dr. Donald W. Edwards
Judicial Council: Dr. Isidore Teich
Legislation, Council on: Dr. John B. Wilson

National Board of Dental Examiners, Council of: Dr. Ralph L. Ireland
Relief, Council on: Dr. Thomas R. Abbott
Scientific Session, Council on: Dr. Clarence Cottrill

Continuation of Special Committee on Association Headquarters: The following resolution was adopted:

93-1965-B. Resolved, that the Special Committee on Association Headquarters be continued until the 1966 annual session with the following personnel: Dr. Fritz A. Pierson, chairman, Drs. Maynard K. Hine, William A. Garrett, E. Jeff Justis, Laurence L. Lathrop, Hubert A. McGuirl, James P. Hollers, Gerald D. Timmons, Paul H. Jeserich and Harold Hillenbrand.

Continuation of Special Committee on Research: The following resolution was adopted:

94-1965-B. Resolved, that the Special Committee on Research be continued until the 1966 annual session with the following personnel: Dr. Maynard K. Hine, chairman, Drs. Harold S. Eberhardt, William A. Garrett, Leland C. Hendershot and Gerald D. Timmons.

Continuation of Special Committee on Liaison with National Dental Association: The following resolution was adopted:

95-1965-B. Resolved, that the Special Committee on Liaison with the National Dental Association be continued until the 1966 annual session with the following personnel: Dr. Maynard K. Hine, chairman, Drs. William A. Garrett, F. Darl Ostrander, Harold Hillenbrand, Leland C. Hendershot, John M. Deines and Harold S. Eberhardt.

Continuation of Special Committee on Scientific Session: The following resolution was adopted:

96-1965-B. Resolved, that the Special Committee on Scientific Session be continued until the 1966 annual session with the following personnel: Dr. Maynard K. Hine, chairman, Drs. Charles S. Kurz, Keith DeVoe, Carl A. Laughlin and Roger Trueblood.

Continuation of Special Committee on Women's Auxiliary: The following resolution was adopted:

97-1965-B. Resolved, that the Special Committee on Women's Auxiliary be continued until the 1966 annual session with the following personnel: Dr. Harold S. Eberhardt, chairman, Drs. Jay H. Eshleman and Carl A. Laughlin.

Authorization of Presentation of Charms to Wives of Retiring Trustees: A motion was adopted authorizing the presentation of charms to the wives of retiring trustees beginning with the terms expiring at the 1966 annual session.

Adjournment: The Board of Trustees adjourned *sine die* at 5:00 p.m.

Opening Meeting

Call to Order: The Opening Meeting of the 106th annual session of the American Dental Association was called to order at 9:35 a.m. on Monday, November 8, 1965, in the Auditorium of the Las Vegas Convention Center, Las Vegas, by President Pierson. Following a brief welcome by Dr. Pierson, the national anthem was sung by Mrs. Joanne Auckley, a member of the Choralon Choir of Salt Lake City. The accompaniment on the piano was played by Mr. Melvin Dunn, Salt Lake City.

Invocation: The invocation was offered by Reverend Joseph Baldus, St. Ann's Catholic Church, Las Vegas.

Message from President of United States: President Pierson read the following telegram which had been received from the President of the United States:

You all know that the health of our nation is one of my deepest concerns.

The continued and improved well-being of our fellow citizens is the basis for the kind of Great Society all of us want to build.

The American Dental Association has done much to advance the health of our people. You have done this through support of dental research and broader opportunities in dental education, through promotion of water fluoridation and expanded state and local dental programs, and through the service of your individual members to people throughout our nation.

You are to be congratulated both for your achievements and your goals. I wish you a productive 106th annual meeting of the American Dental Association and continued success in your efforts to improve the health of all Americans.

/s/ Lyndon B. Johnson

Addresses of Welcome: The Honorable Grant F. Sawyer, governor of the State of Nevada, welcomed the guests. The Honorable Oran K. Gregson, mayor of the City of Las Vegas, extended greetings and also briefly addressed the audience. Messages of greeting were also delivered by Dr. Robert A. Lysgaard, president, Clark County Dental Society, Dr. Wayne L. Zeiger, president, Nevada State Dental Society, and Dr. Robert L. Morrison, general chairman, General Committee on Local Arrangements.

Introduction of Distinguished Guests: The following distinguished guests were introduced and were recognized by the audience: Dr. John W. Knutson, president-elect, National Health Council; Dr. George Fister, past president, American Medical Association; Dr. Wesley B. Larsen, president, American Osteopathic Association; Dr. Obed H. Moen, national treasurer for the United States, *Fédération Dentaire Internationale*; Dr. P. S. Christie, president, Canadian Dental Association; Dr. W. G. McIntosh, secretary, Canadian Dental Association; Dr. H. R. Primas, president, Dr. William Walker, immediate past president, Dr. Richard Layne, past president,

Dr. James C. Wallace, Jr., chairman of the Board of Trustees, and Dr. Clifton Dummett, editor, National Dental Association; Dr. Ralph S. Lloyd, chief dental officer, U.S. Public Health Service; Dr. Jerome J. Hiniker, chief dental officer, Veterans Administration; Brigadier General Benjamin W. Dunn, chief of the dental service, U.S. Air Force; Major General Joseph L. Bernier, chief of the dental service, U.S. Army; Rear Admiral Frank M. Kyes, chief of the dental services, U.S. Navy; Dr. Elmer M. Ebert, president, American Association of Dental Editors; Dr. Richard P. Taylor, Jr., president, American Association of Dental Examiners; Dr. Maurice J. Hickey, president, American Association of Dental Schools; Dr. Percy G. Anderson, president, American College of Dentists; Miss Barbara Blomquist, president, American Dental Assistants Association; Miss Alberta Beat, president-elect, American Dental Hygienists' Association; Mrs. W. H. Smith, president-elect, Women's Auxiliary to American Dental Association; Dr. Leo M. Shanley, president, International College of Dentists; Dr. J. Eugene Ziegler, chairman, Joint Commission on Accreditation of Dental Laboratories; Miss Helen M. Pugh, director-secretary, Joint Commission on Accreditation of Dental Laboratories; Dr. Raymond J. Nagle, president, American Fund for Dental Education; Mr. L. M. Anderson, president, American Dental Trade Association; Mr. C. G. FitzSimmons, president, Dental Dealers of America; Mr. G. Clyde Van Allen, president, Dental Manufacturers of America; Dr. Luther L. Terry, vice president of Medical Affairs, University of Pennsylvania and former U.S. Surgeon General.

Dr. Pierson also introduced the five nominees for honorary membership in the Association who were present on the platform (see p. 311), the two American Dental Association National Science Fair Winners, Miss Kathlene Zimmerman and Mr. John Sabol, Jr., the officers and members of the Board of Trustees, and a delegation of 20 dentists from Japan.

Addresses by Congressmen Laird, Fogarty and Rivers: President Pierson introduced the Honorable Melvin E. Laird, U.S. representative, Seventh Congressional District, Wisconsin; the Honorable John E. Fogarty, U.S. representative, First Congressional District, Rhode Island, and the Honorable L. Mendel Rivers, U.S. representative, First Congressional District, South Carolina, each of whom addressed the members of the audience.

Concert by Choralon Choir of Salt Lake City: The Choralon Choir of Salt Lake City, directed by Mr. Owen Clark, presented a concert.

Adjournment: The Opening Meeting adjourned at 12 m.

Scientific Session

The annual scientific session was held on November 8-11 at the Las Vegas Convention Center, Las Vegas, Nevada. The scientific program was under the direction of the Council on Scientific Session, composed of the following members: Dr. R. Donald Hooper, St. Paul, Minnesota, chairman; Dr. Clarence C. Cottrill, Glen Rogers, West Virginia; Dr. H. W. F. Dressel, Catonsville, Maryland; Dr. Clifford F. Isenberger, Lanark, Illinois; Dr. Phillip J. Tennis, Los Angeles; Dr. John S. Oartel, secretary. The following participated in the scientific session.

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|-------------------------------|--------------------------|-----------------------------|
| Abrahamian, Hratch A. | Anderman, Irving I. | Berg, Norman |
| Abramson, Irving | Anderson, Albert L., Jr. | Berger, Ivan |
| Academy of General Dentistry | Anderson, Howard S. | Berger, Joel E. |
| Aksarben Gold Inlay Study | Andres, Carl J. | Bergmann, John C. |
| Group | Andrus, William S. | Berk, Harold |
| Alcox, Ray W. | Anstrom, Vera D. | Bernhardt, Mary |
| Alexander, Perry C. | Antrim, Donald D. | Bernier, Joseph L. |
| Allen, Gerald D. | Archer, James F. | Bernstein, Hershel |
| Allen, Wilmer L. | Arnim, Sumter | Bernstein, Morris |
| Alling, Charles C. | Asfazadour, Edward | Berry, William D. |
| Altemus, Leonard A. | Ast, David B. | Beube, Frank E. |
| Amato, Jeanne | Austin, Arnold P. | Beveridge, Edward E. |
| American Academy of Dental | Austin, Shirley Ann | Beyer, Norman L. |
| Medicine | Avery, James K. | Bibby, Basil G. |
| American Academy of Dental | | Biological Photographic |
| Electrosurgery | Babeaux, William L. | Association |
| American Academy of Implant | Bacino, Vincent R. | Bird, Robert |
| Dentures | Bailin, Jack L. | Bissada, Nabil F. |
| American Association of | Baker, Benjamin R. | Bivins, Emma Carr |
| Industrial Dentists | Baker, John E. | Blanco-Dalmau, Luis |
| American Association of | Baraban, David J. | Blozis, George Gordon |
| Orthodontists | Baranowski, Leo F. | Bodine, Roy L. |
| American Dental Assistants | Barber, L. B., Jr. | Boelsche, Ralph A. |
| Association | Barger, James D. | Bolden, Theodore E. |
| American Dental Association | Barker, Mary Lou | Bolender, Charles L. |
| Dental Education, | Barnewolt, R. K. | Bolender Prosthetic Seminar |
| Council on | Barnhart, E. Paul | Group |
| Dental Health, | Bartelstone, Herbert J. | Bonander, L. Gordon |
| Council on | Barton, Sharon | Bowman, John F. |
| Hospital Dental Service, | Bartoszewicz, Leon | Boyce, Virginia |
| Council on | Bash, Vito P. | Bradley, Gary W. |
| Scientific Session, | Baum, Lloyd | Bradshaw, Diana |
| Council on | Bazola, Fred N. | Bradjevich, Lucy |
| American Dental Hygienists' | Beals, Robert P. | Brecker, S. Charles |
| Association | Beasley, Joe D., III | Brenman, Henry S. |
| American Heart Association | Beck, Heinz O. | Brinsden, Gilbert |
| American Hospital Association | Becker, Walter H. | Brocard, Tula S. |
| American Medical Association | Bell, Bruce H. | Broida, Joel |
| American Thoracic Society | Belting, Charles M. | Brophy, James E. |
| Medical Section of the | Bench, Ruel W. | Brown, Russell V. |
| National Tuberculosis | Benjamin, Clement | Brucker, Lawrence D. |
| Association | Bennett, Carroll G. | Brudevold, Finn |
| Amphlett, James | Bennett, H. M. | Brummett, Stanley |

- Brusse, Martin
 Buffington, Bert C.
 Bulbulian, Arthur H.
 Bull, Robert
 Burch, George E.
 Burnette, Jerry C.
 Burr, John D.
- Caceres, Cesar A.
 Cahoy, A. L.
 Calatcaud, Juan
 Calder, Wallace
 Calderwood, Robert G.
 Caldwell, Robert C.
 Call, Rheen U.
 Calman, Herbert I.
 Cameron, Elwyn
 Carman, F. D.
 Capsey, Norman T.
 Caperton, Claude H.
 Carmichael, Cary W.
 Carr, Jack D.
 Carrow, Martin
 Carson, E. M.
 Carter, Andrew J.
 Casey, Gerald
 Cashion, Leonard R.
 Cella, Robert J.
 Chamberlain, Francis L.
 Chambers, Frank W.
 Charbonneau, Lois C.
 Cheraskin, Emanuel
 Chesser, V. L.
 Chevalier, P. L.
 Chinn, Austin B.
 Chung, Paul
 Christian Dental Society
 Cocks, Edgar H.
 Clark, Jack T.
 Cody, William E.
 Cohen, Robert S.
 Collier, Durward R.
 Colman, Albert Jack
 Constable, Helen
 Cottrill, Clarence C.
 Cox, Sherman L.
 Coy, Willard A.
 Crabtree, C. Larry
 Crane, Earl R.
 Cranin, A. Norman
 Cretors, Roberta A.
 Crill, Floyd B.
 Cryan, Daniel C.
 Cummins, Lee M.
 Cunningham, Viola
 Curnutte, Donald C.
 Curreri, Robert C.
 Guyar, Fernando Chardon
- Dachi, Stephen F.
 Dann, Joseph Sydney
- Darby, Dean W.
 Davidson, Jane
 Dawson, Paul T.
 Dedman, Margie
 Degnan, Edward J.
 De Laurentis, Carlo A.
 Delo, Richard I.
 De Nosaquo, Norman
 Denson, Thomas E.
 Dental Trade Advisory
 Committee
 Denver Dental Society
 DeSalvo, C. Joseph
 Detroit Dental Clinic Club
 DeVan, Muller M.
 Dickson, Audrey
 Dixon, F. Gene
 Dodds, Rebecca
 Downing, John F.
 Dressel, Harry W. F.
 Dryden, Earl
 Dudding, Nancy J.
 Dummett, Clifton
 Dunn, Benjamin W.
 Dunn, Richard
 Dybowski, E. L.
 Dyer, Eugene H.
 Dykema, Roland W.
- Eames, Wilmer B.
 Ehrke, Robert L.
 Eidson, Rene L.
 Eisenberg, Mervin
 Eirich, Frederick R.
 Eitches, Alexander E.
 Elam, James O.
 Elcan, Paul
 Ellis, Joe M.
 Emmerson, Clinton C.
 Emmings, Fred G.
 Ence, George D.
 Epstein, Philip J.
 Esch, Albert
 Evans, Richard I.
 Evans, Sharon
 Everett, Robert C.
- Faine, Robert C.
 Fairleigh, James F.
 Farrar, William K., Jr.
 Feinberg, Elliot
 Fenech, Louis J.
 Ferguson, George W.
 Fetterman, Roy A.
 Fig, Bertram
 Finn, Sidney B.
 Fischer, T. E.
 Flecker, Carl A., Jr.
 Flocken, John E.
 Fong, Chester C.
 Food and Drug Administration
- Forsyth, Ralph
 Fouts, J. R.
 Fowler, Charles Douglas
 Fraleigh, Claud M.
 Franchi, Gene J.
 Frank, Alfred L.
 Frankel, John M.
 Freehe, Clifford L.
 Freese, D. Jackson
 Fresno Gnathological Research
 Club
 Friedenberg, Frederick F.
 Friedrich, Rudolph H.
 Fullmer, James L., Jr.
- Gallagher, Thomas H.
 Gambill, William Henry
 Gamer, Simon
 General Electric Company
 Gershkoff, Aaron
 Gerstman, Edward
 Gertenrich, Roger L.
 Getter, Lee
 Gettinger, Ted
 Gibson, Chester J.
 Gildone, Mario
 Gillespie, Jan
 Gilmore, H. William
 Ginder, Oscar
 Ginley, Thomas J.
 Givens, Kenneth V.
 Gleason, George A.
 Glickman, Irving
 Going, Robert E.
 Goldberg, Hyman J. V.
 Goldberg, Norman
 Goldhaber, Paul
 Goldman, Henry M.
 Gorman, Patrick
 Grant, Angus
 Grant, Theodore S.
 Graykowski, Edward A.
 Greek, W. J.
 Greenblatt, Marvin
 Greene, David G.
 Greene, Harry G.
 Greener, Evan H.
 Greenwood, Alan H.
 Grewe, John M.
 Griffin, Clinton D., Jr.
 Griffiths, Norman H. C.
 Grimshaw, James F.
 Grodjesk, Joseph E.
 Gross, W. Alvin
 Grusky, Oscar
 Gundel, Robert E.
 Gurney, B. Franklin
 Gustavson, Herbert C.
- Haas, Martin A.
 Hale, Myrle H.

- Halsband, Earle Robert
 Hammond, Harold L.
 Handelsman, Ira Stuart
 Hansen, J. M.
 Hansen, Lorene Stephanie
 Hansen, Robert G.
 Harding, J. C. Almy
 Harkins, William R.
 Harrington, John H.
 Harris, Herman S.
 Harris, Robert S.
 Hartley, Jack L.
 Hartmann, Edward J.
 Hawkinson, Roy T.
 Hayes, Benjamine
 Hazlet, John W.
 Head, Sharon
 Hedlund, Jane A.
 Helffrich, Richard A.
 Helsper, James T.
 Henninger, Frederic L.
 Hennon, David K.
 Henry, Joseph L.
 Herd, Richard M.
 Herndon, Raymond W.
 Herzberg, Harlan E.
 Hickey, Judson C.
 Hindels, George W.
 Hinds, Edward C.
 Hinshaw, Rolland P.
 Hochberg, Howard
 Hodges, Robert
 Hodosh, Milton
 Hoffman, David A.
 Hofman, Eva
 Hoggard, Ferris M., Jr.
 Hollman, Henry
 Hooper, R. Donald
 Hoople, Sheila Fay
 Hooley, James R.
 Hoopes, Lillian
 Hoover, Donald R.
 Horn, Daniel
 Hospitals
 Henry Ford
 Highland View
 St. John's
 Veterans Administration,
 Buffalo
 Long Beach, California
 Wadsworth
 House, Milus M., Prosthetic
 Study Group
 Howard, Charles P.
 Howe, Harold G.
 Hubbard, A. C.
 Hughes, John
 Hughes, Howard
 Hulbush, Lona
 Hurley, Richard E.
 Hutchinson, A. C. W.
- Imber, Isadore L.
 Ingle, John I.
 Ingraham, Rex
 Isenberger, Clifford F.
- Jackson, George L.
 Jackson, James A.
 James, Verda E.
 Jamieson, Charles H.
 Jaquette, Marcus M.
 Jarabak, John P.
 Jeffery, Richard W.
 Jensen, James R.
 Jerman, J. Stephen
 Jermyn, Arthur C.
 Joffre, Roch R.
 Joglekar, Anil P.
 Johns, Robert M.
 Johnson, Claire
 Johnson, Johnny
 Johnson, Louise
 Johnson, O. N.
 Johnson, Vic
 Jones, James D., II
 Jones, John
 Jones, Kendall
 Jordan, Ronald E.
 Jorgensen, Niels Bjorn
 Joseph, Lireka P.
- Kahn, Arthur Edward
 Kapsimalis, Peter
 Karlan, Frances R.
 Karlson, Frederick A., Jr.
 Kawamoto, Henry K.
 Keith, Joy
 Kelley, Gordon E.
 Kelly, Ellsworth K.
 Kelly, John M.
 Kendrick, John
 Kennemer, Christopher E.
 Kilbane, Edward F.
 Kilpatrick, Harold C.
 King, John A.
 King, James B., Jr.
 King, Thomas J.
 Kinney, William B., Jr.
 Kirkeeng, Melvin J.
 Klein, Ira E.
 Klein, Morton
 Knab, Albert L.
 Knab, Helen
 Kobernick, Gerald
 Koch, Martin G.
 Koepf, Sheldon W.
 Korchek, David L.
 Koster, Seymour
 Kowalczyk, Dorothy
 Kozak, Edward J.
 Krajewski, Joseph
 Kramer, Gerald
- Kraus, Bertram S.
 Kreiner, Robert L.
 Kreshover, Seymour J.
 Krup, J. W.
 Kuhn, Thomas R.
 Kuratli (John) Crown and
 Bridge Research Group
 Kurth, Donald A.
 Kurtz, Gerald N.
 Kutler, Benton
 Kutnick, Jack D.
 Kyes, Frank M.
- Laakso, P.
 Ladone, Joseph Anthony
 LaFond, Raymond
 Lambson, Gordon O.
 Langa, Harry
 Lange, Karl W.
 Langeland, Kaare
 Lanier, Anne
 Larson, Donald B.
 Lasky, Lloyd I.
 Lasky, Mervyn C.
 Latal, Mary
 Lattig, Edward J.
 Lee, Henry
 Lee, Theodore
 Lefkowitz, William
 Leitsch, Patricia
 Levin, Bernard
 Lew, Isaih
 Lewark, Norman L.
 Lieberman, James
 Lightfoot, Darwin C.
 Likins, Robert C.
 Lilly, Gilbert E.
 Lind, John C.
 Lindemeyer, Ray L.
 Lindsay, J. Robert
 Linkow, Leonard I.
 Linthicum, Arthur T.
 Lipman, Lewis E.
 Lister, Roderick L.
 Lite, Theodore
 Lockwood, Chester C.
 Lofgren, James Warren
 Longeway, Kenneth L.
 Lord, Hunting J., Jr.
 Lorenz, Walter M.
 Losee, Fred L.
 Lowry, James D.
 Lukens, Eugene M.
 Lund, Victor E.
 Luntz, Lester L.
 Lush, Anne
 Lutes, Marvin R.
 Lynn, Kenneth C.
 Lyons, Don Chalmers
 Lytle, Robert B.

- Mabry, Earl H.
 Madsen, George J.
 Mallory, G. Denny
 Manhold, John H., Jr.
 Mansolf, Charlotte
 Marill, Barbara
 Markley, Miles R.
 Marks, Sandy C.
 Martone, Alexander L.
 Mathews, J. Rodney
 Mayo, Jacque L.
 Meade, Gordon M.
 Meckel, A. H.
 Mecklenburg, R. E.
 Medina, Jose E.
 Medwedeff, Fred M.
 Mellberg, J. R.
 Mensor, Merrill C., Jr.
 Merendino, John J.
 Merriman, Sally
 Metz, Fred C.
 Metzger, Perry
 Meyer, Alvin
 Meyer, Frank K.
 Meyer, Wayne E.
 Mezrow, Ralph R.
 Michailidis, Harry P.
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 Teuscher, George W., 1967, A.A.D.S., Chicago
 Walls, Milton G., 1965, A.A.D.E., St. Paul, Minnesota
 Wessels, Kenneth E., *secretary*, Chicago

Dental Health

Ryan, Kenneth J., 1966, *chairman*, Flint, Michigan
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 Dixon, F. Gene, 1965, San Francisco, California
 Gernert, Edward B., 1967, Frankfort, Kentucky
 Kramer, Harold M., 1967, Portland, Oregon
 Lachnicht, Vitus J., 1967, Brooklyn, New York
 McDermott, Charles F., 1966, Pittsburgh, Pennsylvania
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 Lynch, James N., 1965, Evanston, Illinois
 Morris, Alvin L., 1966, Lexington, Kentucky
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 Zegarelli, Edward V., 1966, New York
 Doty, J. Roy, *secretary*, Chicago

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Ziegler, J. Eugene, 1965, *chairman*, Hollywood, California
 Fitz, George H., 1967, Pontiac, Illinois
 Klenda, Harry M., 1966, Wichita, Kansas
 Perdigon, Gustave J., 1966, Tampa, Florida
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 Sarner, Harvey, *secretary*, Chicago

Federal Dental Services

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 Whiteneck, Otho R., 1966, Enid, Oklahoma
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 Lassiter, Herbert C., *secretary*, Chicago

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 Lassiter, Herbert C., *secretary*, Chicago

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Knutson, John W., 1965, *chairman*, Los Angeles
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 Masino, Joseph V., 1965, Philadelphia
 Ryan, Timothy E., 1966, Waukesha, Wisconsin
 Sebelius, Carl L., *secretary*, Chicago

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 Asher, Paul, 1965, Gary, Indiana
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Wilson, John B., 1965, *chairman*, San Marino, California
 Kennedy, Joseph B., 1966, Des Moines, Iowa
 Kerr, I. Lawrence, 1966, Endicott, New York
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 Rovelstad, Homer D., 1967, Grand Forks, North Dakota
 Conway, Bernard J., *secretary*, Chicago

National Board of Dental Examiners

Ireland, Ralph L., 1967, *chairman*, A.A.D.S., Lincoln, Nebraska
 Appleby, Alva S., 1965, A.D.A., Skowhegan, Maine
 Cole, William E., 1966, A.A.D.E., Oklahoma City, Oklahoma
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 Cottrill, Clarence, 1967, Glen Rogers, West Virginia
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 Tennis, Phillip J., 1965, Los Angeles, California
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Historical Record

The American Dental Association was organized at Niagara Falls, N.Y., August 3, 1859. President of this organizing convention was W. W. Allport and the Secretary was J. Taft. Permanent organization was effected in Washington, D.C., July 3, 1860, when the officers *pro tem* were succeeded by regularly elected officers. In 1861 no session was held, owing to the Civil War; since then, the sessions have been held annually with the exception of 1945 when no session was held because of World War II. In 1897 the Association united with the Southern Dental Association, and the name was changed to the "National Dental Association", which name was retained until 1922, when the earlier name was resumed. A complete list of the officers and sessions follows:

AMERICAN DENTAL ASSOCIATION

Term	President	Corresponding Secretary	Recording Secretary	Date of Meeting	Place of Meeting
1860-61	W. H. Atkinson	W. M. Rogers	J. Taft		No meeting
1861-62	W. H. Atkinson	W. M. Rogers	J. Taft	1862	Cleveland
1862-63	Geo. Watt	J. F. Johnson	J. Taft	1863	Philadelphia
1863-64	W. H. Allen	C. R. Butler	J. Taft	1864	Niagara Falls
1864-65	J. H. McQuillen	G. W. Ellis	J. Taft	1865	Chicago
1865-66	C. W. Spalding	L. D. Shepard	J. Taft	1866	Boston
1866-67	C. P. Fitch	A. Hill	J. Taft	1867	Cincinnati
1867-68	A. Lawrence	C. R. Butler	J. Taft	1868	Niagara Falls
1868-69	Jonathan Taft	J. McManus	Edgar Park	1869	Saratoga Springs
1869-70	Homer Judd	I. A. Salmon	M. S. Dean	1870	Nashville
1870-71	W. H. Morgan	I. A. Salmon	M. S. Dean	1871	White Sulphur Springs, W. Va.
1871-72	G. H. Cushing	I. A. Salmon	M. S. Dean	1872	Niagara Falls
1872-73	P. G. C. Hunt	J. Taft	M. S. Dean	1873	Put-in Bay, O.
1873-74	T. L. Buckingham	J. Taft	M. S. Dean	1874	Detroit
1874-75	M. S. Dean	G. L. Field	C. S. Smith	1875	Niagara Falls
1875-76	A. L. Northrop	J. H. McQuillen	C. S. Smith	1876	Philadelphia
1876-77	Geo. W. Keely	J. H. McQuillen	C. S. Smith	1877	Chicago
1877-78	F. H. Rehwinkel	M. H. Webb	M. S. Dean	1878	Niagara Falls
1878-79	H. J. McKellops	A. O. Rawls	G. H. Cushing	1879	Niagara Falls
1879-80	L. D. Shepard	M. H. Webb	G. H. Cushing	1880	Boston
1880-81	C. N. Peirce	A. M. Dudley	G. H. Cushing	1881	New York City
1881-82	H. A. Smith	A. M. Dudley	G. H. Cushing	1882	Cincinnati
1882-83	W. H. Goddard	A. W. Harlan	G. H. Cushing	1883	Niagara Falls
1883-84	E. T. Darby	A. W. Harlan	A. H. Peck	1884	Saratoga Springs
1884-85	J. N. Crouse	A. W. Harlan	A. H. Peck	1885	Minneapolis
1885-86	W. C. Barrett	A. W. Harlan	G. H. Cushing	1886	Niagara Falls
1886-87	W. W. Allport	A. W. Harlan	G. H. Cushing	1887	Niagara Falls
1887-88	Frank Abbott	F. A. Levy	G. H. Cushing	1888	Louisville
1888-89	C. R. Butler	F. A. Levy	G. H. Cushing	1889	Saratoga Springs
1889-90	M. W. Foster	F. A. Levy	G. H. Cushing	1890	Excelsior Springs
1890-91	A. W. Harlan	F. A. Levy	G. H. Cushing	1891	Saratoga Springs
1891-92	W. W. Walker	F. A. Levy	G. H. Cushing	1892	Niagara Falls
1892-93	J. D. Patterson	F. A. Levy	G. H. Cushing	1893	Chicago
1893-94	J. D. Patterson	F. A. Levy	G. H. Cushing	1894	Old Point Comfort
1894-95	J. Y. Crawford	E. E. Chase	G. H. Cushing	1895	Asbury Park, N.J.
1895-96	J. Y. Crawford	E. E. Chase	G. H. Cushing	1896	Saratoga Springs
1896-97	James Truman	F. A. Levy	G. H. Cushing	1897	Old Point Comfort

NATIONAL DENTAL ASSOCIATION

1897-98	Thomas Fillebrown	E. E. Chase	G. H. Cushing	1898	Omaha
1898-99	H. J. Burkhardt	E. E. Chase	G. H. Cushing	1899	Niagara Falls
'99-1900	H. Holley Smith	E. E. Chase	G. H. Cushing	1900	Old Point Comfort
1900-01	G. V. Black	M. E. Gallup	G. H. Cushing	1901	Milwaukee
1901-02	J. A. Libbey	J. D. Pfeiffer	G. H. Cushing	1902	Niagara Falls
1902-03	L. G. Noel	W. D. Tracy	A. H. Peck	1903	Asheville, N.C.
1903-04	C. C. Chittenden	C. S. Butler	A. H. Peck	1904	St. Louis (Business only)
1904-05	W. E. Boardman	C. S. Butler	A. H. Peck	1905	Buffalo
1905-06	M. F. Finley	C. S. Butler	A. H. Peck	1906	Atlanta
1906-07	A. H. Peck	B. L. Thorpe	C. S. Butler	1907	Minneapolis
1907-08	William Carr	B. L. Thorpe	C. S. Butler	1908	Boston
1908-09	V. E. Turner	H. C. Brown	C. S. Butler	1909	Birmingham
1909-10	B. L. Thorpe	H. C. Brown	C. S. Butler	1910	Denver
1910-11	E. S. Gaylord	C. W. Rodgers	H. C. Brown	1911	Cleveland
1911-12	A. R. Melendy	C. W. Rodgers	H. C. Brown	1912	Washington, D.C.
1912-13	F. O. Hetrick	C. W. Rodgers	H. C. Brown	1913	Kansas City, Mo.

Reorganized July 10, 1913

	General Secretary	Treasurer			
1913-14	H. C. Brown	Otto U. King	H. B. McFadden	1914	Rochester, N.Y.
1914-15	D. M. Gallie	Otto U. King	A. R. Melendy	1915	San Francisco (H. of D. only)
1915-16	T. P. Hinman	Otto U. King	A. R. Melendy	1916	Louisville
1916-17	L. L. Barber	Otto U. King	A. R. Melendy	1917	New York
1917-18	W. H. G. Logan	Otto U. King	A. R. Melendy	1918	Chicago
1918-19	C. V. Vignes	Otto U. King	A. R. Melendy	1919	New Orleans
1919-20	J. V. Conzett	Otto U. King	A. R. Melendy	1920	Boston
1920-21	H. E. Friesell	Otto U. King	A. R. Melendy	1921	Milwaukee

AMERICAN DENTAL ASSOCIATION

	Secretary	Treasurer			
1921-22	T. B. Hartzell	Otto U. King	A. R. Melendy	1922	Los Angeles
1922-23	J. P. Buckley	Otto U. King	A. R. Melendy	1923	Cleveland
1923-24	W. A. Giffen	Otto U. King	A. R. Melendy	1924	Dallas
1924-25	C. N. Johnson	Otto U. King	A. R. Melendy	1925	Louisville
1925-26	Sheppard W. Foster	Otto U. King	A. R. Melendy	1926	Philadelphia
1926-27	Henry L. Banzhaf	Otto U. King	A. R. Melendy	1927	Detroit
1927-28	R. H. Volland	H. B. Pinney	A. R. Melendy	1928	Minneapolis
1928-29	Percy R. Howe	H. B. Pinney	R. H. Volland	1929	Washington, D.C.
1929-30	R. Boyd Bogle	H. B. Pinney	R. H. Volland	1930	Denver
1930-31	Robert T. Oliver	H. B. Pinney	R. H. Volland	1931	Memphis
1931-32	Martin Dewey	H. B. Pinney	R. H. Volland	1932	Buffalo
1932-33	G. Walter Dittmar	H. B. Pinney	R. H. Volland	1933	Chicago
1933-34	Arthur C. Wherry	H. B. Pinney	R. H. Volland	1934	St. Paul
1934-35	Frank M. Casto	H. B. Pinney	R. H. Volland	1935	New Orleans
1935-36	George B. Winter	H. B. Pinney	R. H. Volland	1936	San Francisco
1936-37	Leroy M. S. Miner	H. B. Pinney	R. H. Volland	1937	Atlantic City
1937-38	C. Willard Camalier	H. B. Pinney	R. H. Volland	1938	St. Louis
1938-39	Marcus L. Ward	H. B. Pinney	R. H. Volland	1939	Milwaukee
1939-40	Arthur H. Merritt	H. B. Pinney	R. H. Volland	1940	Cleveland
1940-41	Wilfred H. Robinson	H. B. Pinney	R. H. Volland	1941	Houston
1941-42	Oren A. Oliver	H. B. Pinney	R. H. Volland	1942	St. Louis (H. of D. only)

1942-43	J. Ben Robinson	H. B. Pinney	R. H. Volland	1943	Cincinnati (H. of D. only)
1943-44	C. Raymond Wells	H. B. Pinney	R. H. Volland	1944	Chicago (H. of D. only)
1944-45	Walter H. Scherer	H. B. Pinney	R. H. Volland		No meeting
1945-46	Walter H. Scherer	H. B. Pinney	R. H. Volland	1946	Miami (H. of D. only)
1946-47	Sterling V. Mead	H. Hillenbrand	R. H. Volland	1947	Boston
1947-48	H. B. Washburn	H. Hillenbrand	R. H. Volland	1948	Chicago
1948-49	C. E. Minges	H. Hillenbrand	H. B. Washburn	1949	San Francisco
1949-50	Philip E. Adams	H. Hillenbrand	H. B. Washburn	1950	Atlantic City
1950-51	Harold W. Oppice	H. Hillenbrand	H. B. Washburn	1951	Washington, D.C.
1951-52	LeRoy M. Ennis	H. Hillenbrand	H. B. Washburn	1952	St. Louis
1952-53	Otto W. Brandhorst	H. Hillenbrand	H. B. Washburn	1953	Cleveland
1953-54	Leslie M. FitzGerald	H. Hillenbrand	H. B. Washburn	1954	Miami
1954-55	Daniel F. Lynch	H. Hillenbrand	H. B. Washburn	1955	San Francisco
1955-56	Bernerd C. Kingsbury	H. Hillenbrand	H. B. Washburn	1956	Atlantic City
1956-57	Harry Lyons	H. Hillenbrand	H. B. Washburn	1957	Miami-Miami Beach
1957-58	William R. Alstadt	H. Hillenbrand	H. B. Washburn	1958	Dallas
1958-59	Percy T. Phillips	H. Hillenbrand	H. B. Washburn	1959	New York
1959-60	Paul H. Jeserich	H. Hillenbrand	H. B. Washburn	1960	Los Angeles
1960-61	Charles H. Patton	H. Hillenbrand	H. B. Washburn	1961	Philadelphia
1961-62	John R. Abel	H. Hillenbrand	P. H. Jeserich	1962	Miami Beach
1962-63	Gerald D. Timmons	H. Hillenbrand	P. H. Jeserich	1963	Atlantic City
1963-64	James P. Hollers	H. Hillenbrand	P. H. Jeserich	1964	San Francisco
1964-65	Fritz A. Pierson	H. Hillenbrand	E. Jeff Justis	1965	Las Vegas

LIVING PAST PRESIDENTS
AMERICAN DENTAL ASSOCIATION

C. Willard Camalier	1937-38
J. Ben Robinson	1942-43
C. Raymond Wells	1943-44
Sterling V. Mead	1946-47
H. B. Washburn	1947-48
Clyde E. Minges	1948-49
Philip E. Adams	1949-50
Harold W. Oppice	1950-51
LeRoy M. Ennis	1951-52
Otto W. Brandhorst	1952-53
Leslie M. FitzGerald	1953-54
Daniel F. Lynch	1954-55
Bernerd C. Kingsbury	1955-56
Harry Lyons	1956-57
William R. Alstadt	1957-58
Percy T. Phillips	1958-59
Paul H. Jeserich	1959-60
Charles H. Patton	1960-61
John R. Abel	1961-62
Gerald D. Timmons	1962-63
James P. Hollers	1963-64
Fritz A. Pierson	1964-65

Attendance Record

Members of
House of
Delegates

	REGISTERED	MEETINGS		
		1	2	3
AIR FORCE 1,103 members, 1 delegate				
<i>Delegate</i>				
Dunn, Benjamin W., Bethesda, Md.....	•	•	•	•
<i>Alternate</i>				
Lightner, Lee M., Bethesda, Md.....	•			
ALABAMA 823 members, 4 delegates				
<i>Delegates</i>				
Edwards, Mounger Duke, Montgomery.....	•	•	•	•
Naftel, James Cecil, Birmingham.....	•	•	•	•
Owens, Nelson Brown, Birmingham.....	•	•		
Quattlebaum, William Caspar, Ozark.....	•	•	•	•
<i>Alternates</i>				
Crook, Charles R., Montgomery.....				
Hill, Robert W., Spring Hill.....	•			
Hughey, James F., Tuscaloosa.....				
Stewart, Joseph G., Montgomery.....	•		•	•
ALASKA 59 members, 1 delegate				
<i>Delegate</i>				
Paine, Luther L., Anchorage.....	•	•	•	•
<i>Alternate</i>				
Dorsey, Frank N., Anchorage.....	•			
ARIZONA 510 members, 3 delegates				
<i>Delegates</i>				
Koerner, Ralph L., Phoenix.....	•	•	•	•
Ferguson, C. N., Prescott.....	•	•	•	•
Scanlon, F. T., Jr., Tucson.....	•	•	•	•

	REGISTERED	MEETINGS		
		1	2	3
<i>Alternates</i>				
Boddicker, Vernon S., Phoenix.....	•			
Pecharich, Joseph T., Cottonwood.....				
Savoie, Eugene A., Tucson.....	•			
ARKANSAS 519 members, 3 delegates				
<i>Delegates</i>				
Bollen, Fred R., Little Rock.....	•	•	•	•
Chancey, Joseph P., Jr., Fort Smith.....	•	•	•	•
Dotson, Oras L., Newport.....	•	•	•	•
<i>Alternates</i>				
Kaldem, William M., El Dorado.....	•			
Lanier, T. Wayne, Fort Smith.....	•			
Ratcliff, Oscar, Jr., No. Little Rock.....	•			
ARMY 1,248 members, 1 delegate				
<i>Delegate</i>				
Bernier, Joseph L., Bethesda, Md.....	•		•	•
<i>Alternate</i>				
Ogren, Oscar J., Silver Spring, Md.....	•	•		
CALIFORNIA 4,103 members, 18 delegates				
<i>Delegates</i>				
Barker, Charles E., Oakland.....	•	•	•	•
Bishop, Lyall O., Walnut Creek.....	•	•	•	•
Bushnell, Francis L., San Francisco.....	•	•	•	•
Cupples, Robert A., San Jose.....	•	•	•	•
Elsasser, William A., El Cerrito.....	•	•	•	•
Gray, Charles F., Sacramento.....	•	•	•	•
Hanford, William H., Jr., Oakland.....	•	•	•	•
Hyslop, Donald D., San Francisco.....	•	•	•	•
Leach, Edmund J., Salinas.....	•	•	•	•
Nelson, Fordyce, Eureka.....	•	•	•	•
Potter, Dalzell J., San Francisco.....	•	•	•	•
Pridgen, Billy F., Antioch.....	•	•	•	•
Romick, Francis H., San Francisco.....	•	•	•	•
Silk, Charles M., San Francisco.....	•	•	•	•
Smith, Elbert H., Fresno.....	•	•	•	•
Smith, William S., Richmond.....	•	•	•	•
Tocchini, John J., San Francisco.....	•	•	•	•
Tolen, William, San Mateo.....	•	•	•	
<i>Alternates</i>				
Brown, Elmer H., Jr., San Luis Obispo.....				
Dixon, F. Gene, San Francisco.....	•			•
Franklin, Douglas R., San Leandro.....	•			
Hines, John E., Sacramento.....	•	•	•	•
Holloway, William A., Jr., Modesto.....				
Holmes, Gaylord D., San Mateo.....	•			
Hyman, Edwin J., San Francisco.....	•			
Kingsbury, Bernerd C., Jr., Vallejo.....	•			
Moore, Dudley S., Santa Rosa.....	•			
Nusz, Oscar H., Gonzales.....	•			

	REGISTERED	MEETINGS		
		1	2	3
Ryder, William B., San Francisco.....	•			
Ropes, Edwin J., Woodlake.....	•			
Rutledge, C. Edward, Richmond.....	•		•	
Silverman, David, Fresno.....	•			
Smithwick, R. Neil, Sunnyvale.....	•			
Terpinas, Thomas M., San Mateo.....	•			
Tittle, David S., Pleasant Hill.....	•			
Wilson, Charles E., Fairfield.....	•			
Jordan, John R., Stockton.....	•			

CALIFORNIA, SOUTHERN 4,823 members, 21 delegates

Delegates

Furstman, Edward F., Los Angeles.....	•	•	•	•
Honig, Clarence D., Beverly Hills.....	•	•	•	•
Strang, Schuyler P., Downey.....	•	•	•	•
Smith, Charles T., Loma Linda.....	•	•	•	•
Biggle, Gilbert L., Monrovia.....	•	•	•	•
Harding, John C. A., San Diego.....	•	•	•	•
Steen, John F., San Diego.....	•	•	•	•
Morris, Harold H., Long Beach.....	•	•	•	•
Kulstad, Hugo M., Bakersfield.....	•	•	•	•
Dewhirst, Floyd E., Los Angeles.....	•	•	•	•
Williams, Carlton H., San Diego.....	•	•	•	•
Openshaw, Rulon W., Los Angeles.....	•	•	•	•
Wilson, John B., San Marino.....	•	•	•	•
Riedel, U. William, Mission Hills.....	•	•	•	•
Wheelan, Edward F., Santa Ana.....	•	•	•	•
Hudson, Arthur L., Glendale.....	•	•	•	•
Abel, John R., Los Angeles.....	•	•	•	•
Gilman, Cozier W., National City.....	•	•	•	•
Halvorson, Edwin W., Los Angeles.....	•	•	•	•
Freden, Karl V., Pasadena.....	•	•	•	•
White, John J., Bakersfield.....	•	•	•	•

Alternates

Oursland, Leon E., San Diego.....	•			•
Christ, Ray E., Pasadena.....	•			
Willey, Robert E., Los Angeles.....	•			
Koper, Alex, Inglewood.....	•			
Watson, John A., San Diego.....	•			
Cowan, Lawrence W., Compton.....	•			
Holve, William L., Van Nuys.....	•			
Adams, Bruce K., Glendale.....	•			
Gordon, Daniel F., Santa Ana.....	•			
Rasmussen, Carl W., Los Angeles.....	•			
Young, Leo E., Garden Grove.....	•			
Vickers, Robert W., Whittier.....	•			
Schiefer, William E., San Diego.....	•			
Ashjian, Leon H., Los Angeles.....	•			
Hershman, Earl A., Long Beach.....	•			
Strang, Douglas M., Los Angeles.....	•			
Taylor, Robert L., Los Angeles.....	•			
Turrentine, Lawrence N., Pomona.....	•			
Borland, Robert L., II, Los Angeles.....	•			

COLORADO 1,008 members, 5 delegates

Delegates

Humphrey, William P., Denver.....	•	•	•	•
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	REGISTERED	M E E T I N G S		
		1	2	3
Buller, Lester D., Boulder.....	•	•	•	•
Sprigg, Robert H., Denver.....	•	•	•	•
Downs, Robert A., Denver.....	•	•	•	•
Kletzky, Benjamin, Denver.....	•	•	•	•
<i>Alternates</i>				
Gilmore, Richard F., Sr., Grand Junction.....	•			
Grove, Kenneth F., Denver.....	•			
Walden, Donald J., Denver.....	•			
Patterson, Chauncey W., Greeley.....				
Nassimbene, Leo L., Jr., Colorado Springs.....				
CONNECTICUT 1,733 members, 8 delegates				
<i>Delegates</i>				
McLaughlin, A. Howard, Woodbury.....	•	•	•	•
Castanza, Joseph J., New London.....	•	•	•	•
Barto, William T., Jr., W. Hartford.....	•	•	•	•
Halloran, Robert M., Westport.....	•	•	•	•
St. Marie, Gerald L., New Haven.....	•	•	•	•
Dick, Samuel P., Bridgeport.....	•	•	•	•
Bernert, Robert H., Hartford.....	•	•	•	•
Arnold, Earle S., West Hartford.....	•	•	•	•
<i>Alternates</i>				
Slagle, Charles J., Greenwich.....	•			
Fahey, Bartley A., Stamford.....				
Mastroianni, Vincent, Waterbury.....	•			
Bobrow, Hersh, Hartford.....	•			
O'Connell, Robert W., New Canaan.....	•			
Waldman, Bernard, Willimantic.....				
Oleynik, Joseph W., Shelton.....	•			
Rafal, Sidney, Hartford.....				
DELAWARE 171 members, 2 delegates				
<i>Delegates</i>				
Maguire, John F., Wilmington.....	•	•	•	•
Mach, Joseph S., Seaford.....	•	•	•	•
<i>Alternates</i>				
Shames, Samuel I., Wilmington.....				
Ficca, James, Wilmington.....				
DISTRICT OF COLUMBIA 536 members, 3 delegates				
<i>Delegates</i>				
Fitzgibbon, David J., Washington.....	•	•	•	•
O'Keefe, John A., Washington.....	•	•	•	•
Ingersoll, William B., Washington.....	•	•	•	•
<i>Alternates</i>				
Chavoor, Ashur G., Washington.....	•			
Connors, James J., Washington.....	•			
Colvin, E. Milburn, Jr., Washington.....	•			
FLORIDA 1,970 members, 9 delegates				
<i>Delegates</i>				
Mayo, Wallace C., Pensacola.....	•	•	•	•
Kellner, Arthur W., Hollywood.....	•	•	•	•
Farver, Alvin D., Miami Beach.....	•	•	•	•

	REGISTERED	M E E T I N G S		
		1	2	3
Atkins, Louis J., Blountstown.....	•	•	•	•
Schwartz, J. Leon, Tampa.....	•	•	•	•
Pattishall, Harold B., Jr., Jacksonville.....	•	•	•	•
Perdigon, Gustave J., Tampa.....	•	•	•	•
Thoburn, Robert, Daytona Beach.....	•	•	•	•
Farber, E. Monroe, Delray Beach.....	•	•	•	•
<i>Alternates</i>				
Hughlett, Robert B., Tampa.....	•			
Long, J. Hart, Jr., Daytona Beach.....				
Rosenthal, Albert E., Miami.....				
Trapossano, Vincent R., St. Petersburg.....				
Coleman, George J., Coral Gables.....	•			
Vason, Robert F., Mt. Dora.....				
Hehn, Roger M., Jacksonville.....				
Miers, Miley L., Jr., Tallahassee.....	•			
Taylor, Richard P., Jr., Jacksonville.....				
GEORGIA 1,061 members, 6 delegates				
<i>Delegates</i>				
Farmer, Frampton W., Macon.....	•	•	•	•
Harp, William H., Marietta.....	•	•	•	•
Hester, John R., Savannah.....	•	•	•	•
Jordan, Robert, Atlanta.....	•	•	•	•
Robinson, Robert D., Atlanta.....	•	•	•	•
Smith, William T., Jr., Tifton.....	•	•	•	•
<i>Alternates</i>				
Carr, Wesley A., Augusta.....	•			
Coleman, W. Edgar, Atlanta.....				
Landau, Louis W., Albany.....	•			
Drew, William P., Brunswick.....	•			
Gamble, John A., La Grange.....				
Jones, N. Buford, Cordele.....				
Eisenberg, Semon, Savannah.....	•			
HAWAII 414 members, 3 delegates				
<i>Delegates</i>				
Lemes, Albert, Honolulu.....	•	•	•	•
Kim, John Y., Honolulu.....	•	•	•	•
Tabata, Ichiro, Honolulu.....	•	•	•	•
<i>Alternates</i>				
Fujimoto, Edwin N., Hilo.....				
Lee, Clarence T., Honolulu.....	•			
Dawe, John H., Honolulu.....	•			
IDAHO 257 members, 2 delegates				
<i>Delegates</i>				
Cutler, Allen R., Boise.....	•	•	•	•
Petersen, Lyle L., Pocatello.....	•	•	•	•
<i>Alternates</i>				
Faylor, Milford M., Nampa.....	•			
Toevs, Howard, Rupert.....				
De Winter, Adrian G., Boise.....	•			

		REGISTERED	MEETINGS		
			1	2	3
ILLINOIS	5,241 members, 23 delegates				
	<i>Delegates</i>				
	Bradley, Ross H., Jacksonville.....	•	•	•	•
	Chain, Phil L., Peoria.....	•	•	•	
	Danforth, Harry D., Cissna Park.....	•	•	•	•
	Davidson, Benjamin P., Chicago.....	•	•	•	•
	Dickson, Ralph A., Alton.....	•	•	•	•
	Dole, Kimsey C., Danville.....	•	•	•	•
	Farrell, Frank A., Chicago.....	•	•	•	•
	Jacobs, Ascher L., Chicago.....	•	•	•	•
	Litvan, Leonard J., Pittsfield.....	•	•	•	•
	Lumpp, Herman C., Mattoon.....	•	•	•	•
	Lynch, Steve W., Chicago.....	•	•	•	•
	Mathews, Henry J., Chicago.....	•	•	•	•
	Milas, Vincent B., Chicago.....	•	•	•	•
	Minshall, Lawrence K., Rockford.....	•	•	•	•
	Nelson, James A., Pontiac.....	•	•	•	•
	Pollock, Robert J., Oak Park.....	•	•	•	•
	Schoen, William P., Chicago.....	•	•	•	•
	Scott, Otho E., Evanston.....	•	•	•	•
	Stark, Adolph F., Chicago.....	•	•	•	•
	Straub, Robert L., Chicago.....	•	•	•	•
	Vespa, Ned J., Toluca.....	•	•	•	•
	Vocat, Joseph A., Chicago.....	•	•	•	•
	Vogelei, George B., Freeport.....	•	•	•	•
	<i>Alternates</i>				
	Gilbert, Bert W., Springfield.....	•			
	Costa, Leonard, Peoria.....				
	Roberts, Arthur L., Aurora.....	•			
	Schelhas, Charles H., Highland Park.....	•			
	Hundley, Robert A., East St. Louis.....	•			
	Jurgens, Emmett H., Jr., Decatur.....	•			
	Johnson, Olaf K., Waukegan.....	•			
	Davido, Richard A., Chicago.....	•			
	Johnson, Lawrence H., Chicago.....	•			
	Georges, Richard H., Carthage.....	•			
	Wahl, James F., Champaign.....	•			
	Weil, Lewis L., Chicago.....	•			
	Olsen, Weston O., Oak Park.....	•			
	Watkins, John D., Moline.....	•			
	Rankin, Robert D., Gibson City.....	•			•
	Brophy, Joseph T., Forest Park.....	•			
	Lynch, James N., Evanston.....	•			
	Osmanski, William T., Chicago.....	•			
	Lossman, Clifford K., Park Ridge.....	•			•
	Manning, John L., Chicago.....	•			
	Leahigh, Leland J., Joliet.....	•			
	McNabb, William J., Berwyn.....	•			
	Gronner, Curt J., Morrison.....	•			
INDIANA	1,771 members, 9 delegates				
	<i>Delegates</i>				
	Magnuson, John E., LaPorte.....	•	•	•	•
	Bennett, Rollie A., Anderson.....	•	•	•	•
	Huckelberry, James W., Indianapolis.....	•	•	•	•
	Sabel, Charles J., West Lafayette.....	•	•	•	•

REGISTERED M E E T I N G S
 1 2 3

Hanes, Rolenzo A., Indianapolis..... • • • •
 Reuthe, John J., South Bend..... • • • •
 Cantrell, Frederick A., Crawfordsville..... • • • •
 Healey, Harry J., Indianapolis..... • • • •
 Phillips, Lloyd J., Indianapolis..... • • • •

Alternates

Longenecker, Maurice C., Elkhart..... •
 Schmidt, William G., Evansville..... •
 McKean, Gorman F., Montpelier..... •
 Sevier, Noble H., Sullivan..... •
 Oliver, Richard T., Lafayette..... •
 Stevens, Melvin G., Columbus..... •
 Nichols, Paul, Terre Haute..... •
 Rutledge, Oscar R., Terre Haute..... •
 Bryan, Emory W., Fort Wayne..... •

IOWA 1,375 members, 7 delegates

Delegates

Oosterhuis, Arnold M., Fort Dodge..... • • • •
 Carney, Harry R., Clarinda..... • • • •
 Humiston, Albert N., Cedar Rapids..... • • • •
 McPike, J. Donald, Muscatine..... • • • •
 Witt, Elroy H., Ackley..... • • • •
 Benson, Frank F., DeWitt..... • • • •
 Courtney, Harley E., Farmington..... • • • •

Alternates

Hake, Homer N., Des Moines..... • • • •
 Peel, Frederick F., Des Moines..... • • • •
 Foglesong, Hubert D., Keokuk..... • • • •
 Larson, LeRoy N., Fort Dodge..... • • • •
 Carstensen, Clarence F., Waverly..... • • • •
 Anderson, Truman J., Fort Dodge..... • • • •
 Bridge, Floyd C., Storm Lake..... • • • •

KANSAS 822 members, 4 delegates

Delegates

Burket, Joseph F., Kingman..... • • • •
 Cook, Harry H., Jr., Topeka..... • • • •
 Richmond, Fred A., Kansas City..... • • • •
 Somers, S. Orlando, Emporia..... • • • •

Alternates

Atchison, Ralph M., Leavenworth..... •
 Cavin, Eugene F., LaCrosse..... •
 Smith, Dwight L., McPherson..... •
 Wagner, Edwin B., Independence..... •

KENTUCKY 1,025 members, 5 delegates

Delegates

Kranz, William C., Lexington..... • • • •
 Buechel, Edward J., Jr., Louisville..... • • • •
 Logan, Theodore E., Louisville..... • • • •
 Schuler, Thomas H., Covington..... • • • •

	REGISTERED	M E E T I N G S		
		1	2	3
Coxwell, Alvin B., Louisville.....	•			•
<i>Alternates</i>				
Zechella, Anthony J., Newport.....	•	•	•	
Boyer, Harold E., Louisville.....	•			•
Gernert, Edward B., Frankfort.....	•			
Morris, Alvin L., Lexington.....	•			
Jordan, Frank W., Louisville.....	•			
LOUISIANA 974 members, 5 delegates				
<i>Delegates</i>				
Marquer, Victor B., New Orleans.....	•	•	•	•
Hebert, Charles E., Jr., New Roads.....	•	•	•	•
Michon, Frederick J., New Orleans.....	•	•	•	•
Fowler, Sanders, Jr., Shreveport.....	•	•	•	•
Price, Mark A., Monroe.....	•	•	•	•
<i>Alternates</i>				
James, William G., Alexandria.....	•			
Matta, Meffre R., New Orleans.....				
Copping, Allen A., New Orleans.....				
Marcello, Bennie A., Thibodaux.....	•			
Bowden, Lemuel H., Baton Rouge.....				
Braud, P. M., Baton Rouge.....	•			
MAINE 326 members, 2 delegates				
<i>Delegates</i>				
Mann, Parker, Auburn.....	•	•	•	•
Grant, Henry H., Portland.....	•	•	•	•
<i>Alternates</i>				
Kierstead, William F., Waterville.....				
Hansen, Glen R., Portland.....				
MARYLAND 1,160 members, 6 delegates				
<i>Delegates</i>				
Levin, Harry, Baltimore.....	•	•	•	•
Lewis, Gordon A., Hagerstown.....	•	•	•	•
Abramson, Irving, Baltimore.....	•	•	•	•
Cabler, James T., Snow Hill.....	•	•	•	•
Cappuccio, Joseph P., Baltimore.....	•	•	•	•
Inman, Conrad L., Jr., Baltimore.....	•	•	•	•
<i>Alternates</i>				
McCauley, H. Berton, Baltimore.....	•			
DiNardo, Hector P., Jr., Timonium.....	•			
Schunick, William, Baltimore.....	•			
Seipp, Joseph, Baltimore.....	•			
Freidinger, Wm., Cumberland.....	•			
MASSACHUSETTS 3,065 members, 14 delegates				
<i>Delegates</i>				
Little, Thomas G., Springfield.....	•	•	•	•
Etherington, James W., Boston.....	•	•	•	•

	REGISTERED	MEETINGS		
		1	2	3
Tingley, Harold E., Boston.....	•	•	•	•
Williams, Philip, Lynn.....	•	•	•	•
Olchowski, Edward F., Pittsfield.....	•	•	•	•
Kepnes, Benjamin, Hyannis.....	•	•	•	•
Trevor, Frederick A., Melrose.....	•	•	•	•
Hyde, Robert J., Lawrence.....	•	•	•	•
Rechtman, Ovadia, Arlington.....	•	•	•	•
Bommer, Arno P., Revere.....	•	•	•	•
Fraga, Norbert P., New Bedford.....	•	•	•	•
Donsanto, Leonard N., Quincy.....	•	•	•	•
DiGeronimo, Ernest M., Fitchburg.....	•	•	•	•
Davies, C. Lindale, Worcester.....	•	•	•	•

Alternates

Moran, John F., Springfield.....				
Lawrence, Glenn W., Boston.....	•			
Levine, Herman S., Boston.....	•			
Moses, Harold D., South Hamilton.....				
Covel, Herbert, Pittsfield.....	•			
Rock, Edson R., Wellfleet.....				
Rounds, Charles Elliott, Malden.....				
Duncan, Frank W., Methuen.....	•	•	•	•
Burke, Paul F., Arlington.....				
Becker, Norman, Revere.....	•			
Carucci, Carmine A., Taunton.....	•			
Bernstein, Herbert F., Brockton.....				
Lawton, Benjamin F., Ayer.....				
Svenson, Sven O., Worcester.....	•			
Demski, E. L., Quincy.....	•			

MICHIGAN 3,702 members, 17 delegates

Delegates

Ross, Percy J., Detroit.....	•	•	•	•
Johnson, Vernon K., Escanaba.....	•	•	•	•
Ricker, Otto L., Grand Rapids.....	•	•	•	•
Ryan, Kenneth J., Flint.....	•	•	•	•
Nolen, John G., Lansing.....	•	•	•	•
Burkman, N. Weir, Birmingham.....	•	•	•	•
Brown, William E., Jr., Ann Arbor.....	•	•	•	•
Blight, Herbert E., Detroit.....	•	•	•	•
Fountain, Harold W., Kalamazoo.....	•	•	•	•
Baralt, A. Raymond, Jr., Detroit.....	•	•	•	•
McDonald, Charles C., Grosse Pointe Woods.....	•	•	•	•
Butcher, Paul S., Dearborn.....	•	•	•	•
Happle, James D., Dearborn.....	•	•	•	•
Pearsall, Harry J., Bay City.....	•	•	•	•
Walkotten, Henry J., Grand Rapids.....	•	•	•	•
Youngs, Richard S., Adrian.....	•	•	•	•
Deer, Edwin W., Birmingham.....	•	•	•	•

Alternates

Bolt, Orren A., Grand Rapids.....	•			
Cabot, Joseph, Detroit.....	•			
Champagne, Joseph L., Detroit.....	•			
Cheney, Edward A., Lansing.....	•	•	•	•
Doane, Haven F., Detroit.....				
Doerr, Robert E., Ann Arbor.....				

	REGISTERED	MEETINGS		
		1	2	3
Henny, Fred A., Detroit	•			
Jacobs, Gemiel G., Iron Mountain	•			
Lyons, James R., Dearborn	•			
Nivison, David J., Detroit	•			
Overholt, Robert L., East Lansing	•			
Pinto, Joseph F., Garden City	•			
Pringle, Andrew C., Detroit	•			
Shook, Kenneth K., Kalamazoo	•			
Short, J. Robert, Kalamazoo	•			
Taft, George C., Jr., Flint	•			
Homan, Henry L., Grand Rapids	•			
MINNESOTA 2,181 members, 10 delegates				
<i>Delegates</i>				
Mueller, Marshall W., St. Paul	•	•	•	•
Hills, Dale A., Minneapolis	•	•	•	•
Dedolph, Theodore H., Jr., St. Cloud	•	•	•	•
Tiede, John W., Le Center	•	•	•	•
Schultz, William K., St. Paul	•	•	•	•
Gilmer, Arnold C., Bemidji	•	•	•	•
Langsjoen, Odin M., St. Cloud	•	•	•	•
Rohrer, Clayton A., Winona	•	•	•	•
Oltmans, Samuel J., Minneapolis	•	•	•	•
Morris, Mylon B., Duluth	•	•	•	•
<i>Alternates</i>				
Larson, Bert R., St. Paul	•			
Pike, Joseph M., St. Cloud	•			
Sitz, Chester D., Austin	•			
Lindstrom, Roland L., St. Paul	•			
MacQueen, Wesley W., Minneapolis	•			
Hyde, Walter L., Minneapolis	•			
Swanson, Clayton A., Jr., Minneapolis	•			
East, Charles D., Duluth	•			
DeVilliers, Kenneth J., Minneapolis	•			
Drake, Horace L., St. Paul	•			
MISSISSIPPI 447 members, 3 delegates				
<i>Delegates</i>				
Petty, Claude V., Jr., Magnolia	•	•	•	•
Boswell, John C., Jackson	•	•	•	•
Busby, Robert E., Hattiesburg	•	•	•	•
<i>Alternates</i>				
Campbell, Harvey M., Tupelo				
May, Robert A., Jackson				
Faust, John M., Hattiesburg	•			
MISSOURI 1,850 members, 9 delegates				
<i>Delegates</i>				
Korns, Richard D., Joplin	•	•	•	•
Bauer, Joseph L., Springfield	•	•	•	
Burge, J. Fletcher, Columbia	•	•	•	•
Evans, Ray G., Kansas City	•	•	•	•
Williams, Jarvis M., Kansas City	•	•	•	

	REGISTERED	MEETINGS		
		1	2	3
Buchert, Russell W., St. Louis.....	•	•	•	•
Newton, W. Neal, Webster Groves.....	•	•	•	•
Vierheller, Philip G., Clayton.....	•	•	•	•
Eckardt, Walter L., Clayton.....	•			
<i>Alternates</i>				
Kies, Vinyard L., Jackson.....				
Bridwell, Robert K., St. Joseph.....	•			
Shale, Charles R., Macon.....	•			
Chimienti, John F., Kansas City.....	•			
Kindred, Forest H., Kansas City.....	•			
O'Keefe, Hugh E., St. Louis.....	•			
Bynum, James W., St. Louis.....	•			•
Bensing, David A., St. Louis.....	•			
Bean, Earl C., St. Louis.....	•	•	•	•
Brandhorst, Wm. S., St. Louis.....	•			•
MONTANA 328 members, 2 delegates				
<i>Delegates</i>				
Akland, Richard H., Billings.....	•	•	•	•
Strocher, James S., Billings.....	•	•	•	•
<i>Alternates</i>				
Cotner, Robert B., Columbia Falls.....	•			
Laine, Maurice D., Jr., Missoula.....	•			
NAVY 1,179 members, 1 delegate				
<i>Delegate</i>				
Kyes, Frank M., Washington, D.C.....	•	•	•	
<i>Alternate</i>				
Naish, Wendell, Alameda, California.....	•			•
NEBRASKA 757 members, 4 delegates				
<i>Delegates</i>				
Brown, Francis J., Genoa.....	•	•		•
Waggener, Donald T., Lincoln.....	•	•	•	•
Furst, Lyle W., York.....	•	•	•	•
Edwards, Donald W., Lincoln.....	•	•	•	•
<i>Alternates</i>				
Hellweg, Harold P., Lincoln.....	•		•	
Herzog, Donald L., Grand Island.....	•			
Seberg, G. Herbert, Hastings.....	•			
Murray, Michael J., Omaha.....	•			
NEVADA 141 members, 2 delegates				
<i>Delegates</i>				
La Fond, Ray, Reno.....	•	•	•	•
Gallagher, Morris F., Elko.....	•	•	•	•
<i>Alternates</i>				
Zeiger, Wayne L., Las Vegas.....	•			
Sanner, Vincent J., Las Vegas.....	•			

	REGISTERED	MEETINGS		
		1	2	3
NEW HAMPSHIRE 260 members, 2 delegates				
<i>Delegates</i>				
Halvorson, William H., Berlin.....	•	•	•	•
Fitts, Wendell E., Concord.....	•	•	•	•
<i>Alternates</i>				
Gage, Joseph W., Laconia.....				
Miller, Robert M., Manchester.....	•			
NEW JERSEY 3,632 members, 16 delegates				
<i>Delegates</i>				
Cranmer, Richard S., Camden.....	•	•		•
Powers, Thomas F., Plainfield.....	•	•	•	•
Weaver, John W., Jr., Pleasantville.....	•	•	•	•
Heydon, Luther A., Hackensack.....	•	•	•	•
Crosta, Attilio J., Lyndhurst.....	•	•	•	•
Fishmann, Marvin L., Trenton.....	•	•	•	•
Mehr, Henry, Union.....	•	•		•
Frost, Michael, Clifton.....	•		•	•
Campi, John G., Asbury Park.....	•	•	•	•
Goldman, Jacob J., Newton.....	•	•	•	•
Coppola, Francis R., East Orange.....	•	•	•	•
Rosenwasser, Benjamin, Union City.....	•	•	•	•
Lewin, Jules N., Belmar.....	•	•	•	•
Weiss, Bernard, Carteret.....	•	•	•	•
Stilwell, Edward C., Jr., Glen Ridge.....	•	•	•	•
Konzelman, Joseph L., Bayonne.....	•	•	•	•
<i>Alternates</i>				
Kaplan, Robert I., Cherry Hill.....	•	•		
Levitz, Victor H., Plainfield.....				
Hoffman, Samuel M., Atlantic City.....				
Fear, Robert E., Hackensack.....				
Eisenberg, Mervin, Irvington.....	•			
Henry, Charles T., Trenton.....				
Oxman, Jacob H., Union.....	•	•	•	
Canova, Raymond P., Clifton.....				
Rankin, Robert E., Manasquan.....				
Botkin, C. Kermit, Morristown.....	•			
Pollack, Joseph, East Orange.....				
Zlonczewski, Edward B., Jersey City.....				
Yaffe, Leonard I., Lakewood.....				
Fertig, Joel R., New Brunswick.....				
Schwartz, Philip, East Orange.....	•			
Gallus, Theodore A., West New York.....				
Saporito, Louis A., Newark.....	•	•		
NEW MEXICO 281 members, 2 delegates				
<i>Delegates</i>				
Purtell, Eugene P., Albuquerque.....	•	•	•	•
McReynolds, John E., Albuquerque.....	•	•	•	•
<i>Alternates</i>				
Phelan, John K., Albuquerque.....	•			
Simms, David E., Albuquerque.....				

	REGISTERED	MEETINGS		
		1	2	3
Burr, John D., Yonkers.....	•			
Caccamise, Peter F., Buffalo.....				
Cohen, Bernard M., Long Island.....				
Dane, Fabian, Brooklyn.....				
Dow, George H., Northport.....				
Feinberg, Harry, Brooklyn.....				
Goldin, Leo N., Greenport.....	•			
Goldsmith, George J., Bronx.....				
Greiper, Benjamin A., Bronx.....				
Gruber, Irving E., Long Island.....	•	•	•	•
Harrison, Ivan H., Portville.....				
Heinze, Robert L., Brooklyn.....	•			
Houghton, William G., Watertown.....				
Hutchins, William S., Schenectady.....				
Jacobson, Milton, Elmira.....				
Kelly, James F., Albion.....				
Kittell, Willis B., Troy.....				
Knighton, John M., Albany.....				
Koplik, Benjamin S., New York City.....				
Lanza, Alfred A., New York City.....	•			
Lasker, Wolf B., Rochester.....				
Lewis, Nathan A., Brooklyn.....				
Lusterman, Edward A., Rockville Centre.....				
McGrath, Joseph E., Newburgh.....				
McGuirk, Gerard E., Long Island.....				
Mecca, Anthony S., New York City.....				
Orgel, Morris, Ridgewood.....				
Perlow, Jack, Flushing.....				
Polay, Charles T., New York City.....				
Plumer, Robert H., Rockville Centre.....				
Rodier, L. Joseph, Brooklyn.....				
Seldin, Jules B., New York City.....				
Smith, Robert A., Johnstown.....				
Squires, Franklin A., White Plains.....				
Strong, Daniel, New York City.....				
Sturtevant, Robert C., Jamaica.....				
Sweeney, Harry T., Syracuse.....	•	•	•	•
Tanchester, David, New York City.....	•	•	•	•
Whalen, Edward F., Cooperstown.....				
Whitney, Charles J., Fairport.....	•			
Wiles, Elon C., Fillmore.....				

NORTH CAROLINA 1,220 members, 6 delegates

Delegates

Alford, Frank O., Charlotte.....	•	•	•	•
Coffey, Ralph D., Morganton.....	•	•	•	•
Edwards, Zeno L., Washington.....	•	•	•	•
Jones, Paul E., Farmville.....	•	•	•	•
Medlin, Erbie M., Aberdeen.....	•	•	•	•
Poindexter, Charles C., Greensboro.....	•	•	•	•

Alternates

Guion, John H., Charlotte.....	•			
Harrell, James A., Elkin.....				
Isenhower, Samuel H., Newton.....				
Miller, Barry G., Charlotte.....	•			

	REGISTERED	M E E T I N G S		
		1	2	3
Poindexter, Clairbourne W., Greensboro.....	•			
Roberts, Pearce, Jr., Asheville.....				
NORTH DAKOTA 238 members, 2 delegates				
<i>Delegates</i>				
Flath, Thomas M., Williston.....	•	•	•	•
Nord, Orval W., Grand Forks.....	•	•	•	•
<i>Alternate</i>				
Pfister, Jack H., Wahpeton.....				
OHIO 4,271 members, 19 delegates				
<i>Delegates</i>				
Mosbaugh, Richard K., Cincinnati.....	•	•	•	•
Barlow, Harold E., Akron.....	•	•	•	•
Sopkovich, Nicholas J., Youngstown.....	•	•	•	•
Pryor, Roger W., Cleveland.....	•	•	•	•
Hooker, Joseph E., Tiffin.....	•	•	•	•
Barnes, Eugene L., Dayton.....	•	•	•	•
Wilson, John R., Columbus.....	•	•	•	•
Hawk, John F., New Philadelphia.....	•	•	•	•
Crawford, Raymond C., Adena.....	•	•	•	•
Moriarty, John L., Chillicothe.....	•	•	•	•
Lee, H. Fred, Jr., Cincinnati.....	•	•	•	•
Boucher, Carl O., Columbus.....	•	•	•	•
Janke, Harvey C., Cleveland.....	•	•	•	•
Dredge, Howard Z., Springfield.....	•	•	•	•
Brunner, Richard V., Portsmouth.....	•	•	•	•
Stark, Carl J., Cleveland.....	•	•	•	•
Reifke, John T., Cleveland.....	•	•	•	•
Cummins, Raymond L., Columbus.....	•	•	•	•
Krouse, Charles D., Defiance.....	•	•	•	•
<i>Alternates</i>				
Phipps, Ray A., Oberlin.....				
Helms, Ralph W., Toledo.....				
Lilly, Theodore E., Dayton.....				
O'Leary, Raymond L., Cleveland.....	•	•	•	•
Kelly, Henry E., Cleveland.....				
Strachan, Ronald M., Cleveland.....				
Pfersick, Charles M., Washington Court House.....	•			
Bush, Alden J., Jr., Dayton.....				
Ball, Don M., Cincinnati.....				
Svetlik, Gustav A., Cleveland.....				
Bowers, Donald E., Toledo.....	•			
Morris, William E., Cleveland.....				
Hartman, James A., Cincinnati.....				
Kinsley, Dwight R., Cleveland.....				
Bitonte, Robert C., Youngstown.....				
Wagner, Frederick V., Ashland.....				
Adams, James R., Toledo.....				
Wersching, J. Phillip, Cincinnati.....				
OKLAHOMA 817 members, 4 delegates				
<i>Delegates</i>				
Scott, Taylor B., Stillwater.....	•	•	•	•
Riddle, Fred D., Jr., Shawnee.....	•	•	•	•
Matteson, David W., Oklahoma City.....	•	•	•	•

	REGISTERED	M E E T I N G S		
		1	2	3
Whiteneck, Otho R., Enid.....	•	•	•	•
<i>Alternates</i>				
McLoud, Joe P., Tulsa.....				
Rose, William H., Chickasha.....	•			
Owen, Robert C., Oklahoma City.....	•			
Melson, Jack G., Stroud.....	•			
OREGON 1,215 members, 6 delegates				
<i>Delegates</i>				
Jensen, Kenneth R., Portland.....	•	•	•	•
Smith, Donald E., Grants Pass.....	•	•	•	•
Burrell, William H., Salem.....	•	•	•	•
Krippaehne, John V., Portland.....	•	•	•	•
Thomas, Robert J., Eugene.....	•	•	•	•
Clarke, Alan Y., Portland.....	•	•	•	•
<i>Alternates</i>				
Holder, Thomas D., Portland.....	•			
Schwartzenhauer, Arthur G., Portland.....	•			
Lewis, Claude A., Central Point.....	•			
Say, John N., Prineville.....	•			
Redpath, George W., Portland.....	•			
McBee, John G., Pendleton.....	•			
PANAMA CANAL ZONE 20 members, 1 delegate				
<i>Delegate</i>				
Howell, S. Robert, Rodman.....	•	•	•	•
<i>Alternate</i>				
Bulman, Robert E., New York, N.Y.....	•			
PENNSYLVANIA 5,341 members, 24 delegates				
<i>Delegates</i>				
Brennan, Naysh C., Shenandoah.....	•	•	•	•
Whittaker, John E., Williamsport.....	•	•	•	•
Boucek, George P., Pittsburgh.....	•	•	•	•
Willits, Harry K., Reading.....	•	•	•	•
Egoville, Charles P., Philadelphia.....	•	•	•	•
Borish, Albert L., Philadelphia.....	•	•	•	•
Eshleman, Jay H., Philadelphia.....	•	•	•	•
Hess, Lawrence E., Philadelphia.....	•	•	•	•
Fox, Thomas P., Philadelphia.....	•	•	•	•
Hedges, Robert B., Jenkintown.....	•	•	•	•
Flad, Daniel L., Norristown.....	•	•	•	•
Geiger, Maurice D., Jr., Allentown.....	•	•	•	•
Klein, Albert L., Scranton.....	•	•	•	•
Albert, Earl H., Lebanon.....	•	•	•	•
Dietz, Charles, Jr., York.....	•	•	•	•
Yoder, James H., Williamsport.....	•	•	•	•
Litman, Martin, Johnstown.....	•	•	•	•
Probst, Robert A., Warren.....	•	•	•	•
Stewart, Ford A., Erie.....	•	•	•	•
Corrigan, James J., Pittsburgh.....	•	•	•	•
Flecker, Carl A., Pittsburgh.....	•	•	•	•

	REGISTERED	M E E T I N G S		
		1	2	3
Forrest, Edward J., Pittsburgh.....				
McDermott, Charles F., Pittsburgh.....	•	•	•	•
Sniderman, Marvin, Pittsburgh.....	•	•	•	•

Alternates

Yoffe, Samuel H., Harrisburg.....				
Jewells, Robert W., Tamaqua.....	•			
Bell, John H., Windber.....	•			
Shellenberger, William D., Sharon.....				
Gamba, Waldo G., Philadelphia.....				
Bomba, John L., Philadelphia.....	•			
Frank, Victor H., Philadelphia.....				
Stevens, Ford W., Philadelphia.....	•			
Rode, H. Milton, Philadelphia.....				
VanZandt, William R., Media.....				
Lathrop, L. LaBar, West Chester.....	•			
Hawkins, Joseph J., Lansdowne.....				
Bodycomb, Robert M., Dallas.....	•			
Zimmerman, Miles D., Pottsville.....				
McEldowney, Robert W., Harrisburg.....				
McGee, Philip T., Williamsport.....				
Wehrle, Herbert A., Jr., Altoona.....				
Lathrop, Claire H., Emporium.....				
Everett, J. Edward, New Castle.....	•	•	•	•
Butts, Homer D., Jr., Pittsburgh.....	•	•	•	•
George, William A., Pittsburgh.....	•			
Oakley, Charles E., Pittsburgh.....				
Porritt, Homer B., Pittsburgh.....				
Zwicker, Hollis W., Millvale.....	•			

PUBLIC HEALTH SERVICE 327 members, 1 delegate

Delegate

Lloyd, Ralph S., Washington, D.C.....	•	•	•	•
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Alternate

Diefenbach, Viron L., Bethesda, Md.....	•			
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PUERTO RICO 176 members, 2 delegates

Delegates

Noya, Carlos J., Santurce.....	•	•	•	•
Nolla, Carmen M., Santurce.....				

Alternates

Chardon, Fernando, Santurce.....	•		•	•
Sojo-Morales, Luis, Caparra Heights.....	•	•		

RHODE ISLAND 428 members, 3 delegates

Delegates

Juszyk, Walter, West Warwick.....	•	•	•	•
Oddo, Vincent J., Jr., Providence.....	•	•	•	•
Kershaw, A. James, Jr., West Warwick.....	•	•	•	•

Alternates

Montella, Frank A., Cranston.....				
Sack, Mitchel, Pawtucket.....				
Alofsin, Fred R., Newport.....				

	REGISTERED	M E E T I N G S		
		1	2	3
SOUTH CAROLINA 434 members, 3 delegates				
<i>Delegates</i>				
Mason, Franklin G., Mullins.....	•	•	•	•
Draffin, William C., Columbia.....	•	•	•	•
Rosen, Jack, Charleston.....	•	•	•	•
<i>Alternates</i>				
Feldman, Leon, Charleston.....	•			
Higgins, Howard B., Spartanburg.....	•			
Proctor, Eugene C., Conway.....	•			
SOUTH DAKOTA 232 members, 2 delegates				
<i>Delegates</i>				
Thelen, Leo N., Sioux Falls.....	•	•	•	•
Force, Ronald W., Estelline.....	•	•	•	•
<i>Alternates</i>				
Powell, William P., Vermillion.....	•			
Ray, Charles J., Rapid City.....				
TENNESSEE 1,201 members, 6 delegates				
<i>Delegates</i>				
Vaughn, James J., Jr., Nashville.....	•	•	•	•
Bowyer, Frank P., Knoxville.....	•	•	•	
Meacham, F. O., Chattanooga.....	•	•	•	•
Martin, Edward H., Nashville.....	•	•	•	•
Moore, Russell L., Dyersburg.....	•	•	•	•
Templeton, Loyd C., Memphis.....	•	•	•	•
<i>Alternates</i>				
Zangwill, Morris H., Memphis.....				
Lockett, W. L., Knoxville.....				
Ikard, William M., Winchester.....				
Elam, Roy O., Jr., Nashville.....	•			
Bouldin, R. W., Hohenwald.....				
Hills, Walter J., Jackson.....				
TEXAS 3,277 members, 15 delegates				
<i>Delegates</i>				
Kennedy, Lynden M., Dallas.....	•	•	•	•
Coward, Byron N., Corpus Christi.....	•	•	•	•
McCasland, Roy F., Tulia.....	•	•	•	•
McMurray, Crawford A., Ennis.....	•	•	•	•
Maddox, Ray A., Jr., Abilene.....	•	•	•	•
Murphey, Phelps J., Dallas.....	•	•	•	•
Bauerle, James E., San Antonio.....	•	•	•	•
Speer, Wayne H., Houston.....	•	•	•	•
Stout, Walter C., Ennis.....	•	•	•	•
Worhol, Irvin A., Houston.....	•	•	•	•
Jackson, Hubert S., San Antonio.....	•	•	•	•
Zappe, H. Arthur, Mineral Wells.....	•	•	•	•
Minton, Morris S., McKinney.....	•	•	•	•
Pitt, Lyle H., Pittsburg.....	•	•	•	•
Winston, Jack R., Houston.....	•	•	•	•

	REGISTERED	MEETINGS		
		1	2	3
<i>Alternates</i>				
Finley, Charles W., Lubbock.....				
Rogers, James S., Amarillo.....				
Clyde, Wylie L., Tyler.....				
Swindle, John H., Jr., Waco.....				
Jones, O. Harrell, McAllen.....				
Dawson, Edwin E., San Benito.....				
McNeil, William C., Silsbee.....				
Carrington, Joe C., Jr., Austin.....	•			
Tipton, J. Roscoe, Dallas.....				
Hicks, Paul P., Conroe.....	•			
Carriker, Edward H., Fort Worth.....	•			
UTAH 524 members, 3 delegates				
<i>Delegates</i>				
Todd, Burton M., Salt Lake City.....	•	•	•	•
Mason, Reese B., Tremonton.....	•	•	•	
Crockatt, William C., Salt Lake City.....	•	•	•	•
<i>Alternates</i>				
Dagleish, R. C., Salt Lake City.....	•			•
Burdett, William G., Ogden.....				
Lignell, E. Keith, Salt Lake City.....	•			
VERMONT 159 members, 2 delegates				
<i>Delegates</i>				
Worden, John C., Brattleboro.....	•	•	•	•
Fisk, Robert J., Manchester.....	•	•	•	•
<i>Alternates</i>				
Larson, George H., Rutland.....				
Provost, Ralph S., Burlington.....				
VETERANS ADMINISTRATION 579 members, 1 delegate				
<i>Delegate</i>				
Hiniker, Jerome J., Kensington, Md.....	•	•		
<i>Alternate</i>				
Mona, Joseph O., Fairfax, Va.....	•		•	•
VIRGINIA 1,299 members, 7 delegates				
<i>Delegates</i>				
Barrick, Richard B., Portsmouth.....	•	•	•	•
Bradshaw, Thomas C., Blackstone.....	•	•	•	•
Haley, Byrnal M., Warrenton.....	•	•	•	•
Martone, Alexander L., Norfolk.....	•	•	•	•
Starbuck, Grover C., Jr., Arlington.....	•	•	•	•
Crews, Charles R., Radford.....	•	•	•	•
Henderson, Myron E., Roanoke.....	•	•	•	•
<i>Alternates</i>				
Allen, D. Blanton, Berryville.....	•			
Bowman, Moffett H., Roanoke.....	•			
Henderson, Woodrow C., Richmond.....	•			

	REGISTERED	M E E T I N G S		
		1	2	3
Higgins, John E., Roanoke.....	•			•
Jarrett, Thomas R., Jr., Virginia Beach.....	•			
Powell, Hume S., Richmond.....	•			
Rowe, Wallace C., Hampton.....	•			
WASHINGTON 1,734 members, 8 delegates				
<i>Delegates</i>				
Seargeant, William W., Moses Lake.....	•	•	•	•
McCarter, Robert G., Seattle.....	•	•	•	•
Davidson, Ellwood F., Tacoma.....	•	•	•	•
Barnhart, Fred P., Seattle.....	•	•	•	•
Weaver, Paul P., Seattle.....	•	•	•	•
Hebert, James F., Yakima.....	•	•	•	•
Muller, James K., Spokane.....	•	•	•	•
Scott, Jack T., Tacoma.....	•	•	•	•
<i>Alternates</i>				
Bradford, Winford, Walla Walla.....				
Christensen, Calvin C., Bremerton.....				
Christianson, William H., Cathlamet.....	•			
Wright, William K., Lynnwood.....	•			
WEST VIRGINIA 539 members, 3 delegates				
<i>Delegates</i>				
Lofin, Paul H., Beckley.....	•	•	•	•
Randolph, Kenneth V., Morgantown.....	•	•	•	•
Green, H. Roy, Wheeling.....	•	•	•	•
<i>Alternates</i>				
Jarrett, William M., Charleston.....				
Thompson, John C., Clarksburg.....				
Herlihy, John J., Charleston.....				
Peters, Phillip J., Wheeling.....	•			
WISCONSIN 2,219 members, 10 delegates				
<i>Delegates</i>				
Del Balso, Michael J., Wauwatosa.....	•	•	•	•
Scribner, Leonard C., Stevens Point.....	•	•	•	•
Grewe, Herbert G., Eau Claire.....	•	•	•	•
Eiche, William M., Marshfield.....	•	•	•	•
Leone, Edward F., Milwaukee.....	•	•	•	•
Huxtable, Harvey S., Mineral Point.....	•	•	•	•
Sabin, Norbert M., Elkhorn.....	•	•	•	•
Ryan, Timothy E., Jr., Waukesha.....	•	•	•	•
Skaalen, Lloyd O., Stoughton.....	•	•	•	•
Popelka, Adrian P., Appleton.....	•	•	•	•
<i>Alternates</i>				
Sneesby, Jack T., Menomonie.....	•			
Kraus, E. Edward, Milwaukee.....	•			
Hopkins, David E., La Crosse.....	•			
Smith, Melville W., Janesville.....				
Crewe, David O., Kenosha.....				
Lassa, Ralph E., Muskego.....	•			
Henderson, Frederick B., Stoughton.....	•			

	REGISTERED	M E E T I N G S		
		1	2	3
Baumann, Charles J., Jr., Milwaukee.....	•			
Newhouse, Eugene G., Ashland.....				
English, Leon J., Arcadia.....				

WYOMING 137 members, 2 delegates

Delegates

McCue, Patrick J., Cody.....	•	•	•	•
Ebinger, Frederick W., Cheyenne.....	•	•	•	•

Alternates

Wilson, Roy E., Saratoga.....	•			
Germon, Albert F., Casper.....				

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