PRESIDENT'S ADDRESS.

By G. Walter Dittmar, D. D. S., Chicago, Ill.

(Read before the Illinois State Dental Society, March 22-25, 1920.)

IN REVIEWING the record of this organization, and noting the standard which directed the activities that culminated in placing the organized dental profession of this state in an enviable position, and noting further the long list of earnest workers, whose untiring efforts and sincere devotion to the cause of dentistry have aided greatly in elevating it to the level of other learned professions—it is with pardonable pride that we call attention to the past fifty-five years, and the remarkable achievements of this society.

Founded as it is, upon sound principles, and prompted by unselfish motives, its primary object, as stated in Article II of our Constitution, "Shall be to promote the public welfare by the advancement of the dental profession in education, science, mutual fellowship and good feeling; by bringing into one compact organization all of the dental societies of the state; by advocacy of proper legislation and by cooperation with the medical profession in all matters of mutual interest, and advantage to the people of the state."

Your president could find no theme more fitting to discuss than a part of Article II; and of the numerous topics therein mentioned, he will confine himself, first, to the subject of "promotion of the public welfare," and, second, "the advocacy of needed legislation."

Promotion of the public welfare—as far as our profession is concerned, means primarily the promotion of the status of

health which may be impaired by mouth infections.

This promotion is directly dependable upon the amount and degree of scientific knowledge our profession has attained; and the information with reference to the prevention of oral disease that has been assimilated by the general public.

We are confronted with the appalling fact that fully 95% of the mouths of all children of school age are diseased.

We also know that mouth infections lead to serious systemic disorders, both nervous and organic.

It is also a fact that clean teeth do not decay, and while most oral diseases are amenable to treatment, it is plainly evident that prevention of dental disease is the goal which our profession should strive to attain.

The arch enemy of the teeth is dental caries. If this disease could be prevented, the greater part of the inflammatory and suppurative disorders, which so often result in alveolar abscesses and chronic suppurative pericementitis or so-called pyorrhea alveolaris, and their train of systemic infections, would never occur.

The logical means to prevent this almost universal disease would be to supply the human organism with the proper antibodies; or else a stimulant which would cause the system to produce these antibodies.

Whether this be done by a properly prepared and balanced diet supplying the system with the needed vitamins, or

the inoculation of live or dead bacteria, chemicals or what not—it is my earnest hope that some day some remedy can be administered to the child, which will produce an immunity to dental caries.

It is evident from reliable statistics obtained from many sources that from three to five per cent of children possess a natural immunity to dental caries. We, as dentists, know that in most mouths an immunity gradually establishes itself. We also notice that mouths that have become practically immune, become, at times, violently susceptible again, due, no doubt, to some metabolic disturbance. In turn, the disease in these mouths may again gradually lessen and cease.

A fact is evident, and that is that some element, some substance antidoting dental caries, is possessed from infancy by a very small per cent of humanity, and that in a very large per cent of the remainder, this element or substance is gradually developed. What is this substance? This antibody? And how can it be produced? Surely some scientifically trained mind will solve this problem and earn the distinction he will so richly deserve, namely, be classed with the world's greatest benefactors.

Today, while we are eagerly and prayerfully looking for the ascension of this brilliant star, we unfortunately are forcibly reminded of the conditions which actually confront us and we must, therefore, endeavor to make the best of them on the basis of our present knowledge.

Note—a few simple facts.

The late Doctors Black and Miller have proved conclusively that dental caries is a disease produced by bacteria. Carbohydrates—(starches and sugars) are converted by these germs into acid. In protected places on the teeth where the acid can become sufficiently concentrated, it will attack and dissolve tooth substance. Cavities form, and if not properly excavated and filled, the tooth usually aches and finally the pulp dies.

The dead pulp putrefies, and often infects the apical tissues, resulting in an alveolar abscess. From this, systemic infection is likely to follow, which may be most serious.

A natural sequence.

Teeth are lost—normal contact lost—food packs between teeth and injures or destroys septal tissues. Migration of teeth; periodontal membrane injured, infected and partially destroyed, and again a condition prone to systemic infection.

In neglected cases—much suffering. Improper mastication of food. Faulty nutrition. Disease carriers.

The result: A seriously impaired man and womanhood—an incalculable loss to a nation's efficiency.

The medical examinations conducted by the Army and Navy during the recent great war revealed, as nothing ever did before, the impaired health conditions of the men of military age due to oral infections. Bad teeth caused a large percentage of the rejections. The government felt it could not permit men with deficient or badly diseased teeth to enter its military organization. Instead of being, as they properly should, an asset, these men were considered a bad risk and rejected. To such an extent did bad teeth impair the nation's fighting forces, that the Surgeon General's office, and the Chairman of the General Medical Board of the Council of National Defense, decided that the army could not be most efficient without a well-organized dental corps. The glorious achievements accomplished in the organization of that dental corps need no recounting in this address. I cannot refrain, however, from mentioning with pride the name of one man who performed a Herculean task for the welfare of our soldiers—a man who gave unselfishly his great ability, whose energy and leadership culminated in the rendering of a service, primarily to our Army and incidentally to our profession. That man is our honored fellow-member and friend, Col. W. H. G. Logan, past

chairman of the Dental Committee and member of the Council of National Defense of the United States of America.

The deplorable condition of the mouths of the men who, during the war, were of draft age (and what is true of the men, it is safe to assume is to a greater extent also true of the women) has brought our profession to a realization that we must thoroly organize and strike at the head of this dangerous and unhealthy condition of our people.

I am not unmindful of the fact that many men in the dental profession, and a small part of the medical profession, have long realized the importance of healthy mouths; also that most valuable service has been rendered by the Oral Hygiene Committee of the National Dental Association. Such men as Dr. Richard Grady, of Annapolis; Dr. Corley, of Swanee, Tenn.; Dr. Ebersole, of Cleveland; Dr. Thompson, of Washington, D. C.; Dr. Dameron, of St. Louis, and the late Dr. White, of Phelps, N. Y., should be mentioned as active and faithful workers on the first national committee.

There are hundreds of men and women in our profession who have rendered yeoman service and contributed much to the propaganda of mouth hygiene. The editors of our dental journals—in particular *The Journal of the National Dental Association*, *Dental Cosmos*, and *Oral Hygiene*—have kept our profession awake to its duties. The public press, during the past few years, has served the people commendably in publishing educational articles. Thru the agency of lectures before clubs and societies, the moving picture film, the establishing of numerous free dental clinics;—interesting philanthropists like the Forsyth Brothers, who presented the magnificent Forsyth Memorial to Boston, and Mr. Eastman, who gave a similar institution to Rochester,—the excellent work the United States Public Health Service is doing, and the accomplishments of the

Public Service Commissions of numerous dental societies—all have done much toward furthering the oral hygiene movement.

In this connection permit me to call attention to the splendid effort made in Illinois, and to give credit to those men and institutions that contributed so liberally to this great cause. All these agencies need to continue disseminating knowledge, their number should be multiplied many times—to them other and more potent forces must be added that the gospel of clean mouths and clean teeth can be impressed upon every individual in this land.

This brings us to the question: *What are these more potent forces that must be added?*

Our government in establishing the public school had as its primary object the making of safe, useful and patriotic citizens. Our Republic would not long endure without its system of public schools. It is its principal safeguard. Thru it great reformatations can be worked. When the Women's Christian Temperance Union some years ago succeeded in getting the text books in physiology to add a chapter on the effects of alcohol on the human economy, and then in having these text books adopted by the public schools of this nation, the doom of the liquor traffic was sealed—it was only a question of time.

The preliminary work done by the pioneers in the oral hygiene movement is analagous to the preliminary work done by the temperance organizations some years ago—the latter converted only a few of the people who had fixed habits, but the child in school who is so susceptible to the influence of teachers, learned that alcohol is not necessary for his welfare, and that it caused much poverty, disease, misery and death. Object lessons were in evidence in every community.

In like manner can the public school be made the most potent agent for the proper dissemination of the simple truths

A.C.
VAN SANT
1865

H.N.
LEWIS
1866

GEO. H.
CUSHING
1867-69

E.H.
KILBOURNE
1868

M.S.
DEAN
1869-70

G.V.
BLACK
1871

O.
WILLSON
1872

J.N.
CROUSE
1873

C. STODDARD
SMITH
1874

G.S.
MILES
1875

PRESIDENTS
OF THE
ILLINOIS STATE
DENTAL SOCIETY

E.D.
SWAIN
1876

K.B.
DAVIS
1877

C.R.E.
KOCH
1878

S.M.
STURGRESS
1879

C.A.
KITCHEN
1880

J. FRANK
MARINER
1881

A.W.
HARLAN
1882

E.C.
STONE
1883

EDMUND
NOYES
1884

H.H.
TOWNSEND
1885

T.L.
GILMER
1886

W.T.
MAGILL
1887

C.B.
ROHLAND
1888

T.W.
PRICHETT
1890

TRUMAN W.
BROPHY
1891

W.H.
TAGGERT
1892

E.K.
BLAIR
1893

GARRETT
NEWKIRK
1894

and practices in relation to mouth hygiene.

We fully realize that much harm often is done in the mouths of children before they attain school age, and it would be most desirable to administer to these children when very young—yes, even before they are born, by caring for the mouths of their mothers. How can a neglected mother whose system is infected from unhygienic oral conditions, who cannot properly masticate her food, who is anaemic and diseased, be expected to produce strong and healthy children?

While, no doubt, the oral hygiene propaganda which is spreading the gospel of clean mouths by means of the various agencies before mentioned, will promote to a very great extent the welfare of the people—still the public school is undoubtedly the most direct and most effective avenue thru which the desired results will eventually be obtained.

It is a laudable fact that for some years past some attention has been paid to the physical welfare of the children in the public schools, especially in the larger cities. The health departments of such cities have provided physicians and nurses, and in some instances they have also provided dentists to examine the mouths and render dental service.

Chicago and some of our larger cities have conducted a few free dental infirmaries, but the children in the smaller cities and towns, and those residing in the rural districts are not favored with such service.

Our state could render no greater service to its future men and women than to provide properly regulated compulsory dental examinations for every child of school age, and for the indigent poor provide in every community a means by which such children will receive sufficient attention to make them as nearly as possible healthy and useful citizens.

The state of Kansas, which is a leader in progressive movements, has recently placed in its statute books a law making

the examination of the teeth of all its school children compulsory.

Dr. Florence B. Sherbon, director of Child Hygiene of the State of Kansas, says:

"The law requiring free dental inspection in all the public schools of Kansas makes possible four important results.

1st. Immediate benefit to the health of the children treated.

2nd. Effective education of the children in practical dental hygiene.

3rd. The securing of statistics which will reveal present conditions.

4th. The compilation of data for a basis for future methods of procedure."

Concluding the article recently published in the Bulletin of the Kansas State Board of Health, she further says: "When the results of this combined dental and physical inspection of the school children of Kansas are summed up, it will make one of the most valuable pieces of health research undertaken in any state and will furnish unique and important data which will serve as a guide in future health work."

Why should not the great and wealthy state of Illinois enact a similar law? There can be no question but that every state in the union should. It would be the most paying investment this nation ever made. Your President, therefore, recommends that the Committee on Legislation of this Society prepare and present to the Illinois legislature at its next session, a bill providing for free dental examinations for every child in the public schools in the state. Certainly the value of such a bill is evident, and we believe it would pass the legislature unanimously. (The support the Legislature has accorded our profession in matters of dental legislation in recent years is highly commendable—the reason being that we have been unselfish in our demands and asked only for measures which were fair and just.) Certainly our profession could not be indicted for

J. W.
CORMANY
1895

W. A.
STEVENS
1896

C. R.
TAYLOR
1897

J. A. W.
DAVIS
1898

CHAS. P.
PRUYN
1899

R. N.
LAURANCE
1900

J. G.
REID
1901

M. L.
HANAFORD
1902

A. H.
PECK
1903

P. H.
McINTOSH
1904

C. N.
JOHNSON
1905

S. F.
DUNCAN
1906

E.
MAWHINNEY
1907

W. A.
JOHNSTON
1908

ARTHUR D.
BLACK
1909

E. H.
ALLEN
1910

DONALD M.
GALLIE
1911

C. C.
CORBETT
1912

J. F. F.
WALTZ
1913

WM. H. G.
LOGAN
1914

J. M.
BARCUS
1915

J. P.
BUCKLEY
1916

H. L.
WHIPPLE
1917

J. E.
HINKINS
1918

L. B.
TORRENCE
1919

G. WALTER
DITTMAR
1920

JOHN P.
LUTHRINGER
1921

fostering selfish motives when it is so evident that mouth examinations, mouth hygiene teaching, and proper dental care given to children will prevent the train of so serious, dangerous and costly consequences.

Now comes the question: *What must we, as a profession do to prepare ourselves properly to meet the demands which will be made of us?* As I view it, there are a number of things which must be done conjointly with the enactment of the desired law above mentioned. The first of these is to *standardize oral hygiene teaching in our dental colleges*. That should really be done thruout the entire nation. Some competent authority should be delegated to write and have properly illustrated a text book on the "Care of the Teeth and Mouth." This should be done under the direction of the Oral Hygiene Committee of the National Dental Association. *Second*, this text book should be adopted by the American Institute of Dental Teachers and used in every dental college in America. *Third*, a bill providing for the educating and licensing of dental hygienists who shall be so educated that they will be well qualified to properly examine and clean teeth, and to teach individuals how to practice oral hygiene. Such dental hygienists should be placed in the various public and private institutions that are approved by the Department of Registration and Education. Their activities in these institutions should, of course, be supervised by licensed dentists, or a commission which includes a licensed dentist so that proper service will be rendered.

A number of states now have laws, licensing dental hygienists—viz; New York, Massachusetts, Connecticut, Oklahoma, Michigan, Minnesota and Colorado. And there may be others.

Another potent agency, it seems to me, which our Public Service Commission should interest in this cause, is the office of the Superintendent of Public Instruction. Thru that office let there be in-

stituted a campaign to instruct the public school teachers. This could be done at teachers' institutes and teachers' meetings by supplying literature and lecturers on mouth hygiene. Every teacher in the state should be instructed in the details of mouth hygiene and compelled to give the subject attention in the classroom. This would have a wholesome influence on the children. The placing of a lesson in each public school reader—very simple and plain in the first reader, and more advanced in each succeeding year—would aid in keeping the subject before the child and with supplementary instruction given by the teacher, and occasionally by a dental hygienist or dentist, the child would be so impressed that he would intelligently practice mouth hygiene.

The younger the child who is taught how properly to clean his teeth, who unfailingly and systematically cleanses his teeth, the less harm will result to the teeth, to the surrounding tissues, and to the child's general health.

A logical campaign of action for caring for children under school age as well as for those of school age was presented in a report prepared by the Public Service Commission of the Chicago Dental Society, and submitted to the Committee on Health of the Chicago Board of Education:

The report bearing date of April 21, 1919: Said commission consisted of Drs. Thomas L. Gilmer, Truman W. Brophy, C. N. Johnson, Arthur D. Black, and James P. Smith, chairman. While the report deals in a thoro and exhaustive manner with the needs of dental care for the children of this city and surrounding country, pointing out a plan of procedure and giving consideration to the probable financial requirements, it is the method that was recommended for the care of these children that I desire to submit, viz:

For children under six years of age:

Thru the cooperation of the Child Welfare and other social service agen-

cies of Cook County, and the Public Service Commission of the Chicago Dental Society, every organization in contact with children under six years of age to be utilized in a campaign of education and direct instruction in mouth hygiene.

1. By the establishment of pre-school health centers, in every-day nursery, community center, etc. Dental hygienists should examine and clean the teeth of the children, teach mouth hygiene, give toothbrush drills, etc. Reparative dental service should also be arranged for.

2. By the liberal use of educational literature, to inform parents of the importance of care of the temporary teeth, and to urge that mouths be examined by practicing dentists or dentists at day nurseries.

3. By distributing similar literature to children in the public schools to be taken home so that mothers of younger children will be reached. Money so expended will result in much economy in the care of the mouths of these children after they enter public schools.

4. By public lectures in community centers and public schools, these to be part of a general scheme of health lectures.

SECOND.

For children in the public and parochial schools.

(a) *Prevention.*

1. Thoro examination of the mouths of all the children at least twice a year.

2. Cleaning the teeth of all the children by dental hygienists at least twice a year.

3. Require each child to have a toothbrush. Supply brushes free to all who cannot buy them.

4. Toothbrush drills and short talks by dental hygienists.

5. Distribution of literature for education of children and their parents relative to the importance of proper care of

the teeth and the consequences of lack of care.

6. Public lectures to both children and parents in the school buildings, these to be a part of the general scheme of health lectures.

(b) *Dental Care.*

1. Memoranda to parents of services needed, urging treatment.

2. Classification of dispensary and non-dispensary cases.

3. Free dental service for those who cannot afford to pay.

THIRD.

For Rural Schools in Cook County.

Same provisions as for Chicago schools; the dental service being given by an automobile dispensary. Regular dental clinics should be established in the health centers conducted by the Public health division of the County Bureau of Social Service. Dentists in these districts should, for a time at lease, give gratuitous service in cooperation with the service contributed by physicians.

FOURTH.

Statistics.

1. A scheme of records should be worked out by which the dental examinations and records would become a part of the medical examinations and records of the child and yet keep a separate (duplicate) record for use by the Dental Service.

2. The scheme should provide for a record of each child in mouth hygiene (to be entered on the regular scholastic report card if practicable); also of the mouth condition each year, and the treatment, all in such form as could be tabulated with reference to the child's general, medical, scholastic and attendance record.

This, it would seem, is a well-digested plan, and it is earnestly hoped it will be adopted. It also suggests a working basis for the smaller cities and towns and

rural districts whose needs are more urgent than are those of the larger cities.

Results which have been obtained in numerous experiments made in the public schools thruout several of the states of this nation, the most notable of which are those conducted in the schools of Cleveland, Ohio, by Dr. W. S. Ebersole; and in the schools of Bridgeport, Conn., by Dr. A. C. Fones, where the improved health conditions and decided advance in scholarship made by groups of children that had received proper dental care compared with similar groups of children that had not been so cared for, convincingly demonstrated the fundamental importance of oral hygiene as a decided economic, as well as a public health measure.

May I, therefore, urge that the organized dental profession of this state be a unit in supporting legislation which will create properly educated and licensed dental hygienists that may be employed by the authorities of schools, hospitals and other institutions, whether public or private, which are approved by the Department of Registration and Education? Also create and maintain free dental inspection of the children in the public schools in this state along lines similar to House Bill No. 323 enacted recently by the state of Kansas?

In addition to this, there are other sorely needed amendments to our dental law. In fact, an entirely new Dental Practice Act should be enacted. It will be impossible in this address to point out what, in my opinion, should be done regarding the details of a new dental law. There are, however, several fundamental matters which our profession should carefully study and for which they should finally prepare a remedy.

In 1917 Governor Frank O. Lowden succeeded in having enacted "The Civil Administrative Code of the State of Illinois." This instrument is conceded to be a masterpiece in the administration of state government.

It simplified and made more efficient

the state's numerous governmental activities.

It also made it more economical for the state to administer its laws.

Over one hundred unrelated and more or less "independent" state agencies were centered into nine departments of state government, viz:

The Department of Finance.

The Department of Agriculture.

The Department of Labor.

The Department of Mines and Minerals.

The Department of Public Welfare.

The Department of Public Health, and

The Department of Registration and Education.

It is the latter department which concerns, more in particular, our profession, for the department of Registration and Education administers the laws of all the "regulated" professions, trades and occupations; it is vested, subject to the provisions of the "Code," to exercise the "rights, powers and duties," previously vested by law in the Board of Education of the State of Illinois, the Board of Trustees of the various State Normal Schools, the State Boards of the several "regulated" profession, trades and occupations, and numerous other activities as enumerated in section 58 of the "Code."

Its enactment consequently voided several whole sections and parts of other sections of our dental law, and though it provided in general terms for the administration of laws and rules affecting our profession, in the same manner that it provided for the other professions, trades and occupations "regulated," it has left it to the professions, trades and occupations, the several laws of which are devolved upon the department for administration, to so amend and amplify their several laws, that these professions, trades and occupations will be properly regulated and the people of this commonwealth sufficiently safeguarded.

The "Code" in its phraseology providing for the administration of the laws of twelve widely different professions,

trades and occupations, necessarily had to be general in its application—it could not well be otherwise.

Quoting from the report of Attorney General Edward J. Brundage to Governor Lowden, 1917-18, with reference to the Civil Administrative Code, the Attorney General says, "altho an important piece of legislation, it is of necessity of a very general nature, conferring broad powers upon the newly created departments. By reason of the very nature of these powers and from the fact that the newly created departments were required to develop novel organizations, it early became evident that the law pertaining to each department should be ascertained and compiled."

There can be no question but that the members of our profession should carefully study the present needs of dentistry and dental education and that the Committee on Legislation from this organization, should draft a comprehensive and equitable bill and present it to the next legislature.

Regarding our coming constitutional convention, permit me to point out that Illinois, whose population has grown from forty thousand when she was admitted to statehood in 1818, to over seven and a quarter millions, when she celebrated her centennial, and whose recent census we are safe to assume will report over eight million people, Illinois, who has again forged ahead and now stands in the lead of her sister states in farming and general manufacture, who ranks as first with New York, Pennsylvania, and Massachusetts in education, and who takes second place in the Union in trade and commerce, Illinois, whose achievements in the various educational, industrial, agricultural, commercial and political activities, has produced the second largest city in the United States, whose rapid growth has gotten far beyond the provisions of our state constitution enacted in 1870, has happily provided for a constitutional convention.

The convention drafting the provi-

sions for a new constitution is now in session.

Every citizen of this state should take a deep interest in the forthcoming new constitution, and we, as professional men and women, should thoroly inform ourselves that we may intelligently discuss this new and important instrument when it is submitted to the voters of this state.

In closing, permit me to express my sincere appreciation to the officers, committees and councillors who have so earnestly labored for the welfare of this society during the past year. This society thru its component organizations—27 in number—each holding from two to nine meetings during the past year, or to be more exact, the "down-state" organizations held 99 meetings with a gross attendance of approximately 3000 dentists and our largest component, the Chicago Dental Society with its five branch societies held 37 meetings with a gross attendance of 5170 dentists—a total of 136 dental meetings with a gross attendance of 8170, exclusive of our annual big meeting. This speaks well for dental activities in Illinois.

It has been a remarkably pleasant year—the executive council and various committees all working harmoniously with the executive officers for the welfare of the society. The various committees will, during the meeting, submit their reports, all of which will merit your close attention. I desire to call special attention to the following reports.

The Committee on Legislation, which will report its activities with the last legislature and the result of those activities; the Committee on Law, which will present a plan for indemnity insurance of our membership, which on the surface appears to be a most excellent plan and the Public Service Commission, which has lent its energies to further what I believe to be the most important task, we, as a profession, must face—viz; effective mouth hygiene, teaching and practice.

Our secretary, Dr. Luthringer, de-

serves the highest appreciation, and thanks of each member of this organization. No official was ever more loyal, active or sincere. He has been ever watchful of the society's best interest, and anxious to do everything possible for its advancement.

In conclusion, I desire also sincerely to thank the membership for electing me to the highest office in this society, an honor which I keenly appreciate. I trust that you and each one of our guests will thoroly enjoy what has been prepared for you by the program and clinic committees, and also by the committee on local arrangements.

Our guests—I wish to assure you that not only will you be warmly welcomed to attend our annual meeting each year, but you will also be welcome at any of the meetings of our numerous active component societies whenever it chances to meet your convenience to attend. (Applause.)

DISCUSSION.

C. N. Johnson, Chicago.

In speaking of the probable prevention of dental caries, the president made the statement that we might look at sometime for a serum that will prevent dental decay. That is very devoutly to be wished. I remember discussing this many years ago with the late Dr. G. V. Black. I had written an editorial on it in 1894, and I made the statement then that the time might come when we could use vaccination for the prevention of dental caries just as we were vaccinating for the prevention of smallpox. I was held up to some ridicule at the time, but I felt much better when Dr. Black took me to one side and said: "My boy, you are not so much astray after all; that time may come."

We are not much nearer to that consummation than we were in those days. Even if we were, we would not prevent dental diseases at once. Suppose tomorrow a serum should be invented that would actually stop dental decay, it

would take a long time to get the profession generally and the public conversant with it, and it would take a longer time to bring it into practical use. And so today we cannot count much on anything of that kind in order to meet the situation as it confronts us. The most tangible thing we have to work upon is the subject of oral prophylaxis, and I am glad the Chairman of the Program Committee has made that a prominent feature of the different sessions that will be held. It is the significant question today—the question of oral hygiene.

In this movement it seems to me the greatest thing that we have to think about is not so much the filling of teeth of these poor children and of curing disease as it is their education toward those means by which these diseases may be prevented. We cannot hope by our own intervention to prevent these diseases, but we can educate the people so that they can prevent them, and we can accomplish definite results as illustrated in various communities.

Last May I visited Boston and the Forsyth Dental Infirmary. I was very much impressed with what I saw there. I want to pay a tribute to the Forsyth Dental Infirmary and to the Rochester institution, and particularly to Mr. Eastman and to the Forsyths. In the Forsyth Infirmary I was greatly impressed with the wonderful equipment and the splendid care taken of the children, looking at all times to their comfort, and there was one thing which seemed to me more significant than any other and it was this: When I went to a little room down stairs there were two young ladies who had a line of children standing up and were putting them thru a toothbrush drill, and then taking these children one by one and making an inspection, and a report, and tabulating that report to see what attention had been given to the previous instruction. It was very gratifying to see one little child walk up and receive a badge of some kind; it was a

recognition of the fact that the child had listened to the instruction and had cared for her teeth. It is the education of the children so that they may, by their own efforts, accomplish this matter of prevention.

I am inclined to think in smaller communities greater advances may be made along these lines than we are able to do in these large communities. I have had some experience, and some of my friends have had more experience in the meeting of this situation in our own city. I think probably Dr. J. P. Smith can tell you something about that, but I am going to contrast what the Health Commissioner of the City of Chicago said this morning with something that has happened in another community I am familiar with.

Away down in the South Seas there are two islands which are called New Zealand, in which there are about a million people, whereas, here in the City of Chicago we have more than two million. In New Zealand the state takes charge of the teeth of the children up to a certain age. Our friend, Colonel Rishworth, of Auckland, New Zealand, was passing thru from Europe to his home a year ago, and he stated that his plan was to go before Parliament and request an appropriation to this end, that the state should take care of the teeth of the children up to a certain age, regardless of the financial standing of the parents. He said that the state should hire dentists and hold them responsible for the condition of the teeth of the children.

I received a letter from him a short time ago in which he tells me that has been accomplished, and the state is going to see that the teeth of the children of New Zealand are kept in good condition till such time as they have learned how to care for them and to go to their own dentists. This is the most significant thing that has happened in connection with the movement of oral hygiene. It was suggested to Colonel Rishworth that they might appropriate \$200,000.00 a year. He said to me: "I am not going

to listen to that; that won't be enough; the smallest appropriation should be half a million dollars," and he writes me that the work is now under way. (Applause.)

We listened a few moments ago to the Health Commissioner of the City of Chicago, which has over two million and a half of people. The City Council, he told us, is in session today and it has conceded to appropriate \$5,000.00 for dental service. I was never so ashamed of the City of Chicago as I am at this moment. If it had not been for the generosity of the private citizens of Chicago, dental hygiene would not have been introduced in the public schools here.

The President made a statement which has pleased me very much in regard to legislation for which the Illinois State Dental Society has asked. Regarding any legislation we have gone to Springfield about, we have always had a respectful hearing. There is a good reason for that. We have never asked for legislation for ourselves as a profession. If any legislation of that kind should be introduced I would be opposed to it myself. We do not need legislation, but the people of this state need it to protect them against dental abuses. We need the best kind of legislation in connection with the Dental Practice Act. I believe we must have a new law, and when we formulate a law that is equitable, that has for its purpose the welfare of the people of the state, I do not believe we will have any trouble in passing it.

I second what the President has said in regard to the new state constitution. Every member of the dental profession should study it when it comes out. We in the past have held ourselves too much aloof from public affairs. This new constitution will mean much to every individual citizen of Illinois. As intelligent men, we must know something about it. We may be able to do some good, and to make some suggestions.

I want to utter a cordial word of welcome, in addition to what the health

commission of the city of Chicago has said, to those who have come here from long distances. We feel complimented. We feel they have sacrificed time and convenience, and we want them to know that we, of Illinois and of Chicago, are glad to have them with us. We hope they will enjoy themselves, and that we may be of service to them while here. We hope they will feel in attending the sessions of the Illinois State Dental Society that they are among their friends. (Applause.)

Arthur D. Black, Chicago.

I am sure that everyone who heard the address of our President this morning has a broader vision of the duties of dentists than he had before. There has been intermingled with the problems in which we are most directly interested, these other problems of civic duty which are so closely related, that we must perforce be interested and be active along both the professional and civic lines suggested in this splendid address.

Whenever the question of public education as a means of promoting hygiene is presented, my thoughts always go back to the announcement of the Forsyth memorial in Boston at the time of its opening. While we have heard of this institution as being one that was erected to take care of the teeth of the poor children of Boston, we probably have not realized, as we should, the real object of that institution as mentioned in its announcement. It is specifically stated there that the principal object of the Forsyth memorial is not to take care of the teeth of the poor children of Boston, but to promote education in preventive dentistry; and not only to promote that education, but to eventually make it the duty of the state and of the nation to see that its children come to manhood and womanhood with healthy bodies, just as much as it is the duty of the state to see that its children are properly educated. And that is the problem before us today in this address.

We should keep distinctly separate two problems in the larger question of dentistry in our public schools. One is the problem of preventive dentistry, and the other the problem of reparative dentistry. I think we must all agree, notwithstanding the magnificent effort which has been made, that reparative dentistry, as it has been applied to the public schools, has really been a failure, for the reason that we have never been able in any community, so far as I know, to get enough money or enough dentists to accomplish any real good so far as the whole group of children is concerned. We had, here in Chicago at one time, a maximum of fourteen dentists in service for 425,000 children in our schools. That is as far as we have ever gotten in Chicago with reparative dentistry in our schools. In some of the smaller cities the percentage has been better, but never enough. We must come to realize that our success in the handling of this problem depends upon the teaching of preventive dentistry. The man who has accomplished the most for this country in preventive dentistry is the one who is to address us tonight, Dr. Fones, of Bridgeport, Connecticut. I say that with all due respect to other efforts that have been made. After six years in the application of preventive dentistry in Bridgeport, he is going to tell us what has been accomplished, and he will probably present some figures which we can take back to our own communities to convince those who may appropriate funds of the possibilities and real value of this service. I know he has the figures with reference to the reduction of the death rate of certain communicable diseases among children for a period of six years. Dr. Fones will show you that, as a financial problem, it has paid well for the work that has been done in Bridgeport. That is the basis from which we must do our work here in Illinois. The chairman of the Chicago committee, of which Dr. Johnson and I are members, has done

more hard work for the advancement of these problems in the City of Chicago and State of Illinois than any other man of whom I know. I refer to Dr. J. P. Smith. (Applause.)

Dr. Dittmar referred to the program that has been laid out for Chicago. This program, as we presented it to the Health Committee of the Board of Education, suggested the expenditure of about \$400,000.00 a year. That money was not appropriated; we did not expect it to be. It will require several years of continuous effort to educate those in authority to the importance of this work. When a sufficient number are convinced, the money will be forthcoming. The problem is just as acute and just as important for cities outside of Chicago. Of course, we see more of it piled together in Chicago, but the problem is the same everywhere. I imagine many of us, in reading what has been written on the promotion of mouth hygiene, have become tired of seeing the same thing over and over again, and as we look around our own circle we do not see that much has been accomplished. That is the way of all such movements. It takes a long time in the matter of propaganda, in the matter of earnest work by a few men before any real action is apparent.

I might disagree with our President in his statement relative to the ease of passing the legislation which we need. I happened to be in Topeka, Kansas, at the time their dental legislation was passed, and I know of no harder fight that has been made by a group of professional men than was made in Kansas to get that mouth hygiene bill thru. I believe we will have just as hard a fight in the State of Illinois to get our bill thru. We will require the support of the members of this organization and of every man whom we can send to Springfield as our representatives and senators, and it will be a hard fight. That is the challenge we have before us today. Is the Illinois State Dental Society going

to take that challenge and do the work that is necessary to put it over? I think we will. (Applause.)

Alfred C. Fones.

I have found that practically all dentists, when they have a clear understanding of what dental hygienists when properly educated and trained in this work can do for humanity, become enthusiastic and will support any legislation that will bring about the results we are all working for. I find the opposition comes almost entirely thru a lack of understanding of what these women are to do. Preventive dentistry is a necessity for every human being in the state of Illinois and everyone should have access to it. There is not a dentist with a full practice who can comfortably provide preventive service for his patients—he must have help.

When I first became enthusiastic about the possibilities of prevention, in 1900, I found that it proved to be more than I could cope with in addition to my other work, and in 1904 I trained a woman to do prophylactic work. Since 1907 we have had dental hygienists in Connecticut and, as far as I know, there has never been a case of illegal practice. The law provides that her license may be revoked if she does not confine her services to the operations outlined in the law, and also the license of her employer for permitting illegal practice. There is little danger that women will overstep the line or attempt anything aside from the prescribed service. They are peculiarly adapted to this specialty. In fact, it would be impossible to train men for dental hygiene work and get them to stick to it for four months. A man would never be willing to limit himself to one specialty, while a woman is content to confine her energy and skill to this one form of treatment. She is apt to be conscientious and painstaking in her work, and with children especially, she is a natural teacher. In our municipal relief and

repair clinic, we have been unable to retain the interest of graduate dentists. They have felt that the clinic work for children was very monotonous because there was no crown and bridge or inlay work, or root fillings. They begin at a salary of \$1500 a year, but the field of service is so limited that it does not interest them. I know that our problems will be solved by women dental hygienists because women do not find a limited field monotonous, and they are especially conscientious and successful with children's work.

Dr. Johnson said that the City Council of Chicago only appropriated \$5,000.00 for health work. I worked four years to try to get \$5,000.00 from our Board of Apportionment to make a demonstration of an educational and preventive dental clinic in the schools and the reason I eventually got it was because the President of the Finance Board was a patient of mine, and had been having his teeth cleaned by a dental hygienist in my office. He was so enthusiastic over this preventive treatment that he agreed with me that it would be a good thing to have it for the children in the public schools. There was a personal experience. He had to be educated before he was willing to grant the money of the city to be expended for this purpose in the public schools. It is necessary first to educate public officials before you can get the money. After I got my first \$5,000.00 and made a demonstration, reports came in from the school teachers and principals that the results were highly satisfactory. This clinic was not a cinder

in the eye of the teaching force in the schools. The hygienists and their equipment were out of the way, and the children did not seem to mind the treatments. Their mouths were cleaned up, and the demonstration was a great success. The next year we were given \$10,000.00, and in subsequent years we were given \$15,000.00, \$20,000.00, and last year \$38,000.00. This year we were given \$42,000.00 so that we are spending about \$40,000.00 a year for preventive dentistry, due to the liberality of the Finance Board, and particularly to one of its members who was so thoroughly convinced of the value of the work after a practical demonstration. That is what you have to work for—the chance to get a wedge in, to show what this thing means, and if you can make demonstrations you will get money to carry on the work. You will not get \$400,000.00 from the City Council of Chicago for this work at once, for you must educate the people in power to give the money. That is the hardest work of all, but this movement is worth working hard for.

We have been all thru the fire of experience and I would not be interested in this movement for one minute if it were not based on the science of absolute truth and high professional ethics. We are going to have a fine lot of citizens in the State of Connecticut, with the cleanest and nicest mouths you ever saw, and I am devoting my life to that end. You can do it in Illinois or in any other state if you go at it from a preventive standpoint. You must have women to help you, dental hygienists who are highly educated in this work. (Applause.)