

# Chapter VIII

## THE DRIVE STALLS: CONTINUING EFFORTS TO CREATE A COMMISSIONED DENTAL CORPS, 1901–1904

### *Introduction*

While the new contract dental surgeons labored to establish their credibility with the soldiers in the field, the National Dental Association (NDA) and the dental press continued its drive for legislation that would create a commissioned corps of dentists in the Army. John Marshall played an increasingly prominent role in this process from inside the Army Medical Department and War Department beginning in October 1902, while continuing his daily dental practice and supervising the overall work of the dental surgeons. Whether or not the NDA and the American dental community ever achieved the goal for which they so ardently continued to agitate—a commissioned corps of military dentists within the Army Medical Department—depended as much on the success or failure of John Marshall and his colleagues in their daily work as it did on the efforts of the dental lobbyists.

### *Secretary Root Trumps Efforts to Gain New Legislation*

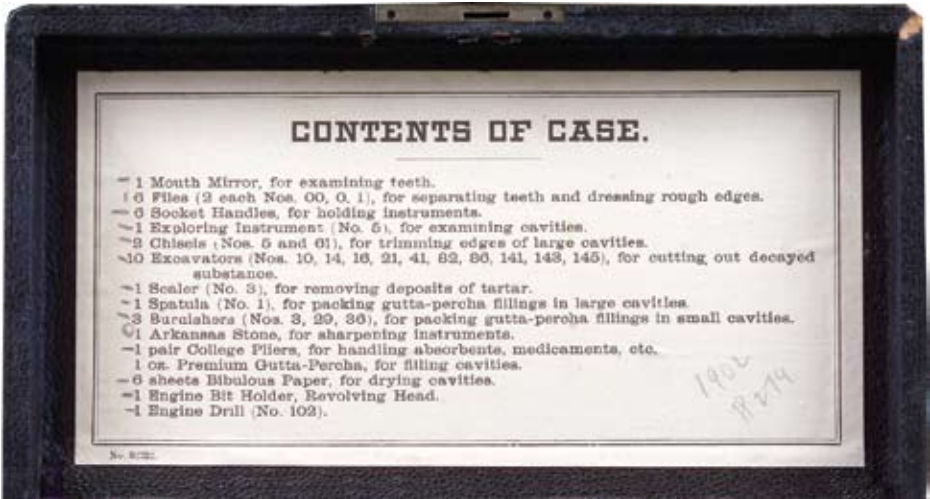
On April 24, 1902, Alabama Senator Edmund Pettus, a veteran of the Mexican War and former Confederate brigadier general instrumental in promoting previous dental bills, submitted a bill (S 5420) to “reorganize the corps of dental surgeons attached to the Medical Department of the Army.” The bill proposed a ratio of one dentist per 1,000 troops, a ratio that had become a fixture in legislative efforts. More importantly though, it proposed that dentists be appointed into the Army in grades comparable to the Medical Corps and that the contract dental surgeons presently on duty fill the initial appointments; he wanted dentists to be full commissioned members of the Medical Department on a career track. Tennessee Representative Walter Brownlow submitted a similar bill (HR 79) to the House the next day.<sup>1,2</sup>

Surgeon General Sternberg had already promised the NDA that he would accept a transition from contract dental surgeons to commissioned status while the February 1901 act was still under discussion, so he readily gave his personal endorsement to these bills on April 29, 1902, and recommended that dentists be made commissioned officers, just as physicians were:

The dental surgeons appointed in accordance with the act of February 2, 1901, are rendering excellent service, and their services are highly appreciated by the officers

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and enlisted men of the army. A larger number could be utilized to good advantage; and the permanent retention of dental surgeons as part of the military establishment will, in my opinion, be in the interest of the service.<sup>3,4</sup>

Despite Sternberg's endorsement, on May 3, 1902, Secretary of War Elihu Root wrote to the chairman of the House Committee on Military Affairs opposing the

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(a) A smaller version of a portable dental case, possibly for field use.

(b) Inventory of smaller portable chest was attached to the inside of the lid.

(c) Open, with removable storage pouches taken out.

Photograph: Courtesy of the US Army Medical Department Museum. Med7268-1,2,3.

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bill. In his opinion, the contract dentists were needed only while large numbers of troops served in the Philippines, and he hoped that was a temporary situation. He also considered dentistry “not military in character” and wanted to avoid creating more noncombatant officers. Furthermore, Root believed that the original dental law needed more time to be assessed in actual practice before making changes.<sup>5,6</sup>

In a June 1902 editorial, Dr Wilbur Litch, editor of *Dental Brief*, rebutted Root’s position, saying the bill was a “measure of simple justice” to those members of the dental profession serving as Army dental surgeons. Despite the surgeon general’s recommendation, Root’s opposition was critical to the bill’s failure to pass in Congress. The struggle for commissioned status continued for 9 more years.<sup>7</sup>

At the meeting of the NDA in Niagara Falls, New York, in late July 1902, Mark Finley, Williams Donnally, Charles Butler, and Gordon White of the Committee on Army and Navy Dental Legislation expressed their disappointment over the bill’s failure and singled out Secretary of War Root as the main cause:

This bill received the approval of Surgeon General George M. Sternberg, in accordance with his purpose formed two and a half years ago, and at the time expressed to your committee. . . . The Secretary of War promptly and vigorously disapproved the commissioning of dental surgeons, for the alleged reason that their duties are in no sense military. In this connection we digress to mention that of the first two dentists sent to the Philippines with General Merritt’s Army one was killed in battle soon after his arrival [John Gibbon], and some of the contract dental surgeons are constantly exposed to the dangers of war and of the military service. There are members of both the Senate and House Military Committees who will continue to favor commissioning dental surgeons notwithstanding the disapproval of the Secretary of War.<sup>8(p274)</sup>

The committee again laid out the three, often-stated, fundamental objectives pertaining to dental legislation for the Army that were set out in the NDA meetings of 1899 and 1901 and had guided its efforts with Congress, the War Department, and the surgeon general:

*First.* That there may be secured to the officers, men, and boys in the U.S. military service the benefit of the services of educated, ethical, and efficient corps of dental surgeons.

*Second.* That the value of dentistry to the general health, comfort, longevity and efficiency of the military man may be more universally recognized.

*Third.* That the educational value of the dental college course, the importance of the function of the Doctor of Dental Surgery, and the civil status of the dental profession should be conceded as sufficient to entitle the military dental surgeon to equality with other professions in certain grades, pay, and allowances.<sup>8(p273)</sup>

To the committee, this was a serious matter of professional recognition and pride as well as service to the nation and soldier. The committee went on:

As has been fully explained heretofore, the status secured through the efforts of this Committee for the army dental surgeon was acceptable because he entered the service on the “terms and conditions” applicable to more than two-thirds of the medical

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officers in the Army, because the War Department had by regulations so adapted the contract system that the contract surgeon was at no social, professional or official disadvantage, and for the further important reason that the contract system adopted by Congress at the beginning of the Spanish War afforded the only available means to commissioned positions for either surgeons or dental surgeons. However, nothing else than commissioned rank for army officers can be altogether satisfactory to the professions they represent, or to the military service.<sup>8</sup>

For more than a year, the committee continued to work quietly with the Army and Navy surgeons general and Congress to remedy the major problems of an Army bill. However, for the first time in the 4 years since its establishment in 1898, the Committee on Army and Navy Dental Legislation did not file a meaningful report at the 1903 NDA meeting. This did not mean that their lobbying had ceased; it had just taken other directions. Three years later, Williams Donnally noted in his report to the NDA meeting—which is probably the best overall summary of the committee's intimate involvement in the legislative process from 1898 through 1906—that in 1902 and 1903 the committee had turned its attention “to oppose all recommendations for the establishment of a contract dental corps for the navy.” By an understanding with the Navy surgeon general, after April 1902 the committee adopted the approach that the Army and Navy bills would be “identical in proposed grades of rank and corps organization, and for the same reason the earlier passage of the Army dental bill was more urgently attempted” because the adoption of either Army or Navy bill “would immediately become a precedent for the adoption of the other.”<sup>9(pp21–23)</sup>

At the NDA's annual meeting in late July, 1903, in Asheville, North Carolina, the committee reported that “the prospect of securing a satisfactory commissioned rank for the Military Dental Surgeon is favorable” but did not go into details of its continuing efforts on Capitol Hill.<sup>10</sup> The report concluded “that an educated and efficient dental service, representative of the attainments of the profession, cannot be maintained without a commissioned personnel is practically conceded, and nothing less will be accepted by your Committee or your true friends in Congress.”<sup>10</sup>

### *John Marshall and the Surgeon General*

As the senior supervising dental surgeon and president of the examining board, John Sayre Marshall played the most critical role in the development of Army dentistry during its formative years. His stature in the American dental profession provided him with contacts and credibility that were almost unmatched at the time. From the very first, he was the principal spokesperson for the dental surgeons within the profession and Army and his interactions with the surgeons general he served shaped Army dentistry. While no documents available today shed any real light on the personal relationship of Surgeon General O'Reilly and Marshall, the two men appear to have known each other at the Presidio of San Francisco when O'Reilly served as chief surgeon of the Department of California from June through August 1902. The volume of correspondence between the men testifies that they had a significant interaction during O'Reilly's time as surgeon general. Regardless of their personal relationship, Marshall's

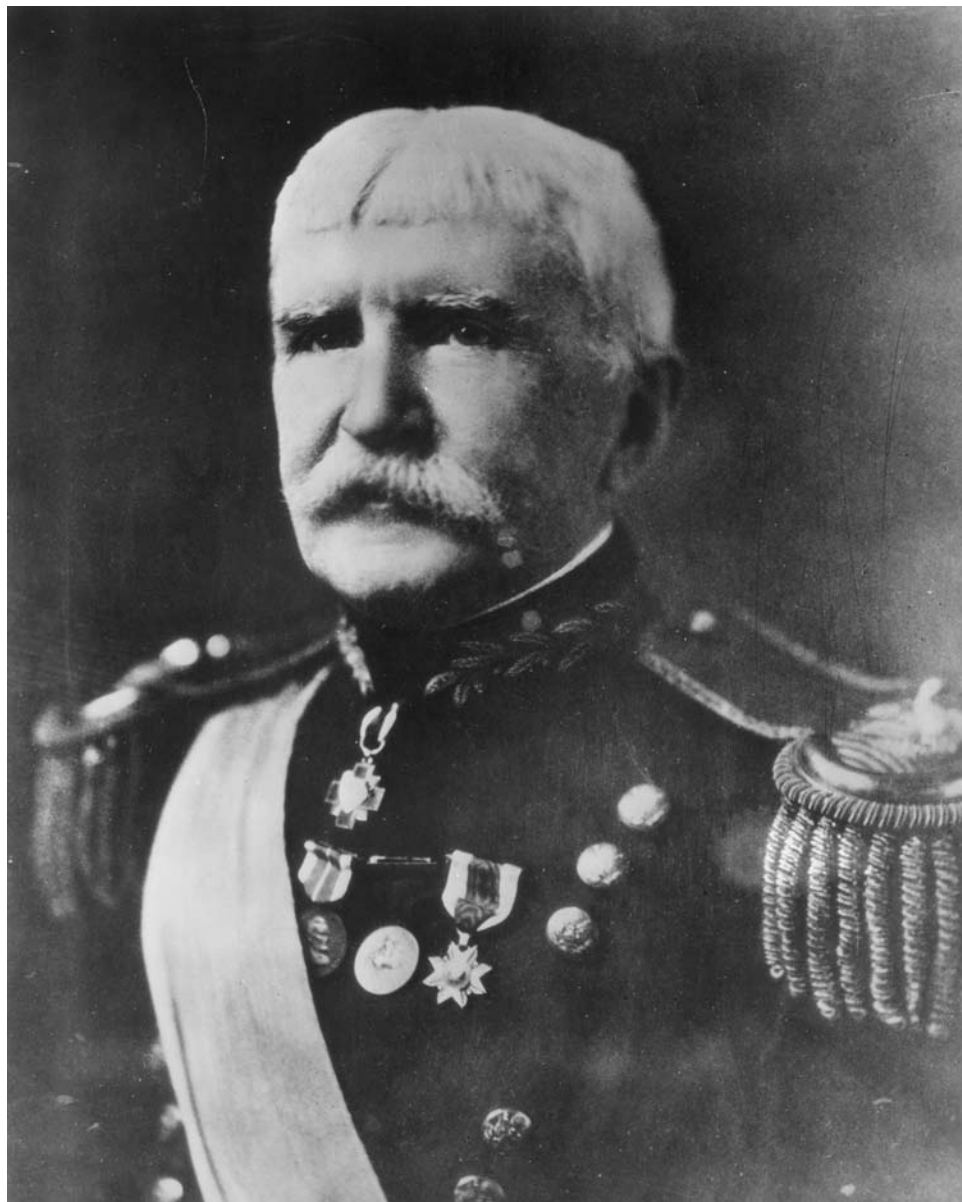
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*John S Marshall, senior supervising dental surgeon and president of the examining board, played a critical role in the development of Army dentistry during its formative years.*

*Photograph: Courtesy of the American Dental Association.*

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*Robert M O'Reilly, surgeon general 1902–1909.  
Photograph: Courtesy of the National Museum of Health and Medicine,  
Armed Forces Institute of Pathology. NCP 3566.*



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position as a practicing dentist in the field during these years and the lack of an official dental presence in the Office of The Surgeon General in Washington seriously hampered his ability to influence the policies and decisions pertaining to dental matters.

The difficulties facing the Army's dentists as contract dental surgeons, the details of establishing a functioning dental service, and the need for legislation to create a commissioned corps of dentists formed major themes in John Marshall's correspondence with O'Reilly. While not taking any discernible role in the 1902 legislation struggle, Marshall began his personal dialogue on dental legislation with the new surgeon general on October 14, 1902, with a letter and attached draft of a bill to provide commissioned rank for the officers of a "Corps of Dental Surgeons."<sup>11</sup> The proposed bill for the reorganization of the contract dental service into a commissioned corps was titled, "Bill for the Organization of a Corps of Dental Surgeons to be attached to the Medical Department of the U.S. Army and under the direction of the Surgeon General," and read as follows:

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled.

*Sec. 1.* There is hereby created a corps of dental surgeons to be under the direction of the Surgeon General of the Army and whose duty shall be to give dental treatment and services to those now entitled or who may hereafter be entitled to treatment and services of the medical corps of the army and to perform such other duties as may from time to time be directed or authorized by the Secretary of War.

*Sec. 2.* The corps shall consist of three (3) Dental Surgeons, each with the rank, pay and allowances of Major, six (6) assistant dental surgeons, each with the rank, pay and allowances of Captain, mounted, and twenty-one (21) dental surgeons, each with the rank, pay and allowances of first lieutenant, mounted.

*Sec. 3.* The President, by and with the advice and consent of the Senate, may first appoint the three dental surgeons with the rank of major, provided for by this act, from the contract dental surgeons now in the service who have demonstrated their mental, moral and professional fitness therefore.

*Sec. 4.* Vacancies created by this act or which may hereafter occur shall be filled by appointment by the President, by and with the advice and consent of the Senate, of candidates from civil life who must be citizens of the United States between 24 and 30 years of age, of good moral character, graduates of standard medical or dental colleges, and thoroughly trained in all the departments of dental surgery, of unquestioned professional repute, and who shall be required to pass the usual physical examinations and such professional examinations as the Secretary of War may prescribe, which examination will consist, among others, of the subjects that comprise the curricula of the standard dental colleges of the United States, and tests of skill and proficiency in all the practical departments of dental surgery, provided that those contract dental surgeons now in the service who have demonstrated their mental, moral and professional fitness may be appointed assistant dental surgeons.



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*Sec. 5.* Promotions in the corps of dental surgeons, as prescribed in Sec. 2 of this act, shall be by seniority, provided, that all promotions shall be subject to such examinations and regulations as the President may direct, and provided further that service as contract dental surgeon shall be computed as commissioned service.

*Sec. 6.* That in time of war or when war is imminent the President may, by and with the advice and consent of the Senate, appoint volunteer dental surgeons with the rank, pay and allowances of first Lieutenant, mounted, provided that the total number of dental surgeons shall not exceed one to each 2000 enlisted men in the regular volunteer forces.<sup>11</sup>

In his letter, Marshall enumerated the reasons why a reorganization of the corps was necessary:

- Dental diseases were as prevalent among the officers and enlisted soldiers of the US Army as they were in the civilian population and even more so among the troops serving in Cuba, the Philippines, and Alaska.
- "Serviceable" teeth were essential to maintaining the "general Health" and "highest efficiency" of an army serving in the field, especially in the tropics.
- It would be advantageous from an economic standpoint for the government to provide dental surgeons to treat the dental diseases that caused loss of duty time.
- The dental service had passed the "experimental stage" and proved its "great value" to the Army. Therefore, it should be continued as a "permanent service."
- The "contract system" currently in vogue was not "adequate to the requirements of a permanent service."<sup>11</sup>

Marshall argued that dental surgeons had demonstrated their worthiness of commissioned rank with the right to promotions and retirement benefits. After laying out his arguments for a commissioned corps, he concluded:

I would, therefore, most respectfully solicit your consideration of the merits of the case, and your suggestions upon the various features of the measure as presented, with the hope that you will see the propriety and advisability of recommending to the Secretary of War the passage by Congress at its next session of this or some other measure which in your judgment might seem more desirable.<sup>11</sup>

On October 23 O'Reilly acknowledged receipt of Marshall's proposal.<sup>12</sup> Nothing more was heard about his proposed bill until more than a year later, when Marshall again wrote to O'Reilly to take up his invitation "to be free in suggesting for your consideration such matters as seemed to me to be of importance for the well being and efficiency of the Dental Corps." Thus, Marshall began a series of exchanges with O'Reilly on the need for a commissioned dental corps at the very time that O'Reilly himself was working on his own bill to eliminate contract surgeons and enlarge the number of medical officers. Marshall stressed that

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a “change in status” of the Dental Corps was of “vital importance” to its numbers, who had appealed to him as their senior dental surgeon to broach the subject to the surgeon general. Many of the best young dentists were “getting uneasy and more or less dissatisfied” with their “status and future prospects.” Several were considering leaving the service. If they were assured that the dental surgeons would be placed on a commissioned basis with prospects of promotion, their services could be retained. Marshall reminded O’Reilly that placing the dental surgeons on commissioned status would actually save the government money. A first lieutenant’s pay was less than the contractors were receiving. Marshall believed that the current dental surgeons would trade the slight pay difference (they would lose \$200 a year) for “improved status” and therefore remain in the service.<sup>13</sup>

Marshall recommended that his October 23, 1902, proposal for new dental legislation be substituted for the bill (HR 79) that Walter Brownlow of Tennessee had introduced in Congress on November 9, 1903. Marshall expressed the hope that legislation would be passed during the upcoming congressional session to place “the corps in the honorable position to which they aspire and to which the learning and the high standing of their profession entitles them to occupy.”<sup>13,14</sup>

On December 12 the surgeon general informed Marshall that although he understood that “rank and commission” would be “desirable” and “important” to the dental surgeons, he failed to see how the government would benefit from the change to a commissioned corps. He reasoned as follows:

- Dental surgeons were employed for a “special line of work,” which did not necessitate their accompanying the troops into the field where they would be obliged to command and discipline enlisted soldiers. Therefore, he failed to see why they needed commissioned rank and how it would improve the dental service.
- If dental surgeons were commissioned as first lieutenants, their pay would be less than that of contract dentists. They would stand to lose \$200 per year. A more effective solution would be for the contract dentists to keep their present status or receive a pay increase in exchange for their services.
- As commissioned officers, the dental surgeons’ entire time would be “at the disposal” of the government, thereby preventing the after-duty hours private work they were able to perform under the current arrangement (under Army Regulation [AR] 1584).
- The Brownlow bill was prepared by someone “not conversant with the service,” and its discussion, in the surgeon general’s opinion, was therefore not worth the time. As for Marshall’s own bill, O’Reilly wondered about the nature of the “other duties” to be authorized by the secretary of war to which Marshall referred.<sup>15</sup>

On January 2, 1904, Marshall sent a lengthy and detailed reply to the surgeon general, pointing out the following:

- While it was true that dental surgeons were engaged in a “special line of work,” there were other commissioned officers in the Army, such as paymasters and chaplains, who held rank but did not normally command troops in

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the field. Dental surgeons were normally assigned an enlisted soldier from the Hospital Corps who served as an assistant (under AR 1581). At base and general hospitals, sometimes two or more assistants were under the "command and discipline" of a dental surgeon. In the Philippine Islands, dental surgeons did accompany the troops in the field; the dental outfit used by contract dentists was designed specifically for that purpose. Duty "under arms" at isolated posts where night attacks often occurred was common.

- The problem with the contract system was not one of pay, but one of status. Military rank, which would render the service more attractive, was the main desire of the dental surgeons. A dentist with a university degree felt that he should be accorded commissioned status like his medical colleagues and other professionals in the service. The dental surgeons had the same responsibilities as officers, but not the rank; under Army law at the time, dental surgeons were not authorized to issue orders to their enlisted assistants or even their patients. Therefore, the majority of the contract dentists preferred to hold the rank of first lieutenant and accept the pay difference (\$133.33 per month, rather than the \$150 they were receiving).
- As for AR 1584, the majority of dental surgeons felt that the same rules for professional service should apply to the Dental Corps as to the Medical Corps. Fees for work excluded by the government could be collected by the dental surgeons and turned over to the proper authority.
- The "other duties" to which Marshall referred in his bill were included to provide for nonprofessional duties, such as court martial boards, and could be omitted.<sup>16</sup>

Marshall concluded:

Finally, I would respectfully suggest that the importance of the work of the dental corps and its general acceptability to the Army, justifies giving them a status that will further contribute to their efficiency while the members of the Dental Corps, individually and collectively, have fully demonstrated their professional ability, proficiency and faithfulness to the service, and, are, therefore, in my judgment, worthy of the honorable status to which they aspire.<sup>16</sup>

After receiving Marshall's detailed report, O'Reilly said that "the proposition to confer rank and military status on Contract Dental Surgeons has been received, and will have, as it merits, attentive consideration." (It is interesting to note in these exchanges that whereas Marshall invariably referred to the "Dental Corps" or "corps," O'Reilly always used the terms "contract dental surgeons" or "dental surgeons.") The surgeon general told Marshall that he remained unconvinced of the need to commission the dental surgeons, "But I am open to conviction."<sup>17</sup>

On January 13, 1904, Marshall replied and reminded O'Reilly that the \$200 in pay that the contract dentist would lose would be more than compensated for by his gain: commutation of quarters, right to forage, disability or age retirement with pension and "self respect." Forage rights would allow the dentists to keep a horse for "outdoor exercise," which would benefit their health because they worked in a "cramped" position while operating. Commissioned rank would

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also allow the dental surgeons to inspect themselves and conduct examinations for promotion. The “glamour of the quasi military position” was wearing off for the younger men, and something had to be done to improve their morale. Again, the surgeon general’s office filed Marshall’s “additional arguments” for “future consideration,” but no action was taken, despite the fact that the foreign tours of some of the contractors stationed in the Philippines had already exceeded 2 years.<sup>18,19,20</sup>

### *The Brownlow Bill (HR 79): Proposed Reorganization of the Dental Surgeons, 1903–1904*

The O’Reilly-Marshall exchange played out at the same time that the original 1901 dental surgeons’ 3-year contracts were expiring. After February 1904 and the failed legislative effort of 1902, efforts to enact new dental legislation were renewed. On November 9, 1903, at the first session of the 58th Congress, Representative Brownlow introduced in the House another new bill (HR 79) “to reorganize the corps of dental surgeons attached to the Medical Department of the Army.” This bill was essentially the same as the 1902 bill and it was quickly referred to the Committee on Military Affairs.<sup>14,21,22</sup>

On March 25, 1904, the Odontological Society of Cincinnati sent a petition to the new secretary of war, William Taft, recommending the passage of the pending bill. It cited the upcoming expiration of the 3-year contracts of the original contract dental surgeons and the desirability of retaining their services. The letter was passed to Surgeon General O’Reilly for review and comment.<sup>23</sup>

On April 15, O’Reilly returned the correspondence and informed the Army chief of staff that he did not believe HR 79 was needed and suggested that a new bill be prepared. O’Reilly’s comments were critical and frequently referred to as the Medical Department’s official position on Dental Corps legislation throughout his years as surgeon general. He told the chief of staff the following:

In considering the Bill (H.R. 79) organizing a dental corps composed of officers of various grades and with military rank, this office has hitherto taken the position that rank was not needed to further the proper performance of the duty devolving on a dental surgeon whose functions are strictly limited to the care &c. of the teeth of officers and enlisted men of the Army. Assurances are, however, given from credible and responsible sources that the possession of rank would result in giving better service than can be procured under the present contract system. This being the case, I have the honor to recommend that a Bill be drawn to accomplish this purpose and that it be submitted to Congress for legislative action. The Bills referred to—which are now in Committee—are defective and should not pass.

In my opinion, the Bill to be proposed should contain provisions to the following effect:

1. Prescribing age limit and professional qualifications.
2. Providing examining boards to determine physical fitness (a board of medical officers) and a dental board (to consist of one dental surgeon now in the military service, to be designated by the Secre-

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tary of War, and two dental surgeons nominated to the Secretary of War by the President of the American Dental Association, who while so serving should be properly compensated) and without the recommendation of these two boards no one shall be appointed. 3. No more than five original appointments shall have the same date of commission. On being commissioned they shall be entitled Dental Surgeons and shall rank as First Lieutenants. After five years service, those holding this grade who shall have passed a satisfactory physical and professional examination shall rank as Captain, and after an additional 10 years service, shall, subject to a similar examination, rank as Major. The pay and allowances of Dental Surgeons shall be the same as those of a First Lieutenant. But their right to command should be absolutely limited to the Dental Surgeons and such enlisted men as may be detailed for duty with them, so as to prevent them from assuming command of hospitals. 4. The whole number of Dental Surgeons should not exceed thirty of whom three shall have the rank of Major, five the rank of Captain and twenty-two the rank of First Lieutenant.<sup>25</sup>

One of the “credible and responsible sources” that influenced O’Reilly’s position on commissioned rank versus contract status must have been John Marshall, who repeatedly attacked the contract system. However, items 1 through 4 of O’Reilly’s letter became the main points of discussion and disagreement between the War Department and the surgeon general on one hand, and Marshall and the Army’s dental surgeons, the NDA’s Committee on Army and Navy Dental Legislation, and the dental profession and press on the other.

On April 21, 1904, Senator Pettus sent a note to Surgeon General O’Reilly and attached a copy of HR 79. He told O’Reilly that the Senate Committee on Military Affairs was considering the bill, and “I most respectfully ask your opinion of this bill; and also your opinion as to the best mode of providing the Services of Dental Surgeons for the Army & the number needed.” O’Reilly responded, saying that day that he thought

the bill mentioned you should not pass because it is very carelessly and loosely drawn (for instance there is no such rank known in the Medical Department of the Army as “Passed Assistant Surgeon”)[a Navy rank]. There is no proper provision for examinations; there is no limit on age at admission (which might result in the appointment of men to the highest proposed rank and their retirement for age under the general law after a very short service).<sup>9,25,26</sup>

O’Reilly noted that the number of dental surgeons “while not excessive, appears to be sufficient.” He referred the senator to his April 15 letter to the chief of staff, which stated his position on the actions necessary to correct the deficiencies in the current bill:

I have written and forwarded for the action of the Secretary of War certain suggestions in regard to legislation for the Dental Surgeons. These suggestions, if adopted, will substantially meet what I understand is the main point desired by the American Dental Association, that is, permanent tenure of office with proper rank, to be increased on length of service proportionate to that in the Medical Department of the Army.<sup>26,27</sup>

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Two years later, Williams Donnally provided some additional perspective on what had occurred:

The War department declined making a report on dental bills offered after April 1902, and the Military Committees refrained from consideration of these bills because they were not reported on by the War department. Your committee, with a view to creating a sentiment in favor of the bills, used all the support at its command with both the War department and the Military Committees, until finally we induced these committees to make simultaneous special requests for a report on H.R. 79, and on the corresponding Senate bill. In response to a request of the Military Committee for a report, H.R. 79 was reported upon unfavorably by the Surgeon-general under the date of April 15, 1904, and unfavorably by the general staff (a body composed of about thirty selected army officers), unfavorably by the chief of staff, General Chaffee, unfavorably by Secretary Taft, and returned to the Senate and House military committees.<sup>9</sup>

The main points of contention became age limitations, distribution of rank, time in grade for promotion, pay and allowances, composition of the examining board, and the physical and professional reexamination of those contract dental surgeons already serving. After the April 15 memo, Donnally's committee began discussions with Surgeon General O'Reilly and his staff:

with a view of reaching an agreement whereby the Surgeon-general would, at a later suitable time, affirm his approval of every detail of the terms of a bill to be drawn and presented to Congress by your Committee along the lines of his recommendations of April 15, 1904, but the terms to be more favorable in several respects, especially with reference to the special recognition to be accorded those already in the contract service.<sup>9</sup>

As these negotiations dragged along on a new draft bill, Senator Pettus submitted another bill (S 5906) to the Senate Committee on Military Affairs on December 12, 1904, "to reorganize the corps of dental surgeons attached to the Medical Department of the Army."<sup>29-31</sup> The general staff referred the new Senate bill to the surgeon general for review and comment. On December 17, O'Reilly responded by returning both S 5906 and HR 79 and inviting attention again to his April 15 letter. He recommended some changes that limited commissions to those now in service who had rendered "satisfactory service" for 3 or more years and met all other qualifications of the law, "were within the age limit required by regulations at the time their original contracts were signed," and passed the standard physical examination for commissioning.<sup>32</sup> Clearly, such an age limit did not favor retaining the most experienced of the contract dental surgeons, including Marshall, Oliver, and Hess, and Donnally's committee continued to debate these critical points with the surgeon general.<sup>9</sup>

### *Growing Army Support for New Dental Legislation*

In addition to the dental community, significant support for a substantive dental bill also came from many of the Army's line officers, who increasingly understood the value that dental surgeons added to maintaining soldiers' health and overall unit readiness. By the fall of 1903 some Army department commanders and surgeons believed that experience to date indicated a need for more dental surgeons and better

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operating rooms at the various posts. In his annual report for 1903, Major General John Bates, commanding the Department of the Lakes, described the department's dental service, which was typical of all stateside dental activities:

One contract dental surgeon is on duty in this Department, who, during the year visited each post, and to the best of his ability extended his service to the officers and enlisted men thereat. He treated 1,966 cases. The work performed has been largely of an emergency character owing to the lack of facilities for laboratory work at most stations. Application was made for the assignment of an additional dentist to duty in this Department, as the work was thought greater than one could properly perform. It was the intention to recommend the establishment of a dental office at a central point in the Department, where one dentist could attend to operative and prosthetic dentistry and make one annual or semi-annual visits to all stations. It was believed this arrangement would place the dental service on a more satisfactory footing in this department. *No other dental surgeon was available for this detail, and the one at present on duty continues to make periodical visits to the various stations until such time as it may be practicable to obtain the assignment of another to this department.*<sup>33</sup>

On May 20, 1904, Colonel Marion Maus, the commander of the 20th Infantry Regiment, wrote from his headquarters at Malate Barracks, Manila:

I have the honor to invite your attention to the importance of dentists in the army, especially at remote stations in order that officers and enlisted men have proper dental attention.

While in command at Camp Marahui, Mindanao, certain officers including myself, and a number of enlisted men suffered very much from want of such service; later, however, a dentist was provided and great relief and benefit were realized.

There are times when the services of a dentist are as necessary as that of the Army Surgeon. From my experience in the service, including all posts of the United States and Dependencies, I can testify to the importance of this branch of the service, and to much suffering from the want of it.

It would, perhaps, be desirable to have Dental Surgeons assigned to certain regiments in the same way as Chaplains.

The Dental Surgeons that I have known are experienced and excellent men. I would strongly urge that their position be made permanent, the number increased and that they be given rank equal to that of Assistant Surgeons, they being in their profession, fully as important. It is certain that first class Dental Surgeons cannot be kept in the service unless they are offered sufficient inducements.

In this climate teeth rapidly decay and disease appears to attack the mouth more rapidly than in the States, although in remote districts in the United States the Dental Surgeon is fully as necessary.

I strongly urge legislation making a permanent Corps of Dental Surgeons in number suited to the demands of the service, with permanent rank and pay.<sup>34</sup>



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Despite Maus's strong endorsement, the medical officers in the Philippine command took a different view. On May 25, 1904, the chief surgeon at headquarters, Department of Luzon, Manila, Colonel John Hall, disapproved Maus's recommendation, stating "the present system seems sufficient." On May 27 the chief surgeon's office, headquarters, Philippine Division, concurred, stating, "the present system of dental service appears to be satisfactory, and so far as known in this office no difficulty has been experienced in securing competent dentists under it." Major General (later Lieutenant General and Chief of Staff, 1910–1914) Leonard Wood, himself a former medical officer, then the commanding general for the Department of Mindanao, agreed with his medical officers that "the present system is satisfactory."<sup>35,36</sup>

On June 20, 1904, Major (later Lieutenant General and Chief of Staff) Hugh Scott, 14th Cavalry Regiment, commanding the post at Jolo, Jolo Island, Philippines, added his support for military dentists in a letter (through military channels) to the military secretary:

I have the honor to invite your attention to the great importance of and the vast benefit derived from the services of a Dental Surgeon at this post.

The Post is about 600 miles from Manila where it would be necessary for officers and enlisted men and members of their families to go for dental treatment but for the presence in the post of a Dental Surgeon. The necessity to travel this long distance and use of the infrequent transportation available here, would often occasion great hardship and inconvenience and would sometimes keep an officer away from his duties for a whole month.

There are a number of Posts in the Philippine Islands and even in the United States where similar conditions would hold and to which the same remarks would apply.

I recommend legislation making a permanent Corps of Dental Surgeons with permanent rank and pay and sufficient in number to meet the demands of the service.<sup>37</sup>

However, the division's chief surgeon, Colonel Hall, once again disagreed and endorsed Scott's letter on July 16, 1904:

It does not seem to follow that the present system of furnishing dental service should be changed, and new legislation be called for, because the small post of Jolo may find it convenient to have a permanent dental surgeon. The present system is found to work well enough. All that is needed is to make the supply more commensurate with the demand.<sup>38</sup>

On November 2 Lieutenant Colonel George Chase, the commander of the 12th Cavalry Regiment stationed at Camp McGrath, Batangas, endorsed the legislation (through military channels) for dental commissioned status:

I have the honor to recommend that such action may be taken by constituted authority as may be deemed advisable, leading to the establishment of a corps of dental surgeons with commissioned officers as its members. There are at present not enough contract dental surgeons to meet the demands of the service. The 12th Cavalry, now under my command, has no dental surgeon on duty with it and has not had since July 1, 1904. The officers and men of the regiment are continually asking

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for authority to go to Manila for dental treatment, thus depriving the government of their services and entailing upon them a considerable expense. My experience with troops in the past in isolated places with no means at all of dental treatment, and especially now in the Philippines, teaches me that the care of the teeth is as essential to the health and efficiency of troops as is the care of other portions of the body, in short a man with bad teeth is almost sure to have bad general health in addition to great discomfort. The present system of employing dental surgeons is an excellent step in the right direction. I am convinced that a trained commissioned corps of dental surgeons would be a great improvement upon the present system and would be an economical measure.<sup>39</sup>

Colonel Joseph Girard, chief surgeon of the Philippines Division, endorsed Chase's letter on November 15, 1904:

My views upon the subject of this communication have been expressed at length in an endorsement to the Report of Supervising Dental Surgeon R.T. Oliver to the Surgeon General, on his being relieved from duty in this Division [see Chapter VII, *The Philippines, 1902–1904*]. I stated therein that practically ninety per cent of the present rank and file of the Army, whether in the Philippines or in the United States, were, judging from my experience, in need of dental treatment, and that considering the short period of service of the majority, they must have been afflicted with bad teeth before enlistment; that in consequence, either dentists enough should be provided to repair and put in sound condition the jaws of every newly enlisted recruit, before he joins his command, or else, stringent orders must be issued to recruiting officers and examining surgeons to reject every applicant with unsound teeth; under the latter provision, I am convinced that the present number of Dentists allowed by law is sufficient for all legitimate purposes; in the other case, at least twice and probably three times the legal number will be required. I see no good reason why Dental Surgeons should not be commissioned, although I decidedly object to the creation of a so called "Corps" which I consider totally unnecessary.<sup>40</sup>

The dental surgeons also drew stateside support from the line. On July 19, 1904, Colonel Ralph Hoyt, the commander of the 25th Infantry Regiment stationed at Fort Niobrara, Nebraska, endorsed the dental corps bill (through military channels):

I have the honor to recommend that Dental Surgeons be added to the Commissioned force of the Army the same as other permanent Officers, and that the claims of the Contract Dental Surgeons now in the service be given prior consideration for appointment.

The service of Dental Surgeons with the Army in the Insular possessions and at frontier stations in the United States in relieving suffering has demonstrated the necessity of providing for its continuance on a permanent basis. It is believed that they should be assigned permanently to regiments that are located at stations away from cities and that their promotion to additional grades should be in proportion to the advance of officers of like grades and duties in the line with which they serve.<sup>41</sup>

On July 22 Department of the Missouri Chief Surgeon Colonel Charles Byrne concurred: "According to my observation in two military departments, the number of contract dental surgeons is not sufficient to do the amount of dental work which is necessary for the comfort and health of the soldiers of the Army."<sup>42</sup>

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### *Support from Civilian Dentists*

In addition to Army line officers, dental colleges and numerous dental societies sent in petitions to the War Department in support of new legislation. On May 14, 1904, the faculty of the dental department of the University of California signed a petition recommending that Congress pass legislation creating a commissioned dental corps. The dean, Harry Carlton, forwarded the petition on May 27 to the secretary of war. On June 24, the faculty of the Indiana Dental College likewise petitioned Congress in favor of a commissioned dental corps.<sup>43,44</sup> Many dental societies joined the effort to persuade Congress and the War Department to enact legislation creating a commissioned dental corps with grades from first lieutenant to lieutenant colonel. From June to December 1904 20 major dental societies, including the state societies from California, New Jersey, Wisconsin, and Utah, wrote to Secretary of War Taft, the surgeon general, or their senators and representatives expressing their wholehearted support for a commissioned Army dental corps.<sup>45-47</sup> The American Medical Association's section on stomatology showed its support when, on July 13, it sent Taft the petition adopted at the June AMA meeting in Atlantic City, New Jersey.

To all of these, the War Department responded promptly and politely. The response to the California State Dental Association on June 1, 1904, summed up the War Department's position: "by direction of the Chief of Staff, that this recommendation will be held in view for consideration of the Secretary of War in case further legislation on the subject shall be recommended by the Department."<sup>48-50</sup>

### *Williams Donnally's Reports of 1904*

In June 1904 Williams Donnally, the chairman of the International Committee on the Promotion of the Appointment of Dentists to the Armies and Navies of the World and long-time member of the NDA's Committee on Army and Navy Dental Legislation, reported that the "unsupplied requisitions" of Army department commanders and post surgeons for more dental surgeons not only proved the necessity for an increase in the size of the Dental Corps, but also the "value" of the corps and the need for its commissioning. The committee requested that dentists contribute papers on the subject to be presented at the Fourth International Dental Congress to be held in Saint Louis August 29 through September 3 in conjunction with the NDA's eighth annual meeting. Donnally also noted that "the present Surgeon General has only recently encouraged the committee of the National Dental Association to expect his official endorsement of our contention for commissioned rank for military dental surgeons."<sup>51,52</sup> Unfortunately, Donnally was incorrect on this point.

On September 2, 1904, at the International Dental Congress, Donnally read the report of the international committee and offered two resolutions. First, he suggested that the world's military organizations provide dental care; and second, that an international committee, consisting of one representative from each country, be appointed to lobby for the same. The dental congress passed the resolutions.<sup>53</sup>

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### *John Marshall at the Fourth International Dental Congress*

The Fourth International Dental Congress and the NDA annual meeting in Saint Louis were ideal platforms for John Marshall to describe the development of Army dentistry since February 1901. His paper, presented August 30, 1904, was titled "The United States Army Dental Corps," which perhaps expressed his dreams for the future rather than the realities of the present Army organization.<sup>54</sup> Combined with his annual reports and his paper from the 1903 NDA annual meeting, his report provided another clear picture of the inadequate dental health of the Army in the early years of Army dentistry.

According to Marshall, statistics for the Army showed that dental diseases were:

... as prevalent among the officers and enlisted men of our army as among individuals in civil life ... while among the troops who have served in tropical and semi-tropical climates these diseases are much more prevalent. Dental diseases affected 42.85% of troops who served only in the United States, but the numbers rose to 61.12% of those serving in the Philippine Islands and 64.02% for the troops who served in Cuba and Porto Rico [*sic*].

The records of my office at the General Hospital, Presidio of San Francisco, show that from October 1, 1901, to July 1, 1904, 4533 cases have been examined and treated for dental and oral diseases, and, out of this number only one person has been found who was absolutely free from dental caries; this was a young lieutenant just graduated from West Point military academy.<sup>54</sup>

Two of Marshall's assistants had examined two infantry regiments recently returned from the Philippines and found 87.62% (632 out of 711) of the soldiers in one regiment and 93.46% (744 out of 765) in the other required immediate dental treatment. Troops in the first regiment had 2,280 dental caries and required 321 extractions, while in the second unit soldiers had 3,565 dental caries and required 197 extractions.<sup>54</sup>

After providing a detailed account of dental disease and work done since 1901, Marshall compared the Army's dental health to that of the British and German armies and discussed the dental diseases that adversely affected the soldier's oral wellbeing and efficiency. He then described what he called the "Plan of Organization of the United States Army Dental Corps," merely reviewing the Medical Department's current policies and procedures governing the contract dental surgeons, along with their official status (which he noted was "a somewhat anomalous one"), examination and selection of candidates, and pay and allowances. He outlined the duties and responsibilities of the dental surgeons, their equipment, their conditions of employment, operating procedures, and reporting system.<sup>54</sup>

Concluding his presentation, Marshall said:

From the foregoing it will be seen that the War Department, through recommendations of the Surgeon-general, has provided for the care and treatment of the dental and oral diseases of the army in as thorough and as scientific a manner as is possible

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under the exigencies of military life and movements. Experience, however, may make it necessary to institute certain changes and modifications in the present system of service, and when such action is proved to be essential to the welfare of the army and an increased efficiency of the corps there is no doubt that the proper authorities will immediately institute such changes and modifications.<sup>54(pp48-49)</sup>

Marshall's presentation elicited heated discussion on the current status of dentists in the Army and Navy. Among those who spoke was Williams Donnally. After outlining what the NDA committee had accomplished since 1898, he noted that its work was instrumental in crafting the bills now under consideration in Congress that would provide commissioned rank to both Army and Navy dental surgeons.<sup>54</sup> Donnally said:

As members of the committee of the National Dental Association, Dr. Finley and I are authorized to say to this Fourth International Dental Congress that an agreement has been reached by which the War and Navy departments concede the committee's contention for commissioned rank for military and naval dental surgeons, and, if the arrangement is not defeated by antagonistic influences, it is confidently expected that this committee will, in cooperation with those departments, secure reasonably satisfactory legislation by Congress at its next session. . . . the battle has been waged for years, and now that an agreement has been reached on the essential claim of the profession—commissioned rank—there can be no doubt that the military and naval committees of Congress, always favorable to our contention, will accord us at all that the War and Navy departments concede.<sup>54(pp50-51)</sup>

The same day, at a concurrent meeting of the NDA, the Committee on Army and Navy Dental Legislation reported "progress" in the quest for commissioned status. In light of Donnally's ongoing negotiations with Surgeon General O'Reilly to resolve the many differences outlined in O'Reilly's April 15 letter to the chief of staff, this was apparently an accurate appraisal.<sup>9</sup>

Considering the American and international audience, Marshall's paper was probably the most important presentation to that time on the status and significance of dentistry in the US Army. Certainly, it was the clearest overall exposition so far on the roles, responsibilities, and challenges of the contract dental surgeons and on the dental health of the US Army. It was a critical, if still little-known, milestone in the history of the evolution of the US Army Dental Corps that ranks along with his paper before the NDA meeting in August 1901.

### *Marshall's Draft Bill, December 1904*

On December 16, 1904, Marshall, still stationed at the Presidio of San Francisco, once again sent his proposed "Bill to increase the efficiency of the Army" to the military secretary through the surgeon general. The bill provided for reorganization of the current dental surgeons into a commissioned corps. Identical to his October 23, 1902, proposal to Surgeon General O'Reilly except for some minor wording and an allocation ratio of one dental surgeon per 1,000 enlisted soldiers (rather than the previous one for 2,000 soldiers), this bill incorporated the changes in "status and organization" that Marshall thought were necessary for a

## CONTINUING EFFORTS TO CREATE A COMMISSIONED DENTAL CORPS

more “economic administration” of the dental surgeons and about which he commented in Saint Louis in late August.<sup>55</sup>

Marshall accompanied his proposed bill with a lengthy memorandum justifying the creation of a permanent commissioned dental corps, which drew heavily from his thoughts in his earlier exchanges with O'Reilly. He maintained his corps' strength at still only 30. In his memo, he cited the positive performance of the contract dental surgeons and the subsequent reduction in sick time lost and concurrent improvement in the overall health of the force. The need to attract high quality dentists to support the Army mandated an improvement in dentists' status and chances for career advancement. Furthermore, in Marshall's view, dentists had to have the necessary authority over subordinates and patients to effectively carry out their duties. He did not feel that the change from contract to commissioned status would have much effect on costs. On December 23 O'Reilly forwarded Marshall's proposed bill and memorandum to the military secretary, “inviting attention to [his] letter of April 15th, addressed to the Chief of Staff, in which [his] views are expressed in regard to the organization of the Dental Corps.” Marshall's proposal and O'Reilly's letter were forwarded to the chief of staff on the 27th.<sup>56,57</sup> O'Reilly's own bill (S 4838; HR 13998) was also before Congress for consideration, carrying the approval of the secretary of war.<sup>58</sup>

### *The Drive is Stalled*

By the end of 1904, nearly 4 years after the Act of February 2, 1901, the NDA's efforts to gain congressional legislation to create an Army dental corps had stalled against the opposition of the War Department and Surgeon General O'Reilly. Even though John Marshall had become increasingly involved in discussing new dental legislation with O'Reilly, he had made little or no progress. The progress toward what most American dentists, dental associations, and the dental press believed to be the promised commissioned “Dental Corps” had not been as swift, or apparently as certain, as it had seemed it would be back in 1901. More years of struggle lay ahead.

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