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THE INTER-RELATION OF DOCTORS AND DENTISTS ESPECIALLY AS APPLIED TO CATHOLIC ACTION

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NEW ORLEANS, LOUISIANA

The activities of the dental profession have always been very close to me—naturally enough as I have been teaching General Surgery in the School of Dentistry of Loyola University for the past fifteen years.

On many occasions I have discussed the inter-relations of doctors and dentists; once before the American College of Dentists, and again before the American College of Surgeons.

In my book *A Surgeon Reflects* there is a chapter on "Doctors, Dentists and Disease." For these reasons the question of closer affiliation and cooperation of Catholic doctors and dentists of New Orleans is a natural one to me.

I think of the physician and the dentist as children of the same parents. I can now picture before me the united home of a devoted medical family—an aged, sturdy father whose cumulated wisdom of years has been reflected, nurtured and developed in each grown child. There are two stalwart sons, leaders in their chosen fields, whose active lives are enlisted in aiding their afflicted fellowmen.

How beautiful is the affection, how strong are the attachments of the boys to their vigorous sister, Hygeia! M.D. and D.D.S., worthy sons of a worthy sire, Aesculapius.

Certainly Dr. Morton of Boston and Dr. Brophy of Chicago were as worthy as any sons of Aesculapius.

Few men in history more clearly illustrate the inseparable relationship of dentistry and medicine than William Morton, D.D.S., of Boston, and Dr. Truman Brophy, D.D.S., of Chicago. Dr. Morton was the first to demonstrate before the public that ether could be used as an anesthetic for all operations, even though the anesthetic was first discovered and used as such by the surgeon, Crawford Long. Today, both doctors and dentists give anesthetics.

Dr. Brophy, Founder and President of the Chicago College of Dentistry and President of its Board for forty years, including the time of its absorption into Loyola University of Chicago, secured an M.D. degree in order to broaden the field of his activities in his chosen calling of dentistry. Although a physician, he was predominantly a dentist by vocation and by activities—the father of the cleft palate and harelip operations which are still the standards of today.

The Master Surgeon, Dr. J. B. Murphy, said of Truman Brophy: "He had thoughts sublime that pierced the night like stars and in

their mild persistence led men on to vaster issues."

In the last few years a greater fusion has taken place between the professions as a great modern controversy has been waged around the question of whether or not dentistry should be a specialty of medicine.

In order to obtain some current information on the subject, I sent a questionnaire to some seventeen dental schools in North America. I received an answer from the deans of thirteen of these schools: Northwestern, Marquette, Minnesota, New York, Maryland, Illinois, Louisville, Michigan, St. Louis, Baylor, Georgetown, Pennsylvania Universities and from the College of Physicians' and Surgeons' School of Dentistry of San Francisco. However, one dean did not answer all of the questionnaire.

From this questionnaire I obtained the following information:

In seven of the thirteen dental schools some thirty members of the dental faculty have an M.D. as well as D.D.S. degree. The University of Illinois and the University of Pennsylvania each had eight men with both degrees. In three of the dental schools, however, there were no faculty members with both degrees. The men with both degrees taught medicine; dentistry; anatomy; physical diagnosis and pathology; dental pathology; maxilla, oral and facial surgery; and prosthetic dentistry. One was a Health Officer; one an Associate in an Ad-

mission Clinic; one was an Assistant Professor of Oral Surgery in the Dental School and an Associate Professor of Surgery in the College of Medicine.

In answer to the question whether students of medicine and dentistry should follow the same course for the two or more years: Nine said "No", three said "Yes".

In answer to the question whether dentistry should be considered an advanced specialty of medicine: Ten deans said "No, it should not"; the deans of St. Louis and the University of Illinois said "Yes".

In answer to the question whether they knew any dentists specializing in oral surgery, anesthesia, and other conditions, twelve said "Yes" to oral surgery, five said "Yes" to anesthesia, one knew of some dentists specializing in general diseases of the mouth. The dean of the University of Pennsylvania Dental School knew of a number of dentists without the M.D. degree specializing in "major maxillofacial surgery".

In answer to the question of whether there should be a closer affiliation between doctors and dentists, ten said "Yes", two did not answer, one said he did not think it practical.

The ways suggested for bringing about a closer affiliation:

1. By consultation.
2. By systemic treatment for dental disease.
3. By making dental internship in hospitals compulsory.

4. By requiring medical seniors to spend twenty hours observing cases in the examination room of a dental clinic.
5. By providing dentists with a better knowledge of clinical medicine.
6. By providing medical practitioners with a better understanding of histology and pathology.
7. By making dentistry a specialty of medicine. This, however, was expressed only by two of the deans.

It was almost the unanimous opinion of the deans that dentistry is an autonomous profession and the various schools of dentistry in America have been autonomous for the past hundred years and so should remain, whether or not there is affiliation with a medical school.

Whenever or wherever a dental school is a part of and under direction of a medical faculty—the loss of autonomy decreases the standards of the dental school and hampers progress.

Dental and medical education already have achieved some unification in such places as Italy where a dentist must take an M.D. degree. In our own country, Harvard University trains dentists in its medical school. The splendid Graduate Medical School of the University of Pennsylvania requires both an M.D. and D.D.S. of those who would specialize in head surgery. In most American universities pre-dental and pre-medical courses overlap in many studies.

However, the question before us is not whether dentistry is a specialty of medicine, but whether the Catholic dentists of New Orleans should be organized at all and, if so, independently or as part of, or in some way affiliated with the Catholic Physicians' Guild.

It may be well for us to keep in mind the close relationship of the two professions.

In studying the question of whether Catholic dentists should be organized, we begin to wonder why they have not already been organized. When the National Catholic Physicians' Guild was first formed, it was meant to provide a bulwark for ethical procedure and consideration. Since such ethical questions did not affect dentists, they were not invited to join. At the present time, however, the Catholic Physicians' Guild has become an important factor in Catholic Action.

The Constitution of the Catholic Physicians' and Dentists' Guild of Chicago lists fourteen points as its purposes. The first of these is:

To constitute a brotherhood of physicians and dentists who will teach and practice the ideals of the Catholic religion by diligently cultivating the spirit and practice of prayer, by attendance at Holy Mass even on weekdays if possible, by the frequent reception of the Sacraments, particularly the life-giving Sacrament of the Holy Eucharist, and by annual attendance at a retreat for laymen.

Only in the last of the fourteen points of the constitution is the

original object of the first Catholic Physicians' Guild stated:

To instruct our fellow-practitioners as to the correct procedure in doubtful cases upon which they seek the decision or teaching of the church.

Mrs. A. P. Dillon, wife of a former president of the Federation of Catholic Physicians' Guild, writes us:

"If inviting the dentists to join, will strengthen the Guild and possibly help to strengthen the Catholicity of the individual dentist and interest him in Catholic Action, there is no reason why they should not be admitted * * *. Some of our Guilds admit dentists; some do not. I understand that those who do admit them, are well satisfied."

Furthermore, the inclusion of dentists is optional in the opinion of the national organization. Again, Mrs. Dillon says:

"My husband, when he was President of the Federation, always stressed the point that the Federation as such, never dictates to any Member-guild in local matters. Some Guilds admit dentists, some do not; some admit women physicians, some do not; some have a yearly retreat, some do not; some have six meetings a year, some have two. These questions, it has always been felt, are purely local ones, that must be decided by the members themselves. The main object of the Federation is to acquaint Guilds in different parts of the country with what other Guilds are doing, and to

exert a certain amount of national strength in trying to bar certain offensive legislation, etc."

The best reason for the organization of Catholic dentists is expressed in a letter to us from Monsignor Gruenewald, Chancellor of the Catholic Physicians' and Dentists' Guild of the Diocese of Belleville:

"After all, the Guild is essentially a Catholic Action society. Why should it not profit by the strength of numbers to be derived from the membership of dentists who are so closely allied with the physician. Catholic dentists are for the most part without organization; * * *. But with us, Catholic physicians and dentists are few in number and often live at a distance from one another. It was, therefore, the best course for us to take both groups into the one Guild and thus give also the dentists an opportunity to participate in the Catholic apostolate."

Regarding the question whether the Catholic dentists of New Orleans could be better organized independently or as a part of the Catholic Physicians' Guild, let us review the situation:

In Boston, Catholic dentists have had an independent organization for the past twenty-one years. This organization is the Guild of St. Appollonia, which gave to the world the first Catholic dental journal—*The Appollonian*. This separate guild seems to be warranted by the large number of Catholic dentists practicing in Boston. The Guild has three hun-

dred members and its journal a circulation of twelve hundred. One of the outstanding works of this Guild has been the dental care in the last twenty years of some two hundred thousand parochial school children in Boston.

In many of the larger cities of America, for example, New York, Buffalo, Detroit, Chicago, St. Paul and Kansas City, Catholic Guilds of dentists are functioning independently.

In Newark, Belleville, and other places, Catholic dentists are organized in the same guild as the physicians—a Catholic Physicians' and Dentists' Guild. In Newark, some of the officers are dentists.

From these instances we can see that the question of whether Catholic dentists should be organized separately or with the Catholic physicians is one of local preference. However, regarding the New Orleans situation, there are these further considerations:

It might be easier for the dentists of New Orleans to attend our meetings or join our organization if they desire and, as they develop numbers and interest, to decide for themselves and ourselves whether they could function better in our larger group or in a separate organization.

In these times of war, the effort of creating a separate organization at the outset might be unde-

sirable, especially as our own ranks and those of the local dental profession are being depleted by the war. Again, there is the old argument: "In union there is strength." One great organization might be better than two lesser ones.

But the greatest of all arguments for the organization of Catholic dentists and their union with Catholic physicians is the argument of greater Catholic Action. Only on the principles of Christianity as vitalized in Catholic Action can be maintained the just peace outlined by Roosevelt and Churchill and pleaded for by His Holiness. Only in organized Christian leadership enforcing Christian principles and combatting every vestige of evil will there be redemption for our warring generation.

As I see it, only through the acceptance of Christ with a strong endeavor to apply His teachings, so well exemplified in Catholic Action—love of God and love of neighbor—can a just and lasting peace be effected. In this Crusade, regardless of what means may become necessary, the two sons of Aesculapius—doctors and dentists—must go hand in hand under one banner or under two, inseparably united. The time to institute closer affiliation has been delayed already. Let us start today!