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*Seat of the Convention: MANILA HOTEL — Aristocrat of the Orient*

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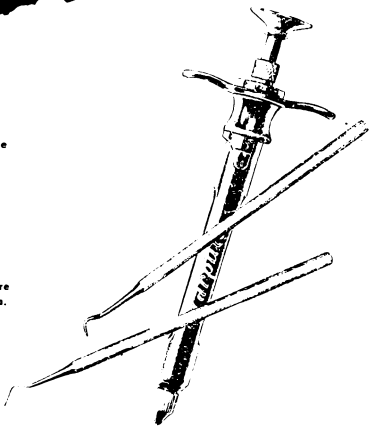
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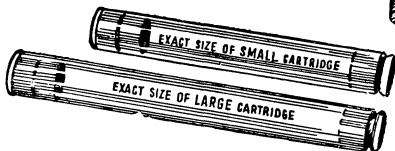
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### NEW DENTISTS—NEW HOPE

The taking of oath late this month of the successful candidates in the last dental board examination would usher into the nation's health service 338 new dentists.

To the profession, this event is significant for it would mean bolstering its contribution to the country of men trained in this field of science who would minister to the dental health needs of the people. To the new dental practitioners, it would mean the assumption of new obligations and responsibilities to themselves, to the profession, and to the public.

Many varied problems face the new dentists. It would be well for them to ponder on the happenings in the profession today and yesterday, so that they would be better prepared to meet them when they come their way. They should strive to help preserve in this country a noble calling which should only be exercised by persons trained not alone in the art and science of dentistry but also in the ethics of the profession and in the tenets of good citizenship.

In the course of their professional practice, these new dentists may in the future be called upon to lead the rest of their colleagues in the field of education, licensure, research or association work. In such event they should not hesitate to make use of their training for leadership, but in so doing they must also be certain that they are possessed of the necessary qualifications for such kind of endeavor.

Of late, we had been a witness to events which led to the embarrassment of some of the top-rank members of the profession. Such embarrassment could have been prevented or obviated had said colleagues of ours been more prudent, more cautious and more careful with their actions.

One would be considered to fail utterly in any kind of leadership if he acts to confuse rather than clarify; if he tolerates confusion by not acting promptly one way or the other; if he does not consult nor subscribe to any standing rules and regulations; and if he interprets any law or regulation merely to suit the convenience of certain parties without due regard to the true and real intention of said rulings.

## THE PRESIDENT'S PAGE

It is indeed very unfortunate that the results of the dentist examination released last Tuesday, October 10, by the board of dental examiners through the Malacañan Office of Public Information had given rise to a confusion with regards to the top honors in said examination. The Philippine Dental Association regrets that such incident had happened.

In the face of varied opinions on the matter coming from different sources and caused to be published in the newspapers it appears necessary that some clarification has to be made. This confusion could result only from an apparent lack of knowledge of the present "Rules and Regulations Governing Examination for the Practice of Dentistry in the Philippines" as promulgated and adopted by the board of dental examiners on September 30, 1949, pursuant to Sections 9 and 16 of the new Dental Law (Republic Act No. 417), which was approved on June 18, 1949.

Rule 12 of said Rules and Regulations is as follows: "The theoretical examination shall be in writing and shall have a value of 100%. The practical examination shall be by performance of practical exercises and shall also have a value of 100%. In order to pass the entire examination, a candidate must obtain a general rating of at least 70% in each of the theoretical and practical examinations and must not have a rating of less than 50% in any subject in the theoretical examination or in any exercise in the practical examination. A candidate who passed in the theoretical examination only may be permitted to take a re-examination in the practical examination only, and vice-versa."

It is not true, therefore, as alleged by Dr. Gregorio Y. Rodriguez, one of the successful candidates, that "if an examinee obtained a passing grade in the theoretical but failed in the practical, he is required to repeat only the practical; but if the examinee failed in the written examination, irrespective of a high grade in practical, say 95%, he fails in both, and he has to repeat the examinations in both theoretical and practical examinations." This is not the ruling of the Civil Service as claimed, and moreover, it is not the Civil Service who makes the rules and regulations but the board of dental examiners itself, with the advice and consent of the Commissioner of Civil Service and subject to the approval of the Office of the President (formerly, the Secretary of Health).

Neither is it correct, as explained by other sources, that "the official rating of each candidate is the average of his grades in both the practical and theoretical tests."

The fact that under the present rules the theoretical is given a value of 100% and the practical is likewise given a value of 100% could only mean that the two phases of the examination are not only of equal importance but that they are distinct and separate. It implies, therefore, that no general average is contemplated. Otherwise, the Rules and Regulations ought to have provided that the theoretical and the practical tests should each be given a value of 50% or a total of 100%; instead of giving a value of 100% to each of the two phases of the examination. Furthermore, if the average of the two examinations had been contem-



plated, then it would be possible for one who fails in the theoretical examination but obtains a high mark in the practical test not only to pass but also to top the entire examination; but such is not the case as it would be contrary to said Rules and Regulations.

If it is desired to have a list of the topnotchers of said examination, the only procedure which may be in consonance with the present rules is to have a list of the first ten in the theoretical test and another list of the first ten in the practical test. Based on the official ratings released by the board of dental examiners, the topnotchers would, therefore, be accurately listed as follows:

*Theoretical*

1. Gregorio Y. Rodriguez .....	88.17%
2. Leticia L. Religioso .....	87.82%
3. Jesus Q. Esquela .....	87.75%
4. Francisco M. Herbosa .....	87.17%
5. Florencia M. Reyes .....	86.92%
6. Maria S. Basco .....	86.83%
7. Ludovico A. Tolentino .....	86.58%
8. Marcelo P. Abelardo .....	86.5 %
9. Amelia G. Amparo .....	86.17%
10. Eugenia Y. Bon .....	86 %
Juan L. Rivera .....	86 %

*Practical*

1. Estefania Blanche G. Castillo .....	80.64%
2. Benjamin L. Lagman .....	80.17%
Luis V. Luistro .....	80.17%
Yonilo B. Taghap .....	80.17%
3. Julian Sangalang .....	79.67%
Alegria C. Zita .....	70.67%
4. Lita V. Alvarez .....	79.59%
5. Melanio M. Beley .....	79.42%
6. Francisco M. Herbosa .....	79 %
7. Iluminada P. Reyes .....	78.84%
Celia A. de Venecia .....	78.84%
8. Cesar Balugay .....	78.67%
Lourdes J. Ramos .....	78.67%
Luz Yatco .....	78.67%
9. Purificacion Perez .....	78.5 %
Sofia Sandoval .....	78.5 %
Ruperto A. Santos .....	78.5 %
10. Teodora L.Yao .....	78.34%

To avoid similar confusions in the future, it may be timely to amend the present Rules and Regulations so that each examinee shall have only one final rating, instead of having separate final ratings for the two tests, theoretical and practical, as heretofore. To arrive at this final rating, however, it would seem a dangerous procedure to simply get the general average of the ratings of the theoretical and the practical tests.

GERMANICO A. CARREON  
President

## PAIN CONTROL DURING OPERATIVE PROCEDURE IN CHILDREN

By Conchita S. Ampil, D.M.D.

Pain control during operative procedures in children is of great importance in pedodontic practice. The majority of children evade dental treatment because of their fear of pain. It is a known fact, however, that parents bring their children to the dental clinic for the relief of pain caused by toothaches. In these instances, the child's fear of dental pain is shadowed by the agony of his present toothache. He subjects himself, therefore, to the inevitable. This is not, however, the kind of reaction that we wish to get from children. We expect a child to come to the dentist because he knows the dentist will relieve him of his pain and not to *infect* more pain.

While pain accompanies all operative procedures, it can be brought to a minimum. Consideration must be given to the fact that perception and reaction to pain vary in different children. A non-painful stimulus may be interpreted as a painful stimulus by one child, and it may be interpreted otherwise by a second child. The physical stimulus and its mental interpretation make up pain. The elimination of the physical source of pain alone will not control pain. It is essential to eliminate both the physical and the mental sources of pain in order to control pain as a whole.

It is, therefore, the purpose of this paper to show that pain during operative procedures in children can be controlled by the elimination of both the physical and mental sources.

### Physical Source of Pain

The physical source of dental pain may be either mechanical, thermal or chemical.

In cutting dentinal fibers, pain is produced because dentin is a vital tissue. It

consists of ground substance and odontoblasts with their cytoplasmic processes. There are several theories about the transmission of pain through the dentin.

Hill (1947) stated that pain is the result of the transmission of impulses to the nerve endings within the pulp by the molecular movement within the dentinal (fibers) tubules.

Black (1887) ascribed sensation to the contraction of the odontoblasts and its fibrils similar to that of muscle contraction. Sensation results from the stimulation of the nerve ends by the odontoblasts with which they are in contact.

According to Gysi excitation of the sensory nerves is caused by the wave-like movement along the protoplasm made possible by the incompressibility of the fluid content of the dentin.

Hopewell-Smith postulated that pain is the consequence of pressure in the elastic column of the intra-tubular material and the softened decalcified intra-tubular matrix of the dentin transmitted to the surface of the pulp.

Prinz (1928) introduced a theory with regard to hypersensitive dentin. He believed that sensation was due to "demarcation currents, convection, and osmosis"—that pain results from an increase in hydrostatic pressure caused by an increase in surface tension acting on the fine capillaries of the dentin and an increase in osmotic pressure resulting from dialysis of water solutions of foreign substance through a membrane formed by the concentration of colloids in the surface film.

In other words, when the colloidal contents of the dentinal tubules become exposed to the fluids in the oral cavity, the surface tension is altered. The dentinal tubules become overdistended and exert

Paper read before a seminar at the College of Dentistry, University of Illinois, where the author took post graduate studies recently.

## Pain Control During Operative Procedure in Children—Ampl

pressure upon the underlying odontoblastic cells. The fluid of the tubules is incompressible as water possesses no elasticity. It, therefore, presents a rigid column and pressure it transmits is undiminished in all directions. The application of additional pressure upon the distended area is transmitted to the nerve fibers at the surface of the pulp.

The transmission of an impulse from the odontoblasts cell to the underlying nerve filaments may be explained as follows. The odontoblastic cell is surrounded by a basket-like network of nerves from the pulp. When the odontoblastic processes are stimulated or irritated by a physical stimulus, the cell secretes or liberates a hypothetical substance similar to or the same as that substance liberated by the nerve cell when it is stimulated. This substance is called acetyl choline. The nerves surrounding the cell are therefore chemically stimulated by this substance so that the impulse is transmitted by the nerve filaments to the pulp and hence conducted by the nerve pathways and interpreted in the brain.

*Mechanical trauma* is produced by the use of rotary cutting instruments which tear and cut the dentinal processes. Sensitivity to pain is greatest at the D.E.J. due to the anastomosis or the radical arrangement of the tubules at this point.

According to Bodecker, aside from the anastomosis of the tubules, sensitivity at the D.E.J. can also be due to the presence of enamel spindles and tufts.

Enamel spindles may be defined as terminal prolongations of the odontoblastic processes of the dentin into the enamel. They are similar in nature to the dentinal tubules so that sensitivity is increased at this area.

Tufts are organic structures containing high percentages of protein material formed by the thickening of cement substances between the enamel rods. They increase the amount of non-calcified mat-

ter at D.E.J., thereby increasing sensitivity.

A pressure stimulus applied on the tooth is transmitted to the nerve endings by way of the P.D.M. The rapid pounding action exerted by a wobbling hand-piece on the tooth is transmitted to the nerve endings through the medium of the P.D.M. Most of the nerve fibers of the P.D.M. are proprioceptive receptors.

*Thermal trauma* is caused by the heat generated during the rotation of the bur which is transmitted to the pulp by way of the dentinal fibers. The heat evolved is dependent on the (a) size, sharpness and speed of rotation of the revolving instrument, (b) pressure exerted, (c) direction of the pressure, (d) condition of the field of operation—whether it is dry, moist or wet.

In the experiment performed by Dr. D. Holland, Jr. he correlated pain of tooth preparation with heat generated by friction of the bur on tooth structure being cut. He came to the conclusion that the sharper and the smaller the bur, the less heat is generated. He found that in 30 seconds of drilling a decayed surface of dentin, the tip or grinding surface of the bur showed a rise in temperature of 20°F.

A revolving instrument held on tooth structure with a constant pressure produce much heat. The direction of pressure influences the production of heat especially in the use of fissure burs and cylindrical stones. A downward pressure in making occlusal cuts, as well as in lateral extensions with these instruments, produces a large amount of heat.

Operations in a dry field require less time since it is easier to work on a clear, dry field.

*Chemical trauma* arises from the use of caustic and dessicants. Dessicants act by dehydration of the processes while caustic cause the precipitation of the intra-tubular contents of the dentin. Some investigators believe that self-limiting caustic like silver nitrate super-

ficially destroy the vitality of the protoplasmic fibers and protect the contents of the tubulae by solid plugs of precipitated albumin. The disturbing elements are therefore prevented from reaching the dentin. Several drugs that act as caustics or by dehydration and which are still employed to relieve hypersensitive dentin are phenol liquid, alcohol with chloroform, warm air or alcohol with warm air, concentrated zinc chloride solution, silver nitrate and Robinson's remedy (potassium hydroxide and phenol crystal, equal part with glycerin).

#### Mental Source of Pain

When a stimulus is applied on the tooth, it is transmitted to the free nerve endings in the pulp and the nerve fibers conduct it to the cortical layer of the brain where the interpretation of the stimulus is made. Perception and reaction to pain vary in different individuals. Women are believed to be more sensitive to pain than men, and children more sensitive than adults.

The (dental) problem of the pedodontists is the child's fear of dental pain. Fear may be defined as a perversion of the sense of alertness to the presence of danger. It is a defense mechanism of the body. There are several types of fear exhibited by a child in relation to the dental situation. The first type is the fear in the form of anxiety exhibited by the child before he is brought into the dental clinic. This may have been brought about by conditioning of the parents themselves, who dread dental treatment, playmates, comics, caricatures and radio comedians who exaggerate the dental situation. It may be brought about by previous experiences with "white coats." A child may associate the dentist in his white coat with a past painful experience of a needle prick in his arm. Memories of past painful events influence the condition of the child when he is brought into the dental clinic.

A fearful child is one who anticipates pain at the mere sight of fear-provoking

instruments which are laid out before him or the unfamiliar surroundings of the dental clinic with the unit and its numerous gadgets. This is the child who is apprehensive and who reacts to the smallest or least possible stimulus by magnifying the response.

Normally, the child is afraid of that which he cannot understand. A frightened child may be presented to us in the dental clinic simply because of his lack of knowledge or understanding of what is occurring or what is being done to him. During the operative procedures a frightened child will display pallor, perspiration, twitching, increased respiration and rapid pulse. Another may display tantrums. The absence of the external manifestation of fear, however, is no proof that fear is not present. According to F. Braceland, every dentist should be a psychologist.

An overreactive child reacts to pain much more than a normal child because his pain threshold is low. Children of well-to-do families and of the leisured classes are more sensitive to pain. A tired child is sensitive to pain much more than a rested child because his pain threshold is also low. A tired child is never a cooperative patient.

#### Methods of Pain Control

In order to control dental pain in children, it is essential for the pedodontist to first recognize the source of pain whether it be physical or mental. The recognition and subsequent elimination of the primary source of dental pain will be most effective in eliminating the secondary source of pain.

*Mechanical Trauma* can be eliminated by the correct use of the rotary cutting instruments in order that the dental processes are cut cleanly instead of torn. The knowledge of oral histology is most helpful in this line. Pressure on tooth structure may be avoided by the use of light intermittent touch of the revolving instrument. This gives greater ease of

## Pain Control During Operative Procedure in Children—Ampil

control and prevents the danger of slipping off the tooth.

*Thermal Trauma* may be eliminated by the use of sharp, small-sized burs with a speed of 1,500—2,000 R.P.M. with the engine running in second speed. This has been found to give the best results in reducing heat generation. However, from the *Yearbook of Dentistry*, 1949, an article on heat production and mechanical efficiency of diamond instruments, stones and burs written by J. P. Walsh and H.F. Tymmons show that stones and diamond instruments will cut enamel three times at 1/30 the pressure using a speed of 60,000 R.P.M. than at 3,000 R.P.H., for the same range of temperature rise.

Other factors to be considered in eliminating thermal trauma are: the use of light intermittent touch of 3 to 4 seconds applied at different points each time, the avoidance of the downward pressure of the revolving instruments by using the base and the side of the bur or the cleaving section of the chisel to cut tooth structure, and the use of the rubber dam. The bur can be used more efficiently in a clear dry field as it will not clog as it does in a wet field. Furthermore, there is no difficulty in differentiating between carious and non-carious dentin when one works in a dry field aside from the fact that the use of the rubber dam enables one to work on a septic field of operation. All these physical means of combating pain in operative procedure can only prove effective when used with the highest degree of skill.

The elimination of chemical trauma is brought about by the avoidance of caustics and desiccants.

*The Elimination of the Mental Source of Pain* is as important as the elimination of the physical source of pain in order to control pain as a whole. The mental attitude of the child toward pain can be controlled by psychotherapy, the most common of which are: re-education or re-conditioning, suggestion, and per-

suasion. The most effective method of conditioning a child to the dental situation is to have him brought to the clinic prior to the time when he actually needs dental treatment. This is during the pre-school age period. In this way, the child becomes familiarized with the dentist and the clinic so that his future visits will not prove painful to both parties.

When the child reaches the age when he can understand or comprehend the procedures that takes place in the clinic, this should be explained to him. The different dental instruments should be introduced to the child and their uses explained. During actual operative procedure the insertion of those instruments into the child's mouth will not be repulsive or strange to him.

To gain the child's confidence, it is imperative to inform him of the sensitive areas on his tooth where he will feel slight pain during the operative procedure. It will not be wise to tell the child "this is not going to hurt," if we know it will hurt. Once a child loses his confidence in the operator, it will be difficult to regain.

From previous experience, the child has been found to ask for a mirror in order to watch the operative procedure being done in his mouth. As this has proved to be in the way of the operator's hands, the mirror in combination with the light of the dental unit has been invented. Through this mirror the child is able to see everything that occurs around and at his back. The anxiety and the apprehension that excites fear are removed because the child has been made to see and understand what is happening.

Too long appointments tire a child. A maximum forty-five minutes should be allotted to the operative procedure in a child per visit. Morning appointments are preferable for the child is usually brought to the clinic in a rested condition.

Summary and Conclusions

Dental pain arises from a physical stimulus and its mental interpretation. The recognition and elimination of the primary source of pain is foremost. Once the chief cause of the pain is removed, the elimination of the secondary or accessory cause will be easy.

In pedodontic practice we must remember that we are dealing with the

child, the most sensitive of all individuals. The physical source of dental pain can be eliminated by the knowledge, skill and ability of the operator to perform correct operative procedures while the mental attitude of the child toward pain can be controlled by understanding of the child and the removal of the sources of his fear. In the control of pain in children lies the success of the pedodontists.

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## THE EARMARKS OF THE PROFESSION

By Lloyd E. Blauch

(From *The Journal of Dental Education*)

As I walk along the street of an urban area today, I am besieged by an abundance of signs and advertisements, each announcing where I may obtain a particular ware or service. Among those contenders for my attention, and my small purse, are name plates of various kinds indicating professional service. I find, for example, John Black, physician; William Brown, dentist; James Gray, pharmacist; Samuel White, attorney-at-law. (There is, of course, no meaning attached to these colors.) By way of translation they say: Medical service is rendered here by John Black; dental service is provided here by William Brown; pharmaceutical service may be had here from James Gray; and legal service is available here from Samuel White. So you see each plate tells two things—the type of professional service and the name of the individual practitioner who renders it.

When I need to have my teeth checked to learn whether they continue to be sound, I look for a dentist—a member of the particular profession that engages in that kind of service. But that is not enough. I know that the service is not rendered by the profession but by an individual. I also know that there is great variation among men with respect to their individual services. I want, therefore, not merely to have a dentist, just any dentist, I want a particular dentist in whom I have full confidence as to his competence and professional integrity.

My need for pharmaceutical service obviously presents a similar problem to me, with possibly some slight variation.

On this occasion I propose to deal with the two aspects of the dentist's and the pharmacist's sign or shingle; first, the

profession—what are its earmarks or characteristics; and second, the individual practitioner—what manner of man is he, what quality of professional service does he render? The major emphasis, however, will be on the nature of the professions.

You may rightly think one is rather bold to undertake a discussion of a subject upon which so much has been written and spoken and yet which is so little understood. The subject is extensive and there is by no means full agreement concerning it. In undertaking it, I feel somewhat like the preacher down South who in trying to be very impressive, as well as startling, concerning the theme of his Sunday morning sermon, began with the bold statement: "Brethren and sisters, today we's gwine to define de indefinable, and explain de inexplorable, and unscrew de inscrutable." Perhaps today we shall have to deal with something that approaches the indefinable, the inexplorable, and the inscrutable, but I make no such claim as the preacher.

### Definition

The word "profession" or professional" may be used loosely or strictly. In its broadest import it is simply the opposite of the word "amateur." In this sense a person is a professional if he devotes his entire time to an activity, as against one who is only transiently or provisionally so engaged. The professional baseball player, dancer, and cook thus earn a livelihood by concentrating their entire effort on their respective vocations; whereas the amateur baseball player engages in the sport only during early youth or college life, largely as a recreation; the amateur dancer engages in the activity as a pastime or hobby, and the amateur cook

derives pleasure from preparing food on a camping trip or other similar occasion merely as an extra.

But such a loose use of the term "profession" is not sufficient for serious purpose we now have in mind. A profession in the genuine sense requires something more than full-time engagement. We must admit that there is no one clear test that will enable us to draw a sharp line between what is and what is not a profession. Any dividing line must be somewhat arbitrary. Nevertheless the term clearly stands for something. That something is a complex of characteristics.

The dictionaries give us several definitions of a profession. One of the best is from the comprehensive Oxford English Dictionary which says a profession is "a vocation in which a professed knowledge of some department of learning or science is used in its application to the affairs of others or in the practice of an art founded upon it." A profession is defined in the Encyclopedia of Social Sciences as "a vocation founded upon prolonged and specialized intellectual training which enables a particular service to be rendered."

Here we have the essence of a profession—a specialized service on a high intellectual level devoted to the well-being of people.

Until about 150 years ago only three callings—*theology, law, and medicine*—were commonly recognized as professions. They were called the "learned" professions because they are taught in universities.

Since that time many others have acquired this status, and still others are in the process of being elevated to this lofty place in social recognition. With the change in number there has also been an evolution in the earmarks of the professions. It shall be our purpose to indicate some of these earmarks. Eleven of them come to mind.

#### Intellectual Character of Activities

One earmark that stands high on the list is the intellectual character of the activities involved in the work. Manual activities are not necessarily excluded from a profession; or is the use of tools excluded. The physician is not the less the professional because of his fingers feel the pulse (sometimes said to be the pulse!); the dentist is not the less the professional because he uses the bur and the forceps; nor is the pharmacist the less the professional because he uses the mortar and pestle. But in neither of these instances does the professional activity derive its essential character from its instruments. The instrument is an incident; the real character of the activity is the thinking process. The performance is on the intellectual rather than the instrumental level. The problems to be solved are difficult; they cannot be handled by the mere application of routine methods. If they could be so handled, the service would be rated as a trade.

#### Practical Nature

A second characteristic of professions is that they are definitely practical. They cannot be merely academic and theoretic. The professional man must have a distinctly practical object. He has a concrete clear-cut task in each of his undertakings. The dentist, for example, is confronted with a pathological condition in his patient, the pharmacist has to compound a particular prescription. The dentist does not merely treat pathological conditions, he treats such conditions in individuals, each of whom presents a different situation. He is forced, therefore, to be intensely practical in his activity. This is merely another way of saying that the professions exist to perform highly specialized practical functions in the social order, usually for particular individuals or groups, but sometimes for society as a whole.



## The Earmarks of the Profession—Blauch

### Specialized Intellectual Techniques

The third earmark of a profession is a specialized intellectual technique; that is, a systematic and orderly procedure used in dealing with the particular problems which the profession is called upon to handle. Such a technique is acquired through prolonged training. So significant is this characteristic that it is sometimes referred to as the chief distinguishing and overruling feature of a profession. Despite differences of opinion about details, the members of a given profession are pretty well agreed as to the specific objects which the profession seeks to fulfill and the specific kinds of skill to be used in attaining those objects.

Techniques rest upon knowledge derived from the study of natural science or from the study of human institutions. They are developed in part from raw materials derived from one realm or another. In other words, back of and supporting the techniques or technical processes employed by a profession lie basic fields of study and inquiry. For example, dentists do not merely learn how to put fillings into teeth. That is a technique which they employ to deal with certain types of pathological conditions. In order to employ the technique intelligently they study anatomy, physiology, chemistry, physics, and other basic sciences. Likewise pharmacists do not learn merely how to mix certain ingredients to compound a prescription. They study physical sciences and histological sciences in order that they may compound prescriptions properly, check errors, understand dosage, and advise health practitioners concerning the uses and effects of drugs. Techniques which do not rest upon such comprehensive study, although they may be of useful service, cannot be said to be professional in character.

### Independent Judgment and Individual Responsibility

A fourth earmark of a profession is that its practice requires the use of independent judgment and the assumption

of large personal responsibility. This characteristic arises largely from the intellectual character of the work; for in all intellectual operations the thinker takes upon himself a risk. The professional is not under orders. He is not just a hired employee who must do as he is bid. Though he be cooperating with others, though he be engaged in teamwork rather than individual work, his responsibility is none the less complete and not less personal. He stands or falls on the success of the outcome of his decisions.

### Research and Creative Work

Fifth, any profession that is worthy of the name in modern times engages in and supports research and creative activities in its field of service. It cherishes its imaginative minds and creative talent. Systematic and persistent effort to extend the boundaries of knowledge and develop new processes of service is a basic factor in the development of a profession. The stimulating influence of such creative work inspires the professional and keeps him from stagnation. This is not to say that each individual carries on extensive creative work or engages in research on a large scale, but the profession as a whole provides for it. The profession must resort to the laboratory and the seminar for a constantly fresh supply of facts; it is the steady stream of ideas emanating from these sources that keep professions from degenerating into mere routine, from losing their intellectual character.

Thus the profession renews its strength, inspires confidence in those it serves, and offers increasingly useful and satisfactory service. The fruits of inquiry are indeed essential foods for proper nourishment and full growth of a profession.

### Organized Literature

Sixth, every modern profession has a well developed body of literature that contains the principles and facts on which the practitioner bases his activities. In a

profession there are no trade secrets; ideas and processes are not patented. The discoveries are published so they may be shared by all and become the common property of those who are able to use them. They are freely given to the world in the interest of a better service to humanity. So significant is the literature, therefore, that great effort and substance are expended to support it.

#### Superior Personnel

Seventh, professions attract capable well-educated personnel—a personnel that is considerably above the average. In fact no calling can attain professional status if its practitioners are persons of mediocre or inferior ability. In general, professionals are a clearly marked group. Moreover, they guard rather jealousy the gates of admission to provide reasonable assurance that only “good” people may enter, that is, persons of intellectual capacity and personal integrity. They go a step further in that they often urge young people of ability to join the profession. No doubt some of you have chosen your course because a dentist or a pharmacist, noting your ability and character, thought you would be a credit to his profession and he therefore urged you to join up. An intellectually capable personnel is then a distinguishing feature of the professions in our time.

#### Schools on the College and University Level

Eighth, in view of the intellectual character of the work of professions, it is to be expected that they would have schools on a high educational technique, is perhaps the most pronounced characteristic of a profession.

In the typical evolution of professional education there have usually been three stages—(1) apprenticeship training, the young man associating himself with a recognized practitioner who became his preceptor and mentor; (2) the proprietary school established by a member or a group of the profession who operated

the school for profit; and finally (3) the university school or a school offering training similar to that afforded by the university. In these later institutions of higher learning the vast and complex body of knowledge of the professions is organized and presented in an orderly, continuous, and systematic way by well-trained teachers.

Typically in our nation these great institutions play an increasingly significant role in determining the character of the professions. First, the schools either open or close the gates of the professions to those who want to enter. This fact has recently struck us with great force as we have noted the large number of young people who knock at the doors of the professional schools but find the doors closed because the rooms inside have already been filled.

Second, the schools determine what principles and techniques the future members of the profession will learn, what professional attitudes they will develop, what ideals of service they will espouse. Third, the schools either place, upon the students their stamp of approval, in the form of a degree, which is a virtual passport to the promised land. And lastly, the professional schools carry on a large share of the research and other creative activities, the results of which vitalize and renew the professions.

Truly the schools of a profession are in a strategic position; to a very large degree they make the profession in our times. There can be no great profession without great professional schools.

#### Self Organization

Ninth, a profession is a brotherhood—almost a guild. Professional activities are so definite, so absorbing in interest, so full of duties and responsibilities, that they completely engage the time and effort of the practitioners. Consequently, the social and personal lives of professional men and of their families tend to organize around a professional nucleus. We find then that in a true profession

## The Earmarks of the Profession—Blauch

there is considerable group cohesiveness. Generally this spirit results in some sort of organization or association. These groups are formed for several purposes, such as to advance the profession and the interest of its members, and to protect the profession from incompetent practitioners. Sometimes they become exceedingly reactionary, defending the status quo and opposing all progress. On the positive side they are a strong force for progress when managed by persons of imagination and social vision.

### Social Regulation

Tenth, professions generally are characterized by some form of social regulation. This may take one or both of two forms—either regulation by voluntary associations, or regulation by the State.

Voluntary regulation is usually based upon an ethical code which is recognized by the profession and the public. Students of this matter inform us that nowhere have standards of professional ethics been formulated in codes so extensively as in the United States. Here they date back more than a century.

The American Medical Association adopted a code of ethics as early as 1848 and has since then revised it several times. The first code of ethics in pharmacy was apparently that adopted by Philadelphia pharmacists in 1848. Four years later (1852) the American Pharmaceutical Association agreed upon a code of ethics. The dental profession also has a code of ethics whose origin dates back a long time.

So great is the concern of the public for some of the professions that it has placed them under State regulation. This has been done in cases where the service rendered is vital, such as in medicine, dentistry, pharmacy, and veterinary medicine. It has also been done for professions, such as law, where the service is fiduciary or confidential to a large degree. Furthermore, it has been done for

such callings as teaching, where the direct public interest is large.

These forms of regulation help to keep professional practice on a high level. They protect the public from the quack, the charlatan, and others who would prey upon people when they are in need of expert service. These forms of regulation, both voluntary and public, likewise protect the competent and honest practitioner from competition with the incompetent and the unscrupulous.

Social regulation of some form or other is then a distinct feature of the professions.

### General Education

We came now to the last of the eleven distinctive characteristics of professions. Those so far mentioned refer primarily to the application of specialized techniques to service for humanity. I now make bold to suggest another earmark which is somewhat different in character from the ten already named. I refer to a fair degree of general or liberal education. This characteristic, I realize is an achievement in some professions and largely a hope in others. But progress is being made in this direction. More and more, the idea is coming to prevail that professions should be practiced by educated people, not by people whose higher education has been limited to the acquisition of specialized techniques.

There are several reasons for this attitude. First, it is generally believed that professional service is improved by the addition of a considerable amount of general education to the specialized professional training.

Second, the professions operate in a social environment. They have definite relationships to it; they need to understand it. In recent years I have listened to many discussions of the social relations of the professions; sometimes the discussions were most intelligent and enlightening, but alas! sometimes they were quite the opposite. Surely professional

people should learn to deal intelligently with their social relationships.

I may say, however, that the most compelling reason why a sizeable amount of general liberal education should characterize the professions arises from the nature of modern life. Let me explain.

Professionalism is not without serious social consequences. The trend toward highly specialized vocations in our occupational life is resulting with the affairs of society as a whole. The professions tend to draw into them a large share of the intellectually more capable people. In these fields the educational and the professional activities are highly specialized, and the practitioners tend to lose concern with the broad world of public affairs except as their immediate interests are involved.

Who then is left to deal with the great social, economic, and moral issues that affect all of us? Are we to leave these matters to the people of mediocre capacity? That may easily occur as increasing numbers of our superior people engage in highly specialized callings such as the professions. Can we afford to let that happen? Certainly not.

The greatest problem that confronts all of us today is not how can we obtain improved professional service, important as that may be. Rather is it how can we manage to survive in this modern age of great tragedy—an age with overwhelming social and economic problems and with deadly wars? These are the things to which all intelligent people must give attention. We need to cultivate all our brains to deal with them. Professional people cannot escape responsibility. They must help to carry the burden in these more general problems. I need not tell you, therefore, that we must make certain that our professional people of the future shall secure enough general and liberal education to enable them to bear their share of mankind's load and to interest them in doing it. A sizeable amount as represented by at least a minimum of

two years of college, must be an earmark of the professions. Certainly more would be highly desirable.

Such are then some of the characteristics of the professions. Let me enumerate them: (1) intellectual character of the activities; (2) practical nature of the activities; (3) specialized techniques whose mastery requires long time; (4) independent judgment accompanied with corresponding individual responsibility; (5) research and creative activities; (6) a body of specialized literature; (7) a superior personnel; (8) schools on the college and university level; (9) social cohesiveness and organization of those engaged in the calling; (10) social regulation; and (11) a considerable amount of liberal and general education. There may be some overlapping in these characteristics, but each of them stands for something that is a little different from the others.

I suspect that you recognized a number of these characteristics before you chose to become dentists or pharmacists, and I presume you have discovered others of those enumerated as you pursued your study during the past four years.

All of them will become more real to you as you follow your respective callings. These characteristics will take on increased significance for you as you live the life of a professional among your fellow men.

#### The Individual

Let me now say a brief word concerning the other half of the sign with which we begun. I refer to the name of the individual on the plate over the office or the shop; that is, to William Brown and to James Gray. There are great differences among the practitioners of a profession. The sum of those differences for one individual is what distinguishes him from other individuals; they constitute what we call his style.

As one who needs a professional service, I am greatly concerned as to the individual from whom I can obtain it. I

### The Earmarks of the Profession—Blauch

want to be sure it is of high quality—the best that can be provided in the present stage of the profession. I have to place myself in the hands of William Brown or James Gray. Everything depends on him, provided I cooperate with him fully, as I most certainly shall.

But I need not carry this point further. Your school has, over the past four years, educated you concerning the moral obligation to fulfill your part to those whom it will be your privilege to serve, to devote yourselves wholeheartedly, competently, and without stint to serving them well.

Well do I remember one Sunday when in college I attended the evening vesper service. The address was given by a young man, J. W. Shank. On leaving the hall after the meeting, I met the dean of the college and remarked to him how good the address was. I shall never forget his reply. He said: "Whatever Shank does is well done."

I hope you shall always covet that reputation for yourselves. There is no greater reward than the inward satisfaction that comes from service to others that is well done.



### *A Good Teacher Possesses Threefold Spirit:*

(1) *A true guide*—he has a goal to be reached, he knows how to reach it and he takes his followers there.

(2) *A true interpretation*—this involves research and an understanding of fundamentals.

(3) *A true fellowship*—men are drawn to him and to each other and many organizations, social and otherwise, in which the spirit of fellowship is developed, are helpful. In our undergraduate days, college fraternities play an important part.

—Journal of Dental Education

*(A year ago we published in this Journal the new Rules and Regulations Governing Examination for the Practice of Dentistry in the Philippines. For the benefit of our readers, we are publishing it again in view of the recent confusion over the evaluation of the theoretical and the practical tests.—Editor)*

**Republic of the Philippines**  
**BOARD OF DENTAL EXAMINERS**  
Manila

**RULES AND REGULATIONS**  
**Governing Examination for the Practice of**  
**Dentistry in the Philippines**

Pursuant to Sections 9 and 16 of R.A. 417, the following rules and regulations governing examinations for the practice of dentistry in the Philippines are hereby promulgated:

**APPLICATIONS**

Rule 1.—All applications for examination shall be made on the forms provided by the Board and no applications made otherwise will be accepted. All information given on these forms must be written in ink and in the handwriting of the applicant.

Rule 2.—Applications must be filed with the Secretary of the Boards of Examiners at least twenty (20) days before the date of examination, accompanied by a recent bust photograph of the applicant and the required fee.

Rule 3.—Applications shall be subscribed and sworn to before a notary public or other person qualified to administer oaths.

Rule 4.—An application not properly accomplished, or not containing all the information called for, or not accompanied by the required fee will be returned by the Secretary of the Board with a statement of the reason for the return.

Rule 5.—At least two members of the Board shall go over the applications. The Board shall satisfy itself that each applicant possesses the qualifications prescribed by law and rules and shall pass a resolution embodying the action taken by it on the applications, which resolution shall be forwarded to the Commissioner of Civil Service for record purposes or such other action as may be deemed proper.

Rule 6.—A disapproved application will be returned to the applicant by the Secretary of the Board for necessary correction, or with a statement as to the reason for such disapproval.

Rule 7.—Every applicant for a re-examination shall be required to file a new application, accompanied by the required fee and photograph.

Rule 8.—The instructions set forth in the application form (B.D.E. Forms Nos. 1 and 2) shall be construed to be part of these Rules and Regulations.

**F E E S**

Rule 9.—Every applicant for examination for the profession of dentist shall pay an examination fee of fifty pesos (P50.00) upon filing the application, and for registration a fee of ten pesos (P10.00).

**DATE OF EXAMINATION AND SCHEDULE OF SUBJECTS**

Rule 10.—The dentist examination shall be given by the Board of Dental Examiners on the second Tuesday of June and December of each year in Manila or at such other place as may be deemed necessary and expedient by the Board, subject to the approval of the Commissioner of Civil Service and the Secretary of Health.

Rule 11.—All examinations shall be in English and shall consist of written and performance tests the subjects and scope of which are as follows:

## THEORETICAL EXAMINATION

1. Anatomy, Dental Anatomy, Comparative Dental Anatomy.  
**Relative Weights:**
  - Anatomy ..... 50%
  - Dental Anatomy ..... 40%
  - Comparative Dental Anatomy ..... 10%
2. Histology, Physiology, and Dental Protozoology.  
**Relative Weights:**
  - Histology ..... 40%
  - Physiology ..... 40%
  - Dental Protozoology ..... 20%
3. Chemistry, Anesthesia.  
**Relative Weights:**
  - Chemistry ..... 50%
  - Anesthesia ..... 50%
4. Materia Medica & Therapeutics, Toxicology.  
**Relative Weights:**
  - Materia Medica & Therapeutics ..... 75%
  - Toxicology ..... 25%
5. General Pathology, Oral Pathology.  
**Relative Weights:**
  - General Pathology ..... 50%
  - Oral Pathology ..... 50%
6. Bacteriology, Oral Surgery.  
**Relative Weights:**
  - Bacteriology ..... 50%
  - Oral Surgery ..... 50%
7. Operative Clinic ..... 100%
8. Operative Technic, Orthodontia.  
**Relative Weights:**
  - Operative Technic ..... 50%
  - Orthodontia ..... 50%
9. Prosthetic Dentistry ..... 100%
10. Radiology, Physical Diagnosis.  
**Relative Weights:**
  - Radiology ..... 50%
  - Physical Diagnosis ..... 50%
11. Dental Materials, Ceramics.  
**Relative Weights:**
  - Dental Materials ..... 75%
  - Ceramics ..... 25%
12. Hygiene & Sanitation, Dental Jurisprudence, Dental Economics, Ethics.  
**Relative Weights:**
  - Hygiene & Sanitation ..... 25%
  - Dental Jurisprudence ..... 25%
  - Dental Economics ..... 25%
  - Ethics ..... 25%

## PRACTICAL EXAMINATION

I. (a) Porcelain filling to be done in the mouth of the patient: A cavity, Class III in an upper incisor or cuspid. The case must be an original cavity.—2 hours, 1st day.

(b) A jacket crown either in acrylic or porcelain on any anterior tooth of the patient from the preparation of the abutment to finished pattern.—4 hours, 1st day.

II. Full Denture (upper and lower). Candidates to bring patients and materials. From impression taking on patient all succeeding steps till setting of teeth on case mounted on articulator and trial on patient.—8 hours, 2nd day.

III. A Removable Bridge involving one or two missing teeth, either anterior or posterior, using any casting material (silver or technic metal) with porcelain or acrylic dummy or dummies to be done on patient.—8 hours, 3rd day.

## EVALUATION

Rule 12.—The theoretical examination shall be in writing and shall have a value of 100%. The practical examination shall be by performance of practical exercises and shall also have a value of 100%. In order to pass the entire examination, a candidate must obtain a general rating of at least 70% in each of the theoretical and practical examinations and must not have a rating of less than 50% in any subject in the theoretical examination or in any exercise in the practical examination. A candidate who passed in the theoretical examination only may be permitted to take a re-examination in the practical examination only and *vice-versa*.

Rule 13.—Candidates are prohibited from communicating with each other while the examination is in progress by means of words, gestures, codes or other acts which may enable them to exchange information. Any candidates violating the provisions hereof, shall be summarily expelled from the examination room and his papers cancelled.

## PREPARATION OF QUESTIONS

Rule 14.—Examination questions shall be prepared in the handwriting by the Board member himself and shall be kept strictly confidential.

Rule 15.—The copy of the questions in the handwriting of the author thereof duly signed by him shall be given to the Secretary of the Boards of Examiners after the examination for the purpose of records. A permanent file of these questions shall be kept which shall be treated as confidential matter.

Rule 16.—The questions in the handwriting of the Board member concerned shall be ready for printing on the day of the examination and shall be brought by the Board member himself to the place of examination. It is preferred that the member giving the examination be present during the printing of his questions.

Rule 17.—In preparing questions the following should be observed:

(a) The time allowed for answering the entire questionnaire in a given subject must be stated.

(b) The time allowed should be determined with due regard to the degree of difficulty of the questions given.

(c) Questions should be definite. The wording should be complete and should be carefully checked until there is no possibility of a misunderstanding by the average examinee. No questions should leave the examinee guessing as to its meaning.

(d) Reference may be made to sample or old questions for guidance only. The questions to be given should be original as much as possible and should not be copied verbatim from textbooks, quizzes, outlines and questionnaires used in school classes or review courses. Questions which call for unsettled or highly controversial opinions should be avoided.



## CONDUCT OF EXAMINATIONS AND RATING OF PAPERS

Rule 18.—Board members shall refrain from explaining questions to a particular candidate or candidates. If any explanation is necessary, the same shall be made to the whole class.

Rule 19.—Answers to every question must be rated by at least two members of the Board, the first corrector consistently using blue pencil and the second, red pencil. The Board member reviewing the papers rated by the first corrector should assign his corresponding ratings only after having fully appraised the answers.

Rule 20.—Answers to each question should be graded on the basis of 100%. If the question is composed of sub-divisions, the 100% should be apportioned accordingly among the subdivisions. The grade given by each member should be clearly written on the examination paper.

Rule 21.—In case the rating given by a Board member to an answer differs by more than 10% from that given by the reviewer, they shall so adjust their ratings that the difference would not be more than 10%.

Rule 22.—If in the process of correcting, a Board member finds any irregularity in any examination paper, he shall refrain from rating the same and shall immediately report said irregularity to the Commissioner of the Civil Service or to the Secretary of the Board.

Rule 23.—Each paper should be authenticated by the initials of the Board members who rated it, at the upper right-hand corner of the questionnaire attached to the paper.

Rule 24.—If it is desired to change a rating given, the same should be crossed out, *not erased*, and the revised rating indicated above the altered attested to by the initials of the Board member making the change.

Rule 25.—The members of the Board shall not open or cause to be opened the small envelopes attached to the examination papers.

Rule 26.—In order to give the Office of the Boards of Examiners sufficient time to prepare and release the results of the examination before the holding of the next examination, the members of the Board shall finish correcting their papers within (60) days from the date the examination was held.

Rule 27.—Board members shall not release any information about the results of the examination while the same is under consideration. No board member shall inform a candidate of his rating or standing in the examination before the official release of the results thereof.

Rule 28.—After the results of a given examination are approved and the names of candidates revealed, no petition for reconsideration of grades shall be granted, unless it is conclusively shown that there has been malfeasance or misfeasance on the part of the examiner or examiners in the rating of the papers and except with the approval of the Secretary of Health.

Rule 29.—These Rules and Regulations shall take effect upon approval hereof.

Adopted at Manila, Philippines, this 30th day of September, 1949.

ATTEST:

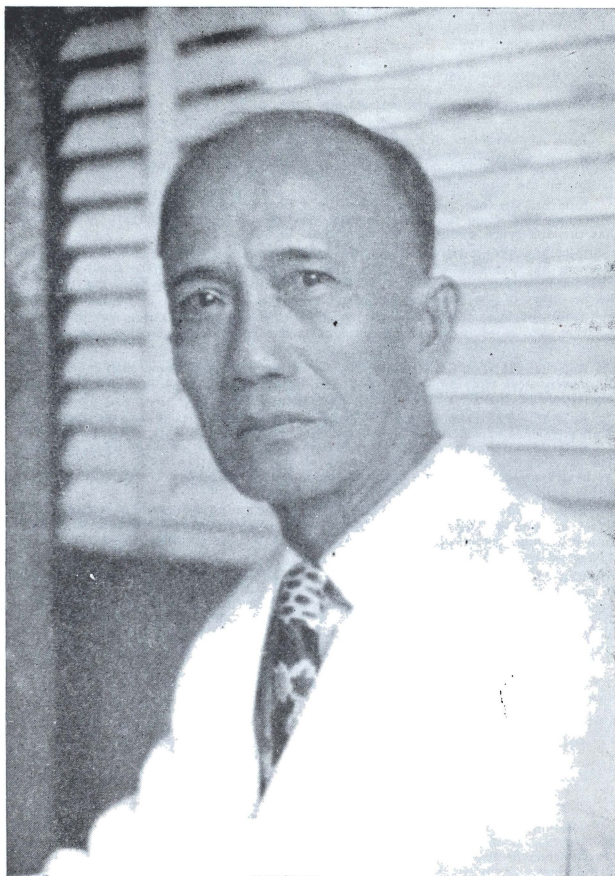
(Sgd.) GONZALO S. ROBLES  
Secretary

(Sgd.) GERVASIO ERANA  
Chairman

(Sgd.) ALFONSO SALCEDO  
Member

(Sgd.) PASCUAL IGNACIO  
Member

Notation: In view of the approval on June 17, 1950 of Republic Act No. 766 which effected the transfer of the Board of Dental Examiners, along with the other examining boards, from the Department of Health to the Office of the President of the Philippines, all references to the Secretary of Health in the foregoing Rules and Regulations should now be to the President of the Philippines.



Joaquin Corpus Ladao, D.D.S., F.I.C.D.

## DEAN OF FILIPINO DENTISTS

By Pacifico V. Noroña, D.M.D.

One man who has dominated the local scene in dentistry during the past three decades is a personable dentist now in his early sixties. When the history of dentistry in the Philippines is written, its golden pages will carry the name of this grand person, the dean of the Filipino dentists—Dr. Joaquin Corpus Ladao.

It was almost noontime when we were seated in the anteroom of the office of Dr. Ladao at the Regina Building, waiting to interview him many months ago. Having treated his patient, he came to us and inquired the purpose of our call. After having thus informed him, he politely refused to grant us the interview, giving the excuse that there were many other dentists whom we could feature in our Journal. We tried to carry on our talk with him, hoping that he would yield in ultimately. Our hope, however, soon vanished when he looked at us intently and said with finality: "I'm very sorry." Which was but saying in other words, "No!" We knew right then and there that this man whom we wanted to feature in our publication was one who shunned publicity. So we dismissed the idea of interviewing him at that time for this feature. Later, we thought of looking up his personal records somewhere and inquiring other people about him.

Like all great men, Dr. Ladao's professional life has not all been a rosy one. For having been reelected many times to the presidency of the National Dental Association, he was charged by a few of his colleagues as having tried to perpetuate himself in power. The fact is, because of his devotion to duty and sincerity of purpose, Dr. Ladao has been endeared to the members of the profession that at every end of his term as president of the organization the dentists clamored for him to lead them again. In one of the

meetings of the PDA board of trustees, he once touched on this and said: "I have been criticized time and again of being a dictator in the dental profession when I had been elected, from year to year, as president of the National Dental Association for 12 consecutive years. But because of my clear conscience, and knowing as I do that the sacrifices I have done were all for the sake of the profession and not for my personal gain, those criticisms I had received only served as encouragement for me to proceed further." Even now when his prime years in the profession had passed, many friends in the country visit him either in his office or in his residence when they are in town. Such is the regard that the members of the dental profession has for him.

A man of integrity, Dr. Ladao, does not tolerate crookedness in any form. It is not surprising therefore that despite his physique, he is possessed with a fighting spirit. An incident which occurred when Dr. Ladao was dean of the Philippine Dental College in 1919 shows his fearless character. As related by one of his contemporaries, several unrecognized dental colleges at that time were said to have issued diplomas for a consideration of from P300 to P500 each. Some of those who obtained these diplomas who have not had the required training in college were able to take and pass the examinations given by the dental board. At the initiative of the P.D.C. Alumni Association, Dr. Ladao, among others, made steps to stop this anomalous practice. Despite threats to liquidate them, they went ahead with their task and also took issue with the members of the dental board on the irregularity in the admission of candidates for examination.

Joaquin Corpus Ladao was born on August 17, 1888 in San Marceline, Zam-

### The Journal of the Philippine Dental Association

bales to Francisco Ladao and Florentina Corpus. He first studied in the elementary schools of San Marcelino and Iba, in the province of Zambales. In 1910 he finished his high school course in the old Philippine Normal School. Having decided to pursue the study of dentistry, he departed for the States after his graduation from high school, there being no dental school in the country which offered regular course in dentistry at that time. The University of Sto. Tomas then was offering merely a two-semester vocational dental course. He studied in the Chicago College of Dental Surgery, Loyola University, in Illinois, Chicago, which institution conferred upon him the degree of Doctor of Dental Surgery in 1914.

After finishing college, he returned to the Islands and began to practice his profession in 1915. Since then he has practiced continuously, thus having the record of 35 years of dental practice. As he confided to a close friend, it is his fondest dream to be able to attain fifty years in his dental practice. Before the war, he kept an office at the Kneedler Building in Manila, where some of the country's officialdom sought his services. Presently he maintains his dental office at the Regina Building on the Escolta. Here he attends to his patients morning and afternoon, a practice which seems rigorous for a man of his age, considering that he has other duties to do.

Aside from being a practitioner, Dr. Ladao has been in the teaching field since 1916 when he first taught at the Philippine Dental College. He also served as director of this institution for many years. For many terms he was dean of the college of dentistry of the National University. His teaching career was interrupted only by his membership in the board of dental examiners in which he also served as chairman. Today he is professorial lecturer and head of the Department of Operative Dentistry in two institutions—the Manila Central University and the National University.

In view of his long experience in dental

education, he was last March elected president of the Philippine Association of Dental Teachers, an affiliate organization of the PDA.

Recognizing his "conspicuous services rendered in the Art and Science of Dentistry," he was elected early this year a fellow of the International College of Dentists, one of the few Filipino dentists who belong to this exclusive body. Last May the PDA awarded him a life membership certificate for having devoted much of his time to the activities of the Association.

Dr. Ladao had figured prominently in the fight against the abolition of the practical examination in the dental board. He was chairman of the PDA committee that drew up a resolution requesting the President of the Philippines to reconsider the decision of Secretary Villarama of abolishing said examination. Later, when the Association decided to make amendments to the old dental law, he was named chairman of the committee on legislation by the board of trustees. The passage and subsequent approval of the new "Dental Law," now known as Republic Act 417, may in one way be credited to the work of his committee.

One who has shown much concern for the Association, Dr. Ladao, who is presently a member of its board of trustees, takes an active part in almost all of its activities. Every annual convention, he has a paper to read, be it on Ethics in the profession, Operative Dentistry or any other topic.

Only a little over five feet tall, Dr. Ladao is a little human dynamo who keeps on working and who hates to remain idle. Despite the strenuous everyday life that he leads, he has never been sick since he became a dentist. This he attributes to his first love in hobbies—golf. On Sundays, unless he has a very important engagement with the PDA or the Philippine Association of Dental Teachers, one can find him on the playing grounds of the Wack Wack Golf and Country Club, of which he had been an active member for a number of years.

## CURRENT NEWS ITEMS

### Three Hundred Thirty-Eight Candidates Hurdle June Dental Board Examinations

Three hundred thirty-eight dentists passed the licensure examination for the practice of dentistry given last June by the board of dental examiners, it was announced on October 10 by the Malacañan Office of Public Information. The examination, which comprised of both the theoretical and practical phases, was held on June 13 to 15, and June 17 to July 1, respectively.

There were 380 candidates who took the examination, the largest batch that had ever taken the dental board examination. The percentage of passing is 89%.

#### Theoretical Test

The first ten places in the theoretical test are as follows:

1. Gregorio Y. Rodriguez (CODS) 88.17%
2. Leticia L. Religioso (MCU) .. 87.92%
3. Jesus Q. Esquela (CODS) .... 87.75%
4. Francisco M. Herbosa (UE).... 87.17%
5. Florencia M. Reyes (CEU).... 86.92%
6. Maria S. Basco (NU) ..... 86.83%
7. Ludovico A. Tolentino (UP).... 86.58%
8. Marcelo P. Abelardo (MCU).... 86.5 %
9. Amelia G. Amparo (MCU)..... 86.17%
10. Eugenia Y. Bon (NU) ..... 86 %
- Juan L. Rivera (MCU) ..... 86 %

#### Practical Test

The first ten places in the practical test are as follows:

1. Blanche G. Castillo (CEU) .... 80.64%
2. Benjamin L. Lagman (MCU).. 80.17%
3. Luis V. Lulstro (NU) ..... 80.17%
4. Yonilo B. Taghap (CODS) .... 80.17%
5. Julian Sangalang (PDC) ..... 79.67%
6. Alegria C. Zita (UP) ..... 79.67%
7. Lita V. Alvarez (PDC) ..... 79.59%
8. Melanio M. Beley (MCU) ..... 79.42%
9. Francisco M. Herbosa (UE) .... 79 %
10. Iluminada P. Reyes (MCU) ... 78.84%
- Celia A. de Venecia (CEU).... 78.84%
11. Cesar Balugay (MCU) ..... 78.67%
12. Lourdes J. Ramos (CEU) .... 78.67%
13. Luz Yateo (PDC) ..... 78.67%
14. Purificacion Perez (MCU) .... 78.5 %
15. Sofia Sandoval (CEU) ..... 78.5 %
16. Ruperto A. Santos (PDC) .... 78.5 %
17. Teodora L. Yao (CEU) ..... 78.34%

### PDA President To Meet Executive Committee Members

Dr. Germanico A. Carreon, PDA president, is scheduled to meet the chairman and members of the executive committee for the coming annual dental convention on October 29 at the Manila Hotel to discuss the plans for the coming convention. Dr. Pedro A. Bañez, general chairman of the 1950 dental confab, had circulated committee chairmen to attend said meeting.

It was disclosed that the PDA president will transmit to the executive committee the suggestions of the different chapters in making the dental convention successful and fruitful of good results.

#### Complete List

The complete list of those who passed, with their corresponding ratings in both the theoretical and practical tests, is as follows:

Gregorio Y. Rodriguez, 88.17—78; Leticia L. Religioso, 87.92—78.17; Jesus Q. Esquela, 87.75—74.89; Francisco M. Herbosa, 87.17—79; Florencia M. Reyes, 86.92—74; Maria S. Basco, 86.83—73.83; Ludovico A. Tolentino, 86.58—76.17; Marcelo P. Abelardo, 86.5—74.83; Amelia G.

Amparo, 86.17—72.17; Juan L. Rivera, 86—76.17; Eugenia H. Bon, 86—72.08; Adelaína A. Gonzales, 85.5—77.67;

Celsa M. Santiago, 85.5—76.5; Rosa C. Escueta, 85.5—75.17; Epitacio P. Alarcon, 85.5—74.83; Luz G. Gellemani, 85.25—75.17; Patricio F. Librojo, 85—74.67; Celia A. de Venecia, 84.92—78.84; Rizalina M. Lara, 84.92—76.67; Jose G. Concepcion, 84.92—73.75; Eugenia V. Lagaya, 84.75—76.84; Albino P. Guevara, Jr., 84.75—74.84; Vicenta V. Ragiles, 84.75—73.84; Estefania Blanche G. Castillo, 84.67—80.64;

Nestor B. Escosa, 84.67—72.34; Patrocinio L. Dizon, 84.5—73.67; Amado V. Bugayong, 84.42—77.23; Bonifacia F. Cendaña, 84.42—76.84; Rosario C. Castro, 84.42—74.89; Mariano P. Perez, 84.25—78.17; Teodora M. Ablang, 84.25—74.83; Fermin B. Gonzales, 84.25—74.17; Gloria G. Nanquil, 84.17—77.34; Alegria Zita y Campos, 84.08—79.67; Nestor P. Perez, 84.08—75.5; Perseverando Dizon, 83.75—73;

Paula C. Dujunco, 83.75—72.17; Conrado M. Cruz, 83.58—76.67; Socrates Mayor, 83.58—72.34; Luz G. Camayo, 83.5—75.59; Rebecca Sta. Cruz, 83.42—77.34; Helen A. Panuncialman, 83.42—77; Benjamin L. Lagman, 83.33—80.17; Jose P. Nuñez, 83.33—76.17; Ignacio Cruz Castillo, 83.33—74.83; Alejandro M. David, 83.25—75.5; Felipe R. Veneracion, 83.17—77.17; Emma L. Margallo, 83.17—74.17;

Luz S. Alcalá, 83.08—75.67; Amalia C. Sison, 83.08—74.33; Felicísima C. de Vera, 83.08—71; Francisco M. Jimenez, 83—76.83; Alejandro Cunanan y Mercado, 83—73.89; Antonio L. Gaviola, 83—70.92; Lerrida S. Domingo 82.92—73.42; Josefina M. Mateo, 82.83—78.17; Iñigo A. Yap, 82.83—77; Celso A. Bunga, 82.83—76.34; Lourdes F. Dionisio, 82.83—74.37; Juan Hidalgo, 82.75—76.34;

Lita V. Alvarez, 82.67—79.59; Libertor Q. Sison, 82.58—75.67; Beata R. Real, 82.58—73.84; Jose P. Rosal, 82.5—73.5; Francisco Rabang, 82.17—75.17; Olega-

rio S. Teodoro, 82.08—77.84; Felicísimo P. Gomez, 82.08—72.09; Antonio C. Locsin, 82—76.5; Eduarda C. Vergel de Dios, 82—74.17; Modesto A. Vargas, 82—73.33; Lourdes O. Enriquez, 81.83—75.42; Roman Reyes, Jr., 81.75—75.84;

Magdalena Ambida, 81.67—74.47; Amelita L. Sengson, 81.58—74.5; Isabel A. Bacnis, 81.5—73.17; Nestor D. Gattaitan, 81.42—77.11; Rodolfo F. Lamug, 81.42—77; Rafael R. Ramos, Jr., 81.42—76.5; Jose T. Imbo, 81.42—76; Milagros Trinidad, 81.42—73.67; Herminia G. Roman, 81.42—73.17; Elizabeth M. Margallo, 81.33—77.67; Godofredo B. Ramos, 81.33—76.67; Conchita Mossesgeld, 81.33—76.5;

Estrella L. Nobello, 81.08—77.34; Elpidio Sanchez, 81.08—77.34; Isabel de las Peñas, 81—75.17; Estela C. Luna, 81—74.84; Luz Billote-Rovillos, 80.33—77.84; Pablo T. Faraon, 80.83—75.83; Dionisia R. Ocava, 80.75—76.84; Leoncia M. Ramos, 80.75—73.17; Luz C. Quiza, 80.67—76.84; Isabelo Y. Blanco, Jr., 80.67—72.08; Belen Reyes, 80.58—73.17; Petra V. Garcia, 80.5—75;

Basanio C. Ordoñez, 80.5—74.17; Aurora D. Mejia, 80.42—75.66; Faustino O. Romano, 80.42—74.5; Patricio Poñgol, Jr., 80.25—75.83; Simeon B. Morales, 80.25—72.67; Vicente N. Jayme, 80.08—74.84; Herminia C. Moreno, 80.08—73.5; Lydia C. Sarusario, 80—74.67; Flordeliza R. Goco, 80—74.33; Winifreda Gutay Aguirre, 79.92—75.34; Modesta Acidillo, 79.92—70; Gertrudes A. Cinco, 79.83—75.42;

Alfredo S. Talens, 79.75—74.17; Luisa Q. Quitariano, 79.67—74.17; Adoracion F. Obedoza, 79.67—73.67; Lourdes B. Castro, 79.67—73.09; Luz Yatco, 79.5—78.67; Josefina M. Bartolome, 79.5—75.58; Lourdes E. Jingo, 79.42—75.34; Adoracion Anayas, 79.42—74.17; Proceso F. Zarate 79.42—74; Lourdes J. Ramos, 79.33—78.67; Evelyn D. Campos, 79.33—76.17; Maria Paz Flor, 79.33—74.33;

(Continued on page 30)

## **Provincial Officials Visit PDA Headquarters**

Several officers of chapters in different provinces visited Manila early this month and they called on the PDA president at his office in Samanillo Bldg., Escolta.

Among those who visited the PDA headquarters were Dr. Gil Montinola, member of the board of directors of the Negros Occidental Dental Society; Dr. Aureliano U. Colcol, secretary of the Misamis Occidental Dental Society; and Dr. Maria R. Cabantan, secretary of the Cebu Dental Society.

The visiting officials pledged continued cooperation with the mother association and promised to work for a greater attendance in the coming convention.

## **Professional Tax Measure Questioned**

The constitutionality of the city ordinance taxing professionals in the City of Manila was challenged in the court of first instance by lawyers, dentists, physicians, pharmacists, accountants and other professionals in a test complaint filed last October 11 against the city mayor, treasurer and municipal board.

Dr. Fausto G. Tapiador, PDA vice-president for Luzon, who was designated by the PDA president to represent the Philippine Dental Association in the protest, appeared as one of the petitioners.

The petitioners which included, besides Dr. Tapiador, Silvestre Punzalan, Antonio Fa. Quesada, Pablo Anzures, Felipe B. Ollada, and Iluminado M. Cada, charged that the city tax on professionals is unconstitutional. They claim that the city ordinance is (1) a class legislation; (2) oppressive to those already paying occupation tax in accordance with the internal revenue laws; (3) discriminatory against professionals in the city of Manila; and (4) a measure that constitutes double taxation.

The Manila municipal board recently passed an ordinance taxing professionals in Manila. Most professionals paid the tax under protest. The deadline for the payment of said professional tax without surcharge expired last July 23.

## **Manila Hotel Chosen Site of 1950 Confab**

The Manila Hotel, finest hotel in the Orient, has been selected seat of the 22nd annual dental convention of the Philippine Dental Association, which will be held from December 14 to 17, it was announced jointly by Dr. Germanico A. Carreon, PDA president, and Dr. Pedro A. Bañez, general chairman of the convention.

The decision to hold the entire proceedings of the convention, scientific, business and social, at the Manila Hotel was arrived at following a conference between Charles Hollmann, hotel manager, and the PDA officials. Special concessions were granted the Association provided that the whole convention will be held at the said hotel.

As convention headquarters, the Manila Hotel will be decorated and arranged to suit the requirements of the occasion. The Fiesta Pavilion will be utilized for this purpose. Booths for exhibitors will be provided on the sides of the hall where dealers of dental equipment and supplies could display their exhibits.

## **Cagayan Dental Society Requests for Scientific Films**

The newly-organized Cagayan de Luzon Dental Society, PDA chapter, early this month requested the national headquarters of the Association for dental and other scientific films to be exhibited to its members.

In a letter sent to Major Paredes, president of the Cagayan chapter, Dr. Germanico A. Carreon informed him that he would soon send some films through the courtesy of the United States Information Service.

The Misamis Occidental Dental Society, through its secretary, Dr. Colcol, has also made representations for the use of dental and medical films.

Meanwhile, Dr. Carreon announced that in the near future the Association would purchase one 16-mm projector, which would be made available to the various PDA provincial and city chapters.

**338 Candidates Hurdle . . .***(Continued from page 28)*

Benita B. Salcedo, 79.33—73.5; Yonilo F. Taghap, 79.25—80.17; Florentino B. Reyes, 79.25—75.84; Gloria Y. Lucasan, 79.25—75.5; Adelaida R. Albano, 79.25—71.09; Natividad D. Nera, 79.17—75.59; Alicia L. Alcaraz, 79.17—71.17; Josefa V. de Guzman, 79.17—71.34; Lauro P. Leonor, 79.17—70.34; Alfredo M. de Leon, 79.08—74.67; Manuel S. Montano, 79.08—73.34; Armando R. Crisostomo 79.08—73.08;

Napoleon R. Dator, 78.83—74.17; Soledad V. Pil, 78.83—74; Florita L. Guevara, 78.75—77.59; Fe Montinola, 78.75—76.84; Manuel C. Mañgoba, 78.75—75.34; Paterno Berido Buzon, 78.75—75; Victor G. Mercado, 78.67—75.17; Consuelo B. Reynoso, 78.58—75.17; Angel R. Tolentino, 78.58—71.67; Alfredo V. Galvez, 78.5—75.33; Luisita P. Gabriel, 78.5—75; Norma Espiritu Javier, 78.5—74.75;

Arsenio C. David, 78.33—74.58; Teodora L. Yao, 78.25—78.34; Tolentino Sta. Ana, 78.25—73.67; Pacifico M. Lualhati, 78.25—73.5; Marcos R. Gavieres, 78.25—73.11; Teresa L. Cadiz, 78.17—77.56; Mary Anne Lo, 78.17—73.84; Ruth R. Vergara, 78.17—72.34; Humberto F. Manzanares, 78.08—75.83; Antonina S. Olandez, 78.08—73.34; Mariano M. Gines, Jr., 77.92—72; Pedro F. Rovillos, 77.83—76;

Benito V. de Leon, 77.83—73.17; Luis V. Luistro, 77.75—80.17; Pedro B. Castro, 77.75—72.42; Peregrina M. Yap, 77.67—73.91; Carmelita C. Gascon, 77.67—71.66; Rosa R. Luz, 77.58—75.5; Teodora C. Cabrido, 77.58—74.83; Rolando Enriquez, 77.58—73.22; Leonila R. Carbungco, 77.5—75.5; Serafin L. Maranan, 77.5—72.17; Angelina F. Custodio-Sabella, 77.5—71.83; Angel T. Dalisay, 77.42—74.17;

Jorge M. Torralba, 77.33—77; Teresa Saballa, 77.33—75.67; Benita S. D. Mendoza, 77.33—74.5; Abraham C. Fulgueras, 77.33—71.33; Juan Baloloy, 77.25—73; Carmen R. Flotildes, 77.25—72.5; Ale-

jandro B. Capili, Jr., 77.17—77.25; Socorro P. Aloña, 77.17—75.67; Purificacion I. Ponce, 77.17—74.34; Erasto B. Cruz, 77.17—72.58; Amador A. Cordova, 77.17—72.17; Elpidia S. Gancayco, 77.08—75;

Carmen L. Parras, 76.92—75; Ricardo V. Flores, 76.92—73.5; Herminia P. Cruz, 76.83—75.58; Mario G. Villacorta, 76.83—74.34; Estrella M. Iligan, 76.83—73.33; Antonia C. Capistrano, 76.75—74.5; Nelly D. Mercado, 76.75—74; Neptuna G. Javier, 76.67—71.84; Oscar L. Gonzales, 76.67—70.16; Pascuala G. Hernandez, 76.58—77; Luz S. Amarante, 76.58—72.67; Amado A. Claveria, 76.5—73.17;

Romeo Lopez, 76.42—74.17; Alfredo Orpessa, 76.42—73.5; Ernesta Jambalos, 76.42—72; Lorenzo Manalo, 76.33—75.34; Nicolas C. Garcia, 76.33—73.25; Mariano U. Crisostomo, 76.25—76; Carolina A. Felix, 76.25—70; Iluminada P. Reyes, 76.17—78.84; Ignacio D. Uy, 76.17—73.67; Honórata C. Giron, 76.17—72.49; Teresa L. Mari, 76.08—74.83; Jose L. Calma, 76.08—74.67;

Irineo C. Miranda, 76.08—74.17; Eustaquio T. Teves, 76—75.34; Melitona de Luna, 76—74.33; Mario A. Malgapo, 76—73.33; Salvador C. Cornista, 76—71.17; Mario V. Cosio, 75.92—75.5; Federico A. Luna, 75.92—74.83; Florinda L. Tecson, 75.92—74.33; Sofronio R. Bautista, 75.92—73.67; Mario R. Baduria, 75.92—73.5; Luisa M. Ramirez, 75.83—75.34; Corazon C. Lazo, 75.83—74.5;

Santos Y. Basifio, 75.75—75.75; Serafina E. Evia, 75.75—72.67; Melodia Anihin, 75.67—74.33; Godofredo O. Sy, 75.58—74; Sofia Sandoval, 75.5—78.5; Buena Ventura F. Esquivel, 75.5—75.5; Clara C. Quiniones, 75.5—74.67; Jesusa G. Medida, 75.5—71.5; Elpidia Tagle Madlansacay, 75.42—78.16; Josefina Villavicencio, 75.33—75.34; Epifania R. Mediran, 75.33—71.67; Lucrecia T. Naidas, 75.25—76.67;

Luz G. Madlansacay, 75.25—75.83; Gloria J. Pelipada, 75.25—75; Severino C. Vergel de Dios, 75.25—73.67; Mansueta N. Cichon, 75.25—70.25; Maxima A.



Reototar, 75.17—77.17; Lydia R. Tagle, 75.17—74.5; Natividad A. Servando, 75.17—74.17; Justina Y. Hernandez, 75.17—73.67; Corazon C. Malabanan, 75.17—72.83; Lucille L. Gastillo, 75.08—76.34; Bienvenido C. de Guzman, 75.08—76; Dominica H. Umali, 75.08—75.84;

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### Dentists' Oath-Taking October 28 At Manila Hotel

Dr. Gervasio Eraña, chairman of the board of dental examiners, has announced, through Mr. Gonzalo S. Robles, secretary of the boards of examiners, that the oath-taking for the successful candidates in the last dental board examination, will be held at 10:00 o'clock, Saturday morning, October 28, at the Winter Garden, Manila Hotel.

## ABSTRACTS

**Hypnodontics or Hypnosis in Dentistry (Chapter I—Hypnodontics Today).** By A. A. Moss, D.D.S., Bernandaville, N. J., *Dental Items of Interest*, June 1950, Vol. 72, No. 6, pp. 547—558.

*Definition: Hypnodontics is that branch of dental science which deals with the application of controlled suggestion and hypnosis to the practice of dentistry.*

The study of controlled direct suggestion through the application of which a patient can be put into such a state as to produce basic changes in his behavior, both physiological and psychological, is the primary concern of the author's book. The purpose of the book is to help the dentist to evaluate properly hypnodontics in relation to its application to his dental practice.

In the United States, many dentists are now practicing this branch of dentistry, and study clubs and post-graduate courses are being organized and arranged for dentists to get the necessary knowledge and experience in the art.

In the relationship between patient and dentist suggestion plays an important part. Even before the patient meets his dentist, the power of suggestions begins to assert itself. The things that one hears about his dentist, the location of the dental office, the appearance of the waiting room, the promptness with which the patient's appointment is kept, the personal appearance of the dentist, etc., all are important factors in molding the patient's opinion of the dentist.

Hypnodontics, which is now being employed by dentists, is called by many names, among which are hypnosis, monoidalism, patient relaxation, hypno-anesthesia, and hypno-relaxation. All these names stand for hypnosis in dentistry or hypnodontics, but they have been coined by the dentist so as to evade the preju-

ices that exist in the minds of people toward the word *hypnotism*.

In view of the resurgence of interest in hypnodontics in the medical and dental professions, the author states that dentists should be more familiar and on speaking terms with this science.

Men of science have been performing many hypnotic experiments, noteworthy among whom are Brown, Prince, Clark Hull of Yale, George H. Estabrooks, M. H. Erickson, Robert Lindner, and many others. On hypnotism, Robert W. White of Harvard University made this observation: "Hypnotism, branded with a scarlet letter by Benjamin Franklin's Commission on Mesmer's work and ejected from the better consulting rooms, was destined to wander for a hundred years in the sums of medical practice, from which disgrace she was rescued until the eminent neurologist Charcot, picked her out of the gutter, examined her reflexes and pronounced her worthy of a place in medical research. More recently through similar offices of Hull, Erickson and White, she has begun to live her reputation, learn the manners of the laboratory, and speak the language of polite science."

Hypnotism for anesthesia had been applied by some surgeons. Sampimon and Woodroff, two Australian physicians reported that they performed 29 major operations without the use of any drug anesthesia, with anesthesia being hypnotically induced. Other advantages that hypnosis can produce are: (1) Elimination of nervousness; (2) Full cooperation of the patient; and (3) Eradication of post-operative complications which follow anesthesia, reduction or removal of postoperative pain and less bleeding and more rapid healing of wounds.

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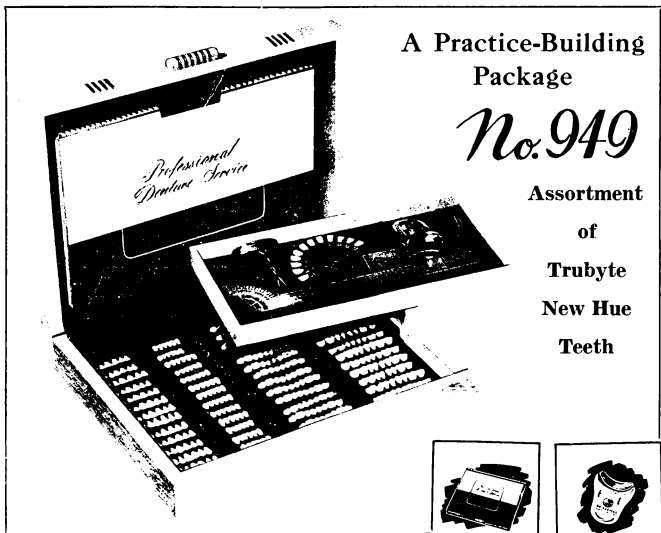
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