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THE

Journal

OF THE

PHILIPPINE DENTAL ASSOCIATION

VOL. III • NUMBER 6

JUNE 1950

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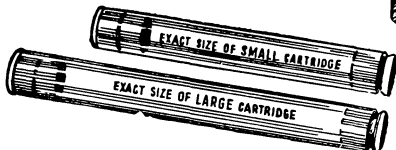
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Business Manager

THE HONOR OF LIFE MEMBERSHIP

In connection with the celebration of the 25th anniversary of the Philippine Dental Association which was held sometime last month, certificates of life membership were awarded to five of its members. The awards were made in compliance with a resolution approved unanimously by members of the organization during the business meeting of the general assembly in last October's convention.

To Drs. Antonio, Eraña, Ladao, Tecson, and Villa, first recipients of the awards, the Philippine Dental Association could not have made a better expression of appreciation for the long and fruitful service they have rendered to the organization and the profession. These men became members of the Association since the early days of its organization and they have remained loyal to the cause of organized dentistry since then. They have not only done their share as faithful members but they have likewise held positions of trust and responsibility in the Association.

They have served the profession well in their various lines. Practically all of them have been identified with dental education throughout their professional career. Their contribution to the profession will be remembered now and henceforward.

It is indeed very fortunate that the profession had been given the opportunity to honor these men while they are still living. As professionals, they had led exemplary lives in integrity, unselfishness, and devotion to duty—without being self-seeking of honor, fame or reward. As such they could serve as an inspiration to the other members of the profession and also to the young dental students.

MORALE-BOOSTER FOR THE DENTAL CORPS

It goes without saying that the approval this month by the President of two Army dental bills, H. Nos. 466 and 1160, has been a shot in the arm of the Army Dental Corps of the Philippines.

The first, now Republic Act 480, provides for an entrance rank of first lieutenant to army dentists, while the second, now Republic Act 481, grants autonomy to the Dental Corps in matters of administration and supervision.

The aim of attracting more of the brilliant men of the dental profession into the Dental Corps can be better achieved with the approval of H. No. 466. Furthermore, it assures a higher degree of promotion of officers, especially those holding key positions, in the Dental Corps now that the initial rank of army dentists is first lieutenant.

Since the creation of the Philippine Army under the Commonwealth regime until the early part of the establishment of the Republic, the entrance rank of dentists in the Dental Corps was first lieutenant. The reduction of this rank to second lieutenant with the passage of Republic Act 291 a few years ago proved to be very de-

(Continued on page 23)

THE PRESIDENT'S PAGE

Quarterly Financial Report

PHILIPPINE DENTAL ASSOCIATION

Manila, Philippines
ITEMIZED AUTHORIZED EXPENSES AS APPROVED BY THE BOARD OF TRUSTEES
INCURRED DURING MY ADMINISTRATION
1948 - 1949

| Check No. | Date. | Particulars | Amount |
|-------------------------|----------|--|------------|
| 270651-J | 11-11-48 | Pd. to Laconico and Sons for membership Certificates | P1,000.00 |
| 652-J | 11-19-49 | Pd. to Laconico for Letterheads | 96.00 |
| 653-J | 12-13-48 | General expense (Selecta) | 39.20 |
| 654-J | 1-22-49 | Amount advanced for the Journal | 200.00 |
| 655-J | 2- 5-49 | General expense (Carbungeo) | 39.90 |
| 656-J-(X) | 4-20-49 | Paid for part time bookkeeper | 100.00 |
| 657-J | 5- 3-49 | Dinner for Congressmen at the Manila Hotel (Working for the bill) | 62.70 |
| 658-J | | Luncheon for Congressmen at Carbungeo | 100.00 |
| 660-J | 5-18-49 | Advance to Dr. Bañez, business manager, for the Journal | 1,000.00 |
| 661-J-(XX) | 6- 8-49 | Victory banquet for Congressmen | 109.70 |
| 662-J | 7- 6-49 | Advance to Dr. Bañez, business manager, for the Journal | 2,800.00 |
| 663-J | 7-20-49 | Paid for wreath of Mrs. Liwanag | 10.00 |
| (664-J)-(XXX) | 8- 3-49 | Advance to Dr. Carreon for convention expenses | 2,500.00 |
| (665-J) | 9-17-49 | Total authorized expenses | 8,057.50 |
| NOTE-(X) | | Out of the P100.00 which was the amount of this check only P50.00 was paid to the part-time bookkeeper as salary. The remaining P50.00 was added to the petty cash on my possession. | |
| (XX) | | The total expenses for the Victory banquet for Congressmen at the Manila Hotel was P235.70. Out of this amount only P109.70 came from the General fund as evidenced by check No. 270661-J. The balance of P426.00 came from the pro-rata contribution of the members who attended the banquet. | |
| S U M M A R Y | | | |
| | | Balance of Cash in Bank on Oct. 24, 1949 | P 47.85 |
| | | Amount deposited on November 11, 1948 | 10,163.06 |
| | | Amount deposited on May 3, 1949 | 842.45 |
| | | Total amount in the Bank as of May | P11,053.36 |
| DEDUCT: | | Total authorized expenses | 8,057.50 |
| | | Balance in the Bank as of October, 1949 | 2,995.86 |
| | | (See Trial Balance) | |
| (Sgd.) CECILIA T. SISON | | (Sgd.) L. F. ANTONIO | |
| (Treasurer) | | President | |
| | | 1949-1949 | |

PHILIPPINE DENTAL ASSOCIATION

Manila, Philippines
ITEMIZED EXPENSES INCURRED AFTER THE CONVENTION TAKEN FROM THE BALANCE
OF THE MONEY LEFT FROM THE CONVENTION EXPENSES UP TO
OCTOBER 12, 1949

| PARTICULARS | | | |
|---------------|---|---|---------|
| Nov. 1, 1948 | — | Office Supplies | P 2.50 |
| Dec. 1, 1948 | — | Misc. general expenses | 23.80 |
| Dec. 3, 1948 | — | Wreath for Dr. Guirindola | 10.00 |
| Dec. 7, 1948 | — | Office Supplies | 2.50 |
| Dec. 27, 1948 | — | Fees for filing the By-Laws | 2.80 |
| Feb. 5, 1949 | — | Office Supplies | 2.50 |
| Mar. 14, 1949 | — | Trans. to Malacañan and to Finance Bldg. on official business | 3.00 |
| April 8, 1949 | — | Stamps | .30 |
| May 16, 1949 | — | Telegram sent to Dr. Maloles | 1.50 |
| June 8, 1949 | — | Telegram sent to Dr. Eraña | 10.17 |
| June 21, 1949 | — | Office Supplies | 2.50 |
| June 27, 1949 | — | Stationeries and Supplies | 7.00 |
| June 28, 1949 | — | Stamps | 2.00 |
| June 30, 1949 | — | Telegram sent to Dr. Rangel | 3.12 |
| July 1, 1949 | — | Air mailing and Stamps | 2.66 |
| July 4, 1949 | — | Office Supplies | 2.50 |
| Aug. 23, 1949 | — | Stamps | 1.20 |
| Sept. 6, 1949 | — | Trans. to and from Camp Murphy | 9.20 |
| | | Total expenses up to Oct. 12, 1949 | P 88.45 |
| | | (Sgd.) L. F. ANTONIO | |
| | | President | |

(Continued on page 31)

PHILIPPINE DENTAL ASSOCIATION
Manila, Philippines

June 12, 1950

His Excellency
The President of the Philippines
Malacañan Palace
M a n i l a

RE: HOUSE BILL NO. 766

S i r :

I have the honor to inform Your Excellency that the Philippine Dental Association is in favor of House Bill No. 766, and, therefore, strongly recommends the approval of said legislation for reasons which are summarized hereunder:

(1) CATEGORY OF EXAMINING BOARDS PLACED ON HIGHER PLANE.—With the approval of House Bill No. 766, the category of the 16 boards of examiners for the exercise of the different professions will be placed on a higher plane, the chairmen and members of said boards being appointees of the President of the Republic instead of the heads of four Departments as heretofore. This may have been one of the reasons why His Excellency approved last year Republic Act No. 382, making the members of the Veterinary Examining Board appointees of the President. Furthermore, it will establish uniformity in the appointment of the members of the examining boards.

(2) BOARDS OF EXAMINERS GIVEN WIDER LATITUDE OF INDEPENDENCE.—Under House Bill No. 766, the different boards of examiners assume greater independence than under the current set-up. There had been a number of cases on record where the Department heads exert undue influence on the boards of examiners under their respective departments with respect to the various powers and duties of the boards. Except in rare instances where the Department Secretary is also a member of the profession within the jurisdiction of a particular examining board, Department Secretaries are usually not qualified by training and academic background to have any knowledge on the profession in question. Interference with the actuations of the boards is therefore irregular and anomalous and usually gives rise to conflicts which in most cases result in the embarrassment of Department Secretaries concerned.

(3) GREATER EFFICIENCY AND LESS RED TAPE ASSURED.—With the consolidation of all the 16 boards of examiners under one central office within the administrative supervision of the Commissioner of Civil Service, greater efficiency and less red tape is assured. Instances are on record where the boards of examiners have already submitted the ratings of the candidates examined but release of said results is unnecessarily delayed by the Department heads concerned for reasons which at times are unexplained and may only give rise to unsavory speculations from the public.

(4) MAINTENANCE OF PROFESSIONAL AND TECHNICAL STANDARDS.—The powers given to the boards of examiners in shaping the ethical and technical standards of the professions will result in the improvement of the various professions. With the boards given also the power to prescribe collegiate curriculum, our Department of Education will be better guided and advised on present day trends in various aspects of professional education. Besides, said duty of the boards will raise the standard of qualification of the board members. Henceforth, the appointing power, in making appointments to the different boards, will also have to consider the experience and qualification of the prospective appointees on professional education.

(5) ENHANCEMENT OF STRONGLY ORGANIZED NATIONAL PROFESSIONAL ASSOCIATIONS.—With the provision of the law requiring the certification of prospective appointees to the different examining boards by their respective *bona fide* professional organizations, the country will benefit from well-organized professional associations and the public can be assured that those recommended for appointments to the different boards really possess the qualifications desired of examiners.

Very respectfully,
(Sgd.) GERMANICO A. CARREON
President

CANCER — A WORLD PROBLEM

By Elpidio Valencia, M.D.

It is my great honor and privilege to speak before you this afternoon. When your President, Dr. Eraña, extended to me the invitation, I felt so elated, for I know that you have here today an important group in the country—one that has just as important a role as the medical profession in the detection of cancer, especially cancer of the mouth. So, in your hands lie the hope of many a great number of people, for the early detection, and hence, the cure, of cancer. In distant barrios, towns and provinces, patients with slight pain in the mouth, or a toothache, run to their family dentists, instead of to the general medical practitioner. The early detection of cancer, and the subsequent survival from this dreadful disease, therefore rest on you.

Disease of Civilization

Cancer is one problem that no generation has completely solved and which still puzzles mankind. It is a very old disease which the Egyptians more than 3,000 years ago have described in some of their oldest records. Hippocrates, the "Father of Medicine", gave it a Greek name, which the Romans translated into the Latin word, CANCER, meaning a crab. Human beings of every age, of every race, and of every civilization have had and may have cancer.

Traitor Within

Picturesquely described as the "lawless traitor arising from within, not an external gangster striking from without", cancer needs some explaining. Apparently, it is not the usual kind of disease, caught from somebody or something else and coming into the body as a germ. It is not contagious nor communicable. Can-

cer is not inherited. Neither is it limited to human beings. It can happen to plant or insect, fish or fowl, reptile or mammal. That's because all species have one thing in common—they are made up of cells. CANCER is simply the uncontrolled growth of cells, in a wild, disorganized way.

The human body, for example, is a well-organized society of cells, and from the time that the fertilized egg-cell starts developing within the mother's womb, there is a law of life that regulates growth. One cell splits into two cells, which in turn divide to make four cells and as this goes on, various tissues and organs, each with a definite structure and use, develop. In nine months, when the baby is born, its body is made up of 200,000,000,000 cells and even the cells don't stop dividing. On the contrary, they continue until the child grows up. When adult size is reached, natural "brakes" are silently and effectively applied, and the cells stop dividing except to patch up wounds, replace cells that are worn-out, and otherwise keep the body in good repair.

This is what happens if everything goes as it should, but sometimes the natural brakes fail and cells get out of control and start dividing rapidly to no apparent purpose. Nobody is quite sure what causes this to happen, although chronic irritation or inflammation seems to have something to do with it in many cases. The rapidly growing abnormal cells are different enough from normal cells to be recognizable under a microscope. Soon there is a clump of cells living at the expense of the body, crowding other tissues and organs out of the space that rightfully belongs to them, taking the nourishment meant for other cells and contributing nothing.

Read at the monthly meeting of the Manila Dental Society at the Centro Escolar University, April 30, 1950.

²Tumor specialist and director, Manila Tumor Clinic.

Cancer—A World Problem—Valencia

Benign and Malignant Tumors

Sometimes, these clumps of cells grow slowly and in a limited area and when this happens, they are called benign tumors. Most fatty tumors and warts are benign. Benign tumors are harmful only when they press against other organs and interfere with their work. When the clump of cells in a given area invades surrounding tissues or spreads to other parts of the body, it is known as a malignant tumor or cancer. The danger of cancer is that it does not stop growing. And it not only infiltrates between normal cells, but destroys them.

Spread or Metastasis

Sometimes it spreads slowly, but what usually happens is that living bits of cancer are broken off and carried through the blood vessels and lymph channels to other parts of the body. This is called *metastasis*. Eventually these particles come to rest—say, in lymph nodes and tiny blood vessels—and there they start secondary growths. After extensive metastasis, and this can take place anywhere from a month to many years, depending upon the type of cancer and where it started, a cancer can't be cured by operation because by then, it is in vital organs and is too widespread to be removed completely.

When a cancer grows to such a size that blood vessels can't bring enough nourishment, parts of it deteriorate and produce toxic effects. Sometimes, the patients die of secondary infection. Or the cancer breaks through an artery and causes an internal hemorrhage. Or it interferes with some important function or obstructs some vital passageway. At any rate, it kills because it occurs in an organ of the body where the capacity to feed and contain such a cell population is limited. There can be just so much growth. After that, there is no place for it to go. A kind of housing problem develops, although it is not so much a congestion as it is, the body can not afford to feed and house such an undesirable tenant.

Exacting a toll of 175,000 lives annually in the United States and ranking second as the principal cause of death, exceeded only by heart disease, cancer has become a major problem of public health in the United States. One out of every 8 deaths is caused by cancer. Insidious in its onset and steady in its progress, an untreated cancer pursues its relentless course to a fatal termination. It is the absolute certainty of this course of events that renders this disease a tragedy unequalled by any other ailment that affects the body.

Jigsaw Puzzle

Why does cancer pick on some people and let others alone? That's the \$64 question that no one can answer. Here and there are some clues. But it's a little like finding a few scattered pieces of a jigsaw puzzle—pieces that don't fit together. You know that it is the same puzzle because the design on the back of each piece is the same—the long irritation which seems to have something to do with the development of many kinds of cancer. But the kind of irritation involved in the different types of cancer formation seems to vary. It may be a long time before doctors and scientists and statisticians can fit them all into the same picture.

There is evidence, for example, that physical injuries and some diseases of a chronic nature might cause cancer. Doctors warn against subjecting moles and warts to constant irritation such as rubbing belts or collars or razors. Dentists warn against rugged teeth and ill-fitting plates. There seems to be a connection between cancer of the tongue in men and cancer of the cervix in women who have long-time cases of syphilis.

No Single Cause

Just what all of these add up to, nobody is quite sure. Certainly most scientists now think that cancer results from no single cause, and that conditions responsible for it in one organ may bear no relation to conditions responsible in

another. In fact, some of the very things that are known to cause cancer in some instances cure it in others. As a good example—too much and prolonged radiation from X-ray can cause skin cancer and leukemia among radiologists who don't protect themselves while working with it, yet, *correctly used*, it is one of the chief weapons against the disease.

While the observed differences in cancer death rates as reported in various parts of the world are difficult of interpretation, there is somewhat a surer ground in respect of recorded difference in frequency of site-specific cancers. For example, in the United States, one registration area reports that death rate from cancer of the stomach in white females considerably exceeds the gastric cancer death rate for colored females. It can be reasoned that this is because in the study area, colored females are underprivileged, do not seek medical care so often as whites and do not get as good attention when they do seek it. Yet, if the same area reports that the death rate from cancer of the uterus is higher in colored females, the "too poor, too ignorant, too neglected" explanations will not stand.

Again, if two widely separated registration areas reporting general death rates and cancer death rates of the same order of magnitude, and have comparable medical services and literary, will report significantly different death or incidence rate for cancer of the same type, there is a finding of importance. An example of this is found in Clemensons comparison of the incidence of cancer of the stomach among males of Denmark and New York State. The rate of Denmark is 23% of all new cancer among the males, while corresponding figure for New York State was only 10%. It may not be unfair to say that site-specific rate differences have significance, regardless of the completeness or incompleteness of total registration. This report is not being dealt with the indeterminate factor of how many cases are unreported, but with known conditions within a series; and, if

this series is large enough, the data will be meaningful.

There are certain countries of the world, let us say, certain geographical areas of the world, where there are remarkably high rates for certain anatomical varieties of cancer. The predilection of cancer for particular organs or parts in such areas can, in a number of instances, be satisfactorily explained on a single cause—the effect basis, i.e., the formal genesis of cancer can be identified in habits of people, social customs, religious practices, occupation, endemic parasitic infections, climate and geological influences. Tumors resulting from such circumstances are often referred to as environmental, and undoubtedly known to the world of science.

The relation between cancer of the buccal mucosa and the other parts of the mouth and betel-chewing is adequately documented. The betel habit is widespread in some parts of India, Ceylon and the Philippines. In reported series including cancer of all types from southern India, Travancore, Madras and Ceylon, cancer of the buccal cavity accounts for 91%, 38%, 42% and 32%, respectively, of all cancer observed. While oral cancer is rare among white women, it accounts for 12% of all cancer in Filipino women so that the sex ratio of oral cancer among Filipinos is inverted among that found in white people in the Temperate Zone.

Cancer of the skin of the abdominal wall is seen fairly frequently in the shepherds of Kashmir in northern India, who keep warm by means of "Kangri" or an earthenware bowl contained in a basket-work and fastened to the abdomen; the bowl is filled with wood embers sprinkled with water to prevent combustion. Within 50 years, Neve noted more than 2,000 cases of such cases in Kashmir.

As early as 1775, cancer of the skin among chimney sweeps of England was shown to be related to their occupation. Something in the soot acts as an irritant to which their bodies were constantly ex-

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posed, brought about cancer. Pipe-smoker's cancer of the lip is also common among Englishmen.

A group of factory workers who were putting luminous paint on watch faces and pointed the ends of their brushes with their lips evidently swallowed enough radium so that small amounts lodged in their bones and gave them bone cancer. They all died of it.

It is universally accepted that at least one element of climate is involved in cancer: namely, sunlight. In the southwestern part of the United States and in Argentina, the rate of cancer of the skin among light colored inhabitants is significantly higher than in areas where longer winters forbid year round occupational and recreational exposure to the sun. Sailors and farmers have more cancer on their faces and necks and hands—the exposed part of their body—than other people. Negroes have less of it because their skin is able to filter out more of the ultra-violet radiation of the sunlight.

The practice of circumcision, rooted in Hebrew and Mohammedan dogma, has rendered Jews immune from cancer of the penis which accounts for 15% of all cancer in Chinese males and is almost as common in the Siamese. It is said also to be exceedingly rare among Mohammedans as they also practice circumcision. However, other data indicate that this form of cancer is more common among Mohammedans than among Jews, which if true, may be related to the older age at which the rite is performed among the Mohammedans. It would also be interesting to speculate that this aspect of orthodox ritual can be made to account for the well established low incidence of uterine cancer among Jewish females.

The epidemic parasitic infection as a formal cause of cancer is seen in primary cancer of the liver associated with helminthic infestation among inhabitants of oriental and tropical countries. Heuper has summarized the observations from numerous reliable sources and finds that

primary cancer of the liver is such more frequent in African Negroes, Asiatic Javanese and Chinese than among members of the white race living in tropical or moderate climate. This statement is supported by pointing out that 29% of 359 cancer in African Negroes, 50% of cancer of all Javanese and 30% of all cancer in Chinese have primary liver carcinoma whereas only 1% to 5% of all cancer among whites are primarily in this organ. Numerous investigators have also firmly established the relationship of schistosomiasis in vesical neoplasm so prevalent in Egypt, the Sudan, Morocco, Somaliland, Madagascar, Syria, Palestine and India. Other investigators associated the frequency of bladder cancer to Brillharziasis which is supported by data based on autopsy findings in persons dying from parasitic infections. In the United States, cancer of the bladder is about 2% to 3% of the cancer deaths.

Other investigators have shown that cancer of the thyroid is twenty times more frequent among Swiss than in goiter-free regions of the United States, a fact directly attributable to low iodine-content in the soil and water of Switzerland.

Some years ago, Hoffman compared the relative frequency of cancer of the stomach, liver and esophagus combined for thirteen countries. The relative mortality for cancer in these three sites was higher in Uruguay and Japan than in the United States and England, and further, the rate was twice as high in Switzerland, the Netherlands, and Norway as in the United States. It is improbable that the practice of medicine or accuracy of death certification is so superior in Uruguay, Japan, Norway, Holland and Switzerland as to account to all this disparity. The significance of these figures becomes greater when they are compared with the frequency of cancer of the skin covering eleven countries. The highest rates are found for the United States, Ireland, Australia and England with Japan, Uruguay, Holland and Switzerland being low.

These figures suggest two possibilities: first, in respect of diagnosis, Switzerland, Holland, Uruguay and Japan occupy unfavorable positions as regards accessible cancer, decidedly favorable ones as regards the apparent efficiency in the diagnosis of the inaccessible form of cancer of the stomach, liver and esophagus; and second, the observed differences are valid and indicate susceptibility to cancer of the skin and cancer of the stomach, liver and esophagus varies in the countries studied.

Studies were also made to the mortality rates of the two forms of cancer so common in women, namely cancer of the breast and cancer of the generative organs. The highest rate for cancer of the female generative organs in the group of countries mentioned here is shown to prevail in England, followed by the United States and Bavaria. The lowest rate occurred in Norway, Uruguay and Ireland. In the studies of cancer of the stomach, liver and esophagus, the rate for Norway was third highest, whereas in the last comparison, Norway is the lowest among the thirteen countries studied. The highest mortality rate for cancer of the female breast among the thirteen countries compared occurred in England, followed by Scotland, Ireland, Switzerland and the United States. The lowest rates were found in Japan, Uruguay, Cuba, Italy and Norway.

From the above studies, it is worth to notice that deaths from cancer of the female generative organs are recorded almost as often in Japan as in England, while deaths from cancer of the breast are recorded ten times as often in England as in Japan. Hoffman was led to the conclusion that the local variations in cancer frequency throughout the world rather than by faulty diagnosis or defective were primarily conditioned by local causes and methods of death registration.

An increase in the recorded death rate from cancer is general throughout the world, the basis of which is the study of cancer mortality in fifteen major coun-

tries of the world, observed in the last forty years.

Tracking it Down

Most general practitioners, and these are the doctors who treat the greatest proportion of the people, are too busy delivering babies, taking care of emergency cases, treating colds and other contagious diseases—to say nothing of tuberculosis, pneumonia, and other disease—to become cancer specialists.

Each one sees so little of cancer, and the first signs are so hard to see, that unless a patient has a specific complaint to be tracked down, it may be past over. A good many of the cases that come into a doctor's or a dentist's office are of such a nature that the doctor can not do anything about treating them himself and must pass them on to the specialist. The early detection of cancer therefore, is something in which the medical and dental profession alike have a great interest.

Diagnosis

Cancer is sometimes hard to find, and scarcely a week goes by in large hospitals of this country and in America, without the admission of a patient with advanced cancer, the early detection of which was missed in a previous examination, or probably by delay, ignorance or fear.

In the United States, the American Cancer Society a few years ago assembled a selected group of cancer specialists from all over the country to prepare a list which can be of aid in the early detection of cancer and which may ultimately lead to its effective treatment. The said group prepared the following "CANCER DANGER SIGNALS", which up to the present are being imparted to every American, from the big cities to the smallest farm town.

1. Watch for my persistent lumps or thickening, especially in the breast, lips, or tongue; about the neck, armpit or groin.
2. Look for any irregular bleeding or

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discharged from the nipple or any natural body opening.

3. Look for progressive changes in the color or size of a mole, wart or birth-mark.

4. Watch any sore that does not seem to be healing normally within ten days particularly about the tongue, mouth or lips.

5. Look for white patches inside the mouth or persistent white spots on the tongue.

6. Note persistent hoarseness, unexplained cough, or difficulty in swallowing that lasts more than two weeks; blood in the sputum.

7. Take note when a bone develops a swelling or is the seat of a boring pain that gets worse at night.

8. Note persistent and unexplained indigestion after eating or drinking, particularly if you are over forty and earlier, have had little distress for food, distaste for meat.

9. Note alternate periods of constipation and diarrhea with no particular change in diet to account for it; rectal bleeding.

10. Take note of pain and difficulty in urinating.

11. Watch for a sudden loss of weight.

12. Note unexplained feeling of fatigue.

When one of the above danger signals appear, your family doctor may be able to tell you what your trouble is right away. Probably it won't be cancer. On the other hand, he may have difficulty in diagnosing your particular ailment, for cancer is sometimes a difficult disease to identify. If he suspects that you have such a malignant tumor, he may send you to a specialist or to a clinic. If so, don't put off going. Remember that in cancer, every day's delay lessens your chances.

In the last analysis, cancer recognition depends upon the identification of cancer cells under the microscope, by a competent pathologist. Usually, this is done by making a biopsy. To accomplish this, it is necessary to get a sample of the tissue that is suspected of being malig-

nant. This is fairly easy to do when it is near a body opening or the body's surface especially in the mouth. But when the cancer is deep, as in the case of cancer in the lungs, it means putting a bronchoscope down the windpipe and into the lung and extracting a tiny specimen and in other cases it means actually cutting into the body. At any rate, the tissue obtained is then fixed and stained and examined under a microscope for cancer cells.

Treatment

One malignant cell missed in any treatment of cancer is enough to start the whole thing over again. That is why it is important to get this disease early while the growth is still small. In many cases, by the time cancer is discovered, it has gone too far, for cure. It may have moved in on a vital organ to such an extent that death with or without the removal of the organ is practically inevitable. But it is hopeful that many cancers once labeled "incurable" are now yielding to new techniques, and equipments of surgery, X-ray, and radium, the three accepted methods of treating cancer.

Surgery:—Recent advances in surgery, for example, are making it possible to get successfully at cases of cancer of the lung, stomach and the pancreas—cases that would have been given up a few years ago. Neuro-surgery, so delicate that it accomplishes the safe removal of the affected parts of the brain and nervous system, is often successful. Control over infection as a complication has, or course, been increased greatly by such drugs as penicillin, and the sulfonamides, and the advances in preoperative medication and anesthesia, had helped greatly.

X-Ray and Radium Treatment:—In many cases, the spread of cancer cells can be controlled even when local growths cannot be eradicated. Usually this is done by the use of X-ray and radium, both of which are so directed as to work by selective action—destroying cancer cells without destroying normal

cells. While we are fully aware that the powerful force of the X-rays can cause severe damage to tissue, nevertheless, in skilled hands, the remedy has conferred a great boon to humanity. It is maintained that it takes less radiation to kill actively-dividing cells than to kill resting cells, and cancer by its nature is composed of actively-dividing cells. However, it does not always turn out that way, because some cells resist radiation and go on growing unchecked.

Methods of radiation have been greatly improved in the past few years and this has added greatly to their effectiveness. The old-fashioned X-ray machine is giving way to new precision sets, and the old methods in implanting radium had been greatly modified and improved. Research in America today is also being concentrated on the use of radioactive substances, which is related to our present-day atomic bomb. Radium in all its forms had been used widely.

No Easy Cure

This is worth stressing again: Surgery, X-ray and radium are at present the only three accepted treatments for curing cancer. There is no easy way out—no salves, ointments, pills, needle injections, sweat-boxes or old herb treatments. The cancer field has a long, bad history of quacks, most of them working on the gullibility of people who do not want to face the fact that they might have cancer; or if they suspect they have it, do

not want the possibly long process of treatment it entails. Until then, trying a quack cure may result in postponing effective treatment, and then, it is too late.

As a matter of fact, cancer is one of the most curable of all major causes of deaths, if it is found at the beginning. It is encouraging that as a result of widespread educational campaigns and emphasis on periodic physical examinations in America today, there appears to be a larger ratio of survivals among those who get cancer.

In the Philippines today, we have more cancer cases than we actually know. Cancer is still a problem that is being fought in America today and we, in this country have barely touched that problem. All other countries of the world have been devoting their research and efforts to help their people affected with this disease. We can do so too, in this country!

As we read the newspapers today, we notice that the family of nations at the conference table are attempting to solve the problems of the world. If any denomination of human activity can be organized and made to work fruitfully for the good of all the world, it is medical science. For there is no difference of opinion concerning the desirability of health, nor in the means of obtaining it, and there is no difference of opinion of the truths of Science. Here, therefore, and perhaps only here, can men agree on principle.

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ETHICS IN THE DENTAL PROFESSION

By Hon. Ricardo Y. Ladrado,* D.D.S.

This occasion takes me back twenty years ago when, like yourselves today, I receive my diploma in dentistry. It was in this very same institution that I graduated into the profession that you and thousands of others have chosen to embrace.

You will realize that twenty years is quite a long time. And although to me it seems but yesterday that I obtained my diploma in dentistry, the past twenty years have been crammed with many new developments and advances that have kept the science of dentistry abreast with other branches of learning. You will readily see this when we make a comparison of the textbooks, the instruments, and methods in use today with those used in my time.

Moral Standards Unchanged

But there is one aspect of dentistry which has never changed. It is the ethics governing the profession. The moral standards which guided the dental practitioner of 1930 is still, I am happy to say, substantially the same as those which guide the practitioners of 1950.

For this reason I have chosen to dwell today on the ethics of the profession rather than on any scientific development which, at most, would be not better than any previous forward stride in the practice and which sooner or later must eventually give way to an even more progressive theory.

I have chosen to speak to you on the ethics of our profession, as I said, because it is the very foundation on which the career is based. It is the pillar which supports this magnificent and no-

ble structure that we have come to know by the name of dental practice.

Ethics does not cover merely the relationship between practitioners as may thoughtlessly be supposed. Its scope embraces with not less authority the relationship between the practitioner and the public. It is from this definition of ethics that its importance to you, future practitioners, is derived.

Without the ethics that govern the practice of our profession, dentistry would degenerate into the mire of common pursuits. The distinction that sets it apart from less complex means of obtaining livelihood would disappear; a dentist would no longer enjoy the respect that his profession commands.

To, ethics may be ascribed, therefore, the elevation of professional standards and the maintenance of those standards at ideal levels. Ethics, too, is responsible for harmony in the profession, harmony without which real progress is impossible.

It is true that sometimes our code of professional and moral standards has been violated. But such violations, while bringing at most temporary material gains to the violator, tended to do more harm than good in the long run. Even in its more immediate effects, violation of ethics has proven harmful to the practitioner, to the profession and to the public.

Universal Observance Desired

On the other hand, there is nothing that could be wished far better than to witness a universal observance of ethics in the profession. Like all other noble callings, dentistry is a mission wherein material profit is not given as serious a consideration as its nobler purposes for which young men and women like yourselves have chosen to dedicate your lives.

*Address delivered at the Commencement Exercises of the Philippine Dental College, June 6, 1950.

*Representative for the 4th District of Iloilo, and vice-president for the Vitayas, Philippine Dental Association.

And yet, dentistry is not such a calling, nor is its ethics such an exclusive code of life and conduct, that it would limit the dentist's usefulness to ministering to the dental needs of the people. By this I mean that as dentists your contribution to a better world need not be confined to the treatment of dental ailments and diseases or the construction of bridgework or the removal of imperfect teeth and their replacement with artificial ones. Far from it. For your daily contact with people, all kinds of people, the intimacy which you will eventually develop with them, your important position in your community—all these serve to open to you unlimited opportunities by which you can assist your fellowmen.

From the standpoint of the profession, for your own good as practitioners, for the sake of good fellowship and even of civic spirit, it would seem wise, therefore, for you to go out of your way to cultivate the friendship of as many people as possible.

Social Contact Necessary

As dentists, we do not live in an ivory tower. It is a part of our business as dentists to mix with people, know them, and live with them. As dentists, we do not renounce any of our civic or social obligations. On the contrary, in view of the importance which the professional usually enjoys in his community, as I have just said, we find ourselves in a very good position to lend not only our services as practitioners but as plain, ordinary citizens.

Although the prospects of material rewards for cultivating friendships is farthest from my mind when I urge you to remember your social obligations, no one can deny that it is conducive to personal improvement.

It is professionally beneficial because it increases the number of our acquaintances and therefore, the number of prospective patients.

But it is also beneficial in many other respects for, among other things, social

contact with people broadens our perspective, helps us to know better the problems of our community and our country, and offers limitless opportunities for us to help in the solution of those problems.

It has never been my habit or inclination to talk about myself. But you can see that in my case, dentistry has given me this new opportunity that I now have of serving our people through the legislature, after twenty years of continuous practice.

Through the profession, I came to know, to hear their problems, to discuss their troubles with them. Dentistry truly gave me the opportunity of meeting and knowing people. It has introduced me to my constituents to such an extent that, when I was finally drafted to run for a seat in Congress to represent my district, it was the consensus that I was as good as elected. In other words, dentistry has made me a Congressman.

A dentist is no less like a physician, lawyer or engineer. He can be a local and even a national leader provided he uses every available opportunity to serve the people. Without your knowing it, your opinion becomes the opinion of your community. For what, after all, is the essence of leadership if it is not the most service for the greatest good to the biggest number?

Importance of Teeth

One of the things that sadden a dentist is the fact that very few people, comparatively speaking, give their teeth the importance that they deserve in care and attention. This is a truism that you must have realized as early as when you first had your clinical practice in college.

You must have seen then, as I saw it more than twenty years ago, the negligence that our teeth have suffered. And the reason for this negligence? People just don't seem to realize, as medical science is only beginning to realize, how important teeth can be to health and sound living.

Ethics in the Dental Profession—Ladrado

Every day, more and more bodily ills are being traced to poor teeth. Physicians in the more civilized countries have become aware of this, so much that people are often advised to have their teeth examined at regular intervals. In some hospitals in the United States, an examination of the teeth by competent dentists is considered an essential part of a complete diagnosis for virtually any kind of ailment.

Fight Dental Decay

It is also a truism that a nation's teeth are sound in converse proportion to its degree of civilization. After a careful study of statistics over a period of years, experts have reached the conclusion that the more civilized people get, the worse their teeth are bound to become. The reason they give is simple and quite understandable. The primary function of teeth, as you know, is to masticate food. They were created by nature for that purpose. When teeth do not get sufficient exercise, or when they are left unused, they tend to degenerate and decay. This happens when foods are so prepared and cooked as to require a minimum of mastication. In a civilized country, or among highly civilized people, one of the characteristics of food is its tenderness. In some cases, even the semi-solid foods like vegetables and fruits are no longer served in their original form but instead are converted into juices so that they can merely be drunk without effort. Now, that may mean civilization—but it also means the hastening of tooth decay. As a result of this, who have the strongest teeth in the world? The natives of uncivilized countries.

Luckily, we in the Philippines are not as highly civilized as the Americans or Europeans in the matter of food. But I am afraid we are slowly progressing towards that point when our people will also develop or adopt the Western method of serving food as tender as possible. That is civilization, and its progress cannot be stopped. The only alternative

left, therefore, is to emphasize the importance of dental hygiene if we want to save our country from degenerating into a civilized country of people with decayed teeth.

How can we, as dentist, help our people fight tooth or dental decay? How can we inculcate into their minds the need of keeping their teeth in sound condition?

You, who would soon be practitioners and I, as a humble member of Congress, can work hand in hand on a project which is not new among us dentists but which is now easier of accomplishment because our profession is now, for the first time, represented in Congress.

New Legislations

During my first one hundred days in Congress which adjourned a few weeks ago, I presented two dental bills which received the unanimous support and approval of the House of Representatives and the Senate. The first of these is House Bill No. 466, entitled "An Act Providing that Original Appointments in the Dental Corps of our Armed Forces shall be in the Grade of First Lieutenant." This bill has the distinction of being the first to be passed by both houses of the Second Congress of the Philippines during its first session. It seeks to correct and will correct the discrimination to dentists in the Army. With its passage dentists are placed in the level of physicians in the Army, thus, the prestige of our profession is once more enhanced and recognized.

The other bill is House Bill No. 1160. This bill seeks a grant of more autonomy to the Dental Surgeons in our Army. Under the present set up our Chief Dental Surgeon is nothing but a mere adviser to the Chief Surgeon of the Medical Service. Dental officers are not heard directly by the Commanding General of our Army unlike those of the Dental Corps of other civilized countries, like America. Their needs and feelings

are expressed thru medical officers. A senior dental officer in an army installation may be placed under the command of a physician of much lower rank. This bill seeks to correct this practice by making the Chief Dental Officer responsible of all dental activities in the army, thus once more asserting the importance and independence of the dental service in the life of our soldiers.

Compulsory Dental Service

In the next regular session of Congress, I intend to introduce a measure that will make it compulsory for all firms employing the services of a physician for its laborers to employ also the services of a dentist.

I honestly believe that a dentist is as indispensable to a man as a physician. It follows from this that where medical facilities are made available to any group of people, as for instance the employees and laborers in a company, dental service for them should also be maintained.

In advocating this, I am not interested so much in the employment of more dentists as in the importance that people are bound to give to their teeth when they see that the government compels employers to furnish, either free or at nominal cost, dental services to the working class.

It is a good project and a highly desirable one. And to be frank with you, it was not an original idea of mine in the sense that it has been thought of before by others. But I do take pride in the fact that I shall have the opportunity of introducing it as a bill in Congress and fighting for its enactment into law.

In this, I shall need your help. Not only yours but of every dentist in the country. Not only yours and theirs but

also of every labor union, of every laborer, of every honest citizen who sincerely believes in every possible benefit that it will give to the masses.

So please remember this when Congress meets again. It is a personal appeal that I make to you not for my sake nor yours alone but for the sake of the profession, for the sake of the people who stand to benefit from it. Write to your congressman and urge him to vote for it. Ask your friends and relatives to support it. Give it as wide publicity as you are capable of. And should you do so, I repeat that you shall be doing it not for me but for ourselves, for our people, and for our profession.

In closing, I should like to extend a warm handshake to each and every graduate. To you I say, "Welcome into the profession of dentistry." Knowing the high standards and rigid academic requirements that you had undergone and have to possess and maintain, I am sure the profession has gained by your admission into it. Keep the name of our Alma Mater high above all others, do credit to it and comport yourselves in the manner traditional of all the alumni of this noble institution. Remember that your Alma Mater is the pioneer dental institution in this part of the globe. She is the Alma Mater of eighty per cent of dentists now serving in the different instrumentalities of the government and she is the Alma Mater of the first dentist ever to be elected in the legislative branch of our government—the Congress of the Philippines.

As a senior alumnus, I am proud to have you join our ranks; I know you will all measure up to our expectations. I congratulate you once again and may you all be successful in the pursuit of your profession.

DEVELOPMENT OF DENTAL STATUTES IN THE PHILIPPINES

(Second Installment)

By Germanico A. Carreon, D.M.D., F.I.C.D.

The dental law of 1903 (Act No. 593) may be considered as the first comprehensive statute "regulating the practice of dentistry in the Philippine Islands." It was also the first set of rules and regulations on dental practice promulgated and enacted by a legislative body, which at that time was called the Philippine Commission. The decree or order issued in August 2, 1899 by the Provost Marshal General creating a board to determine the competence of dental practitioners and requiring all persons engaged in dental practice to register cannot be classified in the strict sense as a dental statute.

As had been previously pointed out, Act No. 593 contained provisions which were defective from the standpoint of educational and professional standards. But the incorporation of these so-called "defective provisions" was justified because they were merely intended to cope with the conditions obtaining in the country at that time. Circumstances were such that they did not warrant the enactment of a law which, while setting high standards, would have to remain impractical for some time and could not be enforced. This law, which was passed and approved on January 10, 1903, contained thirteen sections and was designed primarily to define the scope of dental practice and to provide definite regulations which should be followed before any person could be permitted to enter into the practice of the profession.

Scope of Dental Practice

The practice of any occupation is limited to that field of knowledge where one's training or ability is confined and directed. Like any other profession, the practice of dentistry is limited to certain boundaries, especially that, as a health

service profession, there are a number of sciences allied to it. In order, therefore, that dental practitioners can be guided properly in the exercise of their profession, the first essential requisite of a law regulating the practice of dentistry would be to make definite the scope of its practice.

Even as early as 1903 efforts were being exerted to define as adequately as possible the scope of dental practice and the conditions under which a person may be considered as practising the dental profession.

Section 7 of Act No. 593 states:

"Any person shall be regarded as practicing dentistry within the meaning of this Act who shall for a fee, salary, or other reward, paid to himself or to another person, perform any operation or part of an operation upon the human teeth or jaws, or who shall restore teeth, jaws, or portions of jaws artificially, or who shall treat diseases or lesions or correct mal-positions thereof; but this provision shall not apply to artisans engaged in the mechanical construction of artificial dentures or other oral devices, or to students of dentistry practising in any legally chartered dental school or college on patients under the direct supervision of an instructor in such dental school or college: And provided further, That this provision shall not be construed to interfere with physicians or surgeons in their legitimate practice as defined by Act numbered three hundred and ten."

From the above-quoted provisions it can be seen that the law required practitioners of dentistry to limit their work to the performance "of any operation or part of an operation upon the human teeth or jaws," or to "restore teeth,

jaws, or portions of jaws artificially," or to "treat diseases or lesions or correct mal-positions thereof." However, for the purpose of determining whether a person is practising dentistry within the meaning contemplated by Act No. 593, it was stipulated that he performed dental service "for a fee, salary, or other reward, paid to himself or to another person."

Penalty of Violations

In order to safeguard the public against those persons who misrepresent and advertise themselves as dentists even if they did not possess the necessary qualifications required during those days, Act No. 593 prescribed a certain penalty for such violations. However, it may be noted that the punishment stipulated for such infraction of the law was so light that it did not help much to curb the activities of unscrupulous individuals.

Section 11, Act No. 593 states:

"No person shall in any way advertise as bachelor of dental surgery, doctor of dental surgery, master of dental surgery, licentiate of dental surgery, doctor of dental medicine, or dental surgeon, or append the letters B.D.S., D.D.S., M.D.S., L.D.S., or D.M.D., to his name, who has not had duly conferred upon him by diploma from some school, college, or university, or board of examiners legally qualified to confer the same, the right to assume said title or prefix or append any letters to his name to represent falsely that he has received a dental degree or certificate of registration. Any person violating this provision shall, upon conviction, be subject to a fine of not more than one hundred dollars or to imprisonment for that more than ninety days."

Board of Dental Examiners

All practitioners of dentistry in the country at that time and thereafter were required by Section 5 of Act No. 593 to possess certificates of registration, otherwise their practice of the profession

would be considered illegal. To undertake the great responsibility of issuing these licenses the law provided for the creation of the Board of Dental Examiners composed of three members appointed by the Commissioner of Public Health.

Section 1 of Act No. 593 requires that:

"The Commissioner of Public Health for the Philippine Islands shall appoint a Board of Dental Examiners for the Philippine Islands, with the advice and consent of the Board of Health for the Philippine Islands, consisting of three reputable practitioners of dental surgery, who shall be graduates in good standing of legally incorporated dental educational institutions recognized by the National Association of Dental Faculties and the National Association of Dental Examiners of the United States of America. They shall hold office for three years after their appointment, and until their successors are appointed and qualified: Provided that the first appointees shall be appointed for a period of one, two, and three years, respectively, as specified in their respective certificates of appointment from the Commissioner of Public Health: And, provided further, That no member of the faculty of any school, college, or university in which dentistry is taught shall be eligible for appointment on said Board."

The Board of Dental Examiners, which was placed under the administrative jurisdiction of the Department of Interior, was authorized by law to conduct examinations twice a year: one on the first Tuesday of January and the other on the first Tuesday of July. It was further authorized to issue temporary certificates of registration to an applicant "upon presentation by such applicant of satisfactory evidence that he possesses the necessary qualifications to practice dentistry, such certificate to remain in force only until the next regular meeting of the

Development of Dental Statutes in the Philippines—Carreon

Board, at which time the person to whom it has been issued shall report for examination."

The subjects given during the board examination were the following: anatomy, physiology, histology, physics, chemistry, metallurgy, dental anatomy, dental materia medica, therapeutics, dental pathology and bacteriology, orthodontia, oral surgery, operative dentistry and prosthetic dentistry.

Soon after the passage of Act No. 593, and in accordance with its provisions, the Commissioner of Public Health appointed in 1903 the members of the first board of dental examiners. Chosen president of the first dental board was Dr. Robert T. Oliver, a dental surgeon of the U. S. Army. Dr. Louis Ottofy was the secretary-treasurer and served in that capacity for a number of years. The only Filipino to serve in the board of dental examiners during those days was Dr. Antonino Vergel de Dios, who also had the distinction of being the first Filipino dentist to have graduated abroad.

One significant qualification of membership in the dental board as required by Act No. 593 was that the appointees should be graduates of "legally incorporated dental educational institutions recognized by the National Association of Dental Faculties and the National Association of Dental Examiners of the United States of America." Under such requirements only American dentists, who were all graduates of recognized dental institutions in America, with the exception of Dr. Vergel de Dios, could qualify for membership in the board at that time. Considering that Filipino dentists then were not graduates of schools which offered regular courses in dentistry, much less "recognized by the National Association of Dental Faculties and the National Association of Dental Examiners of the United States of America," it was very obvious that said provision closed the doors to Filipino dentists for

membership in the dental board, except for those who had the fortune to be educated abroad.

But such requirement of the law was a blessing in disguise. It had set a high standard for membership in the board of dental examiners; and it encouraged the Filipino dentists to work for the establishment of dental schools which would come up to the standard desired by the law.

First Dental Organization

In the meantime, the Filipino dentists, whose practice had been legalized by their possession of the certificates of registration, discussed the ways and means to organize themselves into a strong and potent association. They became aware of the problems of dental practice and were conscious of their responsibilities to the profession and to the public.

The year 1908 saw the birth of the first dental organization in the country, the *Sociedad Dental de Filipinas*. The founders of the Association had two immediate goals, namely: (1) to work for changes in the dental statute of 1903; and (2) to pave the way for the establishment of regular dental schools.

As to be expected difficulties were encountered in the organization of the *Sociedad Dental de Filipinas*. Some dentists were skeptical over the success of the venture, others were merely lukewarm in joining the association. The organization, therefore, despite its noble objectives, could not amass enough strength to command the regard of the government authorities.

Spearheaded by its officers composed of Dr. Bonifacio Arevalo, president; Dr. Gregorio R. Mateo, vice-president; Dr. Felix Calleja, secretary; and Dr. Juan Villanueva, treasurer; the *Sociedad Dental de Filipinas*, undaunted by the difficulties it had encountered, forged ahead to continue in its noble mission.

Minor Laws Passed

In 1913 three laws affecting dental practice were approved by the Philip-

pine Legislature, as follows:

"Ley 2205—Aprobada por la legislatura el 16 de enero de 1913 que concede á los dentistas derecho á recetar y administrar opio, cocaína, ó cualquiera de sus derivados, á sus pacientes."

"Ley 2227—Aprobada el 7 de febrero de 1913 y que establece como impuesto de licencia anual para los dentistas P40.00."

"Ley 2276—Aprobada el 18 de abril de 1913 que declara aplicable las leyes sobre cirugía las tribus no cristianos."

The Philippine Legislature also enacted on February 28, 1914 Act No. 2381, Article 9 of which provides:

"El artículo 9 de esta ley establece una pena de no menor de P300.00 ni mayor de P1000.00 ó prisión durante un periodo de seis meses ó con ambas penas, á los dentistas que prescriban opio á los pacientes que por su estado no necesitan de su uso."

Considering the immediate needs of the profession at that time, the above-mentioned statutes may be considered as minor in character, but certainly their passage was a step forward in the government's desire to regulate properly the practice of the dental profession.

A good percentage of the population came to know about the dental profession and began to patronize the services of dental practitioners. As a result, dental practice was beginning to be regarded as a lucrative occupation. A number of persons who never had any

educational preparation in dentistry had entered the field and they were becoming a menace to the qualified practitioners.

First Dental School

To provide better opportunities for those inclined to embrace the profession, a regular dental school was organized in 1913 by a group of dentists led by Drs. Gregorio Mateo, Antonio Oliveros, Crispulo Layoc and others. The school was named the Philippine Dental College. This was the first institution which offered the regular 3-year course in dentistry.

The curriculum of the school was formulated in accordance with the requirements stipulated in Act No. 593. Aiding the school authorities in the preparation of the dental curriculum was the Board of Dental Examiners, whose experience and academic background were considered valuable in dental education work.

With the establishment of the first dental educational institution, more interest was shown in the dental profession. Dentists who formerly were reluctant in taking active part in association work became attracted to the organization for they saw the advantage that organized dentistry could have for the profession. More members joined the Sociedad Dental de Filipinas and greater enthusiasm was aroused.

As the years went by the Sociedad Dental de Filipinas discovered more and more defects of the dental statute of 1903. Proposals for changes in said statute were then being worked out by the Association.

Note: This is the second of a series of articles written exclusively for the Journal of the Philippine Dental Association. These articles will form part of "Philippine Dental Jurisprudence" which is under preparation by the author.

HOUSE OF REPRESENTATIVES
H. No. 1160

Introduced by Congressman Ladrido

EXPLANATORY NOTE

The Dental Corps of the Armed Forces of the Philippines has unquestionably proved to the public its valuable services. Time and again has one heard of the importance of the dental profession in restoring dental health not only to our troops but to the public in general. The medical world admits with proven facts and cases that the dental role in the art of healing is of paramount importance. In the elimination of the focus of infection in all cases, the dentists play a part. In such treatment and in the practice of their profession, the dentists do these with complete independence. In other words, dentists in executing their sworn duties within the scope of the dental law, are not dependent upon the medical profession. They diagnose their own cases and treat them accordingly. This independence of the dental profession in private life is not actually exercised in the dental corps of the Armed Forces of the Philippines.

The situation that is now existing in the Army is dependence not independence. Dental officers are not heard directly by the Commanding Officers. Their needs and feelings are expressed thru the medical officers. They are always under the Medical Officers. In rendering efficiency reports, medical officers, who are the immediate superiors of the dental officers, render such report. How can a medical officer rate a dental officer in line of dental capabilities where, technically speaking, the medical officer does not possess the qualified knowledge in dentistry to justly rate the efficiency of the dental officer? In the expenditure of allotments for the Medical Service no quota is given to the Dental Service, so much so, that the bulk of the expenditures is naturally given to the Medical Service. In different army installations, where a dental officer is senior to the medical officer, the dental officer is not given the command, but instead placed under the medical officer. This is a case of discrimination. Among line officers this is anomalous, yet it is tolerated in the Medical Service.

In order to correct such deficiencies and to improve the service by removing the obstacle for improvement and advancement of dental officers in the Armed Forces of the Philippines, the presentation of this bill is earnestly sought so as to have a harmonious working of the Medical Service, in cases wherein the dental service joins hands for the maintenance of health among the troops. Among the dental officers, there is that feeling of discontent which they do not express in words due to their discipline. The dental officers are aware of the fact that the improvement and promotions are limited because they are always shade by the big three above them—The Medical Corps. If autonomous administration is given to the Dental Corps, there will be a perfect understanding among dentists because their feelings, beliefs, and cause for their service are common if not one. They are at liberty to give all that they have because before them there is proportionate compensation in terms of rank awaiting them, a condition which is totally different from the present state of things where they will stay stagnant in one grade for even ten (10) years without benefit of promotion due to the strings that bind them and prevent them from freedom of action and improvement.

This bill is introduced not only for the reasons stated above, but to uplift the dental profession by giving them the right to exist, the right to speak, and the privilege to improve—in short, the right to justice.

In the U. S. Army, a reorganization to this effect has been made by the passage of a legislation in 1946. Considering the approval of such intentions and the tried application in the U. S. Army, it is but proper that same be adopted in our country for the good of the people.

(Sgd.) RICARDO Y. LADRIDO
Congressman, 4th District
I l o i l o

SECOND CONGRESS OF THE REPUBLIC
OF THE PHILIPPINES
First Session

HOUSE OF REPRESENTATIVES
H. No. 1160

INTRODUCED BY CONGRESSMAN LADRIDO

AN ACT
TO PROVIDE MORE EFFICIENT DENTAL CARE FOR
THE PERSONNEL OF THE ARMED FORCES OF THE
PHILIPPINES.

*Be it enacted by the Senate and House of Representatives of
the Philippines in Congress assembled:*

1 SECTION 1. Within three months after the date of enact-
2 ment of this Act, the Medical Service of the Armed Forces of
3 the Philippines shall be reorganized so as to provide for
4 greater autonomy of the dental service in accordance with
5 the provisions hereof.

6 SEC. 2. The Secretary of National Defense shall issue such
7 regulations as may be necessary to carry out the intent of
8 this Act, and the procedure for the performance of the den-
9 tal functions of such Dental Corps shall be defined and pres-
10 cribed by appropriate directions to be issued by the Chief of
11 Dental Corps; to the end that the Dental Corps of the Armed
12 Forces of the Philippines, shall study, plan and direct all
13 matters coming within the cognizance of such corps and all
14 matters relating to dentistry shall be referred to the Dental
15 Corps.

16 SEC. 3. The Dental Corps shall (1) establish professional
17 standards and policies for the conduct of the dental service;
18 (2) issue instruction and conduct inspections and surveys for
19 the maintenance of such standards (3) initiate and direct all
20 actions relating to the dental service and pertaining to faci-
21 lities, equipment, supplies, research, tables of organization,
22 planning and personnel, including the appointment, training,
23 classification, assignment, transfer, promotion and decoration
24 of personnel; and (4) submit estimates of the amount of
25 funds needed to maintain the Dental Service; *Provided*, That
26 hereafter all Medical Service Budgets shall provide for a
27 separate allocation of funds for the maintenance of the Den-
28 tal Service.

29 SEC. 4. An officer of the Dental Corps of the regular
30 force AFP who is not below the rank of Lt-Colonel and who

1 is credited with fifteen or more years of continuous service,
2 shall be appointed as the Chief of Dental Corps. All matters
3 relating to the Dental Service as a whole are to be adminis-
4 tered by the Chief of Dental Corps, and such officer while so
5 serving shall have the rank, pay and allowances of not lower
6 than Colonel. In every AFP headquarters and installations
7 having dental facilities, the dental surgeon of such head-
8 quarters or installations shall be directly responsible to the
9 Commanding General Officer of such headquarters or instal-
10 lation for the administration of all matters relating to the
11 Dental Service.

12 SEC. 5. The number of officers of the Dental Corps shall
13 be not less than two officers for every thousand of the total
14 strength of the AFP authorized from time to time. Here-
15 after, in time of war or other emergency the Dental Corps
16 shall consist of commissioned officers of the same grades and
17 proportionately distributed among such grades as are now
18 or may hereafter be provided for the Medical Corps, and who
19 shall have the rank, pay and allowances of officer of corres-
20 ponding grades in the Medical Corps.

21 SEC. 6. All laws and parts of laws in conflict herewith
22 are hereby repealed and nothing contained herein shall act
23 to reduce the grade or rank of any person.

24 SEC. 7. This Act shall take effect upon its approval.

Approved,

MORALE-BOOSTER FOR THE DENTAL CORPS

(Continued from page 3)

moralizing to the dental profession and also to the dental officers of the Army. An obstacle in elevating the morale of dental officers has thus been removed with the approval of H. No. 466.

Republic Act 481, which grants autonomy to the Dental Corps, will correct the existing illogical situation wherein the Army dentists are placed under the direct control and supervision of the medical officers. While the complete separation of the Dental Corps from the Medical Corps would be the ideal set-up, yet certain circumstances do not warrant such separation at the present. However, it is hoped that this would be eventually worked out as conditions favorable to this end present themselves in the future.

With the operation of R. A. 481, army dentists will have a free hand in running their own affairs, which undoubtedly would contribute in raising the efficiency of the Dental Corps. At the same time, the personnel of the armed forces would be provided with more efficient dental care with the requirement that "the number of officers of the Dental Corps shall be not less than two officers for every thousand of the total strength of the AFP authorized from time to time."

—P.V.N.



Lt. Col. Agustin L. Zarate, D.D.S.

Portrait of the Month

Lt. Col. AGUSTIN L. ZARATE

By Pacifico V. Noroña, D.M.D.

In January 1935, a dentist in his early twenties topped in a field of more than 100 candidates a competitive examination given by the Philippine Constabulary to select dentists for commission in its regular force. This singular feat later proved to be a preview of remarkable things which would make up the career of this youth, who, at the age of twenty, headed the list of those who passed the dental board examination in June 1930. This brilliant young man was no other than Lt. Col. Agustin L. Zarate, now chief of the dental corps of the Armed Forces of the Philippines. The incorporation this month into our statutes of two army dental laws, Republic Act Nos. 480 and 481, which undoubtedly would contribute to the efficiency of the army, could in some way be credited to the indefatigability of Col. Zarate.

Col. Zarate's one great regret in life is his not having seen his own mother, Librada Sison, who passed away the very day that he was born on August 28, 1910, in Binmaley, Pangasinan. At the age of six, his father, Hugo Zarate, sent him to the Binmaley Elementary School where he finished his schooling in 1923. After spending four years for his secondary education at the Pangasinan Academy, he enrolled at the School of Dentistry of the University of the Philippines where he earned his Doctor of Dental Surgery degree in 1930.

When he took the dental board examination after his graduation, Dr. Zarate had to present an affidavit to the Board of Dental Examiners to the effect that, in case he would pass the examination, he would not engage in the practice of dentistry unless he reached the age of twenty-one.

Not wanting to stay idle, he made a pleasure trip to the United States for a half year after taking the dental li-

censure examination. In 1932 Dr. Zarate began his dental practice in Manila with his office located at the Cu Unjieng Building at the Escolta. Three years later, after passing the examination given by the Philippine Constabulary, he accepted a commission of second lieutenant and dental surgeon in the regular force of the P.C. in June 1935.

In the short span of 14 years, Dr. Zarate has had four promotions in rank: from second to first lieutenant, to captain, to major, and lastly, to lieutenant colonel.

In July 1937, after a service of two years as dental surgeon of the District of Southern Luzon, he was promoted to 1st lieutenant of the dental corps. From the Constabulary, he was transferred to the Philippine Army and assigned as dental surgeon of the 5th Military District. Dr. Zarate studied in the School for Military Law and Court Martial Procedure of the 5th Military District in Legaspi, Albay, in 1940 and took an extension course in the General Service School in Baguio from 1939 to 1941. Then came his second promotion, that of captain, in September 1941. He received this promotion while he was in charge of the dental clinic of the Philippine Army headquarters at Camp Murphy. Here he served as instructor for sometime in the Medical Field Service School for dental officers. The outbreak of the war in 1941 took him to Bataan where he served as head of the Army General Hospital's dental section from January to April 9, 1942. While in Bataan he was promoted to major on April 6.

When this citadel of democracy fell on April 9, 1942, he was so fortunate to have escaped the infamous Death March which soon followed.

After the liberation Dr. Zarate was sent to the United States for his on-the-

job training at the 227th Station Hospital from May to August 1945. Upon his return to the Islands he was assigned chief of the Dental Service of the 1st General Hospital of the Philippine Army. Again in 1946 Dr. Zarate, in a group of six Army dental officers, was sent to the States. This time he took his on-the-job training at the Letterman General hospital in San Francisco, California, and later at the Fitzsimmons General Hospital in Denver, Colorado. Included in this group was Lt. Col. Miguel R. Fernandez, chief of the Dental Corps of the Philippine Constabulary.

Dr. Zarate was appointed chief of Hospital, Armed Forces of the Philippines, in Mandaluyong, Rizal, after having completed his training in the States. He held this position until he was named chief of the Dental Corps of the Armed Forces of the Philippines in June 1949. In September of last year he got his fourth promotion, that of lieutenant colonel, the highest rank so far conferred to dentists in the military service of the country.

As chief of the dental corps, he is responsible for the dental health of all military personnel of the armed forces of the country. In addition to this, he is dental advisor and as such he advises the surgeon general on matters pertaining to the dental corps.

Col. Zarate has many plans for the dental service of the Army but has been handicapped in executing them in view of some obstacles, among them being the organizational set-up wherein the dental corps is placed under the Medical Service. With the recent passage of Republic Act No. 481, he is optimistic that upon its implementation, there will be a great improvement in the dental service of the armed forces. This Act grants autonomy to the Dental Corps and it is now being reorganized in accordance with the new law. Under the new set-up there will be two dental officers for every 1,000 men in the Army, thus paving the way

for a closer supervision over the dental health of the military personnel.

Another law which Col. Zarate believes would contribute to the improvement of the dental service and help raise the efficiency of the armed forces is Republic Act No. 480 which raises the initial rank of dentists from second to first lieutenant in the Dental Corps.

Both of these measures were introduced in Congress by Rep. Ricardo Y. Ladrado, PDA vice-president for the Visayas, and Col. Zarate was partly instrumental in the passage of these two legislations.

Col. Zarate holds the following medals: American Defense medal, Philippine Defense medal, Liberation medal, Asiatic Pacific medal and World War II Victory medal. He is also the recipient of a citation from the American and Philippine governments for his participation in the last war.

Col. Zarate has been associated with the Philippine Dental Association for a number of years, and is presently a member of its board of trustees. He was elected to the PDA board in 1947 and he has been a member of this board since then. During the annual convention of the Association in 1946, he read a paper and demonstrated on "Immediate Denture Prosthesis."

Besides the Philippine Dental Association, he is also a member of the Manila Dental Society, U.P. Alumni Association, U.P. Dental Alumni Association, of which he is now the president, and the Knights of Columbus.

Col. Zarate stretches his working day in order to be able to attend to his patients in the afternoon at his dental office which he maintains in Quezon Boulevard, about a stone's throw from the Quiapo church. He is a nephew of ex-Secretary Teofilo Sison and is married to the former Margarita Rosales of Calbayog, Samar, by whom he has two young children, Sylvia and Ricardo.

Oftentimes reticent but friendly, Col. Zarate's physique belies his capability and militancy.

CURRENT NEWS ITEMS

Romulo Addresses Dentists At PDA's 25th Anniversary

With nationalism for his subject, Ambassador Carlos P. Romulo, Secretary of Foreign Affairs and president of the United Nations General Assembly, addressed the country's dentists at the mid-year conference of the Philippine Dental Association in conjunction with its 25th anniversary celebration held at the Manila Hotel's Fiesta Pavilion on May 20th.

"We cannot proceed internationally unless we begin by having a solid nationalism at home," Ambassador Romulo declared, and stressed the need for organized groups, like that of the Philippine Dental Association, to have unity, and a strong sense of nationalism.

Ambassador Romulo revealed his plan to undertake a series of steps towards rousing patriotism and nationalism in every Filipino heart.

"It is easy to have unity among a people when they are under foreign rule, or when there is an alien tyrant, for then the people have a common enemy," he said. "But it is not as easy when a people are free, for then, they relax in their love for country. Then they relax in their duties as citizens, and then the government deteriorates," stressed the ambassador.

The foreign affairs secretary brought out the project of erecting a monument for the Filipino Unknown Soldier similar to those in the United States and France. He said that a search for the bones of a really unknown soldier in Bataan will be made and these remains will be brought to the Luneta, where later on a great monument for the unknown hero will be built.

"He must be truly unknown," the ambassador emphasized, "so that when the need for patriotic morals is felt by a wife, or by a brother, he or she might

PDA President Advised To Make Ship Reservation

Dr. Germanico A. Carreon, president of the Philippine Dental Association and editor of the PDA Journal, who has been awarded a Fulbright scholarship by the United States Educational Foundation, was advised recently by Dr. Jack Y. Bryan of the American Embassy to secure steamship reservation on any American President lines ship, the latest to reach the United States on September 30.

In view of his Fulbright grant, Dr. Carreon is expected to tender his resignation sometime next month from the Magjila Central University, where he is head of the Prosthetic Department. Up to press time, however, Dr. Carreon had not yet set his definite date of departure.

remember that perchance, that hero might be his brother, or her husband, or her son."

The conference was also the occasion of the awarding of fellowships by Romulo, in the name of the International College of Dentists, to dentists who have worked for the promotion of dentistry, and of life memberships in the Association to those who have been members for a long number of years. Those who received their fellowship were: Dr. Germanico A. Carreon, PDA president, Dr. Gervasio Eraña, chairman of the board of dental examiners; Drs. Joaquin Ladao, Felipe Liwanag, Genaro Felizardo, and Victorino G. Villa, and Lt. Col. Miguel Fernandez.

Those who were recipients of life memberships in the Association were Dr. Gervasio Eraña, Dr. Francisco Tecson, first president of the PDA, Drs. Joaquin Ladao, Luis Antonio and V. G. Villa.

Rep. Ricardo Y. Ladrado, first dentist-representative, was awarded a plaque of merit by Secretary Romulo in the name of the Association. The plaque was donated by Dr. Gervasio Eraña.

Cebu Dental Society Has New Set Of Officers

A communication from the secretary of the Cebu Dental Society was received late last month advising the PDA national headquarters that the Cebu chapter has a new set of officers.

Dr. Dominador G. Santos, a member of the Dental Corps of the Philippine Constabulary, is the new president of the Cebu Dental Society. The other officers are: Dr. Genaro Hortelano, vice-president; Dr. Maria R. Cabantan, secretary; Dr. Lourdes Ch. Veloso, treasurer; Dr. Pablo Ilano, auditor.

PDA President Invited To Speak Before Albay Dentists

A regional confab of Bicol dentists is scheduled for July 2, with the President of the Philippine Dental Association as guest speaker.

The invitation to the affair was sent by Dr. Tirso de los Reyes, public relations officer of the Albay Dental Society. Some members of the PDA board of trustees are expected to join the president on his way to Albay and attend the dental confab.

Paris is Site of Session of Federation Dentaire Internationale

The next session of the Federation Dentaire Internationale will be held definitely in Paris at the "Faculte de Medecine," from July 23 to July 31, this year, it was announced by the Secretary General of the Federation in a letter received recently by the PDA president.

The session's program will be an important scientific meeting inasmuch as it is the 50th anniversary of the Federation this year.

Among the features of the meeting will be a reception at the Hotel de Lauzun, and the traditional banquet and ballet at the Opera de Paris. The final touches to the program are being made by the Local Organizing Committee, presided by Dr. J. Deliberos, and the Committee of the "Journées Dentales de Paris," under the chairmanship of Mr. Pascual Dubois, assisted by Mr. Rigolet as Secretary General.

It is urged by the Federation that the affiliated National Associations and the National Committees send as soon as possible the names of their representatives in the Executive Council.



With Dr. Bienvenido B. Eraña, president of the Manila Dental Society, as special guest, the Baguio Dental Society held an election meeting last May 12 at the Burnham Hotel, Baguio City. Clockwise: Drs. R. Bayquin, R. Cacson, L. Gomez-Cacson, C. V. Junco, B. B. Eraña, N. Florendo-Disini, L. Rangel, E. Tumang, M. Rillo, A. Cabrera, D. Cardenas, J. Dato, J. Lising, J. Velasco, and S. Bernal, newly-elected president.



Dr. Manuel P. Arenas

Big Batch Of Examinees Take Dental Board Exams

An unprecedented number of 380 candidates took the licensure examination for the practice of dentistry given by the board of dental examiners beginning last Tuesday, June 13. This is the largest batch of examinees to take the dental board examination during the last twenty years.

The theoretical examination which lasted three days was held at the Mapa High School building on Calle San Rafael, Quiapo.

At press time the practical tests which form part of the examining procedure were still being conducted by the members of the dental examining board at the senior dental infirmary of the Manila Central University.

For practical purposes, the examinees were divided into five groups. The practical examination started last June 17 and will be finished on July 1.

Arenas Is Representative Of Academy Of Dental Medicine

Dr. Manuel P. Arenas, dental surgeon of the De Ocampo Clinic and former member of the board of dental examiners, was last May 12th appointed representative for the Philippines of the American Academy of Dental Medicine.

The Academy is an organization with headquarters in New York, U.S.A., whose object is "to promote the study and dissemination of knowledge of the cause, prevention and control of diseases of the teeth, their supporting structures and adnexa and related subjects; and to foster and promote a better scientific understanding between the fields of dentistry and medicine."

As the local representative of the Academy, Dr. Arenas was authorized to organize a section in the Philippines to be composed of persons important in the fields associated with oral medicine, including physicians, as well as dental and medical teachers in related fields as otolaryngology, internal medicine, oncology. The section, which should have at least ten members, will be given an allotment of a portion of its dues for its maintenance as soon as its Charter is granted.

Dr. Arenas, who arrived during the early part of this year from the United States, took post-graduate course in New York University and attended oral surgery course in many hospitals in the States. He also visited the Guggenheim Dental Clinic and the Eastman Kodak Dental Clinic.

Zarate Elected President Of U.P. Dental Association

Lt. Col. Agustin L. Zarate, chief of the dental corps of the Armed Forces of the Philippines and member of the PDA board of trustees, was elected president of the U.P. Dental Alumni Association in an election held during its homecoming last April 22nd.

Other officers elected are: Dr. Migue'l D. Arevalo, vice-president; Dr. Andrea Reyes, secretary-treasurer; and Dr. Fausto G. Tapiador, press relations officer.

ABSTRACTS

Elimination of Fatigue for the Dentist.
By Edgar W. Swanson, D.D.S., M.S.D.
Journal of the American Dental Association, Vol. 40, No. 1, January 1950, pages 19-22.

That there is a shortage of dental man power is known by the leaders of the dental profession, dental educators, government officials and the general public. The number of practicing dentists and the number of hours of service in an average working day are the basis on which the present available dental man power is measured or estimated.

A committee of the faculty of Northwestern University Dental School, who is aware of the reduction in professional service caused by undue fatigue and by disabilities common to dentists, is making a study and evaluation of its possibilities and has initiated a program for "The Elimination of Fatigue for the Dentist."

A symposium on this subject was held on April 5, 1947 by this faculty at a meeting wherein Emil Hauser, nationally known orthopedist, Carroll W. Johnson, a practicing dentist who has spent much time in the scientific study of operating from a seated position, and the author participated.

That the practitioner or the student would be greatly benefited if a part of the work at the chair could be done from a sitting position was the consensus among the speakers. Dr. Hauser brought out the fact that changing positions during the day is extremely important as borne out from an excerpt of his talk:

The dentist by occupation is subject to fatigue, stress and strain, all of which brings him to the attention of the orthopedic surgeon with pain and disability in his back or deformities

and discomfort in his feet and knees. The best treatment for these conditions is prophylactic. Periodic rest, regular vacations, planned avocations, and operating from a sitting position whenever possible, which changes the posture and relieves the tension of the dentist while operating, are most valuable.

A motion to adopt a program of training students to operate from a sitting position as well as the conventional standing position and to explore further possibilities for the reduction of fatigue, was passed at the end of the meeting.

Changing one's position at the chair permits one group of muscles to rest while another works. In order to accomplish this it is necessary to learn to operate while sitting as well as while standing. The Northwestern University has embarked on a program of providing facilities so that the student can learn to do both.

A recent report by Austin and Kruger from the Mayo Clinic bore out the fact that fatigue is not an ailment that comes with age or after many years of practice. The report, which is a survey of the dentists who were patients at the Clinic in 1940, showed that 45% of the group were under 45 years of age. Of this younger group, the largest number (23.8 per cent) presented themselves because of exhaustion.

A report of Field and Bock from the Massachusetts General Hospital revealed that standing for long periods at a time, as what the dentist is required to do everyday, creates an extra load on the heart.

The profession and the public may benefit by helping the student to operate with greater relaxation.

QUARTERLY FINANCIAL REPORT

(Continued from page 4)

PHILIPPINE DENTAL ASSOCIATION

Manila, Philippines

ITEMIZED EXPENSES FOR THE 20TH ANNUAL CONVENTION INCURRED BY DR. L. F. ANTONIO, GENERAL CHAIRMAN 1948

| | | |
|--|-----------|--|
| Aug. 14, 1948 — Stationeries and Office Supplies | P. 24.00 | |
| Aug. 19, 1949 — Luncheon given for dental dealers | 60.60 | |
| Aug. 24, 1948 — Stationeries and Office Supplies | 5.00 | |
| Sept. 10, 1948 — Stationeries and Office Supplies | 2.50 | |
| Sept. 12, 1948 — Telegram sent to Cebu City | 2.10 | |
| Sept. 18, 1948 — Expenses for Press and Radio personnel | 195.00 | |
| Sept. 21, 1948 — Paid to Zamora and Sons, for budces | 1,080.00 | |
| Sept. 24, 1948 — Posters for the 20th annual convention | 20.00 | |
| Oct. 16, 1948 — Stationeries and Office Supplies | 2.50 | |
| Oct. 16, 1948 — Printing of Programs, Invitation and tickets | 624.00 | |
| Oct. 18, 1948 — Office Supplies | 5.46 | |
| Oct. 18, 1948 — Misc. and general expense | 200.00 | |
| Oct. 18, 1948 — Mimeographing circulars | 1.00 | |
| Oct. 18, 1948 — Stamps | 10.00 | |
| Oct. 18, 1948 — Stationeries (Carbon Paper) | 3.50 | |
| Oct. 18, 1948 — General Expenses for PDA, Officials for official business | 22.00 | |
| Oct. 18, 1948 — Office Supplies | .90 | |
| Oct. 18, 1948 — Air mailing of programs | 1.90 | |
| Oct. 18, 1948 — Postages | 1.50 | |
| Total expenses for the Con. | P2,267.96 | |
| Money advanced to Dr. L. F. Antonio as General Chairman for the 20th Annual Convention | P2,500.00 | |
| EXPENSES incurred for the convention | P2,267.96 | |
| Balance on hand after the convention | P 232.04 | |
| NOTE: This amount was reverted as petty cash and miscellaneous expenses of the Pres. Dr. L. F. Antonio after the convention. On April 20, 1949 an amount of P50.00 was added to this balance making a total of P282.04. Of this amount you will notice that it has been used as per attached subsequent particulars. (See particulars) | | |
| Total petty cash | P282.04 | |
| Total Disbursements | 88.45 | |
| Amount returnable | P193.59 | |

(Sgd.) L. F. ANTONIO
President

PHILIPPINE DENTAL ASSOCIATION

Manila, Philippines

TRIAL BALANCE AS OF OCTOBER 12, 1949

| | | |
|---|-----------|-----------|
| Cash in Bank | P2,995.86 | |
| Petty Cash | 6.20 | |
| L. F. Antonio | 223.59 | |
| Check and Money Order | 25.00 | |
| Luncheon for Congressmen | 273.20 | |
| Office Supplies | 7.90 | |
| Telegrams | 16.95 | |
| Printing of Journal | 3,800.00 | |
| Stationeries | 7.00 | |
| Postages | 3.70 | |
| Advance to Dr. Carreon | 2,500.00 | |
| General Expense | 10.00 | |
| Miscellaneous Expense | 34.80 | |
| Balance at P. N. B. on 4-30-49 | | P9,578.26 |
| Balance Petty Cash Fund 4-30-49 | | 11.40 |
| Balance Dr. Antonio 4-30-49 | | 289.54 |
| Balance Check & Money Order 4-30-49 | | 25.00 |
| | P9,904.20 | P9,904.20 |

(Sgd.) L. F. ANTONIO
President
1948-1949

This explanation should appear at the bottom of the Trial Balance as of April 30, 1949.

NOTE:

In the Trial Balance as of April 30, 1949 the Cash in the Bank per check book of the Philippine Dental Association is ₱9,578.26. Whereas as per Bank Statement as of the same date the amount is only ₱9,452.26. It is very apparent that the two amounts don't tally. It appears that the amount in the check book is bigger by ₱126.00 than the balance actually in the bank. This difference arises from the following transaction made by the Association.

On October 24, 1948, the Cash in Bank of the Association as per Trial Balance and as per Bank Statement was only ₱47.85. Because the amount of deposit as of that date was less than ₱100.00, a service charge of one peso was debited in the Bank against the deposit.

On November 11, 1948 it appears from the check book that the amount of ₱10,163.06 was deposited by the Treasurer of the Association which consist of Cash, Checks, and Money Orders. Out of that deposit four Money Orders amounting to ₱100.00 and a check of ₱25.00 (a total of ₱125.00) were returned by the Bank to the Treasurer of the Association. Because of these returned Check and Money Orders the Credit Balance of the Association was debited with the amount of ₱125.00.

The service charge of ₱1.00 and the amount of the returned check and money orders (total to ₱126.00) explains the difference in the check book and the bank statement.

(Sgd.) LEONILLO F. ANTONIO
President, 1948-1949

NOTICE TO CONTRIBUTORS:

Contributions to *the Journal of the Philippine Dental Association* should be typewritten, double space, on 8½" x 11" paper, and sent to the Editor at 219 Samanillo Bldg., Escolta, or P. O. Box 1142, Manila.

1127 Washington
Sampaloc, Manila
June 28, 1950

Dear Dr. Carreon:

Please make correction on the errors in print of the names of Dr. Ananias L. Chavez and Dr. P. Cabigting-Chavez, subjects of acknowledgments on page 18, February 1950 issue of the Journal. Their names were wrongly spelled as "Chang" were it should be CHAVEZ.

Thanks.

Sincerely,
(Sgd.) Domingo T. Tolentino

DENTAL SCHOOLS AND COLLEGES IN THE PHILIPPINES

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