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RECRUITS FOR DENTISTRY*

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SINCE guidance, in all of its ramifications, is becoming such a complex science in itself, it exacts of the personnel deans and vocational directors an increasingly sympathetic and comprehensive understanding of the human aspects of the various fields as their scope has widened through the years. The historical findings in any one of the many vocations should be so exhaustive that the counsellor will be able to give a broader and more accurate interpretation of the factual information and scope of any particular field in which a student may manifest interest. Permit me to say here, that in some vocations too little stress has been placed upon the romantic appeal and human interest angle which the young mind seeks in culling out from the rest, his chosen field of endeavor. Let it be understood that I am not charging that this omission can be laid at the feet of those who have been responsible for student guidance. Much of it reflects upon the lack of educational foresight of those engaged in the vocations themselves in their failure to place the most attractive leads in the forefront. Whatever the diagnosis may be, it remains for you who are surrounded with greater facilities for guiding our youth to apply the remedy. This inadvertent oversight has proved a direct detriment in recruiting the ranks of some vocations, while in others, timely appeals have heightened the interest to such a marked degree that the scale has been tipped too far toward certain avenues of activity. For instance, there is no question of the popularity which teaching has enjoyed because of the close relationship of even the young child to his teacher and his familiarity with the rich tradition of hero-worship surrounding the teacher's station in life. As a result of these early impressions and close associations, the problem of the vocational director is not to seek recruits for the teaching profession but to redirect the interests of many of those who would never find places in this over-crowded field. In dentistry, on the other hand, there is need for some play upon the highlights, which lend intrigue and romance for our youth in this promising profession.

It is obvious that we in dentistry have failed to take advantage of the enchantment which certain types of historical facts lend in stimu-

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lating a general appeal. While it is now common knowledge that the practice of dentistry dates back to the Egyptians, centuries before Christ, how much more interesting is it to recount that many years before the Christian era the wearing of artificial dentures, made of ivory, bone, wood, and stone, bound together by gold or silver bands, was not at all uncommon. This has been revealed by the many exhumed Roman mummies buried six hundred years before Christ. The mysticism which once surrounded the treatment of common toothache is as fascinating to read as the Oriental folklore of the Arabian Nights. Just imagine, with me if you please, a patient writhing in pain from an abscessed tooth, let us say, while the doctor "cured" it by the simple process of touching the tooth with a finger which has been dipped in some "rare or mysterious liquid," or by the signing with the Cross. Then, there were those, still more clever, who cured the most inveterate toothaches by cauterizing the ear with a red hot iron. And the "cleverest" of these was that dental magician who described, with meticulous precision, the exact size of the iron and the point at which it should penetrate the ear to assure "perfect results"! It is also fascinating to the investigative young mind to know that from behind this veil of mysticism and quackery of the ancients many sound and scientific principles of present day dental practice have been transmitted down through the ages by the Egyptians, the Etruscans, the Greeks, and the Romans. Again, as we pass on to still more engaging circumstances leading up to the modernization of dental practice, it is surprising to know that in the sixteenth century in France, barbers were actually licensed to practice dentistry. This was done to the consternation of the general surgeons who were struggling valiantly to emancipate dentistry from the quacks and charlatans of the time. But before these early and medieval struggles in the Old World were productive of tangible results, the first dental school in the world was established in Baltimore, Maryland in 1840 which presaged the modern trends in dentistry as we know them today. Thus it should be impressed upon the mind of students in their consideration of dentistry that America is not only the cradle of modern dentistry and dental education but that it also leads the world in modern dental practices. These historical citations are made merely to emphasize that there is so much of an alluring nature which has its appeal and value to the young mind in the formation of a fitting background for the full evaluation of dentistry as an improvement factor in the evolution of medical science.

But before we pass on from that which appeals purely to the imagination of youth who may be waiting at the crossroads for some intelligent advice upon which to base his decision as to the course he will take,

may I mention, with emphasis, a rather inaccurate and unfortunate psychology which has prevailed. The general opinion has been held, that pain and suffering are the ever present evils in the administration of dental care while by way of contrast, the relief of pain and the preservation of life are correlatives to the practice of medicine. What an ungrounded assumption! What a fallacy in creating such a contrast between the two kindred healing arts! What a tragic approach to the profession of Dentistry which is so closely allied to the health and happiness of the human race! Contrary to this fallacious psychology, student directors are in a key position to point out to those seeking a professional career that there is no part of the human body where pain has proved more frequent or more severe than in the mouth, that there is no one who is more frequently called upon to effect immediate relief of pain or to prevent hopeless suffering than the dentist, that it is agreed by all eminent scientists that most of the disease producing organisms find their portal of entry to the body through the mouth and that it is the practitioners vigilance and care that retards their onslaught, and, finally, that many of the general diseases, such as measles, syphilis, cancer, and others frequently lead to early diagnosis in the mouth by the dentist at a time when treatment will prove most effective. By the proper emphasis, such constructive human angles as these have often proved the decisive factors in determining an individuals choice of a career.

Since motivation, therefore, in many instances must be supplied by those whose duty it is to guide young men and women into useful vocations, it is more incumbent than ever upon the counselling officers to have a clear perspective and an inspirational conviction of the criteria which form a rational basis for the selection of any vocation.

The early objectives of the dental profession, especially as they apply to the Negro dentist, offer a splendid opportunity for an appeal to racial pride. The simple sincerity and earnestness with which the profession found its way into our racial group during the period of reconstruction remain basic objectives which should be instilled into the consciousness of every prospective dental student. The purpose of the favored slave, who worked around his master's office, was not merely that of rendering service to his domineering superior, but that of a heartfelt secret ambition to acquire all that he could of the then crude technics, even though sometimes by secretive means, in order that he might administer the same to his less fortunate people. And after his release from bondage, humanitarian interest, not economic design, remained paramount with him, for who would ever conceive of one's receiving any appreciable compensation for service rendered

to impoverished people. It is without question that, at that time, neither the recipient nor the one rendering the service realized the general value of dental health care. Surely the main objective then must have been most often that of the alleviation of pain but occasionally it was that of appeasing the desire for adornment in the mouth by the prolific display of "glittering gold." Though nearly a century has passed since the beginning of our activity in the field of dentistry and though, the scientific growth in the profession has rendered us far removed from the primitive practices, the objective of rendering unstinted service to others remains constant.

In this connection, we are concerned with the special aptitudes and personal characteristics of the prospective dental student. What is the type of material desired for recruiting the ranks of the profession? This is an issue of paramount importance because well within the memory of even the younger deans here, dentistry was regarded as a mechanical art, essentially, and little emphasis was laid upon the cultural or scientific requirements for entrance into dental schools. The curricula of dental schools themselves, were not exactly ideal. Indeed, many elders in the field have said, "In my day in the dental school, I have seen many students come with the purpose of entering medicine, and when it was found that they were mechanically inclined, they were advised to study dentistry instead." Others have related how, in the same classes with medical students, a professor might call upon a dental student for recitation and, finding him unprepared, would make such a remark as, "you need not know that,—you are a dental student." It seems marvelous that, in spite of these conditions, the dentist has been able at all times to do such constructive work and become so great an asset to the health and social uplift of his community. But the day when all stress was laid upon digital dexterity and mechanical skills alone, is past; and with our broader knowledge of focal infection through which Billings and Rosenow have shown that diseases beginning in the mouth may be carried through the circulation to any point in the body, and, with our realization also that all professional groups should take leading roles in community projects, the emphasis is now placed upon an extensive preparation in the biological sciences, together with a broad cultural background in the humanities and social science. A high percentage of students enrolled in the dental school at Howard University today, therefore, were admitted with baccalaureate degrees, and no one is considered for entrance who has not completed at least two years of work, including the sciences, in a college of liberal arts.

Nor have the predental requirements alone been stressed. In recent years the dental curriculum itself has been extensively enriched and

revised so that the student now learns, in a very real way, that dentistry is a profession dealing largely with human biology and these sciences are of first ranking importance. If I may be pardoned for another reference to Howard University, with which I am most intimately related, I should like to point out that for the first two years in the School of Medicine, the medical and dental students pursue the same basic courses in Anatomy, biochemistry, physiology, bacteriology, and the like, under the same teachers, in the same classes, and in the same manner. The fact is, they are all students of the aforementioned courses and the terms medical or dental do not apply. The reason for this program is obvious. Since all disease process is essentially the same, the dentist and the physician are both expected to diagnose and treat human ills in the same way, and by similar if not identical processes. Therefore, the gap which previously existed between the quality and extent of preparation for the two professions has narrowed rapidly to the point that it has practically disappeared.

As a result of the extensive academic requirements, which have been levelled during the past two decades, the need for guidance, to direct a higher calibre of student to dentistry, has become more manifest. There is no doubt but that the mortality of freshmen students, which has occurred among our racial group in recent years, can be attributed in a large measure to the increased load placed upon them, as a result of the raising of standards. With the normal expense of dental education today, both to the student and to the school, it is only fair that thoughtful guidance and careful selections of recruits be made in order to curtail this useless expenditure of both time and money, to say nothing of the psychological effects which such maladjustments have upon the failing student's ambition.

But it is not enough to consider recruits purely upon the basis of academic skills and extensive achievement. There is the matter of personal traits which determines one's fitness for a specific career. Though it is neither possible nor imperative to enter into a detailed character analysis of the most desirable candidates for dentistry, there are one or two observations which are too often brushed aside as trivial but which, our experience has taught, demand attention. Primarily, the prerequisites of pleasing personal habits, personal cleanliness, and pride cannot be minimized in a profession whose very service depends essentially upon the effectiveness of aseptic processes and sanitation in order to safeguard the patient's wellbeing. Though often in dental training, projects are designed to awaken a greater consciousness to the serious need for meticulous personal care on the part of the practitioner, there first must be a natural inclination in the

individual student to show a definite appreciation and desire for sanitary practices and proper personal appearance. Unless this emanates from within, too much by way of the training which he receives cannot be expected "to carry over" into his office after he enters into practice. Therefore, personal hygiene and tidy appearance are indispensable traits of prospectives.

Again, those who constitute the future practitioners in dentistry must need be those who invite and merit a definite professional confidence. The laity, by virtue of its limitations in oral health science, lacks an adequate basis of judgment by which to measure the efficiency and scope of the dentist's service. Patronage alone, represents a manifestation of faith—faith in the skills as well as the character of the individual upon whom the laymen must rely for conscientious and adequate treatment in the preservation of his health. Therefore, reliability must be a cardinal virtue of the prospective dentist who expects to reflect a full measure of credit to the profession.

Finally, ethical objectives should always prompt one in his ultimate decisions. I particularize in this instance because unfortunately those who will serve as dental recruits for several years hence have experienced the abnormal stress of the recent financial crisis. Consequently, in the light of these impressions upon the immature mind, there is danger of the young college student being possessed with the gripping fear of economic failure in the future work of his choice. With such a spectre ever present before him, it is necessary to fortify our youth against the distorted ideals of an unethical outlook in life. If a young man or woman embarks upon the practice of dentistry simply with the desire for social prestige, a promise of reasonable economic security, and the empty satisfaction of bearing the trademark that a professional title alone might give, he is lacking not only in the integrity of purpose which the profession has a right to exact of its recruits, but he "has sold his birthright" for the mere superficial. And though he may get all he seeks in selfish gain, the profession and those for whom it is intended pay and pay heavily. Therefore, it is with great gratitude that we have found, through the channels of guidance, a bulwark to stem the tide of such unethical purposes.

Much time has been devoted to an analysis of the profession's standards of judgment in evaluating the type of its future personnel. It is only fair, then, that the student, seeking an intelligent understanding of what the profession has to offer him in turn, might ask; Is the field of Dentistry over-crowded? What are the opportunities for effective service? What is the social and economic status of the dentist? What future does the profession hold?

According to the most recent official census, there are 1,773 Negro dentists in the United States or one for each 6,707 of Negro population. When it is considered that the profession of dentistry among the white group is rated as being short of the needed number of practitioners, with one dentist to each 1,700 of white population, the tremendous deficiency in the ranks of Negro dental practitioners looms in brazen clearness. Even in the North, where more than half of the Negro dentists have located to serve less than a third of the Negro population, there are numerous communities with comparatively large Negro populations which have no Negro dentist at all. In Michigan, there is only one Negro dentist to each 3,389 of Negro population, and it goes without saying that most of the Negro dentists of Michigan practice in Detroit, hence, there are many virgin areas in that State. In Kansas, the ratio is one to 4,739 and in Ohio it is one to 3,222. Similar tabulations for nearly every state in the North might be made, with the revelation that only such metropolises as Chicago, Philadelphia, New York, and Detroit show any signs of being reasonably well-supplied with Negro dental practitioners. But even in these thickly settled centers, it has been pointed out frequently by eminent members of the profession that there is yet a great need for the reenforcement in the ranks of Negro dentists,—that the apparent over-crowding, suggested by the failures in practice, is due to the lack of individual adjustment and professional enterprise. But, for the critical who would say that he considered Washington, D.C., to be well-supplied with one Negro dentist for each 1,834 of Negro population, may the belief be recorded here that there is not another city in the South which has an adequate number of Negro dentists to minister even to the needs of those who desire and can afford dental care; and, as for the smaller cities and rural sections, instances are numerous throughout the South where not even an itinerant or visiting dentist is to be found. West Virginia, with one Negro dentist for each 5,222 of Negro population, represents an unsatisfactory condition of the South at its best; while Mississippi, with one Negro dentist for each 34,818 of Negro population, reveals the situation at the other extreme. Between these two extremes, the southern states form a series of variable ratios, with Virginia having only one Negro dentist to 10,320 of Negro population. The citation of these figures, alone, reflects the vast need for more Negro dentists and points to the opportunities awaiting the newcomer in the field.

It has often been alleged that the reason for the higher percentage of Negro dentists locating in the North, where the smaller number of the Negro population dwells, is because of the unfavorable social and

economic conditions of the South. Of the former, there can be little doubt, for it is generally well-known that the educational facilities are better in the North (especially as this applies to rural areas), and it is also realized that Negroes receive greater protection at the hands of the law in the North. But in the absence of any reliable study, may it be said that it appears, at least, that the Negro dentist of the South has enjoyed as great a measure of economic security and high standard of living as any other professional class either in the North or South. However, there is danger, especially for our youth, in placing too much emphasis on matters of lesser importance in choosing a career. The foundation of dentistry was built on the desire to minister to the health needs of mankind, and, if the profession is to fulfill its duty, it will carry its services wherever the need is great.

I always feel apologetic in the play upon the term Negro which is necessary in discussing opportunities for our young people in dentistry. Immediately, one becomes conscious of the danger of throwing up a partition of discrimination which differentiates between the calibre of preparation and practice of the Negro dentist and white dentist. There is no such thing as a double standard of efficiency; nor is there a dental education especially designed for the Negro. It follows, then, that neither can there be any double standards in the qualification of our youth as recruits for future dental service.

I regret that I have not had the pleasure of speaking to each of you personally since last fall when Dr. Madison and I returned from our most enjoyable and beneficial visit to twenty-three of our schools throughout the South and Southwest. It is fitting, therefore, that I take this occasion to commend, most highly, your thoroughgoing and unique programs in vocational research and guidance being fostered by you in many of the institutions we were fortunate to visit. Our observations proved not only beneficial to us, but their good has enhanced and stimulated, to a marked degree, the guidance project which we launched upon in the College of Dentistry of Howard University.

**Make All Roads Lead To Washington, D. C., August 10, 11, 12, 13;
National Dental Association.**