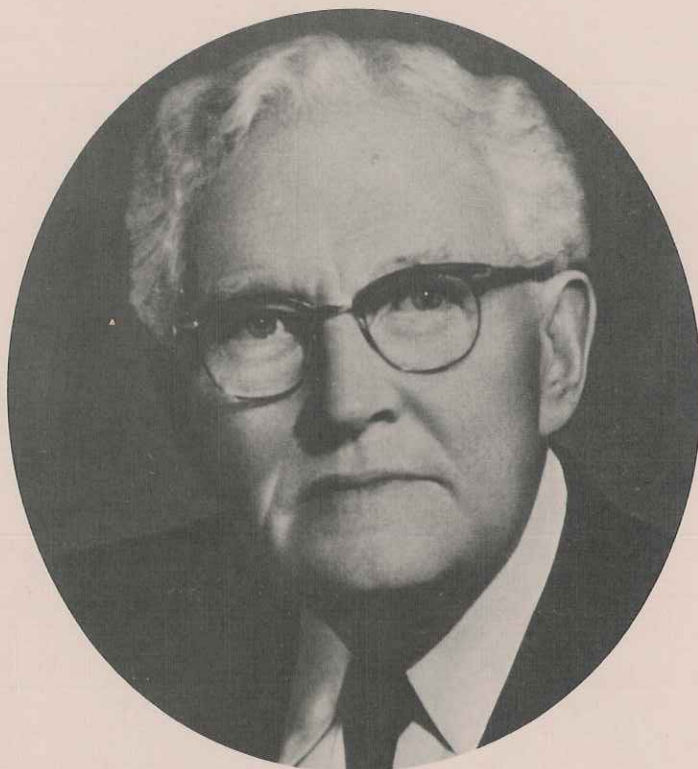


1943



1983



DR. EDGAR D. COOLIDGE

*We should so live and labor in our time that what came to us as seed may go to the next generation as blossom, and what came to us as blossom may go to them as fruit. This is what we mean by progress. — HENRY WARD BEECHER*

*Fortieth Anniversary*

AMERICAN ASSOCIATION OF ENDODONTISTS

1943



1983

*Fortieth Anniversary*

AMERICAN ASSOCIATION OF ENDODONTISTS

## FOREWORD

This brochure has been compiled as a memento of the 40th Anniversary of the American Association of Endodontists, and in recognition and appreciation of those whose efforts and talents created our organization.

You will find in the contents greetings from the American Association of Endodontists, The American Board of Endodontics, The American Association of Endodontists Endowment and Memorial Foundation, The Women's Auxiliary of the American Association of Endodontists, and the General Chairman of this Annual Session.

Although there were 19 members of the Founders Group and 31 Charter Members, the listing contained herein reflects the names in our records, whose responses are published in alphabetical order.

It is our desire and hope that you will find the contents of special interest and an inspiration for those who have benefited from previous contributions and accomplishments.

## GREETINGS FROM OUR LEADERS

The Officers and Directors of the American Association of Endodontists, The American Board of Endodontics, the Endowment and Memorial Foundation, and the Women's Auxiliary of the American Association of Endodontists join together in extending greetings, congratulations, and heartfelt appreciation for what the Founders and Charter Members accomplished for endodontics and dentistry.

This 40th Anniversary is a memorable one for each of us, and we pledge to you to carry on in the tradition which you have initiated and established these four decades. It is our hope that the next forty years will provide an opportunity to celebrate our 80th Anniversary and those who recognize that occasion may view us, to some degree, with the same respect, esteem, and appreciation in which we now view you.

Noah Chivian  
President, American  
Association of Endodontists

Gerald M. Cathey  
President, American  
Board of Endodontics

Myron Chubin  
Chairman, AAE Endowment  
and Memorial Foundation

Mrs. Dana Mullaney  
President, Women's Auxiliary  
of the American Association  
of Endodontists

Joseph D. Maggio  
General Chairman,  
Annual Session, 1983



## Greetings:

This is a memorable year for our association. It marks the 40th Anniversary of the founding of the American Association of Endodontists. This year also marks the 20th Anniversary of the American Dental Association recognition of endodontics as a special area of dental practice.

Much of the early history of our association has been recorded in a publication by Vincent Milas in 1968. The earliest recorded communication was dated February 8, 1943, and the first meeting was held at the Palmer House in Chicago, February 25, 1943.

It is necessary to reflect back on that period of time during the dark days of World War II: the Marines were trying to establish their position on Guadalcanal, Russia was fighting for its life against the German siege on Leningrad, Rommel's forces were being pounded by British and American Forces in North Africa, President Roosevelt had just imposed shoe rationing, and 19 members of the Founders Group met at the Palmer House to give birth to the American Association of Endodontists.

Our records indicate 31 Charter Members in addition to the Founders Group. In a desire to establish some tangible and visible evidence for this occasion, I have written to each of those so listed with a request that they write to me on the subject: "What Endodontics Has Meant to Me." (A copy of this letter has been included in this brochure.) The original intention was to excerpt portions from the responses to form a brochure for this occasion. The comments have been so personal and meaningful that it became necessary to publish the entire body of the responses for the edification of all who have an interest in endodontics and dentistry.

The leadership and inspiration provided by Dr. Edgar D. Coolidge was highly evident. It is in his memory that we dedicate this luncheon and the Edgar D. Coolidge Award each year. You will note that beneath his picture on the cover of this brochure, Henry Ward Beecher defines progress in a singular sentence in beautiful prose which exemplifies what has transpired in our Association these 40 years.

In addition to the comments from the Charter Members, you will find some personal notes that have been provided by Dr. Louis I. Grossman, several pages that have been taken from the diary of Mrs. Harry B. Johnston, and a copy of a speech given by Mrs. Louis I. Grossman at a testimonial dinner for her husband the evening preceding the Sixth International Conference on Endodontics in Philadelphia.

One of the less visible attributes of a successful professional may well be the good fortune in having an understanding and benevolent mate whose sacrifices make it possible for the pursuit of excellence and professional objectives.

Since Mrs. Grossman speaks so eloquently on this subject -- her first two paragraphs are priceless -- it is being included as a tribute to the wives and becomes a part of the archives of our Association.

In extending thanks to all who responded to my request, I would like to add my regret to those who have been unable to respond or join with us this day for this memorable anniversary celebration.

The wisdom, foresight, and dedication manifested in organizing this Association brought great benefit to every area of the civilized world where modern dentistry is understood, taught, and practiced. It was expressed quite well by Luigi Barzini in his book, "The Italians": "Dentibus emptis quis vitae fruges." (Who wants to bite the fruits of life with false teeth.)

Jacob B. Freedland  
Chairman  
Edgar D. Coolidge Luncheon

## FOUNDERS AND CHARTER MEMBERS

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Dr. Vincent B. Milas  
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Dr. Louis C. Siegel  
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Dr. P. Sidney Neuwirth  
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Dr. Thomas C. Starshak  
222 E. Pearson  
Chicago, IL 60611

The following responses by Charter Members are arranged by  
name in alphabetical order.

October 25, 1982

We will be celebrating the 40th Anniversary of our Association at our next meeting in Hollywood, Florida, April 20-24, 1983, at the Diplomat Hotel.

There is much to please our membership with what has transpired these four decades, but none is more significant than the successful effort of those who met in Chicago in 1943, in the height of the Second World War, to form our organization. There is no more appropriate manner in which we can commemorate this occasion than to honor and recognize our Charter Members at the Coolidge Luncheon scheduled for Saturday, April 23.

This is a special request for your presence, not only to be recognized, but to exemplify to the membership the genesis of the House of Endodontics in which we have all benefited so greatly and lived in so comfortably.

I have a special request to make of you. I would like for you to give some thought to writing to me on the subject: "What Endodontics Has Meant To Me." There is a need for all to know the atmosphere that prevailed in medicine, dentistry, and their respective educational institutions in the years preceding and immediately following the formation of the American Association of Endodontists in 1943. There is a need for your observations and opinions to be known to the general membership and more especially to be a part of the historical resource in the archives of our profession.

It is my desire to excerpt a cross section of this material in a special commemorative brochure for all the attendants, and to forward all such communications for our archives.

It would be most helpful if your material could be in my hands by the first of the year.

With kindest personal regards and every good wish for your continued good health and good spirits.

Cordially and sincerely yours,

J. B. Freedland, DDS, Chairman  
Coolidge Luncheon, 1983 Annual Session



## DR. ENRIQUE C. AGUILAR

What have forty years of Endodontia meant to me? More satisfactions than toothaches!

It may seem illogical for an endodontist to affirm that the knowledge and practice of Endodontia have meant more satisfactions than toothaches, nevertheless, this reasoning can be explained in my case considering that after having taken a post graduate course in Endodontics in 1943, under the direction of Drs. Sommers, Ostrander and Crowley at the University of Michigan at Ann Arbor, the preparation acquired there qualified me to confront the problems of pulp and preventive Endodontia in my patients and by being able thus to resolve their problems my patients as well as I experienced great satisfaction.

Concisely, a resume of the satisfactions that Endodontia has given me is the following:

1. Upon my return to my country, Mexico, I was fortunate in being able to introduce and disseminate the new techniques in Endodontics which, world-wide, meant a great advance in that branch of dentistry as they were founded on a science based on solid biological principles and strictly adhering to the scientific consensus. The task was arduous and all up-hill because the concept of "focal infection" predominated as an element against Endodontia. My relative professional youth at that time made the task to convince more difficult as I was up against more mature professionals and teachers who saw in Endodontics a threat to the health of their patients. Little by little, with the cooperation of other colleagues, endodontists, we succeeded in getting our fundamentals recognized and accepted, as we founded the Mexican Association of Endodontia, now a solid and prestigious institution.

2. More satisfactions! In the dental schools of Mexico as well as in many other foreign universities in 1943, there was no chair in Endodontia duly integrated or incorporated in the curriculum of dentistry: what was taught was a brief overview of its possibilities, and its dangers were emphasized. The new techniques in scientific Endodontia attracted the attention of the school authorities who finally accepted the establishment of the chair of Endodontia, which over the years has offered courses in this specialty as well as master's degrees.

3. More satisfactions! The progress, development, dissemination and predictability in its results have made Endodontia a powerful ally in the conservation of teeth; many branches of dentistry are built on a sound endodontic condition which has, in turn, resulted in the progress and development of these disciplines. As endodontists we are gratified for having contributed significantly to the well-being of our fellowmen in general and to our other colleagues in the dental profession in particular.

4. More satisfactions! Endodontia, apparently limited and circumscribed, encompasses an extensive accumulation of knowledge, information and experiences, making it one of the exciting and attractive disciplines. Clinical and basic research constitutes a challenge and in this way I became involved in the study of the treatment of the young permanent traumatized front teeth whose roots were found to be in development and therefore presented the opened apical foramen. After many years of observation and trial and error, I was able to devise completely the technique of treatment which today is known by the technical term "apexification" and which I called the "induction of the closing of the apical foramen" which was presented in the Mexican Association of Endodontia, in the Mexican Dental Association as well as in international congresses.

5. More satisfactions! I had the honor of participating in the international Forum on Endodontics, made up of a panel of distinguished researchers and clinicians, held in New York City in September of 1959 on the occasion of the celebration of the 100th anniversary of the founding of the American Dental Association.

6. More satisfactions! The invitation by the International Dental Federation to present the world report of the development of Endodontia during the five years: 1952 to 1957, which was presented in Rome, Italy, during their World Dental Congress.

As you can see, Endodontia has been very good to me because in addition to a livelihood, it has sustained me by enriching my life in so many ways that I can only express my gratitude for having had this wonderful opportunity in the course of my professional career.



## WALTER P. AUSLANDER

It gives me great pleasure to respond favorably to your request and to also permit me to renew our old friendship.

Initially in my career, Endodontics established for me an instant position and stature in our general dentistry community. I was sort of out for advice and was considered a rather unique individual apart from the others. Unique, in that I was willing and sometimes crazy enough to tackle problems that were thought to be unsolvable and were best left untouched. It most assuredly did not enhance my income, but the respect engendered by the daring was definitely great for one's ego. There were so many men eager to accept the little knowledge that you were able, but so ready and willing to impart. Root Canal never received top billing. We were lucky to get the crumb of a Table Clinic hidden in a remote corner.

By 1943 I was in the Army but nevertheless a small part and a cog in our embryo society of "Root Canal" -- then later called "Endodontia" and then as now "Endodontics." They were days of constantly trying to prove to the sceptics in the military and then later in private practice again that endodontic treatment carefully performed could and would result in success with no loss of teeth.

As a pioneer, one constantly struggled with the opposition's constant cry of "It can't be done" -- "It is not a specialty" -- "It is only an adjunct of General Dentistry" -- "It is only a fad that will soon disappear" -- "The tooth will be lost soon anyway."

I think back to our meetings in Chicago in February, always dreading the flight in and the flight out. Would we have a storm, or would the weather hold out and bless us with sunshine? We were very few in number and were fumbling for direction and identity. We shared our ideas, initially in "How to Treat," then "What to Treat," and later on "When to Treat." We had to creep and crawl before we could walk or run. The evenings were spent in informal seminars, and I was fortunate to be invited to participate by the great Alan Lieban.

I think back to the hard and fast ideas that would brook no deviations. Ideas that stemmed, not from lack of knowledge, but from lack of daring to try. "Only remove 1/3 of the

contents of a necrotic canal in the first visit and place a dressing" -- "Never instrument beyond the apex" -- "Always leave an acute abscess canal open for drainage."

I recall one visit to Chicago where Bert Wolfson sought me out. He wanted to talk to the character who advocated mechanical stimulation of the periapical tissue with an area present in order to create an inflammatory response and thus obtain healing; where he was suggesting the use of a Cortisone ointment to reduce the inflammatory response. We talked long into the night with Dudley Glick, Al Frank and my Associate, Leon Schertzer -- all participating in the exchange of ideas and technic which brought a better understanding among all of us. We were not crawling now; we had direction and were walking.

The treatment of molars and bicuspid with the preconceived ideas of anatomy, number of canals, and position of canals, led to the development of new and better patterns for approach. The daring to explore areas never ventured into previously, now led to a superior concept of canal anatomy, and a clearer understanding of the canal deviations. Better instruments were developed, and their handling and function better understood and utilized. We were walking steadily toward a common goal -- not running -- but driving ahead steadily on a firm foundation of facts piled on top of facts -- documented by years of clinical observation and study.

I have seen the philosophy of fillings in canals come full circle from Lou Grossman pointing up the superiority of Silver cones over Guttapercha to now where only Gutta. is acceptable. The pendulum swing is not realistic, for all fillings are only as good as the operator who employs and places them. It is inconceivable to me that the philosophy of only Guttapercha as an acceptable filling can be so high in the ascendancy of endodontic thinking. For me it can only be likened to the presentation of a great Symphony Orchestra with its string section, brass, woodwinds, and timpani, and then the sudden announcement that only the strings hereafter would comprise a complete orchestra. The other instruments are to be discarded. How inadequate, confusing, and ridiculous. Every type of fillings has been employed in my practice successfully. Silver Cones, Guttapercha condensed to place, and yes, even instruments sealed to place. They all have their moment to be heard in our orchestra. There should be no rigidity in our thinking.



The presentation of a Technic always led to many statements. "I don't have time to put on a rubber dam - I use cotton rolls, and anyway I don't know how to place a dam." or "Dr., I used your technic exactly as you demonstrated - but the tooth blew up - why?" Sterility was something to talk about but not practice. Non-sterile instruments, no rubber dam, etc., but they always followed your technic exactly.

I know that I could go on and on and reminisce, but I would like to leave with one thought. Take the ball and run with it, don't kick it away, and forget rigidity. We the pioneers tried to establish a firm foundation that can be built upon. Our fire is not out, the hot coals are still there. Don't let us down. -- Run!

Sorry I was so windy but you did wind me up. Regards, and I do hope to see you in April.

### I. B. BENDER

In examining the alloy of the past and present under a retrospectoscope as to the question what endodontics meant to me, an immediate capsulized reaction and thoughts come to mind: a way of life. I see a way of life consisting of three components, namely, practice, investigation with teaching, and friends and friendship.

Although practice was important, it was considered only as a means to sustain my other interests, investigation and teaching. I was not involved in developing a lucrative practice. I often asked myself what prompted me to go into the field of endodontics. The choice was made after having been exposed to all the dental disciplines during my general practice residence. It was the intrigue of focal infection and its possibilities of prevention through the root canal that moved my interest toward endodontics. The subject of bacteremia and heart disease provided more than just a cursory appeal.

For me, investigation in my chosen field was most rewarding. The experience of gratification of an idea coming to fruition, being confirmed by experimental proof, from dream to discovery, so to say, to the agony of failure. The self-reproach for



seeking objectives beyond my limited training and background. This latter experience caused me a crisis in confidence, forcing me to move into other disciplines; my limitations illuminated my ignorance. From this experience came the realization for the need for further study, consultation, and for team approach from other fields of study. All this caused a struggle for priorities of time allocations from practice, from investigation, and from daily duties and responsibilities. It is the latter that suffered the most, and in retrospect has given me the most guilt feeling. However, an understanding wife, recognizing my prime interest, helped me balance an unequal equation.

Some of my greatest rewards and emotional satisfaction, from a span of over 50 years in endodontics, come from my colleagues with whom I have shared meaningful and delightful experiences. It is they who helped me mollify the impetuosity of my youth, giving me the guidance to be able to disagree without being disagreeable. It is my association with them, at various meetings and the annual sessions, which gave me another dimension in maturity of thought and human interrelationship. Particular gratitude is offered to those who took the time to genuinely disagree with many of my thoughts and concepts; as a matter of fact, it was these disparities which were introduced, directly or indirectly, that caused me to go back to the laboratory or rewrite the manuscript to disprove them or myself.

The most rewardful benefit comes from the association with the people in endodontics who have given me friendship which has become interwoven with my daily musings; wondering what their view may be on a given problem. It is fortunate indeed for me to have friends characterized by integrity, intellectual honesty, and a sense of social consciousness with an inclination toward "Ars Gratia Artis," rather than a greed for peer recognition. It is my friends who have made my way of life colorful and more meaningful.

## L. IRVING EPSTEIN

Thank you for your kind letter of October 25, 1982. The enclosed editorial which I wrote some years ago pretty much sums up my feelings as regards endodontics.

My personal philosophy in this regard has not changed during all these years. I strongly feel that our specialty has provided a most significant impetus to the advancement of every phase of the dentistry of conservation.

It has been a pleasure!

(Excerpts from "Endodontics in Vitalized Dental Science")

This revitalized science has given the dentistry of conservation a refreshing new lease on life.

..... the clinical phase of student training must be integrated with basic science teaching. Significant also was the eventual recognition by the regional dental societies that lectures need not be limited to "popular appeal" technic presentations, and that our scientists could whet the intellectual appetites of dental practitioners.

Endodontics did not appear on the scene by virtue of necessity alone. It was a direct outgrowth of vitalized scientific endeavor in dentistry, and has proved its value in the dentistry of conservation.



## DR. LOUIS I. GROSSMAN

### DAWNING OF THE AAE

What impelled a small but earnest group of general dentists, in the midst of a war, to come together with the purpose of forming an endodontic association? The time must have been ripe, the milieu must have been conducive to shattering the shackles of the focal infection theory with which the profession had been fettered for more than 30 years. The object of the association was not only to have an interchange of knowledge on endodontics but also to carry to others outside the association the message that endodontic treatment is a safe procedure when properly performed, and that such teeth have not caused systemic diseases of which they had been accused.

For three decades the pulpless tooth had been charged with being the etiologic factor in a number of diseases such as arthritis, myositis, iritis and a long list of other itises. In fact, the first dental meeting I attended after graduation from dental school was in the form of a debate: "Resolved that the Pulpless Tooth is a Menace to Health." A physician and a dentist sat on each side of the moderator, debating the pros and cons of the resolution. It was a warm debate, probably neither side influencing the audience; what impressed me was that a physician had taken a stand in defending the pulpless tooth.

At the time the AAE was formed in 1943, some dental schools had stopped teaching root canal therapy, others limited treatment by students to single-rooted teeth, and only a few permitted the treatment of multi-rooted teeth as well. Endodontic treatment was considered a part of the operative department and, at times, was practiced under conditions where an aseptic technique could not always be carried out.

The focal infection theory was born of empiric observation. Early experimental work on focal infection was crudely performed. When the experimental method was refined and controls were used, the evidence did not incriminate the pulpless tooth. Nevertheless it took more than a decade before all dental schools in the country permitted students to treat posterior as well as anterior teeth. Did the existence of the AAE influence academia? In the 10 more years since the formation of the AAE, the association grew to more than 500 members, 80 of whom

were teachers of endodontics. Their influence must have been instrumental in bringing about the acceptance of endodontic treatment as a respectable branch of dental practice. There is no doubt that the AAE had an ameliorating influence on the dental profession in molding its attitude toward approving endodontic treatment.

If I were asked to choose three outstanding members of the AAE during its formative years who gave the association dignity, stature, and momentum, I would choose Edgar D. Coolidge, Harry B. Johnston, and Ralph Sommer. Who were these three?

Edgar D. Coolidge was an inspiration to both the young and older members of the dental profession. He was tall and straight of stature with snow-white hair covering his intelligent-looking head; a truly distinguished-looking person. He was a father image to many. His domain of learning and teaching was not only endodontics but also periodontics; he was paramount in both fields. Edgar was very helpful during the organization period of the AAE when two groups with the same purpose in mind nearly clashed with each other. He helped to steer the two into unison and thereby avoided a dichotomy. Edgar was always kind, gentle, and helpful - a true example of a gentleman and a scholar. He was elected Honorary President of the AAE soon after it was formed.

It is very fitting that Harry B. Johnston should have been the first one to sign the register at the initial scientific meeting of the AAE in 1944. Harry coined the word "endodontia" and may have been the first to limit his practice to that specialty. A devout Christian, Harry would have been an excellent preacher, and we are fortunate that he turned his zeal toward the teaching of endodontics. He believed strongly in saving teeth where endodontic treatment was needed, and preached the gospel of tooth conservation far and wide. He was an advocate of "ionization" at a time when electro-therapeutics was used in medicine and dentistry, and of the chloropercha method of obturating root canals. He gave clinics and was proud to show accessory canals filled by this method which was adopted in scattered parts of this country. Harry had a gleam in his eye whenever he was able to convert a fellow-dentist to root canal treatment.

Ralph Sommer was a dynamo of a person, who by his lectures, clinics and demonstrations did much to encourage the practice



of endodontics. He was a skillful clinician and an impressive, persuasive speaker. When lecturing on endodontics, his enthusiasm was infectious. He was the first elected president of the AAE in 1944, and his boundless energy helped to carry the association over some rough terrain during the initial years of its existence. Together with others, he worked assiduously toward recognition of the American Board of Endodontics.

These three men left a legacy which is not easy to emulate but will be remembered as long as the American Association of Endodontists exists - which we hope will be forever.

### PERSONAL REFERENCES BY LOUIS I. GROSSMAN

Here are a few vignettes of some of the men who were present at the AAE banquet in 1944.

Dr. Guy P. Bannister was a close friend of Edgar D. Coolidge and a gentleman of the old school, of whom there are few around these days. He had a fine private practice in Cleveland and also taught at the school. He was always seeking ways of improving root canal treatment by attending lectures and clinics. I recall meeting him at one of the Greater New York meetings and learned that he attended them often, as well as the Chicago Dental Meeting. He was of a warm, retiring nature and kindly disposed to younger colleagues especially.

George Sharp was another great clinician. He could show radiographs of accessory canals he had filled as if it were accepted everyday routine. He was a meticulous operator and enjoyed giving clinics. He attended the AAE meetings quite regularly with his wife, driven by a chauffeur. His hobby was riding Arabian horses of which he owned 3 or 4, but his indoor hobby was endodontic treatment.

Raymond L. Girardot had a bit of the politician in him and was good at maneuvering people. When he was President of the AAE the matter of a Board came up for discussion. As a matter of fact, J. Roy Blayney, another person and I had dinner together just before an AAE meeting, and he told us that the time for a Board was not only ripe but propitious. Roy may have been on the Council at the time, but I do not recall. Girardot was strongly opposed to a Board at the time because he said, "It



would split our organization right down the middle." He may have been right, but it made it more difficult later on to have the Board recognized by the ADA Council.

Augustus H. Mueller had done a research study on the anatomy of the pulp cavities which I admired. It was published by the JADA in 1933. He was a rather large, heavy-set person as I recall, and I was glad to see him at the first meeting of the AAE. I felt that men like him, who had contributed to a better understanding of root canal therapy, and who attended the first scientific meeting of the AAE, would give the association the stature it deserved.

W. Clyde Davis had had a full and varied career as a teacher and Dean, as I recall, when he became associated with the L. D. Caulk Company. I may be wrong about that, or about the sequence. At any rate he was responsible for developing a product call Osogen which was marketed for sterilizing and filling root canals. However, during the early days of the AAE, he advocated the use of steam for sterilizing root canals, using water in the root canal and then inserting a hot instrument in the canal to create steam. He also advocated partial pulpectomy as early as 1920, which may have been a good practice since it precluded overfilling of the canal. During the organization meeting of the AAE, he was chosen President pro tem. He helped to steer the newly-formed organization on a smooth course.

John H. Hospers of Chicago was chosen Secretary pro tem during the organization meeting. The two had apparently been friends and worked hand in glove. Although occasionally one was amused at his typing (on both sides of letterhead) and spelling, he fulfilled his duties ably during the difficult time of the new-born association.

J. Henry Kaiser was a quietly persuasive sort of person who taught at Ohio State. He was a plain, down-to-earth person who said what he meant and meant what he said. He was elected Editor of the Journal of Endodontia, a thin anemic journal in light of today, but it gave the membership pride to know that it had a journal of its own. He was succeeded by Dr. Balint Orban as Editor, until an arrangement was made through Louis I. Grossman and Dr. Kurt H. Thoma, the Editor of OSOMOP, to have an Endodontic Section in the journal as the official publication of the AAE.

Victor Dietz was bright, suave, witty, and had the potential of becoming an outstanding researcher. Even as a graduate student at the University of Michigan, he showed imagination, ingenuity and ability as a researcher, but the flame of research went out as his health failed.

Harry Albert did some painstaking research work on the anatomy of root apices and foramina. He often gave clinics on this subject and contributed much to our knowledge on this subject.

George C. Hare taught at the University of Toronto and is still in private practice. In the formative days of the AAE, he was probably the outstanding member of the Canadian contingent. George did not speak often at the business meetings, but when he did, his recommendations were sound. It took us a while to catch on that "gutta perka" is the same as gutta percha and that "shedules" are the same as schedules.

Dr. Samuel Robbins was always ready to discuss anything with anybody concerning endodontics or dentistry in general, and does so today. He hasn't changed during the years, and in his own way, has been a staunch supporter of endodontics and the AAE.

Dr. Vincent B. Milas has been active in the affairs of the AAE since its inception. Because of his strategic location, Chicago, and because he was influential in dental circles in that area, he was of great service to the AAE while it was growing up. He has been the Historian of the AAE for many years and is the author of "A History of the American Association of Endodontists - 1943-1968." He was elected President of the AAE in 1962.

T. C. Starshak and Vincent Milas were the movers and shakers behind the scenes in getting things done for the AAE where the ADA was concerned. Tom had a good background in association affairs and could shoot an opponent down with a quotation from Roberts Rules of Order. This was necessary at times for proper conduct of the business meeting.

E. A. Jasper was a teacher of root canal therapy at St. Louis University. Elmer was a follower of Edgar Coolidge, as were so many of us at the time. But he was also an innovator. He introduced the sequential sizes of silver points. He was



President of the AAE in 1949 and had the misfortune to drop dead during an annual meeting of the AAE.

Laurence A. Lucas was a private practitioner who, by his interest in endodontics, was able to stimulate others also to take an interest in what was at that time a neglected phase of dentistry.

I. B. Bender was an active member of the Root Canal Study Club in Philadelphia. When the AAE was being organized, it was only natural for him to be one of the first to join. I. B. has always been known to stand up for that which is right. For a number of years in the AAE, he kept a low profile but had a role behind the scenes in guiding the association. In 1972, he was elected President and has been Advisor to the Publication Committee, and twice has been elected to the Board, of which he has been a guiding spirit.

While other charter members of the AAE deserve mention, I did not know them well enough in the early days of the AAE. They are, however, the backbone of the AAE membership who have given their support through the years and have watched the association grow from 61 members at the first annual meeting to its present 2,900, and have noted its little quarterly journal expand to a full size monthly journal of high quality.

Now that I have gotten this off my chest, Jack, I send it to you without being re-typed (since the holidays are beginning and there is no time to do it) for what it is worth.



## MRS. LOUIS I. GROSSMAN

It is a privilege to be part of this fine company assembled in honor of Lou. I have been his legal mistress for fifty years, his wife being Dentistry. He had been married to Dentistry for quite a while when he and I first met.

More than Lou are being honored tonight -- most especially his dear wife Dentistry, and you, her many lovers. All are part of each other so this is not a meeting in honor of one man only -- but a love-feast of those who belong to each other through shared devotion.

What I have just spoken is the introduction, now I'll proceed with the body of my address.

Throughout my life I've wondered now and again what it would be like to be old. Of course the concept of how old "old" is, varied from time to time. "Sixteen" was, at one stage, the outside limit of venerability and sixteen has never really been superseded but, in a general sort of way, my present age, (and Lou's) has been accepted as the archetype of ripe old age -- the Biblical pronouncement with a bit to spare but not quite the fourscore with its labor and sorrow, rather a compromise between the two. My maternal grandmother died at about my present age -- so ancient it seemed to us, all those years ago, that it would have been irreverent to have mourned inordinately. Her death occurred before I was sixteen. These days I often look at her photograph, one of the many under the glass top of my desk -- with an empathy I never could have foreseen.

To be old is to have watched several generations grow out of each other and find it difficult at times to remember whether the rubber-ball that lands in your choicest flower-bed was tossed by the neighbor's son or his grandson or his great-grandson.

To be old is to acquire a kink in the knee and an ache in the elbow (and other such which I'll not mention here), but it is also to come into a luxurious freedom from competition, freedom from worry about what others may think. The old can go without a tuxedo and not worry about whether his social security will be reduced.

To be old is to have leisure to stand and stare -- "to stand beneath the boughs and stare as long as sheep or cows," to watch the children in the supermarket or the pretty girls, to stay out until dinner fascinated by a steamshovel and the riveters, to while away a hundred afternoons on the golf course or beside a card table.

To be old is to accept the limitations of one's looks -- and no longer lament the pudgy nose or less than perfect ears -- it is to accept the poundage registered on the physician's scales with concern for health rather than beauty. Beauty is no longer a personal responsibility but rather something one looks at, with relish, there in front of him.

To be old is to catch glimpses of the pattern of one's life, in the lives of others, and in life itself.

Now I'm coming to the third part of my address wherein I expand a little on the theme of tracing the pattern from the vantage point of years.

Very recently while dusting books in Lou's study, I came across his 1923 yearbook containing the little class-pictures of each graduating new dentist; -- what promising faces above the stiff white collars -- three to a page -- all amazingly young-looking. With haste I turned to the G's -- and found Louis I. Grossman set forth as follows:

"He is an energetic fellow both in his work and in literary ways. His articles on 'Dietics' in the Medical Critic and his work in the Penn Dental Journal assure us that one of our class is going to take up the torch of knowledge to light the way of those who are to follow on.

"We congratulate Lou for his work in the direction and we know he will win an enviable place in the Dental Profession."

Only the long sweep of years (55 years in this case) could verify these forecasts and I am wishing that the 1923 biographical editor who wrote Lou's biographical notes for the class record may be here tonight.

Now one more glance at Lou's past with reference to the present: When we were first married, fifty years ago, he came home one evening full of joyful excitement over a wonderful new possibility. He was one of several bright young dentists who



had just been offered a full tuition and a small wage to attend medical school. This was a generous plan aimed at directly correlating medical and dental knowledge. My reaction was much less joyous than Lou's. For many reasons it was painful to me to think of leaving Philadelphia, and it seemed to me Lou could not be doing better than he was doing at that very moment. True -- medicine had been his early ambition: he had settled for dentistry because of practical considerations -- and here was the long dreamed of opportunity -- free for the taking. -- Then, feeling my hesitation, Lou recklessly made a bridegroom's unselfish decision: "Whatever you choose," he said to me, "is what we will do." Knowing that he never equivocates, I took him completely at his word and made the decision to remain in Philadelphia. If Lou ever again thought of the decision, I do not know, for he never once in fifty years mentioned the matter. Not the least of his remarkable characteristics is that of never indulging in regret, -- of accepting as first choice whatever is his lot. But many a time I have thought of his decision to let me decide and of how he gave up the opportunity to become an M.D. with never a single "might-have-been" blaming me.

So you see how my decision of 50 years ago saved tonight's honored guest for dentistry, and how the honor we pay him tonight justified my decision to me, at last.

I have just given two examples of tracing a pattern from the vantage point of years -- and now I am at the close of my little address.

My thanks to those who created this beautiful get-together, and affectionate greetings to the lovers of dentistry who constitute this fine fellowship.



## GEORGE C. HARE

I was just twelve years of age when I had my first introduction to root canal therapy. Like so many others, my parents did not realize that the heavily decayed lower molars were not primary teeth and, before I was placed under the care of a dentist, the pulps in both lower first molars and one bicuspid were exposed. Local anesthetics were still in their infancy so nerves were "killed" by placing pledgets of arsenic trioxide over the exposed pulp, under cement, for days at a time until the pulp gave up the ghost.

It was an experience never to be forgotten but, in like manner, I have never forgotten the patience and good humour of Dr. J. O. Wilson as he patiently cleansed the root canals of the pulp. So great was the impression which he made upon me that I announced to all and sundry that I was going to be a dentist and not hurt little boys.

It will be sixty years next spring when I entered dental school. When I reached the operative clinic, I soon realized that extraction of teeth and construction of dentures was the backbone of dentistry. I still see, in my mind's eye, the charts coming out of the examining dentist's room marked, "extract all remaining teeth." Then the patients would troop downstairs to the "gas" clinic for the elimination of their entire masticatory apparatus. There were no electric engines on the clinic floor and the cable foot engines rotated at approximately 2500 RPM. When the consequent vibration was added to the routinely dull burs, one can imagine the discomfort level afforded the patient.

Carpule anesthetic was still to be invented in 1926. As a matter of fact, we made our own anesthetics by boiling water in a crucible over an alcohol lamp and dropping two little white tablets of Novocaine into the water, drawing the solution into an all-glass syringe and injecting into the patient. The needles were not the disposable type which we now use but were sharpened in the office. After a number of sharpenings, the bevel was gone and penetration of tissues was something to be dreaded. If the problem was an exposed pulp in an upper anterior tooth, we often preferred to avoid the needle by placing a pledget of cotton soaked in cocaine over the pulp, covering with a layer of base-plate gutta percha and striking the mass with a sharply pointed orangewood stick under a

mallet. If the dentist had the necessary digital dexterity, he could often remove the pulp with surprisingly little pain. Have you ever tried to enter the pulp chamber of a "hot" pulp-involved tooth with a slowly rotating carbon bur under inadequate local anesthesia? No wonder many patients insisted on the removal of the tooth.

Canada is hockey country, and when I entered practice, hardly a day would pass during the hockey season without some youngster presenting with a fractured anterior tooth. Everywhere you went you saw children with one tooth thumb plates replacing missing anterior teeth. It was heartbreaking, and it would be many years before mouthguards and face masks would become mandatory equipment in junior hockey.

This was too the period when the theory of focal infection was taken as fact, and the massacre of teeth was legion. When I was selecting the equipment for my new office, the local supply house gave me a large poster to hang on the wall in the operatory, showing a human form with various diseased teeth each with an arrow leading to another part of the body. Indeed I had lost my two molars and the bicuspid which Dr. Wilson so painstakingly saved for me twelve years earlier. This tragedy occurred in my final year in dental school when each of the students had a full mouth series of radiographs taken. When it was discovered that I had three root filled teeth, I was told that my life expectancy would be greatly reduced if I did not have the teeth extracted at once.

As one patient after another presented in my office with pulp-involved teeth, I rebelled at the thought of extraction, but to whom was I to turn for guidance? I found the man in the person of Ralph Sommer, and from that man and his associates at Michigan, in the late thirties, I found the inspiration to fight against this dental carnage. I was soon being asked to give clinics around Ontario and enjoyed dispensing the information which I had learned at Michigan. It was not easy, and I still remember the day when I answered the telephone to be told by one of the rulers of our profession that if I did not stop giving clinics on root canal therapy, I faced the very real threat of losing my license to practice for unprofessional conduct.

It was left to another fine friend, Louis Grossman, and his associates to take the bull by the horns and to challenge the proponents of the theory of focal infection as it was related



to the pulp-involved tooth. The results of that gathering of world figures, giants in both dentistry and medicine, at the First International Conference in 1952, are so well known I have no comment to make.

It was in 1943 that the American Association of Endodontists was formed, and while I was not one of the original nineteen, yet I was very close to all the proceedings. Indeed I well recall one day when a group of us were sitting around a table in the Palmer House in Chicago when one member said that if we could only get the membership of this association up to fifty, we would have a real impact on the practice of dentistry. I wonder what Coolidge, Davis, Sommer, Healy, Sharp and many others would think if they were alive today and could see their fledgling association with a membership in excess of two thousand.

One very personal note. It was in 1945 that I was invited to institute an undergraduate course in Endodontics at the University of Toronto, and I was to spend twenty-five happy years as a teacher of Endodontics before retiring to my first love -- the practice of endodontics. We have come a long ways in endodontics in the past forty years. No longer do we worry if there are more than six root filled teeth in the mouth. No longer do we restrict our endodontic efforts to single rooted teeth alone.

Endodontics has proved its place in dentistry. We who are in the last months of active practice can look back over the past years with satisfaction, knowing that we were the ones who said, "Stop! Enough!" to dental carnage, and pointed the way to thousands of dentists as they brought dental happiness to their patients through the blessing of endodontics.



## RAYMOND L. HAYES

One of the most important missions of dentistry is the preservation and maintenance of the health and integrity of the dental apparatus.

There were many occasions when, as a student in dental school (1931-1935), I became disillusioned and frustrated because patients of mine presented with teeth which, I was told, had to be extracted. Often, it was my desire to save these teeth which had good remaining tooth structure and good periodontal support. However, very few teachers would permit the performance of root canal therapy in the clinic. At this time, treatment technics varied greatly among those dentists who did perform root canal therapy in their offices. Treatments were often very painful, causing great suffering by patients. Very few dentists or physicians had confidence in the treatment procedures or in the health of the treated pulpless tooth. There were no courses in Endodontics in dental schools.

Through the efforts of the American Association of Endodontists, Endodontics has become an important part of dental education and dental practice. Basic research studies in Endodontics have increased our knowledge of the dental pulp in health and disease and also improved treatment procedures.

Today, Endodontics, more than any other branch of dentistry, successfully fulfills this mission of dentistry. Dental students and dental practitioners are able now to save many pulp-involved teeth through relatively painless procedures. As a dental educator, I have been able to teach my students correct technics for treatment and restoration of pulpless teeth. Also, it is now possible for me to give assurance to students, dentists and patients that a high degree of success can be expected through endodontic treatment procedures.

## PEDRO E. HENRIQUEZ

Endodontics has meant many things to me. In the first place and very important: To be a member of the Endodontists family, to feel and to think like that. To teach and practice this field of dentistry.

Advancement of Endodontics has been tremendous in the last 40 years and for the few that have had the opportunity for 50 years or more, changes were striking. Dental Schools in my country (Venezuela) didn't have in their curricula root canal therapy as a subject matter, only the teacher of Operative Dentistry dictated one hour lecture about it -- of course, no clinical work on root canal. No endodontics textbook was available; sources of information were French collections such as Gaillard-Nogue, Friteau or Chompre.

Several dentists used to "kill the nerve" with an arsenic mixture, no rubber dam; preferred disinfectant for root canal was formocresol or also phenol, canphopphenol, eugenol, creosote, thymol, etc. Root canals were filled with gutta percha cones in combination with cements or pastes strongly antiseptics.

We can put this history from 1923 to 45, but curious enough more treatments were made during the first half of this lapse, because later the focal infection theory dominated the scene. Any intromission inside the canal was condemned; any tooth with material into the canal was responsible for health troubles and had to be extracted, even teeth with normal pulps.

In the course of clinical pathology, nine hours lecture were devoted to focal infection, nevertheless some of us were brave enough as to some root canal work and to defend the procedure.

The forties brought a change of mind: many people were using full dentures without improvement of the ailments they complained of and sometimes got worse. We started to receive new information from U. S. dentistry; the dental profession reached the conclusion that it was more convenient to save pulp-involved teeth.

The small group who believed in root canal felt they were right, coming later the Committee of Dental Education of Universidad Central de Venezuela in Caracas designed a new



curriculum that included "Root Canal Therapy." The only problem was no teacher for the subject. Then, as I belonged to the group that always believed in the benefits of it, I postulated myself to be sent for a postgraduate course, was approved so in 1947. A very important and decisive fact happened in my life -- to travel to the United States, to take a postgraduate course in Endodontics in Ann Arbor at the University of Michigan under the guidance of Drs. Sommer, Ostrander and Miss Crowley. It really was wonderful; from them and their collaborators, I learnt the basis of modern Endodontics and how to manage pre and postgraduate courses, so in the fall of 1948, it was given to Venezuela the first course of Endodontics (I proposed to adopt this denomination) for senior class. It was received enthusiastically by the students, selecting this course as the most attractive. One of them is today the Chairman of Endodontics.

Everything changed rapidly; the rest of the dental schools started to teach it. Short intensive courses were offered to teachers and dentists in private practice, at the dental school, the association and in several cities. Others went to the United States and returned with new knowledge. We have regular graduate courses. Several colleagues have practices limited to Endodontics. There is a Venezuelan Association of Endodontics preparing as host country an Iberian-Latin American meeting about the specialty. During this meeting will be offered a Tribute to Drs. Louis Grossman and Oscar Maisto for their outstanding contributions to Endodontics. I have been lucky enough to watch the changes from opposition to admiration.

Endodontics has meant to me to feel happy for the thousands of teeth saved for myself and many others. Happy again when a human being is adequately treated and relieved of an acute pain of dental origin, and also when a correct diagnosis is made. Has meant to me to be useful for other people.



**DR. EDGAR D. COOLIDGE MEMORIAL LUNCHEON**  
Jacob B. Freedland, Chairman

GREETINGS  
and  
INVOCATION

Dr. Noah Chivian

INTRODUCTION OF  
HONORED GUESTS

Dr. Jacob B. Freedland

LUNCH

WOMEN'S AUXILIARY  
OF THE AMERICAN ASSOCIATION  
OF ENDODONTISTS

Mrs. Dana Mullaney

AAE ENDOWMENT AND MEMORIAL  
FOUNDATION

Dr. Myron Chubin

AAE HONORS AND AWARDS

Dr. Charles A. Scott, Jr.  
Dr. Noah Chivian

PRESIDENT OF THE  
AMERICAN DENTAL ASSOCIATION

Dr. Burton H. Press

## MAYNARD K. HINE

Thank you for your invitation to send you some comments about "What Endodontics has meant to me." This is no easy task, because endodontics has had a marked influence on my career.

While in dental school at the University of Illinois, I was attracted to root canal therapy for several reasons. The concept that a pulpless tooth could be safely retained, provided cases were selected carefully and a precise technic followed, interested me. My teacher, Dr. J. Roy Blayney, convinced me of the importance of biologic factors involved, and that the potential for basic research in this area was tempting. However, perhaps I was influenced more by the offer of a graduate fellowship in the Therapeutic Department in 1930 when I was graduated. This was during THE depression and the opportunity to earn \$50 a month while working for a Master's degree was attractive.

The Therapeutic Department at that time included periodontics, materia medica, oral pathology, research and root canal therapy. You will remember that prior to World War II, oral surgery and orthodontics were well established specialties, but little attention was given to the other segments of dental practice. In the early 1940's several individuals recognized the desirability of forming an organization to promote the art and science of root canal therapy. The names of Drs. Edgar Coolidge, Louis Grossman, Robert Kesel, Ralph Sommer and John Hospers particularly come to mind. I recall discussing the proposed association with "Bob" Kesel one day, and while we were not greatly impressed with the potential of an organization devoted to root canal therapy, we decided to give it our support. No one was totally convinced then that such an organization was essential, or even needed, particularly since this specialty was not well known or appreciated. About that time a physician asked me what an endodontist did. When I explained, he said, "Do you mean to tell me there is a specialty in dentistry that just deals with the tiny nerve in a tooth?"

How wrong were we about the potential of this Association! There is no doubt in anyone's mind that the American Association of Endodontists has been a predominant force in the elevation of this specialty to its present highly respected stature.

What has endodontics meant to me personally? As a teacher and then administrator, it offered me an opportunity to emphasize to students, faculty and practitioners the importance of the basic sciences, particularly in oral pathology and microbiology, to dental practice. Emphasis on endodontics gave an impetus to preventive dentistry, which has long been of special interest to me. As an active member of a rapidly growing Association, it gave me an opportunity to help guide the Association and its members to emphasize both clinical and basic sciences. Knowing the "language" of the endodontist gave my role as a Dental School Dean and A.D.A. official some credibility in the eyes of clinicians. Also, it was a personal pleasure to aid in the development of endodontics in Indiana and to assist in gaining recognition of endodontics by the A.D.A. The development of endodontics and the American Association of Endodontists in the last two decades has been most gratifying, and I like to believe I played a small part.



## FROM THE DIARY OF MRS. HARRY B. JOHNSTON

### ENDODONTIA

February, 1943, was a date that brought Harry tremendous satisfaction.

At the Mid Winter Clinic in Chicago, a group of dentists met one morning to organize an association for the study and practice of Root Therapy.

Committees were appointed to elect officers, to draw up a constitution and to decide on a name for the new branch of dentistry. Reports were to be submitted to the general meeting that night.

Three names were suggested, Root Surgeons, Rootodontists, and Endodontists, the first being Harry's choice, the name he had used since 1929 on his office stationery. After considerable debate, it was voted to submit all three names to the general meeting, recommending the adoption of Endodontists, which name was accepted that night by the general session. The group interested in root canal therapy now had an official name. The American Association of Endodontists.

Harry refused the presidency, but allowed himself to be made vice-president with the understanding that the office was not to lead to the presidency, which office he would not accept.

In the meantime, Harry Jr. had graduated with high honors from dental college, after getting his B.S. degree from Wheaton College, and left immediately for his term of military service.

Harry's practice had become a large, waiting-list one. Ever increasing numbers of out of town patients had their names on his appointment book, Mrs. Kress of New York, Princess Raspoli and Cornelius Vanderbilt, whose amazement knew no bounds when he learned what Harry's fee was. The amount of it seemed to fill him with deep appreciation, and prompted him to send post cards from various parts of the world.

Though Harry had expected Harry Jr. to share his practice, he had also offered a connection to Dr. James Sherard, a young dentist whom he had taught in college, a connection which was eagerly accepted, but the war came, and he had to carry on

alone with a tremendously heavy practice. Those war years took a great toll of his strength and the end of each day found him very tired. He had had to return to long office hours.

Not only were Harry Jr. and Jimmy unable to come to his help because of military duty, but his secretary also went into the service in March, 1943. Harry had become very dependent on Mary, and it was next to impossible to get competent help during the war. When Mary announced her intention of joining the Waves, Harry felt a great sense of loss. Her efficiency in the office meant a great deal, especially since he was under such pressure from a too-heavy practice. A competent secretary seemed a vital necessity, but where to find one under existing circumstances presented a problem which looked difficult.

### SENIOR YEAR

When Harry entered college, the goal of graduation had seemed a far distant one, but time so full of interesting occupation passed quickly, and now we were standing on the threshold of his senior year.

He was making good in an unusual way. During his college years he had stood consistently at the head of his classes. His work in laboratory and clinic had received marked recognition, and predictions were abroad that he would make his mark in dentistry.

While in college two interests developed which deepened with the passing years.

One of these took root in his junior year -- the plight of the pulpless tooth. Such teeth were being held responsible for rheumatism, arthritis, and many other diseases, and were being extracted as a health menace. Methods for treating them had met with such limited success that both physicians and dentists were advocating their removal. The dental profession was keenly aware of the need of an improved method of treatment. Wide publicity was given the subject through medical and dental journals.

Dr. E. H. Rosenow, a dentist occupying a place of great prestige as Director of Research of Mayo Clinic, was the sworn enemy of the pulpless tooth, and lost no opportunity to condemn

as a very serious threat to health, and his opinion had widespread influence with both professions.

Harry read everything available on the subject, and by the time he had reached his senior year, it had enlisted his deepest interest. He believed there was a way to save such teeth and restore them to their former usefulness, even though they were abscessed. I rarely had an evening with him. He was spending every possible moment in the laboratory, trying out experiments.

Harry's other extra-curriculum, freshman-born ambition was an association with Dr. Thomas P. Hinman, a member of the faculty, and a man of national and international reputation and professional honors, one of which had been the presidency of the National Dental Association. He had a large and lucrative practice, with offices in the Fifth National Bank Building, where he employed a full time laboratory man by the name of B. North. Harry admired Dr. Hinman tremendously; he represented what Harry wanted -- success, in the real sense of the word, and since he aspired to the best in dentistry, he decided he would make no mistake if he could secure a connection with him. He was soon to find, however, that his goal was a difficult one to attain.



## HENRY KAHN

Thank you for your letter of October 25, 1982, and your invitation to attend the Coolidge Luncheon on Saturday, April 23rd. Both my wife and I will be most pleased to attend. The members of the American Association of Endodontists have much to be proud of in their accomplishments since its founding, and Dr. Coolidge would most certainly have been happy.

The writing which follows may be more than you intended, but it is good to know that you will excerpt those passages which you think suitable for your purpose.

There are similarities, economically, today to those of some 50 years ago. In the early thirties, we were in a deep depression. We handled less money than we do today, but the effects are the same. The threat of having to leave school because one could not meet the tuition of \$395.00 had as great an emotional impact as that on the student of today who cannot meet the \$10,000 obligation. Although more people are now aware of the value of endodontics, because of the depressed situation it is beyond the reach of many people, and the young endodontist is confronted with this situation. Similarly, I had to work evenings in the drug store for eight years to help finance my schooling, and did a great deal of my studying on the street car. However, I was not married, for in those days "we waited" until we got out of school.

I have been very fortunate for I have met outstanding men in my formative years. You may remember the national youth program during the great depression. It was called the NYA and its purpose was to aid students. It paid \$75.00 a year for work done outside their regular curriculum. I was selected to answer a request from the research department of Loyola Dental School that was located on the fifth floor of our old school. Some graphic art work was needed for the publications as well as visual aid material for classes. Imagine, if you can, a meek freshman at Loyola University (then the Chicago Dental School) opening the door and meeting Dr. Edgar D. Coolidge, Dr. Rudolph Kronfeld and Dr. Balint Orban, the giants of that time of endodontics, histopathology and periodontia. Time does not permit for details other than to say the exposure to these men affected my entire professional life. Most of my time, however, was spent with Dr. Coolidge and his work.

I had lost both parents during the time I was at school, and somehow he seemed to understand my needs without either of us quite knowing it. He was my father image; he was kind, warm, gentle, patient and understanding. He went through life with true dignity and respect for his fellow man. His life was not an easy one but he met his difficulties with silent strength. My emotional involvement with him was strong and will ever be so. As a teacher, Dr. Coolidge believed that the mind was not simply a vessel to be filled, but rather a flame to be kindled. He was far ahead of his time, and his conception of professional excellence included a good share of personal values. A good dentist, he maintained, must be a good man. I have tried so hard to emulate him.

The enclosed printed matter includes a copy of a chairside manual used in the clinic almost 50 years ago. As you can see, the basic principles are still applicable. Please note the files we had to use which later were numbered from 1 to 10; the taper was not consistent and the quality was poor. The manufacturers told us it would be too expensive to re-tool and improve the quality and design unless they had volume. We did not have the conveniences of the antibiotics nor the pain killers we have today, and so, by necessity, we had to work very cautiously, not over-manipulating nor over-medicating. We had to minimize the apical preparation because of the inadequate file sizes. We learned early to flare with the larger files. We also did our shares of I and D's. We learned to improvise, making do with the materials and instruments we had at that time. As taught by Dr. Coolidge, I prepared the involved teeth, not violating the apical constriction, removing only the apical predentin and flaring the upper two-thirds of the canal. I obturated the canals by using warm sections of gutta percha condensed with vertical compression. The advantages of this technique are being considered now, after all these years.

As early as my student days, because of Dr. Coolidge, I developed a strong desire to save teeth. It was emotionally satisfying to preserve teeth which might otherwise have been lost. I spent a great deal of time convincing the patient of the benefits of conserving the natural dentition. Some of my peers suggested that an involved tooth, for example, be extracted and replaced with a one-tooth removable partial. They also had to be convinced of the advantages of preserving these teeth. We had problems with the medical profession for they were of the



opinion that the so-called "dead" tooth had to be extracted and told their patients so; they in turn told us. Many patients with arthritis were told that the tooth had to be extracted to improve the condition and ended up with two problems instead of one.

I have witnessed the many stages of development in endodontics. In my opinion, a situation that should be reviewed and modified is that of using materials, such as silver points and the so-called standardized gutta percha cones and cotton points. We have allowed these materials to dictate our procedures by trying to standardize the canal preparations to fit these materials, even after Dr. Walter Hess in 1925 and later Dr. David Green showed the many variations in the root canal systems. These modifications should accommodate the anatomical variations that are present in each individual tooth. Another area that needs reviewing is in the reconstruction of the endodontically treated tooth. To accomplish this, I would like to suggest that the American Association of Endodontists set standards and review the quality and design of the posts and pins.

The second enclosure shows sections of the Loyola Year Book of 1936 of which I was editor. As you can see, it was dedicated to Dr. Coolidge with true love and admiration. Also included are pictures of our clinic and advertisements of equipment. After I completed all the required departments, I literally was Dr. Coolidge's shadow in the clinic. As a matter of fact, one of my cases while a student is in his textbook.

After graduation our relationship continued, and I still remember him telling me about the plans being made for the formation of the American Association of Endodontists. Shortly after the formation of the Association, I left to serve in the Navy in Norfolk, Virginia. I brought with me endodontic instruments and material that I had, in the hope that I would be able to do endodontics. Once again I had the problem of convincing my peers with the utmost diplomacy of the value of endodontia, while at the same time doing my quota of amalgam fillings and asking no privileges. One day the captain's wife had a toothache which I treated endodontically, and after that he was on my side. I did 1500 cases while in Norfolk, and once again I was fortunate in meeting Dr. Irving Salman from the oral surgery department of New York University. He was head of our surgery department of Norfolk. I did endodontic surgical cases under his direction, but was handicapped because the instru-



ments were too large for the apical area. I still have radiographs of many cases which I did then. I wanted experience and I got it.

After the war I had to start another practice and continued seeing Dr. Coolidge. Because of my Navy experience, in 1947 he referred a 16 year old girl for re-treatment and apical surgery on four anterior teeth. I felt the case was so interesting that I hired a professional photographer and did the complete case in my office. It is a 16 mm. color movie which is still in good condition and very much up-to-date. The patient still has those teeth after all these years. As a matter of fact, I did a vertical incision which to the best of my knowledge could be one of the first that was done in endodontic surgery. I have shown this film to our graduates from time to time.

When Loyola Dental School moved to its new building, a room was set aside as a study room for the Endodontic Department. It was dedicated to Dr. Coolidge in May, 1972, and contains his memorabilia. The money for this project was contributed by members of the Study Group and others who had an interest in prolonging the memory of Dr. Coolidge.

The third enclosure you may find interesting, for it is a copy of Dr. Coolidge's speech in his own handwriting for the first meeting of the Edgar D. Coolidge Study Group. After he retired and became ill, I would visit him approximately once a week. I remember fondly that when we walked together, he would adjust the cadence of his step to coincide with mine. A perfectionist even in that.

The last enclosure is a letter I sent to all members of the Study Group and others.

I have tried to contribute what I could over the years to the endodontic profession. I donated my time one afternoon a week for many years in the Endodontic Department of the Rotating Dental Internship of the Michael Reese Hospital, Chicago, along with Dr. Harold Gerstein. I taught at Loyola University Dental School, Chicago, in the Graduate Department for over ten years, and still do so from time to time at Loma Linda University School of Dentistry, California. I am, of course, retired from private practice since 1976, but occasionally do a "kitchen consultation." I have innovated the K-G retrofill instrument

(Union Broach Co.), the Endowel, the color-coded tapered plastic burn-out post for casting (Star Co.), the Core Form used in forming the core to build up the degraded tooth after root canal therapy (Kerr Co.), a folding rubber dam frame (Young Dental Co.), the snap-on color-coded endo stops (Star Co.), the Irrivac, a very simple, inexpensive irrigation and evacuation apparatus.

In June, 1971, in the Journal of Oral Surgery and Oral Medicine, there is described a technique for splinting avulsed teeth using the acid etching method which was developed for applying orthodontic braces. Recently I developed two teaching aids: the transparent tooth with a straight and curved canal called the Endo View and a Dentec which is similar to an upper denture with four spaces for extracted teeth and four slots for x-ray film which can then be mounted on a Columbia manikin. The student then has the opportunity to work in a situation closely resembling that in clinical practice. I have given clinics in local, State, National and International meetings. I will be on the program at the 1983 meeting of the American Association of Endodontists in Florida. I also have a chapter on the Reconstruction of the Endodontically Treated Tooth in TISSUE MANAGEMENT IN RESTORATIVE DENTISTRY published by John Wright, PSG Inc., Boston, Bristol, London, 1982. I am in the process of updating my chairside manual on my sectional technique for obturating the root canal system.

Since 1943 the American Association of Endodontists and the unselfish, hard-working people have accomplished much indeed. As a group, we have been able to change the attitude of the medical profession, the general dental practitioner and the public. Great strides have been made in our teaching techniques, our research and the development of better instruments and materials as well as new techniques. Further, the American Association of Endodontists has had an effect on the quality of root canal therapy in many countries outside the United States. It gives me great pride in having taken a small part in this wonderful organization.

I trust this material will be of interest and value to you, and look forward to seeing you in April.

L. A. LUCAS

Received your letter of October 25th, and thank you for thinking of us. We feel that our efforts are about the same as the others. We did enjoy those years, and endodontics was most kind to us.

You have worked hard all these years, so keep up the good work for many more years.

April is the most beautiful month of the year in Oklahoma, and our plans are to stay at home. Again, keep up the good work.

We do send our best wishes.

ALBERT D. MAIZELS

I stopped doing endodontics in the early 1950's. Prior to that time (during the 1940's), I would only perform them on anterior teeth and only when accompanied by an apicoectomy.



## HAROLD A. MAXMEN

When I entered dental school in 1936, endodontics, as a specialty, didn't exist; today it's become a standard part of American dental practice. To have played a small role in this development has been personally rewarding and exciting. After all, to participate in the pioneering, refinement, and popularization of a specialty is an unusual and precious opportunity. To watch a field go from being totally unknown to being widely known, and to contribute however modestly to this transformation -- well, it's been all rather wonderful.

Endodontics afforded me the chance to use and to capitalize on my pre-dental scientific training. As an undergraduate, I specialized in microbiology; after that I became a pharmacist. Because I liked both fields, after becoming a dentist, instead of "forgetting" or casting aside all the concepts and knowledge I had learned in microbiology and pharmacology, with endodontics I could apply them in a highly practical and humanistic enterprise.

Endodontics has always appealed to me since I could practice the kind of dentistry which concentrated on saving teeth instead of discarding them. Indeed, it's been a real pleasure to see dentistry as a whole shift its emphasis in the same direction.

Remember, it wasn't so many years ago that a "root canal" was assumed to be some type of water-way to the layman. Of course, that's no longer the case -- not by a long-shot. Just as endodontics has become a regular part, or at least a routine consideration, in general dental practice, so too has the term "root canal" become a standard part of the American vocabulary. That the public has become aware of endodontics and realizes that teeth can be saved, and that these understandings have arisen through our clinical work and educational efforts, this has been yet another pleasure I've derived from endodontia.

And finally, there are the people. By practicing endodontia, I've met thousands of people in all walks of life and have enjoyed helping these patients in very tangible, and often long-lasting, ways. There are also my colleagues -- dentists who have made the practice of endodontics so professionally stimulating and personally rewarding.

I just hope that endodontia will mean as much to others in the future as it has meant to me in the past. What's more, my work in the field has been enjoyable in so many different ways, that my enthusiasm for it hasn't diminished; it is a field with so much to offer.

### B. W. MEIMAN

To help celebrate the 40th Anniversary of our Association at the Diplomat in Hollywood, Florida, I will outline and present all the facts in my possession.

"What Endodontics Meant to Me." I became interested in 1930, right after the Great Depression, when a physician from Canada claimed that "Focal Infection" was the cause of all the illness of the body. Extraction then was prevalent. I realized the mistakes we all made, and I started to do some research in Root Canal Sterilization.

I constructed a metallic box containing a vacuum tube, condensers, transformers, etc. to convert alternating current to pure direct current, to be used to sterilize infected teeth.

It was an appliance adapted to be used in the mouth for which I received a U. S. Patent in 1943. I will demonstrate its use.

I intend to donate this complete outfit to the American Association of Endodontists, if accepted, as the only electrical appliance used in dentistry since 1930. I intend to display all my writings, x-rays, slides, and pictures on the wall.

Hoping this information will be helpful to the Celebration of the 40th Anniversary of our organization.

Please be free to call me at my residence if necessary - 305/979-1311.

With best wishes for a successful undertaking.

## DOUGLAS A. MEINIG

As one of the original 19 Founder members of the AAE, it has been very satisfying to have seen our faith in endodontic procedures justified. From 1940 to 1943, I was part of a group under the direction of Dr. Ed Coolidge. We gave table clinics on root canal procedures at various dental meetings. Most dentists in those days had no interest in root canal treatment, and many would ridicule us for doing this type of work. It was also a time when physicians would order teeth that had been treated successfully, extracted. Thus we had to overcome the indifference of the dentists, the patient, and the physicians. Also in those days, there were a large number of acute alveolar abscesses and no antibiotics. Treatment was indeed a challenge. In the 1940's and even into 1950, very few dental schools taught endodontics and those that did -- did so as a rather minor course. Now the same dental graduates are doing such a good job in doing root canals that the need for specialists is fast diminishing.

It has been a real pleasure and honor to me to have known so many of the early greats of Endodontics. They were truly far sighted individuals.

Sorry, time prevents me from any longer letter.

## GEORGE E. MEINIG

The good fortune to be selected by Dr. Edgar Coolidge as one of six members of his study group proved to be a key motivating force in my practice and my life.

It all started by the lucky choice of the Chicago College of Dental Surgery for my studies and the fact that Dr. Coolidge was its professor of Endo and Periodontics. As tough as it was in those times to get points for graduation, I was out of my Senior Endo requirement by the end of my junior year. Classmates RAZZED me claiming that happened because I exposed more pulps than anyone else.

Remember during the 1930's the fad was extraction -- very, very few dentists did Endo. During 1939 Dr. Coolidge asked six of



us (Henry Kahn, Bill Holmes, Ev. Archer, Paul Dawson, my brother Doug Meinig, and myself) to participate in a study session one night a week all one summer. He had an ulterior motive. His generosity contained the provision that our group go out and teach Endodontia to our colleagues. He accomplished this by seeing that we were invited to appear on dental meeting programs all around the middle west.

Each of us presented a phase of Endodontics. Six man table clinics were unheard of at the time so our appearance was impressive. However, most dentists laughed at our effort except for the few who wanted to learn how to save teeth.

At the same time the Vincent Milas group from the south side of Chicago was also presenting root canal therapy at meetings. The effort of both groups gradually turned opinion away from extraction. During 1941 and 1942, talk of starting an Endodontic association took place, and as a result, 19 of us gathered and became the initial charter members of the organization that today is celebrating its 40th birthday.

The 2nd World War was on during that time, and late in 1943, I went into the service, and after three years of Air Corp duty moved from Evanston, Illinois, to California. This period cut my direct participation with the Endodontic Association but not my membership.

Dr. Coolidge was somewhat disappointed in his group as he wanted each of us to carry out Endo research. Though none of us proved to be research minded, he did affect our lives in many other ways.

His love of saving teeth rubbed off on me personally to the extent that I became a holistic dentist way before that term was ever dreamed about. Saving teeth meant not just Endo but Perio, crown and bridge, Gnathology, T.M.J., Accupuncture, and, an even greater challenge, nutrition.

His greatness and kindness stimulated me to seek out men of his calibre in the other various branches of dentistry and to become a perpetual student, engrossed in scientific meetings and the literature. After the war these efforts led to my association in practice with Dr. Ed Halverson, a California Dental Association president and with Dr. E. Ray Bronson in the management of his dental office at the 20th Century Fox Studio.

While these were marvelous professional opportunities, my wife and I didn't care too much for the Los Angeles and Beverly Hills area. When we discovered the beautiful Ojai Valley 35 miles south of Santa Barbara, we moved and it became our new home.

It has been a busy, beautiful life, filled with many civic and professional responsibilities and positions. The pioneer work and support that I gave to the field of nutrition has now captured public acceptance much like what occurred in Endo. For six years I have been writing a column in our local Ojai Valley News called "Nutritionally Speaking," and as a director and secretary of the Price Pottenger Nutrition Foundation, I am carrying out a pioneer effort in this preventive phase of dentistry.

I'm still practicing -- now 3 days a week. I do all the Endo that comes along, but pulp involvement and the need for root canal therapy doesn't occur very often in a preventive practice.

Little did I know as a dental student how lucky it was to be associated with Dr. Edgar Coolidge, and later to have the privilege of being on the ground floor in the development of the American Association of Endodontists. The benefits of helping to establish a sound practice philosophy and all its general effects on my life have been quite wonderful.

Now when I look at the progress the American Association of Endodontists has achieved, I have an overwhelming sense of gratefulness to each of you for what you mean to dentistry and to society.

## VINCENT B. MILAS

### THE WAY WE WERE

First I shall write some of the reasons leading to the formation of the American Association of Endodontists. As early as 1935, our Root Canal Study Group (Dr. John Hopsers, leader, and Drs. Lester Kalk, Vincent B. Milas, and Thomas C. Starshak) traveled to dental meetings at organizations then quite prevalent in Illinois and Wisconsin.

We learned that the dental profession was seeking education in root canal therapy (as it was known then). No dental colleges had specific departments for such study, and very little was presented at state and national dental meetings. Challenged at that time was the 100% extractions suggested by those in dentistry and the medical profession, as noted in the prize-winning essay presented by Dr. Robert Kesel at a Chicago Dental Society meeting. We were inspired by this and also by the interest of dentists eager for knowledge.

In our travels, we found there were other study groups like ours and conversations led us to believe that such a study organization was imminent. (For more information, read the founding of our Association in the book, "The History of the American Association of Endodontists, 1943-1968.") Our first meeting on February 25, 1943, attracted 58 dentists interested in our project. It is interesting to note that our roster the following year contained the names of dentists in 45 states and 25 foreign countries eager to support such a venture.

My reply to the question, "What has endodontics done for me?": It was an opportunity to support a needed organization of men and women interested and dedicated to this goal, to meet some of the finest professionals in dentistry and develop friendships that proved to be lifelong. May this group remain forever.

(Dr. Thomas Starshak, one of the founders of our organization, is unable to send in his reply because of an eye problem so he agrees with my report.)



H. H. PEARSON

Thank you for your very kind letter of October 25th.

I certainly would enjoy celebrating our 40th anniversary, particularly to be with the original founders of our AAE. But it will be quite impossible for me to prolong my stay in Florida beyond April 10th when I will be returning home for a family reunion.

After all, I will be in Bal Harbour (The Regency Spa) starting November 15. There is a limit to the amount this 89-year-old carcass will take.

So please extend to the group my fondest regards, and good health!

I wish you, Jack, good health, and strength in this undertaking. May you enjoy many years of labours, to which you have dedicated yourself.

## SAMUEL M. ROBBINS

This is an answer to your letter dated October 25, 1982, "What Endodontia Has Meant to Me." I just returned from Israel as the sponsor and advisor of the Department of Research in Microbiology at The Hebrew University. There have been twenty-five papers already published in scientific journals of national repute.

I am enclosing some reprints of some of the papers' headings and a copy of the honor given me at the University by the President, at a dinner set up in my honor.

As for your topic, you know full well that I was one of the original nineteen founders and held many chairmanships of committees in the early years. I would also like to recall that I took the Board examination, got one hundred on the written and answered all one hundred questions. You were one of the oral examiners; do you recall the incident? The only one that respected me was Ralph Sommer, stating I should have been sitting in his position as an examiner, his other member was George Stewart.

I finished the Board in one morning and was asked to stay and they set up a room for me to brief the others on the orals for the next day.

My interest in Endodontia was based upon my academic background and pharmacologist training. As a practicing pharmacist, I was more interested in the science of dental health than the mechanics of operation. I taught preventative dentistry at the Public School along with Oral Hygiene in the twenties. I was always interested in research and studied with all the known Physiologists, Histopathologists and Anatomists. Besides I was a Student Instructor in Histology at the Medical School in 1921, because of my background as a practicing pharmacist. I studied academic science and chemistry in 1919, also was a student instructor then.

My interest has been in teaching, lecturing and publishing papers on the clinical research in all the health fields; even a paper on Biomechanics of Physiology and its relation to health. My experience as a student in physiology taught me that function was more important as a science, more so than the mechanics of restoration. Prevention was my main topic as a

clinician; as a member of the Academy of Medicine of Cleveland, the American Pharmaceutical Association, besides my membership in the American Dental Association. I was President of the American Technion Society of Ohio as its founder.

All my life I have been a student in the science of prevention and lectured all over the world in a quiet way as an invited lecturer. You note I am still doing clinical research on the bases of physiopathology of disease. My paper that I sent you before showed this.

Now comes the greatest thing that you want as for your topic: Anton Carlson of the University of Chicago, one of the greatest Physiologists that I studied with, said to me, "Your interest in clinical science, and many men like yourself in your profession, will bring out the greatest research in Dental Science as forerunner of the health profession." Endodontia did this more than any other field in the Health Sciences. Many of our investigators were the most committed researchers in the clinical sciences. The Barometer of Disease is manifested in the Oral Cavity.

I am grateful to the Lord for every day, and the ability to contribute my share in all the years I have been a member of the profession. It has been a rewarding pleasure, and I am thankful to my many friends and teachers in all the years of my life as a committed member.



## PERCY J. ROSS

I am pleased to respond to your communication; however I fear I have little of interest to relate concerning my experience in the practice of Endodontics. I have been proud of my membership in the Association as a Charter member and a Life member.

At the time of the founding of the Association, I had just completed four semesters of a one-day-a-week course at Ann Arbor with Ralph Sommer, and he urged a group of us to join the newly-formed association -- "Hooky" Brooks, Weir Burkman and others. I had great respect for Ralph -- probably learned more practical dentistry from him than any other teacher, and I wasn't so young at the time -- 86 now. While I continued to utilize the training with much satisfaction, I chose not to specialize.

I have followed with interest the activities of the Association and attended your meetings for several years. I was also active in our State Association, having served as President.

I have been saddened by some of the developments in dentistry, but I have been pleased by the acceptance of Endodontics as a specialty and its contribution to the practice of dentistry.

Sorry I can't promise to be with you at your meeting in April, but congratulate you on your 40th Anniversary.

Since I am a resident of Florida, I would like to at least make a call (health permitting) during the meeting in Hollywood, but cannot participate actively.

## CARL W. SAWYER

In my early days of teaching (late 1920's and 1930's) "Root Canal Therapy" (the term endodontics had not yet been coined) was included in the department of Operative Dentistry at Kansas City - Western Dental College, now the University of Missouri-Kansas City, School of Dentistry (UMKC).

Dr. Edouard M. Hall was the only dentist in Kansas City, Missouri, limiting his practice to "Root Canal Therapy" and was lecturer at the college and also author of a short text, "Pulpless Tooth Problems." Since the techniques he was teaching and those applied in the clinic were not essentially the same, Dr. Hall requested of the Dean (Dr. Roy James Rinehart) to appoint someone to apply his techniques in the clinic. I was fortunate in being appointed to this task in 1934. As a result, I attended Dr. Hall's classes, studied his text and consulted with him on clinic cases. I gained much interest in endodontics and became a charter member of the American Association of Endodontists at its inception in 1943. I was unable to attend the first meeting, but in the following years I rarely missed attending.

When Dr. Hall mysteriously departed from Kansas City and the school, I was appointed chairman of the department. The teaching of endodontics fell to me (lectures, laboratory and clinic). Though I had great interest in endodontics, I also was chairman of the operative department. After Dr. Ralph Edwards left the school, I served as director of clinics, as such discipline fell to me. The students nick-named my office "Carls-bad-cavern."

For several years before 1963, the Missouri Dental Board included in its clinic procedure the requiring of students to show some of their work completed for patients in the school clinic including endodontics. When endodontics was made a specialty of dentistry in 1963, Dr. Reuben Rhodes, Chairman of the Missouri Dental Board, appointed me as chairman of the Endodontic Specialty Committee in Missouri and said that he did so because of the excellent endodontics the board members had seen during the examination. I served in that capacity until about the time I retired from practice on the last day of 1975.

At the "Southwest Dental Congress" meeting in Oklahoma City in 1939, Dr. Ralph Sommer gave a two-day class on endodontics



including root resection (apicoectomy) which I attended and afterwards did my first root resection, the first that had been done at the University of Kansas School of Dentistry. This was followed by more resections at the school. It was a popular means of saving teeth by the armed forces during the second world war, as it could be accomplished in one sitting.

In my early days, a period fraught with fear of focal infection, dental patients were skeptical of recommendations for root canal therapy because of previous experience and tales of the horrors of such treatment. However, since the origin of the American Association of Endodontists, great improvements have been made in technology, materials and instruments, and the literature and texts such as Louis I. Grossman's "Endodontic Practice" (now in its ninth edition), John I. Ingle's "Endodontics," Franklin S. Weine's "Endodontic Therapy," and other texts of high quality. Greater skill, especially by those limiting their practice to endodontics, has enhanced procedures, and patients appreciate less discomfort and desire the service.

My efforts and interests in dentistry have been largely directed toward the conservation of the natural dentition. My experience in teaching dental anatomy, oral diagnosis, operative dentistry, endodontics; having authored a number of papers and lectured before dental societies; and also giving a number of postgraduate classes to groups have been things I have thoroughly enjoyed.

I recall, as a dental student, the first patient assigned to me when I entered the school clinic in the fall of 1922 was for a root canal operation in a lower first molar. I was instructed to seal in arsenic, as it still had a vital pulp. After three days the treatment had to be repeated. The result after completion I do not recall.

"What Has Endodontics Meant to Me?" It has meant the great satisfaction of teaching and practicing endodontics. Working with the fine young students, both in endodontics and the subjects basic to it, growing up (so to speak) with the AAE and the association of some of the most knowledgeable dentists in endodontics. Having had the benefit of the knowledge of such outstanding men as Dr. Edouard M. Hall; Dr. Laurence A. Lucas, past president of AAE, of Oklahoma City, who encouraged me to take the American Board, which I did when it was given in



Memphis, Tennessee, in May of 1965; Dr. Louis I. Grossman, also a past president of the AAE, whose postgraduate courses I attended on two occasions, and also benefited from his text, "Endodontic Practice." Also, Dr. Ralph Sommer, a past president of the AAE, from whom I learned much. I have already mentioned his two-day class in Oklahoma City, which led me, as chairman of the program committee for the Kansas City District Dental Society in 1947-48 to invite him as the speaker at the October meeting in 1947. These and many more have done much for the progress of endodontics over the past forty years.

It is with great satisfaction, after teaching dentistry for forty-one years and followed by nine years practicing endodontics, that I can look back, and with pride, to some dentists who were former students in my classes in Kansas City, Missouri. These are a few who come to mind:

General and Dr. Robert A. Shira, a great general in the Army Dental Corps, a splendid dental lecturer, a past president of the ADA and provost and dean of Tufts Dental School. Graduate 1932.

Dr. William M. Feagans, D.D.S., Ph.D., dean, School of Dentistry, New York State University, and professor of anatomy at the University School of Medicine. Graduate 1954.

Dr. Jack E. Wells, D.D.S., M.S.D., former associate dean UMKC School of Dentistry, dean University of Tennessee, School of Dentistry at Memphis until deceased.

These and many, many more I take pride in. I believe I was cut out to do what the Lord intended me to do, and I am most grateful.

## LOUIS C. SIEGEL

When old people start to ramble they - shouldn't, but since "you asked for it," I'll try not to bore you. If I do, you can deposit this in the permanent file under your desk.

Endodontics for me was a heritage from my father, Dr. Rudolph Siegel, who was there at the organizational meeting at the Palmer House in Chicago in 1943. I was not actually there at the meeting because I was stationed at Navy Pier as a dental officer, and when I got off at 4:30 and walked over to the hotel, the meeting had adjourned. Dad informed me that he had entered my name along with his for membership in this new endodontic organization.

My father, after graduating from the second oldest dental school in the world, the Ohio College of Dental Surgery in Cincinnati, in 1908 was kept on as an instructor in root canal therapy because of his intense interest in this phase of dentistry. I don't know whether paper points were available at the time, but I do know he used cotton, wrapped by hand, on smooth steel broaches to clean, medicate, dry and introduce a sealer of chloro-percha into the root canals before filling with gutta percha. The broaches he made by hand, filing a piece of music wire mounted in a broach holder, to a fine thin taper and finishing with an emery disk. These broaches when wrapped with cotton would follow the curvature of the canals to the root apex because of their sturdiness and flexibility. The principle is pretty much the same as using a wire-centered pipe cleaner to clean a curved pipe stem instead of trying to push a piece of string through the small lumen. He had learned to hand wrap these broaches rather rapidly, but the dentists he tried to teach usually found it a too difficult and time-consuming procedure. So there had to be a better way. I believe it was in 1908, a year before I was born, that he obtained a U.S. patent on a small battery-operated motor broach wrapper that would wrap a broach to the size and shape needed for the particular canal in a second or two. This improved and greatly speeded up the cleaning, medicating, drying and filling of root canals. My son and I still use the technique in our practices.

Before drying and filling the root canals, another essential part of the treatment was the ionization of a two percent zinc chloride solution with a zinc electrode in the root canal to sterilize the root canal, the surrounding radicular structure,



and hopefully the involved periapical area. This was probably the most effective treatment of endodontic infections until the introduction of the antibiotics - the sulfas in the early forties followed by penicillin around the end of World War II, and all the other antibiotics.

As a true apostle of endodontics, my father rarely missed attending the Chicago Midwinter Meeting where he loved to give table clinics or private clinics in his hotel room for friends and acquaintances to help them solve their root canal problems and improve their techniques.

I believe it was about 1923 when my father was able to buy the first dental x-ray machine in the Cincinnati area. Of course this opened a whole new vista in root canal therapy - to be able to see for the first time the damage caused by the extension of the infectious process in the root canal into the periapical area and then to follow the healing process to completion after root canal filling, to be able to determine the morphology of the roots before attempting treatment, plus all the other innumerable benefits that have developed.

Similar to the Chicago Midwinter meeting, the Cincinnati Dental Society, each year, for many years had a three-day meeting in March. This meeting was well attended not only by Cincinnati dentists but also by many dentists from around the state of Ohio, and from Kentucky, Indiana and West Virginia. Almost every year my father was on the program for a table clinic, and one time for a live demonstration with patients in an improvised operatory set up for him by one of the local dental supply companies. These clinics served to stimulate more and more interest in saving rather than extracting teeth. Surely this seems very unimportant now, but in the late twenties while I was still in pre-med, Rosenow's theory of focal infection was published, and it dominated the practices of dentistry and medicine for years. The extraction of teeth became a panacea for all the ills that befell mankind, from falling hair to falling arches. Endodontics surely reached its nadir at this time, when the very mention of it was anathema to most dentists and physicians.

When I was a senior student at Indiana University School of Dentistry, Dr. Berman, a physician and surgeon and professor of surgery, wrote an article for the Indiana State Medical Journal, decrying the sorry state of dentistry and the attitude



of the medical profession resulting from the widespread acceptance of this theory. While he received many letters of praise and commendation from physicians around the country and from European countries, even from Russia, the state medical association considered expelling him from membership.

During my senior year, my father spoke to the dean of the Dental School and offered to give a lecture and demonstration of his endodontic technique. At first he was turned down flat, but after further conversations, the dean finally permitted him to give a lecture to the senior class. I remember only one faculty member attending, a physician who felt this procedure should be done only by a specialist. However, we were required to treat several single and multi-rooted teeth before graduation, and we regularly treated deciduous teeth for school children to hold them until they were to be replaced by permanent teeth.

In spite of all the damage resulting from Rosenow's theory, it did stimulate an increased awareness of the role played by bacteria in oral and systemic pathology. So my father organized for some twenty interested dentists a course in bacteriology and pathology, given at night at Xavier University by Dr. Alphonse Lang, who, incidentally, was the man who did much of the technical work for Dr. Callahan.

If the medical and dental professions were badly shaken by Rosenow, we in the Cincinnati area were more devastated by the writings of Dr. Martin Fisher, a professor in the medical college of the University of Cincinnati. He was a very personable guru of the medical and much of the dental profession, who believed that the way to eliminate all that horrible infection from decayed, abscessed and periodontally involved teeth was to remove not only the offending teeth but also the alveolus to the root apices. If this makes you shudder, consider the plight of the poor dentists who were faced with trying to construct dentures for these dental cripples with no alveolar ridges. There was even a Murray Clinic established with a staff of physicians to sell and a dentist to perpetrate the destruction. It lasted for several years before, thankfully, it folded and passed into oblivion.

After I finished dental school in 1935 and then a year's internship at the Cincinnati General Hospital in 1936, I started in general practice with my father. I then started working

with him preparing and giving endodontic lectures and table clinics at various meetings in the tri-state area of Ohio, Indiana and Kentucky, and a limited attendance presentation at the Chicago Meeting.

Color photography and the 35 mm camera were recent and very welcome developments, making it possible to use color projection slides to illustrate and add interest to lectures.

It was most interesting and a rewarding experience to meet and exchange ideas with so many men who were really interested in saving teeth and how to do it. As I look back now, I realize that they were the men who were the real pioneers in endodontics as we know it today, and in this organization which has grown from that original handful that met in Chicago to this auspicious international organization that we have now.

There are times, when the office schedule becomes hectic, that I ponder whether endodontics is a specialty of dentistry or a form of insanity, but there is always the silver lining to the dark clouds - like when a patient comes in who has been suffering with a toothache for days or has been up all night in a vain attempt to relieve the excruciating pain of a developing abscess, or the one who baffled a team of otolaryngologists, radiologists, maxillo-facial and neurosurgeons with nagging, radiating pain of a degenerating pulp, and to be able to seat this patient in your chair, establish a diagnosis, anesthetize the offending tooth, extirpate the pulp and obtain complete relief in a matter of a few minutes to an hour. It is dramatic results like this that are so rewarding and give you a lift even at the end of a long day.

The best lift though is having a son who had the courage to follow in my footsteps and then, because of the wonderful training he received under Dr. Schilder, is making it possible for me to follow him.

My father died in February, 1953, at age 82, but was able to work until one month before cancer took him.

Sorry, Jake, if I got carried away. Enough of this. It is time to sweep up the volumes on the cutting room floor.