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Social Consciousness in Dental Education - Editorial

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The Dentoscope

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EDITORIAL SECTION

SOCIAL CONSCIOUSNESS IN DENTAL EDUCATION

By Joseph H. Nicolson, D.D.S.

THE writer of this article willingly accepted the invitation to make a brief contribution to *The Dentoscope* with the feeling that this was an opportunity to organize his reflections on the relationships of dentistry to the social order.

The question was examined in the light of the often repeated dictum that the struggle of man to rid himself of disease is an accurate mirror of civilization.

On attempting to resolve the problem as a whole, certain contradictions became apparent; but upon careful analysis it was found that the question could only be clarified by dividing it first into two parts — namely, Dental Education and Dental Practice — which, though necessarily closely related, present peculiarities requiring separate treatment.

It was discovered that Dental Education had, within a short time after its organization as an individualistic enterprise, taken a turn towards definitely social ends which are now rapidly approaching consummation, while, on the other hand, dental practice, on the whole, has followed the general patterns of capitalist society with individual achievement and the profit motive as prime objectives.

To treat these two aspects of the subject, even in the most sketchy manner, would far exceed the limits of space intended in this presentation. It was therefore decided to take up the phase of organized dental education at this time, reserving the practice of dentistry for subsequent attention.

Since modern dentistry has had its outstanding growth in North America, particularly in the United States, the discussion will be focused on the domestic arena.

Up to a century ago dental education was true to the image of a dominantly agrarian society as then existed. Such knowledge of the art as there was, had been handed down in the traditional manner as private property, jealously guarded by its possessors to be imparted, to those who would acquire it, for monetary or other considerations under a system of apprenticeship as prevailed in other crafts.

In 1840 the first legally chartered college of dentistry was founded in Baltimore, and soon thereafter similar institutions sprang up in Cincinnati and Philadelphia. This was the era of free enterprise, and under the urge for personal gain there was a rapid spread of privately owned and operated dental colleges over the land. This movement became so rapid that over a period of twenty years twenty-eight dental colleges were chartered in Chicago alone.

In 1867 the first university dental school was established at Harvard. Then other universities began to fall in line in the promotion of the development of the infant profession. The consequence of the participation of the universities in dental education was that a conflict grew up between the university schools and the private dental colleges over standards and methods of education. Generally speaking the proprietary schools, being primarily interested in student enrollment and clinic fees, since these were the bases of their existence, placed the strongest emphasis on training in mechanical skill. The university schools, on the other hand, favored higher standards of education along literary and scientific lines, based on more or less altruistic motives. History was on the side of the university schools. The private schools have all been crowded off the stage or have been received into the fellowship and protection of other institutions under the pressure of social changes.

There were many circumstances that operated to the advantage of the universities in the struggle for the control of dental education. In the first place the founding fathers had recognized the necessity of placing educational facilities within the reach of all citizens as a means of nurturing their newly won democracy. And, as the hinterland became opened up to settlement and new territories came to statehood, a university was set up as a necessary and organic unit of the political and social structure with such provisions from the public resources as might be necessary for its sustenance. The doctrine that training in services pertaining to social well being is a matter of public concern was, therefore, but a natural corollary.

Secondly, with the rapid rise of industry and the concomitant capital expansion incident to the end of the Civil War and the exploitation of the western territories, there began to develop a new power within the state in the form of monopoly capital. Thus the revenues of vast fortunes found their way into the coffers of the universities for education and research in the fields of chemistry and the biological sciences. But though none of it was available

for the development of dentistry as such, its benefits did trickle down to dentistry through the medical departments of universities with which dental schools were associated.

Beginning in 1869 there occurred a series of developments that pointed the way to a vindication of the position of the university schools with respect to the necessity for placing dentistry on a sound scientific foundation.

In that year James Garretson published the first book on Oral Surgery, and being a surgeon with dental training he envisioned the development of oral surgery as a specialty of dentistry and succeeded in its integration as such against the opposition of his medical confreres. History has vindicated him in this endeavor.

In 1891 W. D. Miller published his research on the Bacteriology of the Mouth, in which the human mouth as a focus of infection was recognized. Miller's work on the etiology of dental caries was the forerunner of the formulation of the principle of extension for prevention in the treatment of dental decay made popular by G. V. Black.

The works of G. V. Black definitely established the necessity for specialized scientific knowledge as a pre-requisite to the proper treatment of lesions of the hard tissues of the teeth. He correlated bacteriology, histology and pathology to operative dentistry in such a way that the filling of cavities in teeth was definitely removed from the realm of empiricism.

Although there had been sporadic observations on the part of physicians as well as dentists, from pre-revolutionary times, as to the etiological relationship between diseases of the teeth and those of a grave systemic nature, it remained for Dr. William Hunter, a London surgeon, to crystallize these opinions in the mind of the professions, as well as the public, as it had never been done before. In 1910 he delivered his celebrated address on "The Role of Sepsis and Antisepsis in Medicine," at McGill University, in which "American Dentistry" received a savage castigation. Hunter's article received the widest publicity in the lay press as well as in the professional literature and sealed the fate of the proprietary dental colleges.

In 1921 Dr. William G. Gies, a chemist by profession and a member of the faculty of Columbia University, who was known to have a sympathetic interest in dental education, undertook a survey of the dental schools and dental education in the United States and Canada on behalf of the Carnegie Foundation for the Advancement of Teaching. This work occupied five years of painstaking labor and its results were published in 1926. The report revealed the

strong points as well as the weakness of dental education and indicated reforms whereby the profession might be enabled to meet its new social obligations as implied in the revelations of Hunter and others before him and subsequently. Dr. Gies recognized the social advantage of retaining dentistry as a separately organized profession, and not a part of medicine as others both within and without the profession had advocated, but he urged that it be raised to the level of the equivalent of an oral specialty of medicine. He was instrumental in bringing about the unification of several organizations interested, often at cross purposes, in the promotion of dental education, and in the affiliation with universities of the remaining proprietary dental colleges.

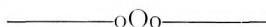
Dental education was now ready to take the initiative in doing a very significant job of housecleaning of its own with unprecedented unity of purpose.

At the annual meeting of the American Association of Dental Schools, which had evolved from the consolidation of pre-existing organizations as mentioned before, plans were discussed for the making of a searching study with a view to the engineering of a model curriculum for dental education based on the dental health needs of society. Upon request of the Association grants to the total of thirty thousand dollars were received from the Carnegie Foundation to help in defraying the expenses of the undertaking. After five years of intensive study in which every person playing any important part in dental education was given an opportunity to participate, the work was brought to a provisional conclusion with the publishing of a report entitled "A Course of Study in Dentistry, Report of the Curriculum Survey of the American Association of Dental Schools," in 1935, and was adopted by the Association as a tentative guide to teaching.

The work of the Curriculum Survey Committee of the American Association of Dental Schools has certain features that make it a unique endeavor in the history of professional education. Although the major part of the investigation and planning was in the hands of the men in leading positions in dental education, they proceeded in the most democratic fashion to enlist the technical aid of specialists in general education and the advice of leaders in the collateral field of medicine. They went further; by the use of questionnaires they solicited the opinions of a cross section of the public as to what may be considered an adequate dental health service and invited critical opinions as to available dental service.

With the adoption of the report of the Committee, the American Association of Dental Schools did not feel that any finality had been reached in formulating a code of dental education. The matter is now undergoing the acid test of experience, and modifications will of necessity be made to suit the peculiar needs of the several schools. No one can doubt, however, that inasmuch as it represents a conscious, scientific and democratic effort to rid the atmosphere of the confusions born of generations of conflicting aims, a new era of progress in dental education is at hand.

In summarizing the foregoing brief sketch of some of the important epochs in dental education over a period of a century, it may be stated confidently that in that period dental education has advanced from the position of a simple art to that of a well integrated social science, quite sensitive to the needs of humanity and adaptable to the changing circumstances of a modern civilization.



Your colleagues will be at the N. D. A. Convention a thousand strong. Meet them there.