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Editorial Department

ONE OF THE REAL DELINQUENTS

IN the midst of all the censure in connection with the appalling neglect manifest everywhere when the condition of the teeth of children is under consideration, we seldom see reference to the greatest delinquent of all. Usually, the dentist comes in for a goodly share of the blame and probably a reasonable amount of responsibility may logically be laid at his door.

It surely would not be expected that the family physician could, on his own initiative, cope with the problem of caring for the teeth of children. In the first place, he has other problems that seem to him of greater moment, and, in the next place, he assuredly would not have the knowledge necessary to meet the situation without an extended course of study in the science and art of dentistry, a study that he certainly does not receive in his entire curriculum in the medical school.

Manifestly, if this problem is ever to be solved, it must be through the

medium of the dental profession, the only one through which it would ever be possible to solve it. This would seem to leave the sole responsibility squarely up to the dentist; but does it? Let us see. Supposing that the members of the dental profession should announce that, in the interests of common humanity, the defective tooth of every child in the land would be cared for regardless of the economics of the situation, how long would it be before the profession would be bankrupt?

In all conscience, the members of the profession, both in medicine and in dentistry, have always manifested an honest and philanthropic attitude toward the relief of suffering. We know of no case in which there has ever been a moment's hesitation on the part of a professional man to relieve suffering regardless of the patient's ability to pay. It has always been accepted as a fundamental obligation of the dentist to do this; but there is another side to the question.

When we begin to assess the responsibility for the proper protection and care of children, we should go back to fundamentals. Who is primarily responsible for the fact that children are in the world with their problems of ill health and disease? There is only one possible answer. It is the parent. It is not the professions, it is not society, it is not the children themselves. They had nothing whatever to do with it.

Every parent who brings a child into the world is under a rigid moral obligation to care for that child up to the years of accountability. If this is not fundamental, there is nothing fundamental in all human relationships. It is the duty of parents to promote the welfare of their children physically, and—to the extent of their ability to do so—mentally and morally. It is the evasion of this responsibility that is at the bottom of most of our complications and handicaps with children, and this means the physical handicap of tooth decay as well as any other handicap.

Till we can educate parents to a sense of their obligation in the situation, we shall never cure the ills of children. It will not avail to hedge behind the plea of inability on the part of parents to take proper care of their children. The great lesson of life, the one that needs to be taught beyond anything else, is that of individual and parental responsibility, and till the time comes that we can instil this idea into the minds and hearts of the people, we shall not go very far toward solving the problems of childhood, and this really means the problems of life generally.

Basically then, the real delinquent in the present appalling situation connected with the condition of the teeth of children is the parent. Till parents can be impressed with their legitimate obligations to their chil-

dren, we shall never see children properly cared for, and, to carry the idea a step farther, it will not solve the situation to foster the idea that if parents find it difficult to perform their legitimate function of properly providing for their children, the obligation should be passed on to some one else who will assume the obligation. Vicarious responsibility is in every way demoralizing.

The habit of passing responsibility to other people, when other people are in no way under obligation to do anything in the matter, has become one of the stock methods of "getting out from under," and it has led to much loose thinking and, what is worse, it has, under certain circumstances, led to actions that are open to censure and in no way constructive or commendable.

Humanity up to the present time has been slow to insist that parenthood involves a very serious and very intimate obligation.

Fortunately, the natural love and affection that parents usually have for their children tends to protect the child in most respects; but it does not go far enough. It never occurs to the average parent that he should be held to strict accountability for any physical handicap to his child, particularly if that handicap is preventable. The real obligation of parenthood has never been properly appraised.

What right has a parent to assume that if he finds it difficult to take care of his child, some outside agency must step into the breach and relieve him of his obligation? Again, the seriousness of parenthood has never been sufficiently impressed on society.

Woe betide the parent who wilfully condemns a child to a life of misery through neglect. The sense of responsibility with many parents grows painfully thin as soon as they are called on to make any major sacrifice for the welfare of their children, and the only way to compel a proper observance of the parent's duty in this regard is through the medium of the law.

Laws are made to protect against contagious diseases, and properly so. Not till we make laws against the appalling limitations placed on our children by needless neglect shall the children be saved from the consequences of neglect. If parents will not voluntarily care for their children, they should be compelled to do so and by law.

Visionary? Yes, but most forward looking ideas were merely a vision before they were forced into practice by the insistent urge of a great need.

GREATER NEW YORK DENTAL MEETING 1937

Now in its fourteenth year, the annual Greater New York Dental Meeting has become an institution in dentistry that is looked forward to each year by practically the whole of the profession along the Atlantic seaboard with anticipations of benefit and pleasure. And on none of these occasions within our knowledge have the numerous seekers for the latest in post-graduate knowledge been disappointed.

The recent meeting held at the Pennsylvania Hotel in New York City, December 6 to 10, 1937, was, even under the stress of recessionary tendencies, one of the most successful of these meetings held in recent years. And when we say successful, we mean that some seven thousand attended the meeting and many over a thousand were registered for the educational clinics.

On Monday, preceding the purely dental features, the Seventh Annual Combined Medical-Dental Meeting was held under the auspices of the Joint Committee of the Organized Medical and Dental Professions of Greater New York. This joint meeting has become an annual feature of the Greater New York Dental Meeting, and has been conspicuously instrumental in promoting a closer cooperation and understanding between the medical and dental professions of the great metropolis, the purpose for which the movement was organized.

Monday evening was devoted to the first general session of the dental meeting proper, and was signalized by addresses from the President of the American Dental Association, Dr. C. Willard Camalier, Washington, D. C., Dr. Edwin I. Harrington, President of the New York State Dental Society, Dr. John L. Rice, Commissioner of Health of the City of New York, and Dr. Harold G. Campbell, Superintendent of Schools of the City of New York. The keynote of the addresses of these eminent speakers was the promotion of the theme of President Camalier, "Dental Health for American Youth," the working motif of the American Dental Association under his administration. Both the Commissioner of Health and the Superintendent of Schools of New York City expressed interest in the plan now in operation for the dental health of the children of New York City and offered some helpfully constructive suggestions whereby health and particularly dental health education may readily be incorporated in the general educational program of the entire country.

Each afternoon scientific sessions were held at which nationally known speakers presented all the scientific aspects of dental practice and these

were followed by the continuous clinics which elaborated all the clinical phases of practice.

The mornings were given over to Topic Discussions which were well-conducted round table discussions of pertinent questions involved in each and every phase of dental practice, directed by leaders particularly fitted for the teaching of each of the several phases of practice. These Topic Discussions have developed into a most instructive feature of the Greater New York Meeting and this year attracted much enthusiastic interest and attention. It is at these discussions that the specialist or the general practitioner can receive collaborative help from the leaders in solving his most difficult problems.

In addition to the abundant educational pabulum served to its guests, the Meeting offered two attractive and entertaining diversions, the Alumni Luncheon on Wednesday afternoon and the Jamboree on Wednesday Night.

This and the other two large meetings of the year, the American Dental Association in the summer season, and the Chicago Dental Society in February, are an earnest of the perennial interest which the dental profession maintains in the advancement of all phases of dental practice, and the eminent success of the latest Greater New York Meeting is certainly a tribute to the enthusiasm and directive ability of the officers and committees of the Greater New York Meeting under the most capable leadership of their genial Chairman, Dr. Waldo H. Mork.

While preventive dentistry, directed particularly to the health of the community, received considerable attention on the program of the meeting, restorative dentistry—bridgework, partial dentures, full dentures, immediate denture service—received the lion's share of attention. All phases of constructive work were presented, particularly denture service, the latter as a necessary consequence of the medico-dental indiscriminate tooth removal hysteria caused by the fear of oral focal infection.

Another reaction from this extraction fad that is apparent is the sign of return to rational, conservative procedures as embodied in the operation for pulp removal and root-canal filling in preserving the teeth for reconstructive aids.

Pulp-canal treatment received considerable attention, and we noted with much satisfaction an enlightening contribution to the subject by Dr. Alfred Walker, who has throughout the oral focal infection period remained steadfast in his belief in the possibility and desirability of saving the pulpless tooth when and where advisable. We believe this incident and others of a similar nature at recent meetings mark the turn from the

radical procedures, aided and abetted by the medical men, which threatened the very foundations of dental practice.

The mission of dentistry is to save teeth rather than remove them, and if we cannot save teeth under reasonably favorable circumstances, then dentistry has failed in its main avowed purpose. We have never believed, nor do we now believe, that dentistry has thus failed; on the contrary, evidence is daily accumulating to strengthen our faith in the operation to save the pulpless tooth, and thus go far toward preserving the normal and healthful unity of the masticatory apparatus.

L. P. A.

OBITUARIES

ARTHUR D. BLACK

(1870-1937)

(See Frontispiece)

ARTHUR DAVENPORT BLACK, born in Jacksonville, Ill., November 15, 1870, the son of G. V. Black, prominent educator and scientist in the dental field and known as "The Father of Modern Dentistry," died December 7 after an extended illness.

Dr. Black had been for twenty years the dean of the Northwestern University Dental School, holding that position up to the time of his death, and was himself widely known as an educator, scientist and writer. He was a graduate of Illinois College and of the Northwestern University Dental School, class of 1900. One year later, he received the M.D. degree from the Northwestern University Medical School. In addition, he held the degrees of master of arts and doctor of science, and was a member of the honorary fraternities of Phi Beta Kappa, Alpha Omega Alpha and Omicron Kappa Upsilon, as well as of Delta Sigma Delta. In June 1937, he was awarded the Alumni Medal for his distinguished services to the university, the highest award in the power of the alumni association.

Dr. Black had been a member of the

faculty of the Northwestern University Dental School since 1900, as professor of oral surgery, of operative dentistry and of oral pathology. He served on the staff of St. Luke's Hospital for twelve years. He was a member of the American Dental Association, the American Medical Association and the Institute of Medicine, a director of the Chicago Tuberculosis Institute and a Fellow of the American College of Surgeons and of the American College of Dentists. He held honorary membership in many scientific societies both in America and abroad (including the Royal Society of Medicine of England, the German Academy of Natural Sciences and the Swedish Dental Society). During the World War, he was advisor to the Surgeon General of the Army, in Washington. At the time of his death, he held a commission as colonel in the Reserve Corps.

Dr. Black aided materially in the reorganization of the Illinois State Dental Society, devising a system which has been widely adopted in other states and which has served as the basis for the development of the American Dental Association to its present form. During the Century of Progress Exposition, he designed and directed the special dental exhibit and was president of the Chicago