

American Dental Association

**ADACommons**

---

[ADA News Letter](#)

[ADA Publications](#)

---

10-15-1948

## ADA News Letter - 10/15/1948

American Dental Association

Follow this and additional works at: <https://commons.ada.org/adanewsletter>



Part of the [Dentistry Commons](#), [History of Science, Technology, and Medicine Commons](#), and the [Nonprofit Administration and Management Commons](#)

---

### Recommended Citation

American Dental Association, "ADA News Letter - 10/15/1948" (1948). *ADA News Letter*. 10.  
<https://commons.ada.org/adanewsletter/10>

This News Article is brought to you for free and open access by the ADA Publications at ADACommons. It has been accepted for inclusion in ADA News Letter by an authorized administrator of ADACommons. For more information, please contact [commons@ada.org](mailto:commons@ada.org).

# ada News Letter

Vol. 1, No. 16 - October 15, 1948

## A.D.A. AGENCIES LAUNCH STUDY TO DETERMINE EFFECTIVENESS OF NEW ARMY DENTAL CORPS REGULATIONS PLACED IN EFFECT SEPT. 27

Revised regulations for the Army Dental Corps which direct that each major command and military installation shall have a dental surgeon directly responsible to the commanding officer rather than to the senior medical officer were announced by Gen. Omar Bradley, chief of staff, effective as of Sept. 27. The new regulations, representing a major departure from previously existing regulations, also provide that dental surgeons shall have staff status and that enlisted dental personnel shall be organized in their own units. Though Army chiefs were hopeful that the new regulations would answer criticisms of past administration of the Army Dental Corps, official comment of the Association was withheld pending a thorough study of the new regulations by the Association's Council on Federal Government Dental Corps and Council on Legislation. Strongly worded demands that all dental corps of the armed services be given full parity of administration with medical corps were made by the Association's House of Delegates at its 89th annual session in Chicago last month. The principal objections of dental officers and A.D.A. officials to former operation of the Army Dental Corps was that dental officers did not have adequate authority to operate their own dental installations and that in many instances interference by non-dental officers seriously hampered dental health services. The mounting wave of criticism, which reached a peak during the recent A.D.A. annual meeting, and the present drastic shortage of dental personnel in the Army are believed to be major factors in prompting adoption of the new regulations.

### NOTE POSSIBLE CONFLICT IN ADMINISTRATIVE AUTHORITY

A cursory examination of the new regulations does not make it clear whether the newly designated dental surgeon will have full administrative control over dental installations.

In that section of the new regulations dealing with administration it is specified that "in a major command, army, division, or other headquarters, including installations, matters relating to the dental service are administered by the dental surgeon of the command" and that the dental surgeon "is responsible directly to the commanding general/officer for all professional, technical, and administrative matters pertaining to the dental health of the command." In the next sentence, it is specified that the dental surgeon "will consult with the surgeon of the command on all matters arising in the course of his duties and functions with respect to the dental health of the command." In a subsequent section of the new regulations, it is specified that the dental surgeon "will advise the surgeon in all matters that may have a bearing on the health of the command from a dental standpoint." The possibility of a conflict over the exact meaning of the directive to "consult" with the surgeon on all matters with respect to the dental health of the command and the other portions of the regulations directing the dental surgeon to "administer" matters relating to the dental service is one of the major points being considered in the current study. A full copy of the new regulations will be published in the November issue of THE JOURNAL OF THE AMERICAN DENTAL ASSOCIATION.

## **DR. FLAGSTAD, LEGISLATIVE COUNCIL CHAIRMAN, CHALLENGES REPORT OF NATIONAL COMMITTEE OF DENTISTS AS 'GROSS MISSTATEMENT OF FACTS'**

Charges made by the National Committee of Dentists in a circular letter recently distributed to members of the dental profession that Senator James Murray of Montana "is considered in effect the Washington legislative agent" of the A.D.A. were termed "a gross misstatement of facts" by Dr. Carl O. Flagstad, of Minneapolis, chairman of the A.D.A.'s Council on Legislation. The circular letter was issued over the signature of Dr. A. P. Williams, of Louisville, chairman of the National Committee of Dentists. It commented on last month's action of the A.D.A. House of Delegates, which placed the A.D.A. on record as opposed to the "policies and methods" of N.C.D., and pointed out "unequivocally that there is no relation between the American Dental Association and the National Committee of Dentists." In a letter to the N.C.D. chairman, Dr. Flagstad pointed out that the A.D.A. had worked harmoniously with members of Congress, adding: "No matter how violently we have differed, the Committee on Legislation has always accorded them (members of Congress) the highest respect and conducted ourselves with dignity in every situation." Dr. Flagstad's letter to Dr. Williams follows, in part:

...I have purposely endeavored to keep from being drawn into the controversy which has been going on over the activity of the National Committee of Dentists, sometimes under very trying circumstances. However, I can't let this article pass without voicing my objections as it is a gross misstatement of facts. It is unfair to the American Dental Association and especially the Committee on Legislation...I would appreciate receiving from the National Committee of Dentists a copy of the Congressional Record which lists the statement "that Senator James E. Murray, from Montana, is considered in effect the Washington legislative agent of the American Dental Association operating group." I further would like to have the facts to substantiate the statement, "Senator Murray has introduced in the Senate practically all of the bills submitted by its Legislative committee." The fact of the matter is that the only legislation Senator Murray has fostered in the Senate for the American Dental Association is the Dental Research Bill. There were two important reasons for selecting him for this sponsorship: 1. Senator Murray was in sympathy with the objectives of the Dental Research Bill; 2. more important, he was chairman of the powerful Labor and Public Welfare Committee during the long Democratic leadership in the Senate and the Dental Research Bill would be assigned to that committee.

Men who have worked with legislation will readily understand that for the successful prosecution of legislation it is a splendid beginning on the long road to enactment of legislation to have it sponsored by the chairman of the committee which will have the bill in charge when it reaches Congress...That this strategy worked out successfully is attested by the fact that under Senator Murray's sponsorship the Dental Research Bill passed the Senate on three different occasions, while in the House it failed to move even in the committee...At the time the Committee on Legislation was preparing for introduction of legislation into the 80th Congress, in an interview with Senator Taft, who represents the opposite in health legislation from Murray, of his own volition Taft suggested he was willing to join with Senator Murray on the sponsorship of the Dental Research Bill... This was done and it was highly important as Senator Taft was now chairman of the Committee on Labor and Public Welfare. You will recall the bill readily passed the Senate, but in the House, because of political reasons it was necessary to secure a Republican champion for the bill and Congressman Brehm came to our aid. In the final analysis, Senator Murray's bill was side-tracked and Congressman Brehm's House bill was enacted into law.

I have frequently overlooked criticisms which have come to the Legislative committee charging them to ignorance of legislative procedure on the part of the critic. However, it is difficult to excuse, on such grounds, the leadership of an organization whose business it is to follow legislation. The insinuations that the paragraph in question and the following one in the letter makes are unfounded and resented by the chairman of the Committee on Legislation. Senator Murray certainly is not in any doubt concerning the American Dental Association position on compulsory health insurance. In the testimony of the American Dental Association at the hearings on the Wagner Bill and the National Health Bill, the witnesses for the Committee on Legislation emphasized repeatedly the policy of the American Dental Association. It is a matter of record in those hearings that our answers to Senator Murray's questions on this subject are direct, positive, and uncompromising. It is true that in all our relations with Congress or members of Congress, or federal agencies, no matter how violently we have differed, the Committee on Legislation has always accorded them the highest respect and conducted ourselves with dignity in every situation. Perhaps to some this might be weakness; to me it is strength and in the final analysis has brought results and respect to the American Dental Association in Congressional circles.

The Committee on Legislation's objective is to foster federal legislation which is in the interest of public and professional welfare and to oppose federal legislation which in the opinion of the American Dental Association is detrimental to the health welfare of our people. Today this is a big business and the committee has neither any desire or time to waste in useless quarreling and, therefore, the chairman has consistently refused to participate in the present controversy. The committee covets the good will and sympathetic understanding of every member of the American Dental Association for frequently Congressional situations arise when we sorely need it. It is unfortunate the circular letter contains these misstatements for it may have a tendency to weaken the association's confidence in the committee and it has made it necessary for me to challenge them...

#### **A.D.A. DECLINES BID TO SPONSOR ARMY COMMUNITY RECRUITING DRIVE**

In accordance with a policy decision of the House of Delegates, A.D.A. officials have declined a bid from the Army to sponsor a community relations program to recruit dental officers for the Army Dental Corps. Under the plan proposed by the Army, professional manpower committees would be named in each community to help secure professional personnel for the armed forces. These committees would function as subcommittees of existing manpower committees of the Army and would be responsible for local programs designed to induce young professional men to volunteer. A.D.A. officials admitted the seriousness of the current shortage of dental personnel in the armed forces, but pointed out that the Association is committed to a policy of joining in a voluntary recruitment program only after there is substantial evidence that those conditions which in the past have destroyed confidence in the operation of the Armed Dental Corps will be eliminated. During its meeting in Chicago last month, the House of Delegates demanded for the dental corps parity of administration with the medical corps in all branches of the armed services. By resolution, the House of Delegates also urged that Congress establish a civilian board directly responsible to the President to develop categories for calling dentists into service. The resolution urged that the dental needs of civilians be considered carefully in the establishment of personnel quotas for the armed forces.

## **VETERANS ADMINISTRATION REPORTS PAYMENT OF \$50,231,174 TO PARTICIPATING DENTISTS FOR FISCAL YEAR ENDING JUNE 30**

Private dentists participating in the dental service program for war veterans were paid a total of \$50,231,174 for examinations and treatments during the fiscal year ending last June 30, it was announced by the Veterans Administration. In addition, dental services valued at \$5,534,657 were provided veterans by V.A. staff dentists. During the twelve month period, dentists participating in the V.A.'s "home town" dental program completed treatment in 602,617 cases and examined 420,440 veterans. In clinics located in V.A. regional offices, hospitals and other field offices, dentists completed examinations in an additional 53,198 cases and conducted 280,560 dental examinations. According to Dr. Bion R. East, recently named director of V.A.'s Dental Service, approximately 90 per cent of all dental services provided veterans through the V.A. was handled by private dental practitioners. During the year, Dr. East said, 798,368 claims for dental treatment were received. These, added to a backlog of 577,697 cases at the beginning of the 1947-1948 fiscal year, made a total workload of 1,376,065 claims from veterans. Of these, 396,926 claims (or approximately 30 per cent) were disallowed, cancelled or withdrawn, and 687,809 were authorized for treatment. Cases disposed of during the year totaled 1,084,735, leaving a backlog of 291,330 cases on July 1, 1948, Dr. East reported. During the year payments to private dentists by the V.A. ranged from a low of approximately \$31,000 in Vermont to a high of more than \$8,500,000 in New York state. A breakdown by states of dental examinations and treatments completed by the V.A. and by private dentists during the 1948 fiscal year will be published in a future issue of THE JOURNAL OF THE AMERICAN DENTAL ASSOCIATION.

## **FOOD AND DRUG ADMINISTRATION ISSUES WARNING OF DANGEROUS DRUG**

A warning that certain codes of procaine hydrochloride solution manufactured by C. B. Kendall Company, Indianapolis, Ind., should not be used has been issued by the Food and Drug Administration of the Federal Security Administration. Following a report from a physician that severe necrotic damage had resulted from the use of the solution coded 24830, the firm attempted to recall the lot by letter addressed to each purchaser. The recall program has not been completely effective, and dentists and physicians are urged not to use any vials of this code. The code was placed in distribution in February, 1948. Tests conducted by the company revealed that the solution is highly acid, possessing a pH of about 1. The Food and Drug Administration also reported that it had just learned that another batch of the Kendall firm's procaine hydrochloride solution coded 64712 is reported to have caused necrotic reactions. The pH of a vial of this lot was found to be 2.9. The two products have been distributed in the area from Florida to Wisconsin and from West Virginia to Texas. The federal agency also reported that the Kendall company has distributed several other lots of injection drugs which possess a pH of 3.0 or less, some of which have been voluntarily recalled.

## **1948 RELIEF SEALS TO BE DISTRIBUTED BY MID-NOVEMBER**

The annual drive for contributions to the American Dental Association Relief Fund will be launched next month as 1948 relief seals are distributed to all members. Distribution of the seals is expected to be completed by November 15, according to plans announced by the Council on Relief. All contributions will be added to the A.D.A. Relief Fund which is maintained solely to provide financial aid to dentists and their dependents who are in need. All constituent and component societies have been asked to cooperate with the A.D.A. in the distribution of the seals and the collection of contributions.

## **A.D.A. MEMBERSHIP REACHES TOTAL OF 70,912**

Membership in the A.D.A. reached a new high of 70,912 on September 30, a gain of 4,891 over the same date a year ago. Present membership totals include 65,763 active members, 3,379 student members and 1,770 life members.

## **HOOVER COMMISSION SEEKS INFORMATION ON GOVERNMENT DENTISTRY**

Dr. Clyde E. Minges, A.D.A. president, and Dr. Harold Hillenbrand, secretary, have been invited to testify on dentistry's role in federal government agencies next Friday (Oct. 22) at a meeting of the Medical Services Committee of the Commission on Organization of the Executive Branch of the Government in Washington. The Commission, headed by former President Herbert Hoover, was named by Congress to study activities and programs of federal agencies. The Commission's report is scheduled for presentation to Congress next January. According to Tracy S. Voorhees, Assistant Secretary of the Army and chairman of the Commission's medical subcommittee, the Commission will recommend management and structural changes to improve the efficiency of government agencies and will review government functions in light of their cost, their usefulness, their limitations and their curtailment or limitation. Some time ago, the Voorhees committee sent questionnaires to present and former government health workers soliciting complaints and suggestions for improved efficiency. Though the Voorhees committee has a large number of members representing various specialities of medicine it has no dental members or consultants.

## **DENTAL TREATMENTS UNDER BRITISH NATIONAL HEALTH SERVICE ARE REPORTED TO BE COSTING SEVEN TIMES ORIGINAL ESTIMATES**

Dental treatments being provided by the British National Health Service are costing more than seven times the amount the government originally planned to spend for dentistry, according to a report of the London correspondent of The Journal of the American Medical Association. In the Oct. 9 issue JAMA's London correspondent quoted the secretary of the British Dental Association as reporting that dental services under the government plan are costing more than \$600,000 a day compared with the government estimate of \$28,000,000 for a full year. The average cost of treatment cases is estimated at \$20. The London correspondent continued: "This staggering increase of cost of the dental service is, of course, due to the offer of 'something for nothing' which characterizes socialistic schemes. Everyone who can possibly do so wants to share in the spoils. It might be rejoined that the service is really not free, as the beneficiaries pay their weekly contributions, but their payments amount to only part of the cost, the rest being made up by the state. In any case, the motive to share in the distribution remains exactly as if no contributions were made..."

## **DR. HARRY LYONS, OF RICHMOND, VA., NAMED CHAIRMAN OF NEW COMMITTEE ON NATIONAL EMERGENCY DENTAL SERVICE**

Appointment of a special Committee on National Emergency Dental Service to consider policy matters relating to national defense was announced by Dr. Clyde E. Minges, of Rocky Mount, N. C., A.D.A. president. Dr. Harry Lyons, of Richmond, is chairman of the new committee. Other members are Dr. LeRoy M. Ennis, of Philadelphia; Dr. C. J. Wright, of Lansing, Mich.; Dr. Percy T. Phillips, of New York; Dr. Gerald Timmons, of Philadelphia; and Dr. Harold Hillenbrand, of Chicago, A.D.A. secretary. Appointment of the committee was authorized by the House of Delegates. Its principal function will be to coordinate activities of Association agencies in matters related to national defense planning.

## **ERRATA**

In the Sept. 27 issue of THE A.D.A. NEWSLETTER the total membership of the Council on the National Board of Dental Examiners was erroneously listed as five. This Council has a total membership of nine with three representatives each from the A.D.A., the A.A.D.S. and the A.A.D.E. The Council will serve as the executive committee for the National Board which will continue to operate as previously authorized. The Sept. 27 issue also erroneously stated that one of the requirements for life membership in the A.D.A. was 35 years of continuous membership. The required 35 years of membership need not be continuous.

## STATE SOCIETY ADMINISTRATORS CONFERENCE SET FOR NOV. 15-19

A conference of state society administrators dealing with various phases of administration and program operations of dental societies will be held at the Central Office, 222 East Superior Street, Chicago, Monday through Friday, Nov. 15 to 19. Conference sessions will open at 9 a. m. and will feature round table discussions among A.D.A. staff members and state dental society secretaries. Attendance at the conference is limited to state secretaries and administrative assistants. Major subjects to be considered under the general head of administration include the meaning and importance of bylaws, establishment and administration of policy and conduct and finance of society activities. Under the general heading of the state society's program, the major subjects will be maintaining the membership, objectives and technics of a public relations program, handling of a professional relations program, publication problems, and the business aspects and professional side of the annual session. Invitations have been sent to all state secretaries by Dr. L. M. Cruttenden, assistant secretary of the A.D.A., who will serve as chairman for conference arrangements.

## DR. KARL H. METZ, CHAIRMAN OF A.D.A. COUNCIL ON FEDERAL GOVERNMENT DENTAL CORPS, RESIGNS UPON RECALL TO SERVICE

Dr. Karl H. Metz, of Valhalla, N. Y., chairman of the newly-constituted Council on Federal Government Dental Corps, has been recalled to extended active duty with the Army and as a result has resigned from the Council. The new Constitution and Bylaws direct that membership of this Council must consist of those who are not in the employ or service of the federal government. Dr. Metz is returning to duty with the rank of lieutenant colonel and will be stationed at Fort Devens, Mass. During World War II, Dr. Metz served on the staff of Gen. Eisenhower as the executive officer for the control of German industrial production. He also saw service in other European countries and in Africa. The Bylaws provide that the President shall fill Council vacancies by appointment. Such appointees will serve until a successor is elected by the next House of Delegates.

## BRIEFS IN THE NEWS

Dr. Clyde E. Minges, of Rocky Mount, N. C., new A.D.A. president, addressed the first annual Autumn Clinic of the Birmingham District Dental Society at Birmingham, Ala., on Oct. 10. Dr. Minges also appeared at the annual meeting of the Georgia State Dental Society at Augusta on Oct. 12. Talks by Dr. Minges will be given at Elizabeth City, N. C. on Oct. 24; at the graduation exercises of the Naval Dental School at Bethesda, Md. on Nov. 5, and at Columbus, O. on Nov. 7....Dr. Irl C. Schoonover, of Washington, D. C., director of the dental materials section of the National Bureau of Standards, was elected to honorary membership in the A.D.A. by the House of Delegates last month. Dr. Schoonover was honored for his outstanding research work in dental materials. He has been on the staff of the Bureau since 1934 when he received his doctor's degree in chemistry from Princeton University....Dr. Shailer Peterson, secretary of the A.D.A. Council on Dental Education, will attend the 13th Educational Conference at New York on Oct. 28 and 29. The conference is sponsored by the Educational Records Bureau and the American Council on Education....The October issue of The Reader's Digest carries an article on topical fluorides entitled "To Save Children's Teeth." The article is a condensation of an earlier article by J. D. Ratcliff published in Woman's Home Companion last July. In the condensation, editors of The Reader's Digest eliminated a number of minor errors in the original article at the suggestion of A.D.A.....Dr. Harold Hillenbrand, A.D.A. secretary, will speak at a meeting of the Western Indiana District Dental Society at Terre Haute, Ind., on Oct. 21. Dr. Hillenbrand will also attend the first annual New Orleans Dental Conference to be held Oct. 24 to 27 at the Roosevelt Hotel, New Orleans....