Chapter IX

The Struggle for a Commissioned Corps Continues, 1905–1908

Introduction

During their first 4 years of service, contract dental surgeons had demonstrated their importance to improving both the health of the American soldier and the Army's overall readiness. Yet they seemed to many about as far away as ever from their goal of complete professional recognition: commissioned status in a US Army Dental Corps that was equal to its colleagues within the Army Medical Department. The dental surgeons and their supporters in the National Dental Association (NDA) and American dental community believed that Surgeon General George Sternberg had agreed to commissioned status. Now his successor, Brigadier General Robert O'Reilly, distanced himself from Sternberg's position as he fought for a major reorganization of the Medical Department that would relieve the shortage of medical officers left after the Act of February 2, 1901. Moreover, the War Department general staff, created in the major Army reorganization of 1903 as the primary advisor to the secretary of war and chief of staff in all matters of planning, organization, and operations, had set itself solidly against the establishment of a commissioned dental corps of any sort. The dental community entered 1905 with two bills (S 5906 and HR 79) under consideration in Congress, as well as John Marshall's draft bill under study in the War Department general staff. But before anything could happen, the American dental community had to repair some of its own fences as personal rivalries and disunity emerged as major obstacles to a united political "dental" front.

The General Staff Report

On January 5, 1905, Lieutenant Colonel James Kerr of the War Department general staff submitted his report on legislation Senator Pettus (S 5906) and Representative Brownlow (HR 79) had introduced and that John Marshall had forwarded in December 1904. The report also covered the general Medical Department bill that Surgeon General O'Reilly had sponsored (S 4838; HR 13,998). Kerr called attention to two "crucial" considerations that had to be determined. First, Kerr questioned whether or not the dental surgeons were performing satisfactory service under the present contract system. Second, if they were, he questioned why it was necessary to commission them in order to maintain this efficiency.[1]

Drawing upon John Marshall's memorandum, Kerr answered the first question in the affirmative—it appeared from the experience of the years 1902 through 1904 that the dental surgeons were "efficient" and their service was "highly satisfactory." The second question was more difficult to answer because the necessary data was lacking. Although in his memorandum of December 16, 1904, Marshall had said that commissioned status was necessary to attract the "better class" of dental surgeons, Kerr thought that actual experience showed that a "very good" representation of the dental profession had been recruited under the contract system, including Marshall himself. Also, retention did not seem like much of a problem because most of the dentists had remained in the service. As far as cost savings and increasing the work load, Kerr did not agree with Marshall's argument to maintain the number of dentists at 30:

> although he asserts that the dental surgeons have never been able to perform more than from thirty to fifty per cent of the dental work required at the posts where they have been stationed. . . . It is difficult to understand how thirty contract dental surgeons, who, in time of peace, are able to perform only from 30 to 50 per cent of the work expected of them, would, if made commissioned officers, be able to perform 100 per cent of such work."[1(pp5–6)]

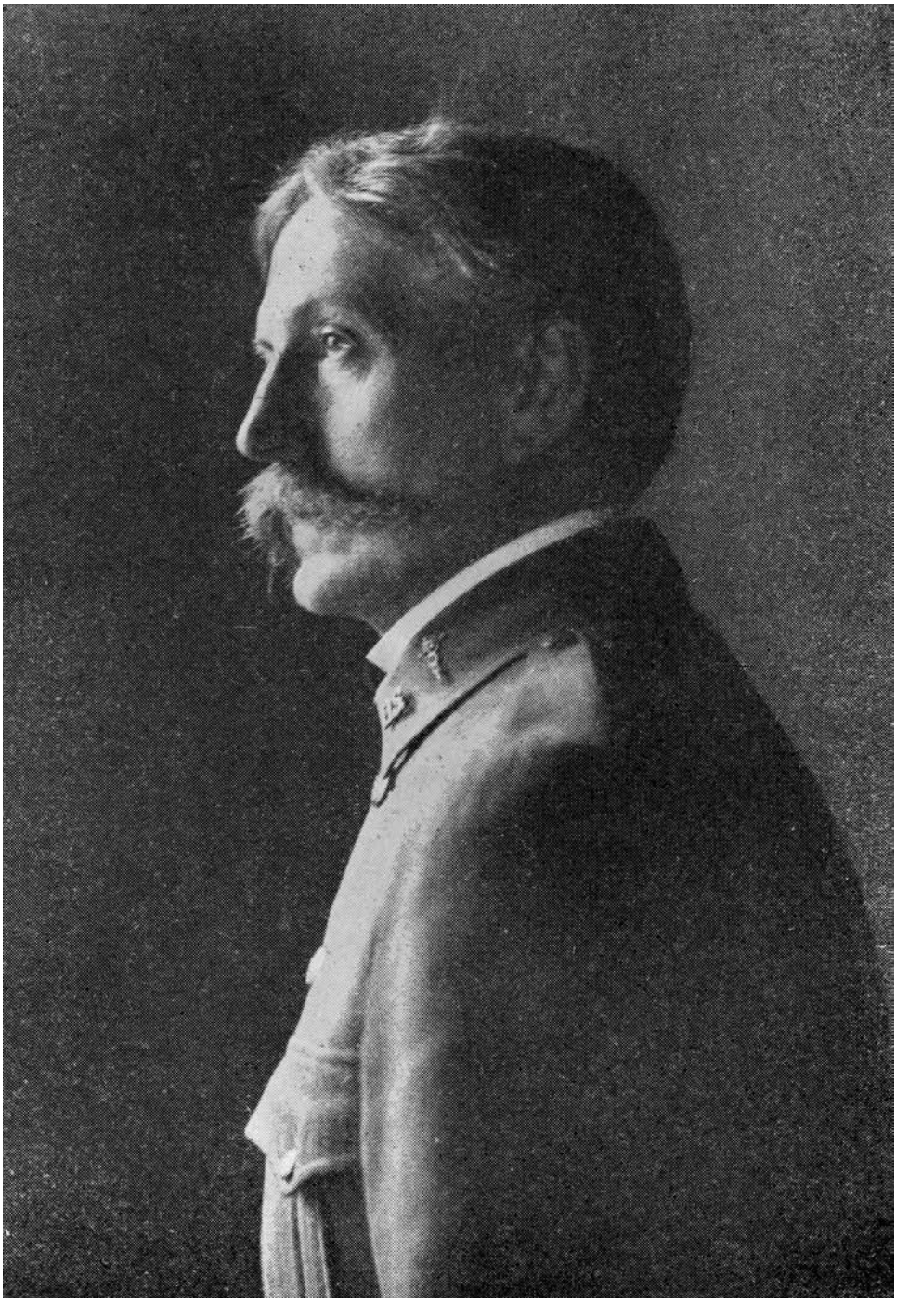
It seemed to make more sense to Kerr to increase the number of dental surgeons rather than commission them. He asserted:

> It is not apparent why a dentist, employed in connection with the Army, should have rank and the right to command men. . . . The work required of dentists in the Army is essentially the same as that performed by dentists in civil practice. . . . His work, valuable as it is, is not of a distinctly military character, such as performed by Majors, Captains and Lieutenants, and it, therefore, seems not only unnecessary, but inappropriate, to give the dentist the rank and title of a military officer.[1(pp6–7)]

Major General George Gillespie, the assistant chief of staff, approved Kerr's report on January 9, 1905, and agreed that the dental surgeons did not require rank to perform their duties because they had "no occasion to exercise command, and it is best that they should not."[2] He also drew attention to the fact that they wore an undress uniform. On January 10 Lieutenant General Adna Chaffee, the chief of staff, forwarded the memorandum to Secretary of War Taft. He concurred with the findings of his staff and recommended that "no change be made in the existing law."[3] Further:

> The nature of their employment is such as not to necessitate or justify the exercise of command. There appears no necessity to constitute them commissioned officers of the Army. It does not seem to the Chief of Staff as at all probable that the commissioned status would tend to efficiency; on the contrary, he believes that efficiency will be best maintained under the contract system. By this system inefficiency may be quickly remedied by annulment of contract and employment of efficient in lieu of inefficient men.[3]

The dental surgeons themselves did not remain on the sidelines during this discussion. Robert Oliver and SD Boak met with Secretary of War Taft on January 11, 1905, to support the current bills for a dental corps. Boak followed up the



John S Marshall, 1907.
Reproduced from: Items of Interest. *29;1907: 5.*

interview with a letter to Taft's secretary with more detailed information to support their arguments.[4]

However, the decision had already been made. On January 14, the chief of staff reported the bills adversely to the Senate and House military committees. The War Department subsequently returned the Pettus and Brownlow bills to Congress and entirely dismissed Marshall's draft bill of December 16, 1905. Despite President Theodore Roosevelt's personal endorsement, O'Reilly's bill also failed to pass in Congress.[5,6]

The Dental Societies Respond

Meanwhile, petitions were still coming in from dental societies supporting the new dental legislation. Just as in 1904, the secretary of war received petitions from a number of dental organizations, including the Dental Association, Springfield, Illinois (January 9, 1905), First District Dental Society of the State of New York (January 24, 1905), Odontographic Society of Chicago (March 6, 1905), and the Dental Association of Erie County, Pennsylvania (July 22, 1905).[7] On January 12, 1905, Williams Donnally wrote to the secretary of war, urging his support for the dental bills then pending in Congress. Donnally said he was writing on behalf of the 52 colleges and universities that offered dental training, as well as the dental profession in general. He pointed out that the United States was the leader in dental education and the "birthplace and nursery of modern dentistry." As such, large numbers of foreign dentists got their training in the United States. They came from countries that greatly stressed government recognition of the professions, and in that context, the US Army's failure to commission dentists was a humiliating insult to dentists. The contract system was understood as temporary at the time it was inaugurated in 1901, so it attracted high quality dentists who ultimately hoped for improvement in their professional military status. Donnally believed that these professionals might leave the service unless changes were made, contrary to the general staff's opinion that contact dentists appeared satisfied with their positions.

EXHIBIT 9-1
DR MEYER L RHEIN'S "PROPHYLACTIC" TOOTHBRUSH

Dr Meyer L Rhein designed and patented a three-row toothbrush, called the "Prophylactic," in 1884. He added an aperture near the end of the handle to hang the brush up after use to dry out the bristles. In 1885 the Florence Manufacturing Company in Florence, Massachusetts (founded in 1866), was granted the right to produce Dr Rhein's brush and by 1891 had purchased the trademark. The Prophylactic was the first brush to be individually packaged for sterility and became the standard for the industry.

Data source: Motley WE. *History of the American Dental Hygienists' Association 1923–1982*. Chicago, Ill: American Dental Hygienists' Association;1986:9.

He cited numerous line officers and distinguished university presidents who favored commissioning dentists and urged every consideration for the pending dental bills.[8] On January 25, 1905, the secretary of war's office answered Donnally, saying that while the work of the dental surgeons was regarded as "valuable," the chief of staff did not think any change in the status of dental surgeons was appropriate at the present time.[9]

At the end of 1905 the editor of the *Dental Register*, Nelville Hoff, noted the needs in the field and commented that the pending bill would secure a "better class of men" and "greater proficiency" for the Army dental service. He urged all members of the dental profession to contact their congressmen to support the bill's passage.[10] A distinguished civilian dentist, Dr Meyer Rhein of New York City who had designed and patented the three-row "prophylactic" toothbrush in 1884 (Exhibit 9-1) visited John Marshall's office at the Presidio of San Francisco and described Marshall's work in his address to the Central Dental Association of Northern New Jersey later that year.[11] After seeing Marshall's work, Rhein strongly recommended that all members of the dental profession contact their congressmen to support the dental bill and not to "leave it in the hands of a few dentists in the city of Washington."[10]

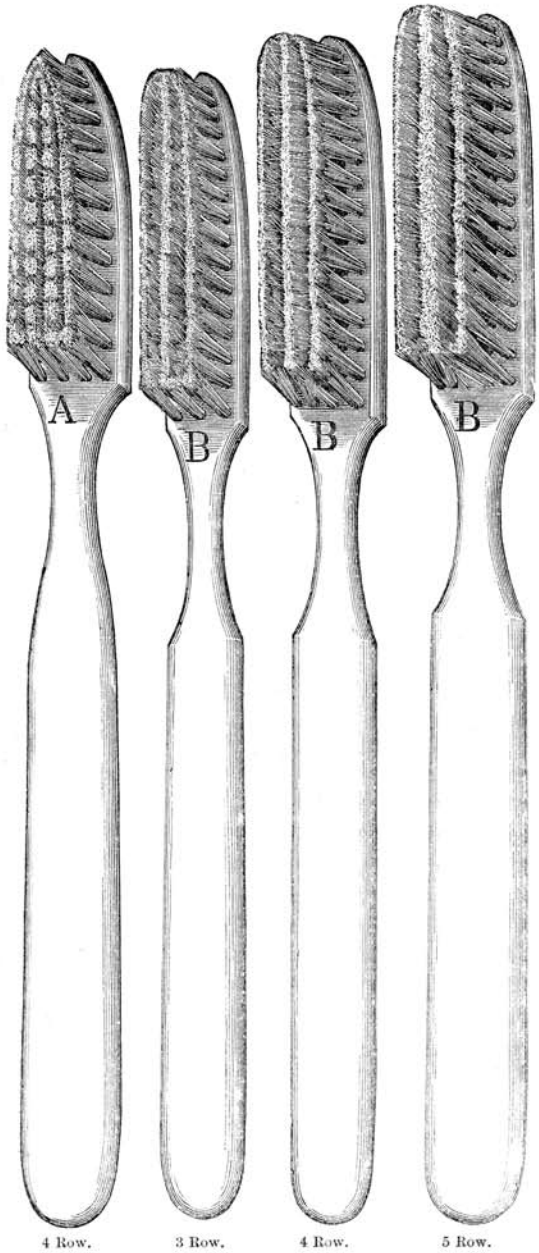
Dental Care in the Army

At the end of his 3-year tour in the Philippines in May 1905, John Millikin described the dental health situation that he had encountered and offered a few suggestions to ameliorate it. In 28 months he had examined over 3,000 patients, 95% of whom were in need of some kind of major dental care. Their conditions could be attributed to a complete absence of dental hygiene. Because he had seen mostly those with acute conditions, Millikin reasoned that the rest of the Army was probably in the same shape and was sooner or later destined for some kind of dental crisis. Even those he treated were not interested in any continuing dental hygiene program after being cared for. Consequently, when their oral conditions deteriorated again, their first reaction was to blame the last dentist who had treated them. Millikin maintained that, until the Army issued toothbrushes and dentifrice and emphasized their proper use, the cycle would persist. He designed a small kit containing tooth and mouth care products that he proposed be issued to the troops. He forwarded his recommendations through channels to the surgeon general's office, which passed it to Oliver and Marshall for comment, but nothing was done. Millikin joined many of his colleagues in the initial group of contract dental surgeons to urge unsuccessfully for active Army Medical Department support for preventive dentistry.[12]

With only 30 contract dental surgeons available for the entire Army, problems providing adequate care for all the soldiers continued. In October 1905 Brigadier General Adolphus Greely, chief of the Signal Corps, recommended that an Army dentist visit Alaska annually (as it was, a practitioner only visited every other summer). He believed soldiers there were especially susceptible to dental problems that could be critical in the months of isolation imposed by winter. He cited one case where a soldier had to walk 300 miles from his station to get emergency

SUPERIOR FRENCH TOOTH BRUSHES.

MADE EXPRESSLY FOR OUR SALES.



These brushes are made expressly for our sales, and are of the best French manufacture. Waxed backs.

This style of brush has received the approval of many of the most intelligent practitioners. The arrangement of the bristles is such as to allow their entrance between the teeth, and into depressions and irregular spaces, thus insuring greater cleanliness than can be secured by a flat-faced brush.

A is pointed, as shown in cut, 4 rows.

B is less pointed, and in three sizes, 3, 4, and 5 rows.

PRICES.

"A"	4	row, per doz.	$3.00
"B"	3	" "	2.30
"B"	4	" "	3.00
"B"	5	" "	3.80

Having a demand for a smaller size brush of the "A" pattern, for children's use, we have recently added them to our stock; they are made with three rows of bristles, of a soft grade; the bristle portion is one and a half inches in length.

Price, per dozen.....$2.30

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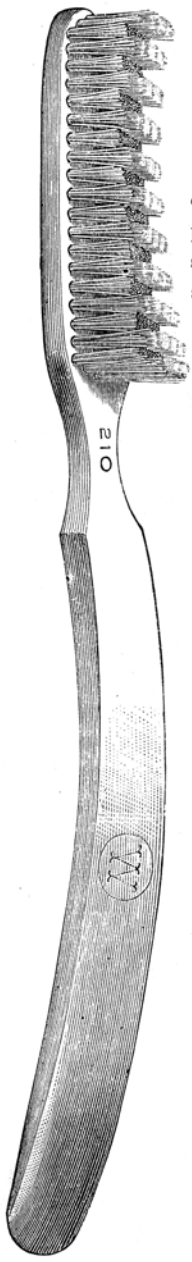
SAMUEL S. WHITE.

A precursor to Dr Rhein's 1884 toothbrush design, pictured here in an 1878 issue of Dental Cosmos.
Courtesy of US Army Medical Department Museum. Borden 007.

Doctor Meyer L Rhein, a civilian dentist, developed and patented an early toothbrush. Photograph: Courtesy of the National Library of Medicine.



TOOTH BRUSH No. 210.

Suggestion of Dr. G. W. Adams.

Dr. Adams claims that by the curvatures of the handle every part of the mouth can be reached. The cut of the bristles facilitates their penetration between the teeth. The handle being tapered, forms a scoop for conveying powder to the mouth, thus avoiding the wetting and spoiling of that left in the box.

These are made of the best stock, the bristles being wired in and the backs waxed.

Price.....per doz. $4.00

SAMUEL S. WHITE.

CASE-MAKING DEPARTMENT.

We have recently completed the fitting up in our manufactory of a department devoted to the making of Operating and all other kinds of Dental Cases, in wood and leather. This department being now under our immediate supervision, we can

GUARANTEE THE WORKMANSHIP

of every article. Estimates furnished on application. Parties ordering cases or asking estimates will please give particular description of the dimensions, style of case, quality and color of lining, etc. When instruments or appliances are desired to be fitted in a case, it will be necessary to send them to us.

SAMUEL S. WHITE.

EXAMINATION BLANKS.

These neat and convenient blanks are greatly appreciated by all who use them. They are 5⅜ inches long by 3½ inches wide. On one side of each slip is a cut of the full upper and lower set of teeth, together with the deciduous set. The other side is ruled for memorandum accounts.

Put up in tablets each containing 50 blanks. Price per tablet, 50 cents.

Samples sent on application.

Dentists may have their own name and address printed on each blank without extra charge by ordering six or more tablets at one time.

SAMUEL S. WHITE.

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Several toothbrush designs were on the market prior to Dr Rhein's, and many were advertised in this 1878 issue of Dental Cosmos. *Courtesy of US Army Medical Department Museum. Borden 009.*

care. The surgeon general agreed with Greely and directed the Department of the Columbia to arrange for an annual visit by a dentist. The department surgeon, Lieutenant Colonel Rudolph Ebert, pointed out that the extended travel to and around Alaska consumed about 7 months, meaning the rest of the department would be left without a dentist for over half the year. He suggested that the units be brought up to full dental health prior to their rotations into and out of Alaska every 2 years. The alternate year visits would then be sufficient to deal with crises. Greely still urged that annual visits be considered, although he agreed that the only interim measures possible were intensive predeployment care and authorization of special payments to civilian dentists in Alaska in the event of emergencies. The majority of the officers serving in Alaska endorsed the need for more dental surgeons in the command.[13]

Despite the shortcomings that Greely and Millikin identified, dental surgeons were actually making notable achievements under difficult conditions. Dr Meyer Rhein offered the following critique and endorsement of Army dental care after his 1905 visit to John Marshall's dental office at the Presidio:

> There is nothing the dentists of America can feel prouder of than the Army Dental Service as I saw it at San Francisco under the direction of Dr. John S. Marshall . . . , and I only wish I could get the committees of congress and of the senate having these matters in charge to see what Dr. Marshall has done, not only in the fitting up of the different offices that he has there for the accommodation of his patients; not only in the wonderful system of supplies and dental instruments by which the U.S. Army Dental Surgeon can travel with his corps or division and carry his entire office paraphernalia with him, but also the remarkable methods of registration of work which makes an absolutely enduring record of everything that has been done. I never for a moment imagined that so much work could be accomplished by the dental surgeons who have been appointed in the army as I saw there. And this, gentlemen, is entirely due to the work of one man, Dr. John S. Marshall, who gave up a lucrative practice in Chicago to accept the position he now occupies for a paltry salary of twenty-five hundred dollars a year. No man ever made himself a martyr to a worthy cause more than Dr. Marshall has in this respect, and, because of what he has done, his name is bound to live forever in the annals of American dentistry. Dr. Marshall has not the rank that he should have, nevertheless he is treated as an equal by many who rank above him and by the head of the Medical Staff there, and anyone who knows the conditions in an army post concerning rank will appreciate what this means, and no words that I can utter can speak louder for the value of his services than does this one fact.[14(pp902–903)]

John Marshall's Work at the Presidio

In July 1905 John Marshall was officially relieved from duty at the Presidio of San Francisco's post and transferred to duty at its general hospital, where he assumed his duties on August 1. He had a graduate dentist, Private Burdette Conway, serving under him. Conway had enlisted in the Army hoping for the opportunity to take the examination to be a dental surgeon. However, there were no examinations scheduled for some time. The only thing that Marshall could do for this "valuable" man was to recommend that he be promoted to sergeant.[15–19]

In August 1905 Marshall adopted a new card system for dental patients to replace the old register of dental operations. The cards were color coded: white for

infantry, yellow for cavalry, red for artillery, blue for Staff Corps, and gray for military dependents and civilian employees. This change allowed for an instant record that had not existed in the old system, in which all the operations were listed in a day book and then transferred under the patient's name to a register at the end of the month. The cards were made out in duplicate so that one set could be kept at the post and the other sent in to the surgeon general's office.[19]

The same month, Marshall recommended to the surgeon general that dental surgeons and their enlisted assistants be instructed to wear the "regulation white, washable, blouse" while on duty in the operating room and laboratory; he and his staff wore the blouse in the interest of "personal appearance, cleanliness, and the most approved principles of hygiene and sanitation," but some dental surgeons wore their woolen blouses while treating patients. Marshall felt that this practice was:

> . . . contrary to all correct surgical principles, and cannot but be detrimental to the best interests of any patient who is being operated upon for a dental or oral disease having a break in the continuity of the soft tissues or which necessitates any surgical procedure upon these tissues. Surgical cleanliness is as important in the treatment of diseases affecting the teeth and oral tissues as in any other department of surgery.[20]

The surgeon general replied that the recommendation would be considered for insertion in the next revision of the Medical Department's manual.[20,21]

On November 23, 1905, Surgeon General O'Reilly wrote to Lieutenant Colonel George Torney, commander of the Presidio General Hospital, concerning the "constant complaint" that there were not enough dentists to perform the Army's dental work. He wanted to know if the two dentists assigned to his hospital were sufficient to handle the load. He was also curious if they spent "a great deal of their time" treating the families of officers and doing "outside practice." He emphasized that the paragraphs of the Army Regulations that described the dental surgeons' duties (1425 and 1426) should be strictly complied with. He was also aware that some complaints had been made against members of the Dental Corps for overcharging the enlisted personnel for gold work.[22]

Torney referred the matter to Marshall, who provided a report on December 17. Replying through Torney, Marshall stated that his annual report for 1902 showed that he was "overwhelmed with work" and that three dentists could have been kept "constantly busy." No patients not connected with the Army had ever received treatment in his office. In addition, he had used his own supplies when treating those not entitled to free treatment under Army Regulations. Marshall pointed out that he had the additional duty of examining the applicants for appointments as dental surgeons. He was forced to conduct these examinations in his office operating room while he was treating patients. During the practical examination, he was obliged to have the candidates operate at a chair placed next to his own so that he could inspect the various stages of their work. Thus, his own chair work was "very arduous," but the "necessity of the situation called for this sacrifice." The workload required Sunday and holiday office hours to keep up with the backlog. Longer weekday hours had frequently been necessary in the "interests of suffering humanity." Therefore, he simply never had the "time or inclination" to do any "outside practice."[23]

George H Torney, surgeon general 1909–1913.
Photograph: Courtesy of the National Museum of Health and Medicine, Armed Forces Institute of Pathology. NCP 3567.

As for as the subject of gold, Marshall pointed out that the surgeon general established the charges for gold work in 1901. The fees for gold foil restorations had been set at $1 minimum and $2 maximum both for officers and enlisted personnel. These fees barely covered the cost, considering the natural waste and loss of material incident to this type of filling. The fees for gold crown and bridgework had never been officially established. Marshall had arbitrarily set a fee range of $5 to $10 for crowns, based on a figure that was half the civilian fee. This arrangement had proven satisfactory in all but one case, where the officer-patient thought he had been "overcharged" on a fee of $34 for 4 crowns. Marshall said that during the fiscal year ending June 30, 1905, his department had treated 382 officers (about 10.32% of the entire commissioned strength of the Army) and 1,465 enlisted soldiers (about 2.61 % of the Army). He expressed doubt that this record was duplicated at any other Army station.[23]

In his December 22 endorsement, Torney disagreed that the dental surgeons were overworked or needed additional help. He reported that "the services of the senior dental surgeon [Marshall] at this hospital are given almost exclusively to the officers of the Army and the members of their families, while those of the junior [Frank Stone] and his enlisted assistants are rendered to the enlisted men." In addition, Torney raised the issues of gold fillings and of allowing the dentists to charge for work done on officers and enlisted soldiers during nonduty hours. Torney said:

> The statement made by Dr. Marshall on page 26 of his report relative to the scale of charges for gold fillings, and on page 28 relative to crowns and bridge work, seems reasonable, but the principle is wrong, as I do not think that an enlisted man should be compelled to pay for any service rendered him by an officer. Holding this opinion, and also the belief that plastic gold is not essential for the preservation of defective teeth in the human subject, and, further, that the materials issued to the dentists by the Medical Department of the Army are equally as applicable and as efficient as gold when utilized as fillings for cavities in teeth, and, also, in prosthetic dentistry, I recommend that in their practice in the cases of enlisted men the dentists of the Army be required by order to use these materials exclusively, and further that they be prohibited from accepting from such patients any remuneration whatever, either for additional expensive materials or for services rendered. It is believed that such requirement would protect the enlisted men against extortion, which has undoubtedly occurred in some instances in the past, and would remove the cause for much complaint against the dental surgeons.[24]

On January 19, 1906, O'Reilly replied to Torney, thanking him for the report and agreeing with his conclusion that additional dental surgeons were not needed. However, the surgeon general was not pleased with the information that Marshall was "given almost exclusively" to the officers and their families:

> I desire . . . to state that the law authorizing the employment of dental surgeons provides that their work shall be confined to the treatment of officers and enlisted men of the regular and volunteer army. The Regulations also provide that dental surgeons shall operate between the hours of 9 a.m. and 4 p.m. upon those officers and enlisted men who are entitled to their services. During the last four years so many reports have come to this office that the dental surgeons at the Presidio Hospital were working from early morning to late at night (Sundays included) that I desire hereafter their

> work during the hours prescribed by regulations shall be confined to treating those who are entitled to their services. The families of officers and civilian employees are not under the law entitled to dental treatment.[25]

O'Reilly told Torney that the issue of limiting the dental surgeons to use of Medical Department materials for treating enlisted soldiers would be addressed soon.[25]

Marshall's work at the Presidio General Hospital was sharply interrupted on April 18, 1906, when the great San Francisco earthquake struck, followed by disastrous fire. Marshall's dental office, including his electric panel switchboard, dental cabinet, and many instruments, sustained considerable damage. The fire also destroyed his personal Army records. After the disaster, Marshall served as the sanitary inspector of the refugee camp at Point Lobos. His duties included building latrines and supervising the sanitary and hygiene conditions in the camp. Marshall was issued emergency drugs, instruments, and supplies for treating the refugees at Fort Mason.[26–30]

Major Febiger's Report and Questions of Dental Care

Serious issues with current Army Regulations governing dental care and dissatisfaction with the contract system were not limited to medical officers and dental surgeons. On February 27, 1906, Major Lea Febiger, assistant inspector general at headquarters, Pacific Division, in San Francisco, California, filed a critical report on the dental service that reflected its limitations. Febiger declared that on the whole he was satisfied with the performance of the contract dentists and praised them as "competent, energetic and attentive to their duties." However, he noted that "certain apparent abuses, prejudicial to the accepted army standards," had to be corrected. The inspector said the "commercial idea" was too prominent. For example, using gold restorations on soldiers who could not afford them, then dunning their pay for reimbursement or requiring payment in advance of treatment. There was a chance that some "unscrupulous" dentists would take advantage of the soldiers through "unfair dealing." The dental surgeons were in an "anomalous" position contrary to normal Army policy when they were forced to be involved in financial transactions for "personal service" rendered to enlisted soldiers. Because dentists' prospects lacked promotions and pay raises under the existing system, Febiger believed there was a temptation to "make hay" from their "outside practice" at the expense of official time. If dentists were commissioned, these problems would disappear, giving them "dignity" and ending the disparity allowing them to charge officers' and soldiers' families for some services when contract surgeons could not. Also, dental supplies could be issued and accounted for in the same way as medicine, solving another potential problem. Febiger concluded by observing that regulatory office hours were not being observed. He urged that dentists be allowed to do more than just "temporary or emergency" work because "permanent" work on dependents would improve the dental surgeons' skills in the "finer and more difficult operations of their craft."[31]

On April 10 O'Reilly responded to Febiger's report. He explained that the only reason he had recommended rank for dental surgeons was that he was assured by "creditable sources" (probably the NDA, Donnally, and Marshall) that rank would

get a "better class" of dentists into the service. However, he did not believe that rank was necessary for this purpose. He rejected the idea of increasing the dental supply table to include the "finer" materials for the more "elaborate" dental work. He also recommended that dental surgeons confine their use of materials on enlisted soldiers to the free materials furnished by the government, unless the patient had the ready money for gold. He stressed that Army Regulations be strictly enforced to prohibit work during the regular office hours on other than free patients. He disapproved of the recommendation that dental surgeons be required to treat the families of Army personnel.[32]

The War Department responded quickly to this matter and on April 30, 1906, issued Circular No. 26, which required contract dental surgeons to use the dental materials that the Medical Department furnished when operating on enlisted soldiers, unless the soldier had "funds in hand" to pay for the "finer materials." A week later the military secretary sent letters to the various Army departments informing them that the secretary of war directed that paragraph 1426 of the Army Regulations be "strictly enforced." This was the paragraph that fixed the dental surgeons' hours from 9 AM to 4 PM and prohibited them from "operating on those not entitled to free service during these hours." Any failure to comply with this paragraph would be cause for contract annulment.[33,34]

Febiger's report raised another question on the exact extent of dental entitlements. Earlier, responding to a request to refer patients to a local civilian dentist, the surgeon general's office opined that the small number of dental surgeons authorized in the 1901 legislation implied lawmakers presumed outside care would still be required. The surgeon general assumed the dentists would have to give priority to isolated posts where civilian counterparts were not available. The new dental surgeons were assigned to departments with the understanding they would rove within them as circumstances dictated. The Medical Department reasoned that far greater numbers of dentists would have to be authorized before full dental care could be granted to all military personnel and their families. It did not believe that such care was guaranteed in the same way medical treatment was. Ultimately, military personnel were responsible for their own dental care if they did not have access to an Army dentist, and dental work was guaranteed only in cases of duty trauma, such as a gunshot wounds. Even if an Army dentist was available, specialized work such as "artificial plates," which could not be produced with government materials, were the patient's financial responsibility.[35–39]

New Dental Bills

In December 1905 Representative Brownlow and Senator Pettus submitted modified versions of their earlier, unpassed bills to upgrade the status of dentists in the Army.[40] Both bills (HR 31 and S 2355) again called for commissioning dentists, creating "a corps of dental surgeons" to be attached to the Army Medical Department, and giving priority for admission to the present contract dentists. Pettus's bill also proposed maintaining the corps strength at 30 dentists at all times.[41–43]

On February 1, 1906, the Senate Committee on Military Affairs reported favorably on the Pettus bill (S 2355) and recommended that it be passed without any amendments. The committee said that the "injustice of the treatment of dental

surgeons" in the Army and Navy of the United States had been "a matter of serious consideration" in Congress for several years. For the past 9 years, the Army surgeons general had recommended "the organization of a dental corps on the lines suggested by this bill." Many prominent Army officers had testified to the "great importance" of the dental surgeons' work.[40,44]

The committee also reported that there should be no difference in rank between medical and dental surgeons because in the universities and colleges of the United States they were "educated alike." The committee pointed out that:

> Senators who have served in any Army of the United States know what importance is attached and should be attached to military rank. Chaplains have military rank, and they should have it. Quartermasters have military rank, and it ought to be given to them. Commissaries have military rank, and they need it. Physicians have military rank, and they also need it. Quartermasters and commissaries require, to fit them for their office, a business education and not the years of learning which is necessary to qualify a man for one of the learned professions. Your committee are of the opinion that great injustice has been done by the law of the land in reference to dental surgeons. They are not even entitled by the customs of the Army to associate with commissioned officers, though they may be admitted as a matter of courtesy, and they should have a right to such association. By the customs of the Army dental surgeons, though they have no right to associate with commissioned officers, would not be allowed by such commissioned officers to habitually associate with the rank and file, for if they did so they would lose caste.[44(p3)]

The committee concluded that rank would make the contract dental surgeons "more efficient." The next day the bill was announced as next in order but was allowed to "go over" because of an inattentive Senate. On February 2 the bill was announced as the next business in order on the Senate calendar. Pettus asked that it be favorably considered, saying:

> Bills on the line of this one have been approved by every Surgeon-General of the Army for the last nine years. The bill has had the unanimous sanction of the Committee on Military Affairs, so far as I have heard. I will say that this is one of the most modest bills that I have seen introduced in the Senate. The whole idea in the bill is to give rank to the men of this learned profession in the Army, and it is very modest rank at that.[40,44]

The following day Senator Eugene Hale of Maine, who had been absent from the previous meeting due to illness, requested that the dental bill be reconsidered and restored to the calendar. His main objection to the bill was that it increased the expenses of the War Department. Unfortunately, Pettus was absent that day and the bill was ordered restored to the calendar.[44]

The same day, February 6, Dr Rodrigues Ottolengui of *Items of Interest* wrote to the surgeon general about Pettus's bill. He was concerned with a section of the bill that provided:

> That the Surgeon General of the Army is hereby authorized to organize a board of three examiners to conduct the professional examinations herein provided for, two of whom shall be civilians whose qualifications are certified by the executive council

> of the National Dental Association and whose proper compensation shall be determined by the Surgeon General, and the third examiner shall be selected by the Surgeon General from the contract dental surgeons eligible under the provisions of this Act for appointment to the dental corps.[95]

Ottolengui interpreted this provision to mean that the executive council of the NDA would control the appointment of dental surgeons in the Army, as it would have the "power to appoint the majority of the board of examiners." Also, he feared that this bill would "throw out of the service" Marshall and Oliver.[45] On February 10 the surgeon general's office replied that O'Reilly would "oppose any attempt to exclude" the current examining and supervising dental surgeons (Marshall and Oliver). However, he approved of the composition of the board as stated with the two civilian members. Later, if this plan proved unsuccessful, it could be changed.[46]

On February 9 O'Reilly sent the chairman of the Senate Committee on Military Affairs a copy of his report on the bill. Under the proposed reorganization, the surgeon general's office estimated that the cost of the 30-person commissioned dental corps, allowing for 3 captains and 27 first lieutenants, would be close to $52,850 for 1907. After 10 years the cost for 4 majors, 10 captains, and 16 first lieutenants would be just over $70,073. If the corps was increased to 60 dentists, the cost of 3 captains and 57 first lieutenants was estimated to be about $100,850 for 1907, and around $135,755 after 10 years for 7 majors, 18 captains, and 36 first lieutenants.[47]

On March 29 Pettus asked that the bill be reconsidered. After some debate, it was placed back on the calendar on April 13, and debate on the bill resumed on April 23.[40] Senator Hale led the opposition to the bill, arguing that it was unneeded, as there were no dental corps in the armies and navies of Great Britain, France, or Germany. He looked at it as "a movement" to increase the size of the Army. Senator Henry Cabot Lodge of Massachusetts recommended that the controversial section of the bill be amended. He moved that the examiners all be military appointed by the surgeon general. Pettus had no objection to the amendment, and the revised section now read:

> That the Surgeon-General of the Army is hereby authorized to organize a board of three examiners to conduct the professional examinations herein prescribed, one of whom shall be a surgeon in the Army, and two of whom shall be selected by the Surgeon-General from the contract dental surgeons eligible under the provisions of this act to appointment to the dental corps.[40]

Hale agreed that this was "a very fitting and proper amendment" and an improvement on the bill. The amended bill was read three times, reported without further amendment, and passed the Senate on April 23, 1906.[40] It was referred to the House Committee on Military Affairs on April 25. Three days later, the committee referred the bill back to the House Committee of the Whole House on the State of the Union.

Some amendments were recommended in the accompanying report that the Committee on Military Affairs submitted with the bill. For example, the number of dentists was not to exceed 45. Before commissioning, candidates were to have served at least 1 year as contract dental surgeons. The initial dental examining

board was changed back to include two civilians nominated by the NDA and one contract dental surgeon selected by the surgeon general. Other modifications included pay calculations for contract dentists who became commissioned and waivers of examination for those already in service. The bill also specified grade distribution among the 45 dentists.[40,48]

The report included additional endorsements for the bill and for military dentistry. Brigadier General Frederick Grant, Department of Texas, stated:

> While the comparatively recent beginning of dental service in the Army makes the matter still one of an experimental nature only, opportunity has already been offered for sufficient observation to warrant the conclusion, not only that the dental surgeons should be indefinitely continued, but largely increased, in order to meet the full demands of the service. . . .
>
> In my opinion, after careful investigation, the principal needs of the service, with respect to dental surgeons, are: First, more dental surgeons; second, a suitable operating room at each post; third, some positive and practicable methods compelling enlisted men to give proper attention to personal care of the teeth. I believe that there should be three dental surgeons assigned to this department, if possible, but not less than two under any circumstances.[48]

In his testimony to the Senate military committee, Major William Owen, the Army surgeon who had established the Army's first dental office in the Philippines, stated:

> For seven years I have been giving especial attention to the diseases of the mouth and teeth because of their influence on the general health. During the time in which I was in charge of Corregidor hospital about three hundred soldiers, more or less disabled by dental disorders, were under treatment. I recall one case in particular, a diarrheal trouble of several months' standing, which resisted treatment until placed under the care of a dentist, whose treatment, directed to the mouth alone, effected a cure and the restoration of the soldier to active duty in two weeks. There were fifteen or twenty similar cases, known as pyorrhea of the sockets of the teeth, with pus bathing the teeth, mixing with food, and entering therewith the alimentary tract. Neglected, such cases cause a pensionable disability.[48]

Brigadier General George Randall, the commander of the Department of Luzon in 1904, reported:

> There are not enough dental surgeons in the department for the work required. The recommendation for an increased number is approved. In this connection I invite attention to the excellent results obtained in the health and comfort of men from the work of dental surgeons, and it is recommended that they be given permanent positions and commissioned rank in the Medical Department.[48]

The report concluded with the following statement:

> While the Military Committee, in recommending the passage of the bill, have been guided by a purpose to meet an urgent need of the Army on sound business principles, it is nevertheless gratifying to your committee to incidentally accord a small

> measure of recognition to a profession whose members have contributed much to the public weal and to suffering mankind everywhere.[48]

Reorganization of the Dental Corps

Meanwhile, hearings were held concurrently in the House Committee on Military Affairs on Brownlow's modified bill, now numbered HR 9737. It covered the same ground as before, proposing a commissioned corps of dental surgeons be added to the Medical Department. It differed primarily in proposing the strength of the corps be premised on one dentist for every 1,000 troops.[49]

In a hearing before the House Committee on Military Affairs on March 13, 1906, Surgeon General O'Reilly said he thought an exception should be made in the bill for the three examining and supervising dental surgeons (Marshall, Oliver, and Hess) to permit them to be commissioned without examination. The NDA proposed an amendment to cover this situation and O'Reilly approved. It read:

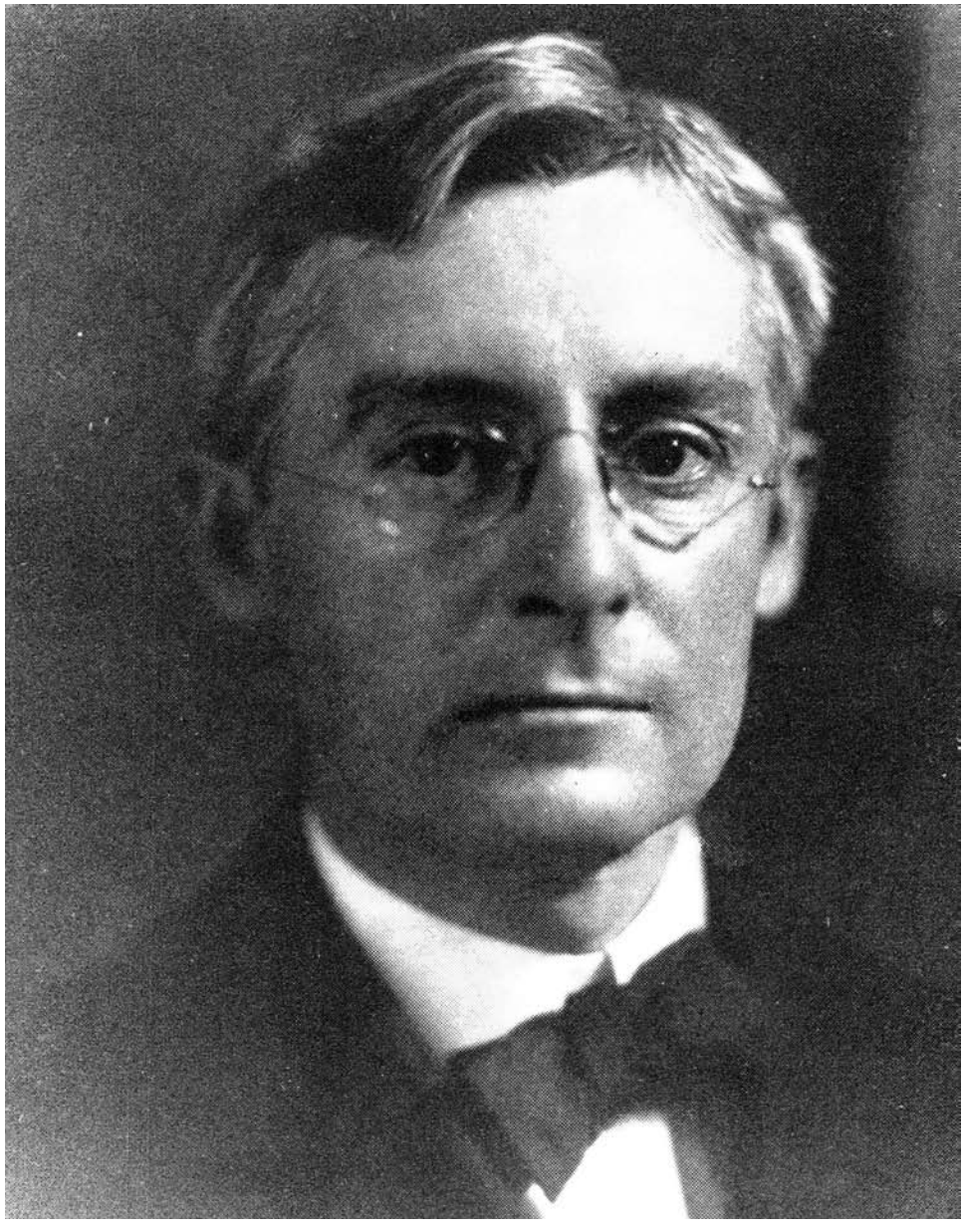
> That dental surgeons attached to the Medical Department of the Army at the time of the passage of this act may be eligible to appointment, three of them to the rank of captain and the others to the rank of first lieutenant, subject, in each case in which the Surgeon-General may deem such further test of qualification necessary, to any or every part of the requirement herein prescribed for original appointments.[49]

Williams Donnally, also at the hearing, argued that the subject of placing a limit of 45 on the number of dental surgeons to be appointed was covered by an amendment recommended by the Senate version of the bill. The estimated cost of the 45 dental surgeons under the bill was $75,639.[49] University presidents, deans, and professors from the following schools also appeared to testify to the worthiness of commissioned status for their dental graduates: George Washington University, Philadelphia Dental College, Georgetown University, University of Michigan, Harvard University, University of Pennsylvania, and Columbian University.[49]

The Dental Press: Reaction to S 2355

In an editorial in the March 1906 issue of *Items of Interest*, Rodrigues Ottolengui criticized the proposed civilian "Board of Control," for the Dental Corps. He wrote that it was inappropriate for civilians with no military experience or sense of Army Regulations to select the professionals who were to practice Army dentistry. He also noted that as the bill was currently worded, neither Marshall nor Oliver would be eligible to be appointed to the board or appointed to captaincies. Neither man had been required to pass an entrance examination under the 1901 dental act, but in order to make captain, they would have to pass an examination before a board, two of whose members were to be chosen by the executive council of the NDA. Only then could they be appointed to the examining board.[50]

In the March 1906 issue of the *Dental Register*, Editor Nelville Hoff agreed with Ottolengui's assessment of the Pettus bill and urged changes. His recommendation was to appoint one of the Army dental surgeons to the rank of major, appoint



Rodrigues Ottolengui, editor of Items of Interest, *often used his journal to express his opinions about military dentistry. Photograph: Courtesy of the National Library of Medicine.*

a Navy dental surgeon of similar rank, and appoint three civilian dentists—one from the NDA, one from the National Board of Dental Examiners, and one from the National Association of Dental Faculties—to a five-person examining board. This board could then certify all candidates for both the Army and Navy dental corps.[51]

Dr John Patterson, the editor of the *Western Dental Journal*, also took exception to the civilian majority composition of the board. In particular, he objected to the requirement that those selected be "certified" by the executive council of the NDA and not by the association itself. The council had originally been set up to expedite business matters and keep such discussion out of the association's general sessions. At no time was it intended that the council be given the authority to select "men for a public national service."[52]

Dr CN Johnson, the editor of *Dental Review*, concurred with Ottolengui that it would be difficult to support any legislation that would cause any "humiliation" to Marshall and Oliver in view of the sacrifice of their "private interests" in 1901 to accept contracts as Army dental surgeons.[53] On May 3, 1906, Ottolengui again called the surgeon general to task regarding the status of Marshall and Oliver in S 2355 as amended by the House Committee on Military Affairs. In Section 2, lines 5 and 6, the clause "and who are within said age limit at the time their original contracts were signed may be eligible," seemed to preclude their appointment. The surgeon general's office responded that as the bill had not yet received the endorsement of the War Department, it was inappropriate for the surgeon general to intervene at the present time.[54,55]

Perhaps inspired by Ottolengui's appeal, on May 9, 1906, Surgeon General O'Reilly addressed the problem of the overage dental surgeons to Representative John AT Hull, the chairman of the House Committee on Military Affairs. Under the House bill, seven current contract dental surgeons would be barred from appointment to the commissioned corps; namely, Marshall, Oliver, Hess, Sorber, Stallman, Voorhies, and Ware. O'Reilly recommended that "a more liberal age limit be inserted" in Section 2. At the time these men signed their contracts, the age requirement was between 24 and 40 years.[56] The following day, Hull replied that he saw a "good reason" for admitting the men who were between 24 and 40 when they entered the service, but thought that including Marshall, who was near the age of retirement, would "require a very wide latitude."[57]

On May 19, 1906, John Marshall sent a letter to the military secretary expressing his concern for the provisions that would exclude the commissioning of 10 of the current contract dental surgeons (including himself). He pointed out that the three examining and supervising dental surgeons had given up large lucrative practices in order to assist the surgeon general in 1901. At that time, they were assured that if and when the corps would be commissioned, they would be retained and commissioned. If the House-amended bill were to pass, these men would be dismissed from the service without a pension. Marshall thought this scenario a "great injustice" to those who had contributed so much to Army dental care. He recommended that the age amendment be removed from the bill.[58]

On July 13, 1906, another of the supervising dental surgeons, John Hess, then stationed at the Department of California (San Francisco), wrote to the surgeon general concerning S 2355. After thanking him for supporting the commissioning of dentists, Hess said during his 5 years as a contract dentist his status had been

an "embarrassment" and he was certain that without commissions, the quality of applicants was bound to decline. According to Hess, the hope for commissions was the magnet keeping quality dentists in the present service. He urged that the age limit be reconsidered to include those who had come in under the 1901 conditions; otherwise a large body of expertise would be lost and those effected would suffer an injustice. He supported the surgeon general's desire that a board of both civilian and military dentists select dentists for the corps and that Army surgeons be excluded from this board.[59] On July 20 the surgeon general's office replied that O'Reilly had addressed the age limit status with Representative Hull and was in favor of a more "liberal age limit" being inserted in Section 2 of the bill.[60]

On September 4 Williams Donnally recommended that all of the seven Army contract dental surgeons who would be considered overage under the Pettus bill stick together for their collective common good and that the entire dental profession support their retention if the bill passed.[61]

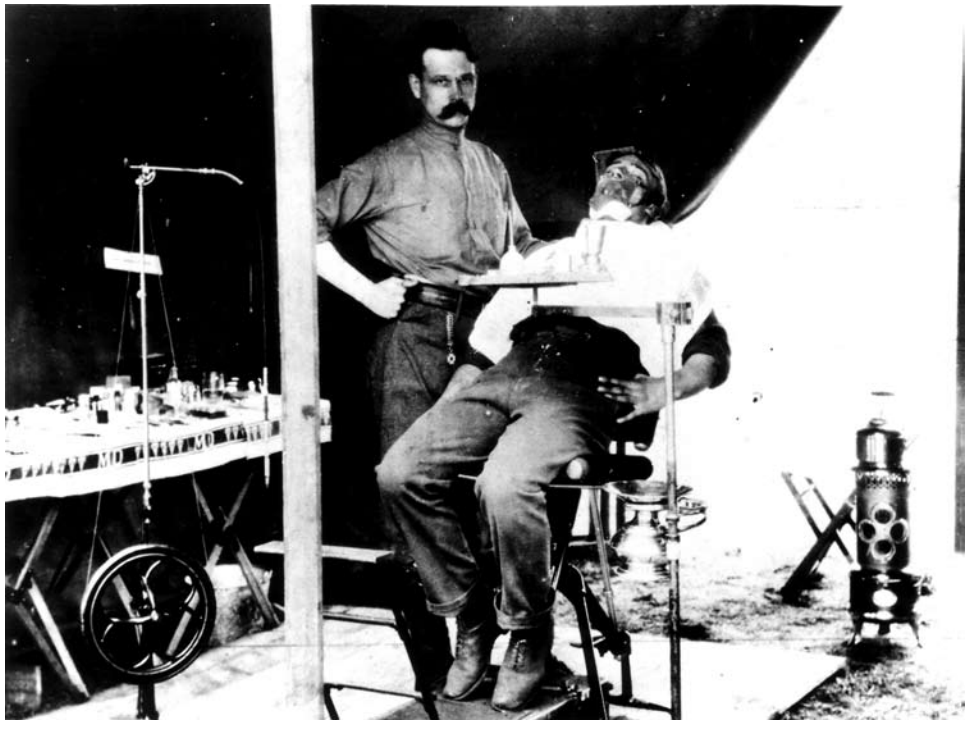
The editor of *Dental Summary*, LP Bethel, pointed out that the pending Army medical bill would eliminate the status of contract medical surgeons, leaving the dental surgeons as the only group still as contract personnel or "Mex" officers. He urged all members of the dental profession to support S 2355 and H 9737.[62]

On December 4, 1906, Secretary of War William Taft requested legislation to add an additional dental surgeon so that another dentist could be assigned to duty at West Point to replace William Saunders, who had passed away in August after 48 years as the academy's dentist. It was not until an act of March 2, 1907, that Congress finally authorized the requested increase in the number of contract dental surgeons by one to a total of 31, so that a second dentist could be assigned to the US Military Academy. However, 1906 ended with no new dental legislation being passed.[63–65]

The Cuban Pacification, 1906–1909

When the United States returned to Cuba from June 1906 to April 1909, demand for dental support renewed concurrently with the assignment of troops to what was then called the Army of Cuban Pacification (AOCP). In December 1906 the commanding officer of the 28th Infantry stationed at Matanzas, Colonel Owen Sweet, sent an urgent request asking for dental support from AOCP headquarters. He was personally suffering from painful "abscesses in three back teeth" and reported that 60 of his soldiers needed dental care. Headquarters told him that no dentists were available, but he was not authorized to employ a civilian dentist. The only dentist in the command, Alden Carpenter, was on circuit and would eventually reach Matanzas. Sweet argued that, according to the regulations, he was entitled to dental and medical care, especially when his condition impaired his ability to perform his duties. He asked again for the authority to employ a civilian dentist despite the expense to himself, saying it was inappropriate and would be even more expensive if he had to go on leave to the United States for treatment. Headquarters responded again that he could not hire a civilian and gave him the encouraging news that a second dentist (Seibert Boak, back from the Philippines) was scheduled to arrive soon.[66–68]

Boak and Carpenter tried without success to meet the needs of the command in 1907. Although all agreed a third dentist was needed, they remained the only



Dental office in Camp Columbia, Cuba.
Photograph: Courtesy of the National Museum of Health and Medicine.

dentists assigned until the command closed; Carpenter returned to the United States in January 1909 and Boak followed in March. In the meantime, the two men had so much to do that they were working themselves to the point of exhaustion. Because demand was so great, neither could be granted leave to recuperate. Their problem was made worse by the unexpected need to give support to the 1st Provisional Marine Regiment. Its plight surfaced in a letter from one of its commanders requesting dental help because his troops were insufficiently paid to resort to local civilians who were "very indifferent and exceedingly expensive." Although the Marines were not technically entitled to Army dental care, they were a working part of the AOCP, so dental treatment was authorized as a courtesy and a necessity. Soldiers and Marines with severe dental problems were recommended by their unit surgeons to be transferred to the field hospital in Havana. Their cases included jaw injuries, severe infections, and broken dental plates. There, the dentist not on circuit did what he could for them. The large number of absences generated by this practice represented considerable lost duty time. This became such a concern that the AOCP commander, Major General Thomas Barry, directed all requests for dental care at the hospital be sent to him for review before orders were issued, saying "this dental business can be run into the ground." As it turned out, the requests were an accurate reflection of the needs of the command and served as further evidence of the heavy workload carried by the two dentists prior to the

command's withdrawal. Their assignment to a temporary unit meant that dental service had had to be curtailed elsewhere in the Army and no one considered the implications for any further joint service deployments.[69–71]

The Dental Surgeons in 1907

Once the situation in the Philippines had stabilized at 14 dental surgeons after 1904, the remaining 16 were distributed throughout the United States. Because two of the 16 contract dental surgeons assigned to the US military departments were required to provide dental care for the AOCP, the stateside surgeons were spread even thinner. As of April 1, 1907, the 31 contract dental surgeons were stationed as follows:

- Philippines Division: 14.
- Department of the East: 1.
- Department of the Gulf: 1.
- Department of the Lakes: 1.
- Department of Dakota: 1.
- Department of the Missouri: 2.
- Department of the Colorado: 1.
- Department of Texas: 1.
- Department of California: 2.
- Department of the Columbia: 1.
- Army of Cuban Pacification: 2.
- Fort Slocum, New York: 1.
- Columbus Barracks, Ohio: 1.
- US Military Academy, West Point, New York: 2.

There was no fixed period for the dental surgeons' duty at the various posts. Rather, the dental needs of the posts determined their itineraries. With only a few exceptions (such as West Point) the dental surgeon's duty station was considered to be the department and not an individual post.[72]

Meanwhile, demands for additional dental surgeons came in from various post commanders. The continuing problems in the Pacific Northwest were especially noteworthy. When Inspector General Colonel John Chamberlain visited Alaska in 1907, Dental Surgeon Jean Whinnery urged the assignment of at least one more dentist to the Department of the Columbia (despite Greely's efforts of 1905, there was still only one dentist for the vast area). As such, only minimal dental care could be provided, mostly emergency. Whinnery said that during the period from January 20, 1905, to June 7, 1907, he had rendered 4,653 operations and treatments in 25 different locations. Despite that, he had met only the minimal needs of the command, compelling many soldiers to seek civilian care. Chamberlain agreed that at least one more dentist was desirable. The problem persisted the next year. Whinnery was away from Vancouver Barracks, Washington, his home base, for the full 12 months, serving posts throughout the department. This meant that the 1,500 soldiers at the barracks had not gotten military dental care for a total of 22 consecutive months.[73–75]

On November 18, 1907, Major General Greely, now the commander of the Department of the Columbia, reported from his headquarters at Vancouver Barracks that 94 enlisted soldiers (mostly recruits) of the 14th Infantry Regiment, destined for the Philippines, were awaiting dental work. Another 200 recruits were expected to arrive shortly, compounding the need for more dentists. If another dental surgeon could not be assigned for temporary duty, Greely requested permission to hire a civilian dentist. He felt that it was a shame to send his troops overseas with defective teeth.[76] The next day, Surgeon General O'Reilly advised the adjutant general that no dental surgeon was available to send to Vancouver Barracks. He suggested that some of the work might be performed either at the recruiting depots where there were dental surgeons or in the Philippines, where 11 contract dental surgeons were stationed. On November 21 the adjutant general notified Greely of the surgeon general's decision.[77,78]

The Uniform Issue

Dr Robert Oliver had long insisted that dentist's uniforms themselves implied a separate, second-class status. In 1907 the question of shoulder straps for contract dental surgeons, contract surgeons, and veterinarians resurfaced. On December 9, 1907, Jean Whinnery, dental surgeon, EW Bayley, contract surgeon, and Daniel LeMay, veterinarian, all stationed at Vancouver Barracks, Washington, complained that the absence of shoulder straps on their uniforms was "exceedingly humiliating and insulting to one's self respect." They recommended that they should wear "plain silver" shoulder straps and that this change would "exact proper respect and obedience" from their enlisted personnel. The commanding general, Greely, concurred. When the correspondence reached the surgeon general's office, the acting surgeon general, Colonel Valery Havard, responded favorably:

> It is the opinion of this office that contract surgeons and contract dental surgeons should either not be required to wear a uniform, or should be given one which would clearly indicate that they have a relative status of commissioned officers. This the present uniform does not do. The uniform formerly worn by these men was supposed to be satisfactory. Of course it is understood that the wearing of shoulder straps will not confer to contract dental surgeons the authority to command.[79]

However, Major General William Duvall, the assistant to the chief of staff, did not agree that any change in the contract doctors' uniform was necessary. He emphatically stated:

> Paragraphs 62, 63 and 64, General Orders No. 169, War Department, c.s., prescribe a uniform for Contract Surgeons, Dental Surgeons and Veterinarians, which it is thought is sufficiently distinctive to prevent mistakes as to the official status of the wearer. It is believed the shoulder strap should be worn by commissioned officers of the Army only.[79]

The year ended with no change in any aspect of the dentists' status, despite substantial efforts by Congress and some members of the Army.

Continuing Issues with Army Regulations Governing Dental Care

Although Surgeon General O'Reilly had attempted to fix shortcomings in the Army Regulations governing dental care during 1906, he had not completely succeeded. On November 20, 1906, the surgeon general's office wrote to all of the chief surgeons of the geographical departments about "numerous complaints of the inadequacy of the dental services." He directed them to investigate and report on their departments, especially with reference to paragraphs 1426 and 1428, Army Regulations, which fixed office hours from 9 AM to 4 PM and limited dental work during those hours only to those entitled to free service.[80]

On December 7 Colonel Clarence Heizmann, chief surgeon of the Department of California, replied that John Marshall reported compliance with the applicable paragraphs with some exceptions, such as treating Army nurses in transit to and from the Philippines, emergency cases "as an act of common humanity," and only treating families of soldiers outside office hours.[81] Also in December, George Torney wrote to the surgeon general about paragraphs 1426 and 1428, Army Regulations. He recommended the following changes:

> *1426*. Dental surgeons will operate between the hours of 9 a.m. and 4 p.m. upon those officers and enlisted men who are entitled to their services. They may not operate upon others, not entitled to free service, before and after these hours, when their services are not required by those entitled to them, but material issued to them by the Government will only be used in operations upon officers and enlisted men of the Army. Emergency work, whether for officers or enlisted men, shall, at all times, have precedence over those not entitled to free service, without regard to the hours of duty.
>
> *1428*. For plate work or for filling of teeth only the materials supplied by the Government will be used, and dental surgeons are forbidden to enter into any financial agreement with enlisted men involving an obligation for payment for silver, platinum, or gold used for filling cavities in teeth, for the construction of bridge work, for the fitting of crowns, or the making of artificial dentures.[82]

Then he reminded O'Reilly that he had written about this matter in December 1905 and repeated his previous words (see "John Marshall's Work at the Presidio"):

> . . . in order that I may emphasise [*sic*] the expression of my opinion regarding the necessity for prohibiting Contract Dental Surgeons from entering into any financial agreement with enlisted men of the Army for the payment for work performed or materials furnished, as such transactions are detrimental to the interests of the service in as much as they are the cause of dissatisfaction and are productive of disputes which should never be allowed to occur.[82]

On April 16, 1908, John Millikin, the dental surgeon for the Department of the Lakes at Fort Sheridan, Illinois, wrote to the surgeon general about the use of gold, platinum, and porcelain for fillings, crowns, and bridges and those entitled to his services. He acknowledged that "there is much dissatisfaction in the Army about the charges made by Army dental surgeons for dental gold work and

for work done for officers' families." He noted that civilian practitioners were often not nearby and were too expensive when it came to permanent dental work, which "cannot be done without the use of gold, platinum and porcelain." His use of these materials was fairly infrequent, for he had done only 415 operations with gold, platinum and porcelain out of over 11,000. He recommended that a scale of charges be published so that everyone knew what they were, and "in this way regulate all charges by dental surgeons and eliminate much trouble and dissatisfaction." Millikin addressed the problem of free dental care for families and how much trouble it had caused him in his practice, saying:

> There is no practical way to allow officers' families treatment free during regular office hours as it would take up too much time, that should be given to the officers and men. A dental surgeon refusing to do the officers' dental work for officers' families, is in as much disfavor as the one over charging for his work. Not withstanding A.R. 1426 most officers, and especially their families, think officers' families are entitled to free dental treatment at any hour, this often leads to much trouble and loss of time explaining why they are not entitled to free dental treatment and not during regular office hours.[83]

On May 15, 1908, in addition to returning Millikin's letter, O'Reilly recommended to the adjutant general that paragraphs 1426 and 1428, Army Regulations, be amended as Torney had suggested in December 1907.[84,85] O'Reilly explained:

EXHIBIT 9-2

JOHN D MILLIKIN

John D Millikin graduated from the University of Pennsylvania's School of Dentistry in 1898. John Marshall examined and accepted him as a contract dental surgeon in February 1902, after which Millikin was assigned to the Philippines, where he worked from March 1902 to May 1905. He later served at Fort Leavenworth from 1905 to 1908, then returned to the Philippines until 1911. In November 1911 he was found physically unfit for commissioned service in the Dental Corps, probably due to his service in the Philippines, and his contract was annulled on March 4, 1912. He moved to San Francisco and later rose to civilian distinction. He always remained very supportive of Army dentistry and was deeply involved in the Association of Military Dental Surgeons of the United States. He served on the General Medical Board of the Council of National Defense from 1917 to 1919 and also served 10 years as a lieutenant colonel in the Dental Reserve Corps.

Data source: National Archives and Records Administration. Record Group 112. John D Millikin to surgeon general's office, 1 May 1905, with indices. Letter. No 105637. Box 709. Entry 26.

> The Medical Department furnishes the necessary material to enable dental surgeons to do good work for officers and enlisted men of the Army except in special cases, but under paragraph 1428, A.R., gold and the more expensive materials may be employed if the operating dentist sees fit to use them at the expense of the individual operated upon. This is not believed to be good policy, as the arrangement has led to many misunderstandings; moreover it is believed to be detrimental to the best interests of the service for dental surgeons to enter into financial agreements with enlisted men of the Army for payment for work performed or materials furnished.[85]

On May 21 Major General Duvall, the assistant to the chief of staff, approved O'Reilly's recommendations with some changes in paragraph 1428 to make it clear that enlisted soldiers would only use government furnished materials "and no other." Any "financial agreements with enlisted men" for silver, platinum, or porcelain dental work were strictly forbidden. Duvall did not agree with any of Millikin's recommendations, and his letter was filed "without further action."[86]

On August 12, 1908, the War Department published General Order No. 128 with new paragraphs 1418 and 1420, which amended the former paragraphs 1426 and 1428. Limitations on those entitled to free dental service and the type of materials to be used were put into place, along with a prohibition on financial arrangements between dental surgeons and enlisted soldiers as outlined above.[87] Despite the Army Regulations, these issues were not resolved and continued to be a major source of trouble for dental surgeons over the next several years.[88–91]

In a letter to the editor in the December 1908 issue of *Dental Cosmos*, an anonymous writer, "XYZ," complained about the new paragraphs of the Army Regulations, writing:

> Enlisted men will not go to a dentist who is authorized to do only certain kinds of work, and who can use only certain kinds of material, any more than they would in civil life to a physician who was allowed to use only two kinds of medicine. The success of this corps depends upon the confidence of the enlisted men, and nothing could more completely have aroused resentment and refusal to receive treatment than the limitations recently placed upon the dental surgeon and the treatment that enlisted men may receive. . . . This order will work untold hardship on the men stationed in the Philippines, Cuba, and Alaska, where civilian dentists are few and their prices beyond the reach of the enlisted men. In the Philippines, outside of Manila there are no dentists, so men going on foreign service for two years, with a dentist visiting a post every four to six months, means the wholesale loss of front teeth. . . . Under the provisions of this order, crown and bridge work cannot be done, consequently many teeth that can be saved and made useful will have to be extracted. . . .
>
> In closing, I would like to state that the dental surgeons, most of whom have industriously endeavored to maintain a status that would reflect credit on their corps and the profession at large, feel that regulations like the inclosed [*sic*] one are a reflection on their decency and self-respect, and a reflection on the profession at large as scientific men.[92(p1443)]

This issue soon resurfaced, and, just as "XYZ" had predicted, it happened in the Philippines.

The Pettus Bill: S 2355
"What has Become of It?"

Considerable recrimination and discussion followed the failure to produce satisfactory dental legislation. In January 1907 Rodrigues Ottolengui urged the dental profession to encourage its congressmen to vote for the Pettus bill without the House amendments. If the House amendments were added, he feared the two bills would not be passed before the present Congress adjourned and dental legislation would have to start over again the next session. Ottolengui also wrote to Secretary of War Taft, requesting his support for the bill. Ottolengui believed that although neither the Senate nor the House bills were perfect, the establishment of a commissioned dental corps was the most important point; "faults" in the new law could be taken care of later.[93,94]

The Pettus bill did not even get the full approval of the NDA's Committee on Army and Navy Dental Legislation. It influenced the House Military Affairs Committee to change provisions that were not acceptable to the majority of the dental profession. The bill was reported favorably in the House and recommended for passage, but failed to pass by the end of the session and died with the 59th Congress.[95,96] On July 27, 1907, Senator Edmund Pettus of Alabama, an ardent supporter of Army dentistry since 1898, passed away and left a major gap in the ranks of congressional support for a commissioned dental corps.[97]

In the November 1907 issue of *Dental Cosmos*, Edward Kirk published an editorial titled "What Has Become of It?" He referred to the fact that over the past few years, committees had been formed, meetings held, money spent, bills introduced and lobbied in Congress, and still there was no commissioned permanent dental corps. He criticized the efforts of the NDA's committee charged with working on an acceptable dental bill.[98]

On November 12, 1907, B Holly Smith, the chairman of the NDA's 1907 legislative committee, replied that some positive steps had been taken, despite the failure to pass the dental bill. "Friends" had been made in Congress, and, after all, the medical bill to eliminate contract surgeons had fared no better, despite the support of the medical profession. The two primary reasons for the defeat of previous dental bills, he argued, were the dental profession's failure to unite behind the legislative committee's efforts and independent attempts to seek alternative measures. Ultimately, he felt "outsiders" had perhaps caused the whole affair to drag on.[99]

On December 10, 1907, Ottolengui expressed his dissatisfaction with Smith's remarks on the "organized band of knockers and kickers" opposing the legislative committee's efforts. As a member of the legislative committee, Ottolengui professed to be one of the "organizers" of that band. He explained that his opposition to the original Army dental bill was not because of any "personal animosity" toward Williams Donnally. Nor did his opposition to the current bill have anything to do with any "personal friendship" with Marshall and Oliver. Instead, he insisted his break with Donnally had been precipitated by Donnally's willingness to accept contract status for Army dental surgeons; in Ottolengui's opinion, nothing less than "an officered corps" should have been accepted. Regarding Marshall and Oliver, Ottolengui said he did not know Marshall except by reputation, and had met

Oliver only once or twice. Nevertheless, he was not in favor of any Army dental bill that would exclude these two men or would place the "patronage" of the dental appointments in the control of a "small body of civilians"; Marshall and Oliver had earned their right to serve in the commissioned corps and supporting any bill that would exclude them would be a "disgrace" to the dental profession.[100]

On December 16 Meyer Rhein stated that the real problem was not outside the legislative committee, but was in the committee itself. Donnally, it seemed, was strongly biased against Marshall, who was the senior supervisory dental surgeon. When this information came out at the 1906 Atlanta meeting, a "tacit gentleman's agreement" was reached that Donnally and Finley, who had served since the committee's establishment in 1898, should no longer serve on the legislative committee. B Holly Smith also had similar feelings toward Marshall. Rhein regarded Marshall as a "strictly honest man" who had no time for politics. He also criticized the fact that the dental committee was trying to pass legislation through Democratic members of a Republican House, when it was a political axiom that no important legislation was ever passed by Congress when introduced by a minority member. This fact, he felt, demonstrated the "unfitness" of the men serving on the dental committee.[100]

Smith reminded Rhein that it was members of the minority party, Representative Otey in the House and Senator Pettus in the Senate, who had secured the passage of the 1901 dental bill. Smith also stated that the NDA's legislative committee had indeed worked very hard to secure legislation that would include the commissioning of the two overage members of the corps, Marshall and Oliver. In fact, the original bill drafted by the committee had included a provision for all the members of the current Dental Corps. The age limit issue had been raised by a member of the House Military Affairs Committee. Once introduced, Representative Hull, the chairman of that committee, announced that he would not allow the bill to be reported if it provided for Marshall's commissioning. He argued that Marshall was almost 60 years old and would be able to retire in about 2 years on three quarters pay. The surgeon general agreed with Representative Hull and said he would not support the bill's passage. He stated he would, however, favor a private bill to promote Marshall in view of his excellent service. With this dilemma facing them, the committee had no choice but to carry on rather than jeopardize the legislation. At the surgeon general's suggestion, a clause was added providing for the civilian examiners. This loophole could allow Marshall a place on the board.[101]

On November 25, 1907, William Fisher, a former 1901 contract dental surgeon who had left the Army in 1904, added his support to those critical of the NDA's efforts to secure legislation for a commissioned dental corps. Fisher argued that when he entered the service in 1901, he was assured that before his 3-year contract was up, Congress and the Army would recognize the necessity for commissioned dental surgeons. The congressional term of the winter of 1903 to 1904, just prior to the expiration of the contracts of the original 1901 dental surgeons, was the key time to press the issue before Congress. The legislative committee had missed this "golden opportunity." In 1904 Fisher had resigned from the Army, "disgusted with the manner in which the National Dental Association was looking after the interests of those who had done much toward the advancement of the profession

within the government service, and, thoroughly dissatisfied with the contract status." Others, too, had left for similar reasons. Following a visit to some friends in the War Department in 1906, Fisher said he reached three conclusions:

> First, that the committee on army and navy affairs from the National Dental Association was most certainly doing no effective work. Secondly, that there was an underlying obstinate and effective opposition from the medical department of the army as represented within the office of the Surgeon-general. Thirdly (and this from my three years' experience), that there was not any opposition from so much as five per cent of the "line" and other "staff" officers.[102]

In his opinion, only the combined efforts of all state and local dental societies and the entire dental profession would produce a successful legislation.[102]

John Marshall in the Philippines

In October 1907 Surgeon General O'Reilly contemplated sending John Marshall to the Philippines for duty to replace John Hess, who was ill. The surgeon general kept one of the three examining and supervisory dental surgeons in the Philippines due to the large number of dental surgeons there and their work load. Hess had switched places with Oliver, with Oliver going to West Point and Hess to Manila in January 1905. On October 17 O'Reilly postponed the reassignment because Hess's return date was indefinite and he wanted Marshall to hold an exami-

Post Hospital, Camp Bumpus, Tacloban, Leyte, Philippine Islands, April 1907. Photograph: Courtesy of National Archives and Records Administration.

nation of candidates in December. After the examinations were completed in January 1908, Marshall was granted a leave of absence and traveled to Chicago.[103–107]

While in Chicago, Marshall attended a meeting of the Chicago Odontographic Society on January 21, 1908 (Exhibit 9-3).[108] Before he commented on the night's paper, Marshall spoke briefly of his work as the senior Army dental surgeon:

> My position has been a somewhat peculiar one—an unique one, I may say—one that no other man up to this time has ever occupied. I have been placed, as it were, in the limelight where I could be criticized and have been criticized sometimes most unmercifully, but criticism hurts no man if he takes it in the right spirit, and I have tried to take the criticism which has come to me in that spirit. It has not made me sour, because some people rip me up the back; I am as happy as I ever was, and keep on in the same old way trying to do my duty as I understand it. I could not expect to please everybody, and I never try to please everybody. I have tried to do my duty as I have understood it, always keeping in mind the best interests of army dental surgery and the honor of our profession.[109]

Finally, on February 1, 1908, Surgeon General O'Reilly recommended that Marshall be ordered to duty in the Philippines on the Army transport sailing on about March 5. Marshall received his orders on February 4, 1908, and left San Francisco on board the transport *Thomas* bound for Manila. He did not return until July 1910.[110–114] The senior spokesman for the Army's contract dental surgeons was very remote from the legislative efforts in Washington to authorize a commissioned corps.

From his work at the Presidio with soldiers returning from the Philippines, Marshall already knew of the poor oral and dental hygiene of the troops serving in that tropical environment. On October 24 Marshall recommended to the chief surgeon of the Philippines Division, Colonel John Van R Hoff, that the following procedures be implemented:

EXHIBIT 9-3

THE CHICAGO ODONTOGRAPHIC SOCIETY MEETING, JANUARY 21, 1908

Among the Chicago dental luminaries in attendance that evening was Dr William HP Logan (1872–1943), then dean and chief of oral surgery at the Chicago College of Dental Surgery (Loyola University of Chicago). Logan was called to active duty in World War I and served as the first chief of the dental division in the Office of The Surgeon General from 1917 to 1919.

Data source: Biographical File of Colonel William HP Logan. Biographical Files, Research Collections, Office of Medical History; OTSG, US Army. Falls Church, Virginia.

(1) Dental surgeons should avail themselves of every opportunity to instruct the enlisted men in the care of their teeth by lectures and demonstrations.

(2) Enlisted men should be required to "thoroughly brush their teeth at least once daily" and the non-commissioned officers or squad leaders be responsible to see that they complied.

(3) Regular inspection of the mouth by the company or detachment commander be mandatory, just like the inspection of the enlisted men's feet.[115]

On the same day, Marshall forwarded his detailed "Report on the Need for Dental Prophylaxis in the United States Army" to the surgeon general through Colonel Hoff. The report renewed his previous attempts to convince the surgeon general and Army to adopt "some efficient means of preventing, in a measure at least, the appalling ravages" of dental and oral diseases:

Good teeth, or at least serviceable teeth, are very necessary as a means of maintaining the general health, & consequently the highest efficiency of any army, particularly when campaigning in the tropics, where conditions of the climate & necessary changes in the food and the habits of life are so enervating & debilitating to the general system. . . . Resistance to disease under these conditions is greatly lessened & the individual is consequently predisposed to certain classes of diseases among which are dental caries, pulpitis, pericementitis, dento-alveolar abscess, pyorrhea, alveolaris, necrosis of the jaws, inflammatory & ulcerative conditions of the gums, of the oral mucus membrane, the throat & the tongue.[116(p1)]

Marshall recited information from the annual reports of the surgeon general on the continuing poor oral and dental health of soldiers in the Philippines compared with those in the United States. He again recommended "the great need of adopting vigorous measures" among the soldiers to enhance oral and dental hygiene and prevent dental caries:

This, I believe, may be accomplished by educating the soldiers through lectures & demonstrations given upon dental hygiene & sanitation by the dental surgeons at the post schools, & by requiring soldiers to thoroughly brush their teeth at least once each day. . . . To gain the greatest benefit however, from this cleansing it should be done after each meal. . . . A good tooth brush & pure water are all that is really necessary for the removal of fermentable material from the teeth & mouth. Many enlisted men do not carry a tooth brush in their kit & never cleanse their teeth in any way; while some of them have such filthy, disgusting looking mouths when they report to the dental surgeon for treatment that they need to visit a scavenger before it is safe for the dental surgeon to operate or to make an examination of their mouths. The infections from an unclean mouth are very virulent & exceedingly dangerous to one inoculated with them, & as a consequence the dental surgeon must be constantly on his guard to prevent such infection of his hands.[116(pp8–9)]

Then Marshall laid out his recommendations as noted in Hoff's letter. As with many of Marshall's previous efforts to prompt action, on December 1, 1908, the surgeon general's office thanked him for his report and commented that it would be given "due consideration."[116,117]

The Bulkeley Dental Bill: "The Iron is Hot"

On January 14, 1908, at the beginning of the first session of 60th Congress Senator Morgan G Bulkeley (1837–1922) of Connecticut, a Union Civil War veteran, took up where Pettus had left off and introduced the same dental bill that had passed the Senate 2 years earlier as an amendment to the Army medical bill (S 1424) but that had died with the termination of the 59th Congress. The Senate Military Affairs Committee opposed attaching the dental bill to the medical bill and recommended that Bulkeley report his dental amendment as a separate bill.[95,118,119]

On January 27 Bulkeley submitted a report from the Committee on Military Affairs, accompanied by his bill (S 4432) "to reorganize the corps of dental surgeons attached to the Medical Department of the Army." The committee had recommended that the bill be passed. The bill again proposed creating a commissioned dental corps with a strength premised on one dentist per 1,000 troops. Appointees were to be between 22 and 30 years old and subjected to physical and professional standards satisfactory to the surgeon general. A professional examining board of an Army surgeon and two contract dental surgeons, all appointed by the surgeon general, would determine qualifications. Contract dental surgeons currently serving with "satisfactory" reports and entrance examinations could be commissioned without further examination. Dentists could be promoted up to the rank of major. The mix of lieutenants, captains, and majors was set in a series of ratios to each other, while the maximum number of dentists in the Army was set at 30.[118,120–122]

On January 28 the bill was read again at Bulkeley's request just at the close of the morning hour. The next day it was read the third time and passed the Senate. The following day, January 30, it was referred to the House Committee on Military Affairs, which in turn referred it to the War Department for comment. Chief of Staff Major General J Franklin Bell sent it to Surgeon General O'Reilly for his opinion.[96,118]

In the February 1908 issue of *Items of Interest*, Ottolengui pointed out that if a dental bill (such as S 2355 or HR 9737) passed with the civilian board clause (Section 4), then the Army dental appointments would be more or less under the control of the council of the NDA. At the time, the council had seven members, therefore four members constituted a majority.[123] In the February 1908 edition of *Dental Digest*, the editor, Dr George Clapp, urged his readers that their professional duty, "individually and collectively," was to use all "honorable means at their command" to get their congressmen to support the passage of the dental reorganization bill.[124]

Contract Dental Surgeon George Casaday asked the surgeon general if it would be permissible for the dental surgeons as a group to retain an attorney to represent them in the current dental legislation, because the majority of the dental surgeons approved the measure. In addition, he wanted to know if the surgeon general approved of a dental board with two civilian members and one dental surgeon or a board with one medical surgeon and two dental surgeons.[125] On February 17 the surgeon general's office replied that the employment of an attorney to "influence legislation" was a violation of Army Regulations. Regarding the constitution of the board, the surgeon general could not comment because the bill had not yet been referred to his office for discussion.[126]

In March Edward Kirk wrote that Bulkeley's bill had gone farther toward enactment than any previous bill. He urged the dental profession, using Clapp's phrase, to unite "collectively and individually" to secure its passage into law.[127] CN Johnson, editor of *Dental Review*, also favored the current bill, as long as it included the "older members of the corps." He thought the political situation was "ripe" for the bill's passage, writing: "The iron is hot. Will not the profession mold it into shape by a few vigorous strokes?"[95] Wilbur Litch, editor of *Dental Brief*, added to the momentum by telling his readers that the current bill seemed to "embody all that could reasonably be expected" at the time.[128] Ottolengui even supported the new bill and printed the names and Washington addresses of all the members of the House Committee on Military Affairs in *Items of Interest* so that they would "receive about ten thousand letters from dentists." The Indiana and Illinois dental societies also contacted Secretary Taft in support of the pending dental bill.[119,129,130]

Another important factor working against the dental bill was the American Medical Association (AMA). In December 1907 the dental bill got little support from the medical profession because the House of Delegates of the AMA favored keeping dental legislation in abeyance until after the general medical bill for the reorganization of the Medical Department was passed. It was reportedly killed by an Army surgeon who was a delegate.[131–133]

Although his own reorganization bill was on the verge of success, on April 1, 1908, Surgeon General O'Reilly rendered his opinion on Bulkeley's dental bill to the chief of staff:

> The enclosed bill in my opinion is defective and should not be passed in its present shape. I recommend that this matter be referred to the General Staff for their careful consideration.
>
> Whatever may be the advantage of organizing a corps of commissioned dental surgeons I think it extremely important that any steps in that direction should be taken with a full knowledge of what may be expected if such a bill becomes a law. If Congress gives its approval to a corps of dental surgeons, such an act will simply announce that the government assumes the dental care and treatment of all persons who are now entitled to medical care and treatment. The conclusion that must be drawn from this announcement is that a sufficient number of commissioned dental surgeons must be provided to give this treatment, or the department must be supplied with means to procure the necessary treatment from civilian sources, just as is now done by the Medical Department for medical treatment. With the present dental corps this would entail the expenditure of thousands of dollars annually.
>
> I think it only fair to make this frank statement, as I do not desire to, in any way, be the means of securing the War Department's approval to a bill that would ultimately entail great additional expense to the government without doing my part in presenting all the facts necessary for the intelligent consideration of the measure.[134]

Major General Bell, the chief of staff, concurred with this opinion, and the bill went back to the House committee where it remained.[95,135]

A Fractious Dental Lobby Presses On

On April 9, 1908, Williams Donnally, the chairman of the Committee on Army Dental Legislation of the NDA, wrote to Secretary of War Taft regarding the Bulkeley bill. He pointed out that virtually everyone acknowledged the need for a dental service of some sort in the Army. It was the status of those providing the service that was the source of contention, he argued; what happened to the approximately 30 contract practitioners was not really what was at stake:

> Your denial of the equity of the claim of the dental profession for a limited measure of the social, professional and official advantages of the grades of rank accorded all other professions represented in the military service (which claim is recognized in repeated Acts of the Senate and in H.R. Military Committee Report No. 3642, 59th Congress) would not only wound the pride of the members of the profession who have taken their degrees in the universities and colleges of the states, thousands of whom are practicing in this and every civilized country under the most favorable social and professional advantages, but would, especially if it should avail to arrest the legislative progress of the Act of the Senate, turn many of the more discriminating and ambitious young men from the dental to other professions.[136]

In conclusion, Donnally argued that formal dental education was American in origin and continued to set the global standards. Dentistry had reached a level of complexity similar to any other medical specialty, and its members deserved the Army's acknowledgment of their skills and education. Not commissioning its dentists implied a "dishonor [to] the profession with a continuance of a discreditable and humiliating military relation." He urged Taft's support for the law.[136]

Surgeon General O'Reilly's long-sought bill to "increase the efficiency of the Medical Department of the U.S. Army" finally passed Congress and was signed into law on April 23, 1908. It provided for a medical corps, medical reserve corps, hospital corps, nurse corps, and "the dental surgeons, as now authorized by law."[5,137] The Medical Reserve Corps, the first such reserve organization of any kind in the history of the US Army, replaced the former contract surgeons. The passage of this act prompted Meyer Rhein, a member of the Committee on Medical Legislation and the National Legislative Council of the AMA, to write to O'Reilly expressing his continuing disappointment in the surgeon general's lack of support for a "commissioned dental corps."[138]

On May 27 the surgeon general replied to Rhein, saying that he still held the same viewpoint on dental legislation that he had expressed to the chief of staff on April 15, 1904. Because the general staff, the chief of staff, and the secretary of war disapproved his opinions, he told Rhein he did not care to make any further statements until the War Department announced a "definite policy" regarding dental legislation.[139]

In May 1908 an unidentified medical officer, reportedly "very close to the S.G.O.," stated that the attempts to attach the dental bill to the Medical Department bill without consulting the surgeon general's office was the crux of the problem. Apparently O'Reilly was "very hot about it" and believed that he had been "ignored," prompting him to endorse S 4432. In general, O'Reilly was "friendly" to the dental surgeons' cause, but the surgeon general's office and the general staff could not be ignored.[140]

On June 3, 1908, the dental lobby received some very good news. With the Medical Reorganization Act, the AMA's House of Delegates passed a resolution authorizing its Committee on Legislation to support "such bills as meet the approval of the War Department."[131–133] The House of Delegates also endorsed the proposed dental legislation, saying:

> The House of Delegates of the American Medical Association, recognizing the great importance of the services of the dental corps of both the army and navy, and appreciating the importance of placing both on a commissioned basis, authorizes the Committee on Medical Legislation to assist in securing the passage of such bills as meet the approval of the War Department or the chief of the Bureau of Medicine and Surgery of the Navy Department.[132,141]

Coming from an organization that represented 80,000 physicians, this support was indeed welcome.[132]

In September an unidentified contract dental surgeon wrote to the NDA's executive council that Donnally and Finley had not only been "antagonistic" to the surgeon general's office and the general staff, but had "ignored" them for the past 6 years. According to the source, Army dental surgeons had lost confidence in Donnally's and Finley's abilities to secure new legislation. The author suggested that Rodrigues Ottolengui, WW Walker, and ML Rhein would be better suited for the committee.[142]

Another unidentified contract dental surgeon stated that Donnally's committee had "done more harm than good"; it had altogether failed to consult the Army dental surgeons on the issue. This source blamed the committee for constructing bills without consulting Marshall and Oliver, who had done more for Army dentistry than the entire profession combined. He believed that this slight was not accidental. The sentiment among the contract dental surgeons was that Donnally and Finley should be removed from the committee.[143] The ill-feelings that existed between Donnally and Marshall, which dated back at least to 1901, had adversely affected the struggle for acceptable legislation since then.

Still another contract dental surgeon called for Donnally's resignation, arguing that the dental surgeons should not suffer simply because Donnally was doing his "best." He thought that "two fractions" were now working for dental legislation, which meant that nothing was being accomplished.[144]

At the Northeastern Dental Association meeting in Hartford, Connecticut, in October 1908, Senator Bulkeley commented on his bill, saying that "apparent jealousy among the dentists themselves" had obstructed the bill's passage, and the only way to assure the dental law's passage was to have a "united effort" from the part of the dental profession. The question of rank alone would prevent action on the bill unless the dentists stopped quibbling about it. "Nothing," he said, "would add more to the comfort of the soldiers than skilled dental surgeons," and he hoped that he would see the bill's passage during his term in the Senate.[99]

On October 20, 1908, Donnally declined reappointment as chairman of the NDA's Committee on Army and Navy Dental Legislation. He had been either the committee's secretary or chairman for the past 10 years, except from 1906 to 1907, when Doctors Ottolengui, Sanger, and Smith constituted the committee. He cited

financial loss, "mental and physical strain," and interference with "personal, social, and family interests" as his reasons for resigning and offered to donate $500 to any fund that the executive council set up to support the pending Army bill.[99]

On November 26, 1908, Donnally wrote to Surgeon General O'Reilly defending his position and contradicting statements made that he had "antagonized" the surgeon general and "completely ignored" his office in the NDA committee's attempts to secure the passage of the dental bill. He attributed these remarks to the dental profession's "mischief-making, muck-raking insurgents."[145] On December 16, 1908, O'Reilly replied that the dental surgeons had a perfect right to express their opinions; he was not responsible for their views. He also absolved Donnally of any responsibility for the Bulkeley amendment.[146]

Growing Discontent among the Dental Surgeons

With all that had transpired in Congress, the Medical Department, and the NDA in recent years, a number of contract dentists began to show growing disenchantment with their status. In November 1908 Dr Ord Sorber, a former contract dental surgeon who had left the service in 1907 after 6 years to pursue a civilian career, painted a less than flattering picture of Army dentistry. He criticized the lack of security in the contract system as well as his "relative rank." The latter meant that even the most junior Army officers bumped him from bunks on Army transports and from government housing. The lack of a commission meant he got neither foreign service pay nor longevity increases. He confronted an ever expanding workload with no prospect of it decreasing, though he was pressured to provide more and more services. He found his working environments marginal, whether in Arkansas or the Philippines, in part because of climate, but also because of the inadequate clinic space provided. Substantial paperwork and inadequate or inappropriate supplies made it even harder to maintain professional standards. "Your correspondent expended about five hundred and fifty dollars of his own funds on office equipment and supplies in the effort to keep things going and finally asked for the annulment of his contract," Sorber wrote.[147]

In the December 1908 issue of *Dental Cosmos*, Edward Kirk pointed out that the contract system was both unsatisfactory from a "professional standpoint" and from the "standpoint of the relationship of the corps to the line." He regarded the contract system as merely "an entering wedge" that would eventually give dentistry the "status and recognition" to which it was entitled. The path toward commissioned status had been a "long and devious" one, "strewn with the wrecks of personal ambitions and personal friendships." He called for a "concerted effort" from the profession.[99]

In December 1908 Dr Raymond Ingalls, a contract dental surgeon wrote a letter to the editor of *Dental Cosmos*, stating that the recently passed medical bills that gave contractors a reserve commission had left contract dentists in an insulting and anomalous situation. In a practical sense, it meant that there would be increasing pay disparities between dentists and the rest of the Medical Department. The notoriously rigorous entrance examinations for dentists meant that the Army hired some of the best practitioners in the profession and then relegated them

Ord Sorber, a contract dental surgeon from 1901–1907, spoke out about the rank problems with the system. Photograph: Courtesy of the National Library of Medicine.

to second-class status. Ingalls believed this sent the wrong signals to the Army and society in general and to the dental profession in particular that could lead to a reduction in the quality of future dental applicants. He argued that granting commissions would make up for many other shortcomings, writing: "Our present status makes us servants of the Army; rank would put us in the Army." In his opinion, achieving successful legislation for Army dentists required extensively educating Congress and gaining consistent support from every dentist and dental organization in the country.[99]

Despite their disappointment, however, Army dentists were increasingly appreciated by their beneficiaries. For example, on November 11, 1908, Major General John Weston, commander of the Philippines Division, endorsed a commissioned status for the Dental Corps in a letter to Major General Fred Ainsworth, the Army's powerful adjutant general:

> I write to invite your attention to the anomalous condition of the Dental Corps, and to ask that you, so familiar with organization and legislation, have it put upon a commissioned basis in the Army. The Corps is really a good one, is of material benefit to the Army, is doing good work here and elsewhere, is deserving and should be classed with other professions in the line of the Army, and is so recommended.[148]

Surgeon General O'Reilly's Final Position

As he prepared to end his second term as Army Surgeon General, O'Reilly addressed the pending dental legislation after discussing it with his successor, George Torney. On December 16, 1908, O'Reilly sent a lengthy memorandum to Chief of Staff J Franklin Bell. After his appointment as surgeon general in September 1902, he had initially favored commissioned status for contract dental surgeons. However, his first and overriding priority was to correct the "injustice" that the Army Reorganization Act of February 2, 1901, had done to the Medical Corps. Now that this situation had been remedied by the April 1908 act, it was time to discuss the commissioning of dentists in the Army. In April 1904, when Brownlow's HR 79 was under consideration in Congress, O'Reilly had said that rank was not necessary to the "proper performance" of the dental surgeon. However, "creditable and responsible sources [the NDA committee and perhaps John Marshall]" had convinced him that rank would greatly improve the dental service. Therefore, he had recommended that legislation be drawn up to provide commissioned status for the dental surgeons. Now, late in 1908, O'Reilly leaned again toward his earlier opinion that rank was not necessary. Finally, he had realized that there were "fractions" among the dental profession, which seriously eroded his earlier confidence in the credibility of the NDA. He broke his arguments down to the following conclusions:

- Good dental care could be provided by contract dental surgeons at less expense than a commissioned dental corps.
- It was doubtful that the dental associations would be satisfied with the rank that would be given dental surgeons if legislation were enacted. They

would probably continue to lobby for higher rank and perhaps block the passage of Army legislation, particularly that pertaining to the Medical Department.
- The commissioning of dentists was "wholly without precedence" in the Army. No corps had ever been created in the Army that had "no distinctly military relations and duties." Any "competent" dentist could perform his duties effectively without prior military training.
- Dentistry was "generally held in the medical profession as a minor and mechanical specialty of the medical sciences." Commissioning dentists would "cheapen" the commission in the Medical Corps, especially the Medical Reserve Corps. It could also lead to the pharmacists, veterinarians, and even the architects in the quartermaster department demanding commissions.

Ultimately, O'Reilly recommended that dental surgeons not be commissioned.[149]

The Chief of Staff's Position Changes

On November 24, before O'Reilly had even prepared his final comments, J Franklin Bell, the War Department chief of staff, wrote him a note and forwarded a copy of Bulkeley's bill. He explained that he had met Dr Emory Bryant, President Theodore Roosevelt's personal dentist, at the president's home at Oyster Bay, Long Island, New York. They had discussed the bill, a copy of which Bryant later left at the chief of staff's office. However, Bell told Bryant that he "could not recognize him as a representative of the Dental Surgeons, and he asked me whom I would recognize as authorized to speak for the Dental Surgeons." Bell recommended John Marshall. Bryant asked if he could invite Marshall to write to him about the dental bill, and Bell agreed. However, no letter from Marshall to Bell has yet been found.[150]

On December 22, after receiving O'Reilly's December memorandum, Bell wrote a memo to the Second Section general staff, detailing his thoughts about the dental bill. He noted that he had sided with O'Reilly and opposed the Bulkeley bill the previous April because of the impending action on the Medical Reorganization Bill. However, his action did "not indicate any opposition to the bill by the Chief of Staff."[152] Writing in the third person, Bell explained:

> In the judgment of the Chief of Staff there is just as much reason why dental surgeons should have rank as that any other surgeon should, and he believes that both dental surgeons and veterinary surgeons should have rank. It will certainly be the only way to settle the question so that the dental and veterinary corps can get what they are entitled to.[151]

Bell considered the Bulkeley bill "entirely reasonable." He was not bothered that the bill would create several positions for majors:

> The fact that it will confer the rank of major on a few who have served only ten years is no reason why they should be deprived of all rank. It would be quite reasonable to raise the limit of service necessary to attain the rank of major to a greater length of

> time, if the Second Section considers it advisable. A certain number might be given the rank of major, for instance, after fifteen years' service, and thereafter depend upon rising to that rank by promotion to vacancies, or any equitable arrangement giving to them what may be conceded to veterinary surgeons, and approximately what is conceded to surgeons of the medical corps would seem proper for dental surgeons.[151]

In the fall of 1908 Bell solicited the views of the Army dental surgeons. He said that while the Medical Department was against giving rank to dentists, the "General Staff was not to be dictated to by the Medical Department." He did not favor doing anything to benefit the Army dental surgeons or the dental profession at large. However, he would approve a bill for commissioning the Army dental surgeons if it could be shown that the dental service could be improved with the whole Army as the beneficiary. In his annual report, dated December 26, 1908, Bell wrote: "The bill [S 4432] now before Congress for the dental surgeons should be passed." At last some progress was apparently made in gaining the War Department's support for a commissioned corps, even if the surgeon general was now openly opposed.

Progress toward Commissioned Status

The years from 1904 to 1908 marked steady progress for dental surgeons in their work on the Army's oral and dental health. They had also made some headway in improving the dental habits of officers and soldiers. As a result, commanders increasingly valued the contributions that the dental surgeons made to the readiness of their soldiers and units. Although Chief of Staff J Franklin Bell adopted a more favorable position toward dental legislation, no real progress toward commissioned status had been achieved. In 1909 a new president and a new surgeon general had the opportunity to change this dismal record.

References

1. National Archives and Records Administration. Record Group 94. Memorandum report [on dental surgeons], Kerr, January 5, 1905. No. 524625: 3–7.

2. National Archives and Records Administration. Record Group 94. Endorsement to Kerr report, January 5, 1905, Major General Gillespie, assistant chief of staff, January 9, 1905, to Lieutenant General Chaffee, chief of staff. No. 524625.

3. National Archives and Records Administration. Record Group 94. Endorsement to Gillespie, Lieutenant General Chaffee, chief of staff, to secretary of war, January 10, 1905. No. 524625.

4. National Archives and Records Administration. Record Group 112. SD Boak to Mr Carpenter, secretary to WH Taft, January 13, 1905. Letter. No. 106047. Box 712. Entry 26.

5. Gillett MC. *The Army Medical Department, 1775-1818*. Vol 3. Washington, DC: Center of Military History, United States Army; 1981: 321.

6. National Archives and Records Administration. Record Group 112. Assistant secretary of war to Donnally, January 25, 1905. Letter. No. 106047.

7. National Archives and Records Administration. Record Group 112. Various dental societies to secretary of war [January–July 1905]. Letters and Petitions. No. 106047.

8. National Archives and Records Administration. Record Group 112. Donnally to secretary of war, January 12, 1905. Letter. No. 106047.

9. National Archives and Records Administration. Record Group 112. Assistant secretary of war to Donnally, January 25, 1905. No. 106047.

10. [Hoff NS]. The Army dentist. *Dental Register*. 1905;59:544–545.

11. Motley WE. *History of the American Dental Hygienists' Association 1923–1982*. Chicago, Ill: American Dental Hygienists' Association; 1986: 9.

12. National Archives and Records Administration. Record Group 112. John D Millikin to surgeon general's office, May 1, 1905. Letter with indices. No. 105637. Box 709. Entry 26.

13. National Archives and Records Administration. Record Group 84. Brigadier General Greely to military secretary, October 20, 1905. Letter. No. 524625.

14. Rhein ML. Recollections of the Portland Congress. *Items of Interest*. 1905;27:902–903.

15. National Archives and Records Administration. Record Group 94. Surgeon general's office to military secretary, 20 July 1905. Letter. No. 70760.

16. National Archives and Records Administration. Record Group 94. Special orders no. 168, par 2, War Department, July 22, 1905. No. 391988. Box 2730. Entry 25.

17. National Archives and Records Administration. Record Group 112. Marshall to military secretary, August 1, 1905. Letter. Entry 357.

18. National Archives and Records Administration. Record Group 112. Marshall to commanding officer, USA General Hospital, Presidio of San Francisco, August 29, 1905, 24, 27. Letter. Entry 357.

19. National Archives and Records Administration. Record Group 112. Marshall to surgeon general, November 9, 1905, 32–33. Letter. Entry 357.

20. National Archives and Records Administration. Record Group 94. Marshall to surgeon general, August 21, 1905. Letter. No. 70760.

21. National Archives and Records Administration. Record Group 94. Surgeon general's office to Marshall, September 21, 1905. Letter. No. 70760.

22. National Archives and Records Administration. Record Group 112. Surgeon General O'Reilly to commanding officer, US Army General Hospital, Presidio of San Francisco, 23 November 1905. Letter. No. 77614. Box 509. Entry 26.

23. National Archives and Records Administration. Record Group 112. Marshall to commanding officer, US Army General Hospital, Presidio, 17 December 1905. Letter. No. 77614.

24. National Archives and Records Administration. Record Group 112. Endorsement, Lieutenant Colonel Torney, December 22, 1905, to Marshall to commanding officer, US Army Hospital, Presidio. No. 77614.

25. National Archives and Records Administration. Record Group 112. Surgeon general to Lieutenant Colonel Torney, January 19, 1906. No. 77614.

26. National Archives and Records Administration. Record Group 112. Dr Marshall to Shutts, Walters & Co, Surgical Instruments & Appliances, May 17, 1906. Entry 357.

27. National Archives and Records Administration. Record Group 112. Dr Marshall to surgeon general, May 23, 1906. Entry 357.

28. National Archives and Records Administration. Record Group 112. Dr Marshall to commanding officer, Presidio of San Francisco, May 28, June 4, 1906. Entry 357.

29. National Archives and Records Administration. Record Group 112. Dr Marshall to chief surgeon, Presidio of San Francisco, June 18, 1906. Entry 357.

30. National Archives and Records Administration. Record Group 112. Dr Marshall to adjutant general, May 16, 1907. Entry 357.

31. National Archives and Records Administration. Record Group 94. Major Febiger to military secretary, February 27, 1906. Letter. No. 524625. Box 3645. Entry 25.

32. National Archives and Records Administration. Record Group 94. Endorsement, Surgeon General O'Reilly to military secretary, April 10, 1906. No. 524625. Box 3645. Entry 25.

33. US War Department. *General Orders and Circulars, Adjutant General's Office.* Washington, DC: Government Printing Office; April 30, 1906: No. 26.

34. National Archives and Records Administration. Record Group 94. Military secretary to commanding generals, Atlantic, Northern, Southwestern, Pacific, and Philippines Divisions, May 8, 1906. Letter. No. 524625. Box 3645. Entry 25.

35. National Archives and Records Administration. Record Group 112. To chief surgeon, Department of California, August 23, 1902. Letter. No. 77614-I. Box 509. Entry 26.

36. National Archives and Records Administration. Record Group 112. Reply from chief surgeon, Department of California, September 2, 1902. No. 77614-I. Box 509. Entry 26.

37. National Archives and Records Administration. Record Group 112. Sixth endorsement to inquiry to military secretary. Dentist employment, Dr AC Senecal, December 9, 1905. No. 108929. Box 151. Entry 25.

38. National Archives and Records Administration. Record Group 112. Fifth endorsement, May 18, 1906 to inquiry RO Lexington, KY, April 21, 1906. No. 108929. Box 151. Entry 25.

39. National Archives and Records Administration. Record Group 112. Comment A, fifth endorsement, November 16, 1916 to inquiry regarding Private Alex De Villers from commanding officer, Walter Reed General Hospital, June 15, 1916. No. 108929. Box 151. Entry 25.

40. *Congressional Record, 59th Cong, 1st Sess.* Vol. 40. Washington, DC: Government Printing Office; 1906.

41. National Archives and Records Administration. Record Group 94. HR 31, 59th Cong, 1st Sess, December 4, 1905. Bill. No. 524625. Box 3645. Entry 25.

42. National Archives and Records Administration. Record Group 112. S 2355, 59th Cong, 1st Sess, December 20, 1905. Bill. No. 106047. Box 712. Entry 26.

43. Two bills which are up before Congress: 59th Congress, first session. S. 2355. *Items of Interest*. 1906;28:230–231.

44. US Congress. Senate Reports (Public). 59th Cong, 1st Sess. Vol 1. Washington, DC: Government Printing Office; 1906. S report 585, 1–3.

45. National Archives and Records Administration. Record Group 112. Dr Ottolengui to surgeon general, February 6, 1906. Letter. No. 106047.

46. National Archives and Records Administration. Record Group 112. Surgeon general's office to Dr Ottolengui, February 10, 1906. Letter. No. 106047.

47. National Archives and Records Administration. Record Group 112. Surgeon general's office to chairman, Senate Committee on Military Affairs, February 9, 1906. Report. No. 106047.

48. US Congress. House Reports (Public). 59th Cong, 1st Sess. Vol 2. Washington, DC: Government Printing Office, 1906. H report no. 3642. 1–2.

49. National Archives and Records Administration. Record Group 112. Hearing before the House of Representatives Committee on Military Affairs having under consideration a bill (H.R. 9737) to reorganize the corps of dental surgeons attached to the Medical Department of the Army. March 13, 1906. No. 106047.

50. Ottolengui R. The minor details' in the Army and Navy Dental Corps bills, at present advocated by the Legislation Committee of the National Dental Association. *Items of Interest*. 1906;28:209–212.

51. [Hoff NS]. Army and Navy dental bills. *Dental Register*. 1906;60:109–111.

52. Patterson JD. The Army and Navy dental bills. *Items of Interest*. 1906;28:361–363.

53. [Johnson CN]. Army and Navy legislation. *Dent Rev*. 1906;20:514.

54. National Archives and Records Administration. Record Group 112. Dr Ottolengui to surgeon general, May 3, 1906. Letter. No. 106047.

55. National Archives and Records Administration. Record Group 112. Surgeon general's office to Dr Ottolengui, May 5, 1906. Letter. No. 106047.

56. National Archives and Records Administration. Record Group 112. Surgeon General O'Reilly to Representative Hull, May 9, 1906. Letter. No. 106047.

57. National Archives and Records Administration. Record Group 112. Representative Hull to Surgeon General O'Reilly, May 10, 1906. Letter. No. 106047.

58. National Archives and Records Administration. Record Group 94. Dr Marshall to military secretary, May 19, 1906. Letter. No. 524625.

59. National Archives and Records Administration. Record Group 112. Dr Hess to Surgeon General O'Reilly, July 13, 1906. Letter. No. 106047.

60. National Archives and Records Administration. Record Group 112. Surgeon general's office to Dr Hess, July 20, 1906. Letter. No. 106047.

61. Donnally W. To the editor. *Dental Register*. 1906;60:594.

62. [Bethel LP]. Dental surgeons for Army and Navy—New Legislation. *Dental Summary*. 1906;26:137.

63. *Congressional Record, 59th Cong, 2nd Sess.* Vol 41. Washington, DC: Government Printing Office; 1907: 40.

64. US Congress. House. *Letter from the secretary of war, submitting recommendations as to an additional dental surgeon at the United States Military Academy.* 59th Cong, 2nd sess, 1906. H Doc 78.

65. Hyson JM Jr. *The United States Military Academy Dental Service: A History 1825–1920*. West Point, NY: United States Military Academy; 1989: 46–48, 60–64.

66. National Archives and Records Administration. Record Group 395. Sweet to military secretary and Haan to commanding officer 28th Infantry, December 26, 1906. Telegram and reply. No. 389-B. Box 8. Entry 977.

67. National Archives and Records Administration. Record Group 395. Sweet to BD Taylor, January 10, 1907. Letter. No. 389-B. Box 8. Entry 977.

68. National Archives and Records Administration. Record Group 395. BD Taylor to Sweet, January 12, 1907. Letter. No. 389-B. Box 8. Entry 977.

69. National Archives and Records Administration. Record Group 112. Captain Edward F Geddings, Medical Corps, to surgeon general, USA, May 27, 1908. Letter. No. 116484. Box 797. Entry 26.

70. National Archives and Records Administration. Record Group 395. Captain TW Wise, Medical Corps, to adjutant general, Army of Cuban Pacification, May 18, 1908. Letter. No. 1171-E. Box 15. Entry 977.

71. National Archives and Records Administration. Record Group 395. Comment "THB" on special orders No. 31, Headquarters, Army of Cuban Pacification, Havana, Cuba, February 18, 1908. No 1171-E. Box 15. Entry 977.

72. National Archives and Records Administration. Record Group 165. Surgeon General O'Reilly to chief of staff, April 1, 1907. Memo. Report no. 984. Box 8. Entry 5.

73. National Archives and Records Administration. Record Group 112. Jean C Whinnery (through channels) to inspector general, June 7, 1907. Letter. No 78773. Box 519. Entry 26.

74. National Archives and Records Administration. Record Group 112. John L Chamberlain, third endorsement, June 7, 1907. Letter. No. 78773. Box 519. Entry 26.

75. National Archives and Records Administration. Record Group 112. Lieutenant Colonel RG Ebert, Medical Corps, to adjutant general, Department of the Columbia, December 24,1908. No. 78773. Box 519. Entry 26.

76. National Archives and Records Administration. Record Group 94. Major General Greely to adjutant general, November 18, 1907. Telegram. No. 524625.

77. National Archives and Records Administration. Record Group 94. Surgeon General O'Reilly to adjutant general, November 19, 1907. Endorsement.

78. National Archives and Records Administration. Record Group 94. Adjutant general to Major General Greely, November 21, 1907. Telegram. No. 524625.

79. National Archives and Records Administration. Record Group 165. Major General William P Duvall, assistant to the chief of staff, to assistant secretary of war, December 26, 1907. Memo. Report no. 1637. Box 13. Entry 5.

80. National Archives and Records Administration Record Group 112. Surgeon general's office to chief surgeons of departments, November 20, 1906. Letter. No. 77614.

81. National Archives and Records Administration Record Group 112. Colonel CL Heizmann, chief surgeon, Department of California, to surgeon general, December 7, 1906. Letter. No. 77614.

82. National Archives and Records Administration Record Group 112. Torney to surgeon general, December 23, 1907. Letter. No. 77614.

83. National Archives and Records Administration. Record Group 94. Millikin to the surgeon general, April 16, 1908. Letter. No. 1371229. Box 5342. Entry 25.

84. National Archives and Records Administration. Record Group 112. O'Reilly to the adjutant general, May 15, 1908. Letter. No. 47516. Box 276. Entry 26.

85. Fifth endorsement, O'Reilly to the adjutant general, May 15, 1908, to letter, Millkin to the surgeon general, April 16, 1908. No. 1371229.

86. National Archives and Records Administration. Record Group 165. Memorandum for the acting secretary of war, Major General William P Duvall, assistant to the chief of staff, general staff, May 21, 1908. Memo. Report no. 2516. Box 22. Entry 5.

87. United States War Department. *General Orders and Circulars, Adjutant General's Office.* Washington, DC: Government Printing Office; August 12, 1908: No. 128.

88. National Archives and Records Administration. Record Group 165. Memorandum for the assistant secretary of war, Brigadier General WW Wotherspoon, War Department general staff, March 1, 1909. Report no. 3716. Box 34. Entry 5.

89. National Archives and Records Administration. Record Group 165. Memorandum for the assistant secretary of war, Brigadier General WW Wotherspoon, War Department general staff, August 3, 1909. Report no. 4354. Box 40. Entry 5.

90. National Archives and Records Administration. Record Group 94. John D Millikin, division hospital, Manila, to adjutant general, Philippines Division, April 13, 1909. Letter and endorsements. No. 1546722. Box 5856. Entry 25.

91. National Archives and Records Administration. Record Group 94. Millikin to adjutant general, November 27, 1909. Letter and endorsements. No. 1379686. Box 5364. Entry 25.

92. XYZ. Letter to the editor. *Dental Cosmos*. 1908;50:1443.

93. Ottolengui R. The situation in relation to Army and Navy legislation. An appeal for united effort to pass the bill. *Items of Interest*. 1907;29:94.

94. National Archives and Records Administration. Record Group 112. Dr Ottolengui to Secretary of War Taft, January 11, 1907. Letter. No. 106047.

95. [Johnson CN]. Army dental legislation. *Dental Review*. 1908;22:262.

96. San Francisco Dental Association [proceedings]. *Pacific Dental Gazette*. 1909;17:138–139.

97. Senator Edmund W. Pettus (1821–1907). Biographical directory of the United States Congress, 1774–Present. Website. Available at: http://bioguide.congress.gov/scripts/biodisplay.pl?index=P000279.

98. [Kirk EC]. What had become of it? *Dental Cosmos*. 1907;49:1201–1202.

99. [Kirk EC]. Army and Navy dental legislation. *Dental Cosmos*. 1907;49:1303–1304.

100. [Kirk EC]. A question of diagnosis. *Dental Cosmos*. 1908;50:87–91.

101. Smith BH. What has become of it? *Dental Cosmos*. 1908;50:143.

102. Fisher WC. RE the N.D.A. Committee on Army and Navy Dental Legislation. *Dental Cosmos*. 1908;50:38–39.

103. National Archives and Records Administration. Record Group 94. Surgeon general's office to Lieutenant Colonel George H Torney, Army General Hospital, Presidio of San Francisco, October 1, 1907, endorsement, Lieutenant Colonel Torney, October 7, 1907. Letter with endorsement. No. 70760.

104. National Archives and Records Administration. Record Group 94. Marshall to Surgeon General O'Reilly, October 10, 1907. Letter. No. 70760

105. National Archives and Records Administration. Record Group 94. Surgeon general's office to Marshall, October 14, 1907. Letter. No. 70760

106. National Archives and Records Administration. Record Group 94. Surgeon General O'Reilly to Marshall, October 17, 1907. Letter. No 70760.

107. National Archives and Records Administration. Record Group 94. special orders no. 5, par 21, War Department, January 7, 1908. No. 391988. Box 2730. Entry 25.

108. Biographical File of Colonel William HP Logan. Biographical Files, Research Collections, Office of Medical History; MEDCOM/OTSG, US Army. Falls Church, Virginia.

109. The Chicago-Odontographic Society [proceedings]. *Dental Review*. 1908;22:329.

110. National Archives and Records Administration. Record Group 94. Surgeon General O'Reilly to adjutant general, February 1, 1908. No. 70760.

111. National Archives and Records Administration. Record Group 94. BG Funston to adjutant general, March 5, 1908.Telegram. No. 1349490. Box 5288. Entry 25.

112. National Archives and Records Administration. special orders no. 29, par 11, War Department, February 4, 1908. No. 391988.

113. National Archives and Records Administration. Record Group 94. Commanding general, Philippines Division, to adjutant general, July 16, 1910. Cablegram. No. 1674931. Box 6200. Entry 25.

114. National Archives and Records Administration. Record Group 94. Surgeon general's office to adjutant general, September 13, 1910. Letter. No. 70760.

115. National Archives and Records Administration. Record Group 112. Colonel JVR Hoff, chief surgeon, Philippines Division, to adjutant general, October 24, 1908. Letter. No. 125782. Box 867. Entry 26.

116. National Archives and Records Administration. Record Group 112. Dr Marshall; Report on the need of dental prophylaxis in the United States Army, October 24, 1908. No. 125782. Box 867. Entry 26.

117. National Archives and Records Administration. Surgeon general's office to Marshall, December 1, 1908. Letter. No. 125782**.**

118. *Congressional Record, 60th Cong, 1st Sess.* Vol 42. Washington, DC: Government Printing Office; 1908.

119. [Ottolengui R]. Status of Army legislation; an appeal for a united effort on the part of the profession. *Items of Interest*. 1908;30:230–231.

120. US Congress. Senate, Reorganization of Corps of Dental Surgeons. S Report 130, 60th Cong, 1st Sess. Washington, DC: Government Printing Office; 1908: 1.

121. Bennett CG. Senate bill for reorganizing the Army Dental Corps. *Dental Cosmos*. 1908;50:302.

122. National Archives and Records Administration. Record Group 112. US Congress. Senate. 60th Cong, 1st Sess. January 30, 1908. S 4432. No. 106047.

123. [Ottolengui R]. The present status of Army and Navy Dental legislation. *Items of Interest*. 1908;30:151.

124. [Clapp GW]. Dental surgeons, the Army Medical Corps and recent legislation relating thereto. *Dental Digest*. 1908;14:239.

125. National Archives and Records Administration. Record Group 112. Dr Casady to Surgeon General O'Reilly, February 6, 1908. Letter. No. 106047.

126. National Archives and Records Administration. Record Group 112. Surgeon general's office to Dr Casaday, February 17, 1908. Letter. No. 106047.

127. [Kirk EC]. The Army dental bill: S. 4432. *Dental Cosmos*. 1908;50:292.

128. [Litch WF?]. Congressional action on the reorganization of the Army Dental Corps. *Dental Brief*. 1908;13:161.

129. National Archives and Records Administration. Record Group 112. Dr George E Hunt, dean, Indiana Dental College, to Secretary Taft, April 13, 1908. Letter. No. 106047.

130. National Archives and Records Administration. Record Group 112. Dr RJ Hood, secretary, Illinois State Dental Society, to Secretary Taft, June 5, 1908. Letter. No. 106047.

131. Rhein ML. Army dental legislation and the American Medical Association. *Dental Cosmos*. 1908;50:142.

132. Grady R. Letter to the editor of Dental Cosmos. In: Army and Navy Dental legislation. *Dental Cosmos*. 1908;50:720–721.

133. Rhein ML. Letter to the editor of Dental Cosmos. In: Army and Navy Dental legislation. *Dental Cosmos*. 1908;50:720–721.

134. National Archives and Records Administration. Record Group 112. Surgeon General O'Reilly to secretary of war, April 1, 1908. Letter. No 106047.

135. National Archives and Records Administration. Record Group 165. Senate Bill 4432, to reorganize the corps of dental surgeons attached to the Medical Department of the Army, March 24, 1908 [endorsement, Major General Bell to acting secretary of war, April 3, 1908]. Report no. 2222. Box 20. Entry 5.

136. National Archives and Records Administration. Record Group 112. Dr Donnally to Secretary of War Taft, April 9, 1908. Letter. No. 106047. Box 712. Entry 26.

137. US Congress. Congressional Record. *Act of 23 April 1908* [Army Medical Reorganization Act]. Sec 1, Stat 66. Vol 35.

138. National Archives and Records Administration. Record Group 112, Dr ML Rhein to Surgeon General O'Reilly, May 25, 1908. Letter. No. 106047.

139. National Archives and Records Administration. Record Group 112. Surgeon General O'Reilly to Dr Rhein, May 27, 1908. Letter. No. 106047.

140. National Archives and Records Administration. Record Group 112. Unidentified medical officer, May 29, 1908. Statement. No. 106047.

141. National Archives and Records Administration. Record Group 112. Frederick R Green, assistant to general secretary, American Medical Association, to secretary of war, July 10, 1908. Letter. No. 106047.

142. National Archives and Records Administration. Record Group 112. Unidentified contract dental surgeon to secretary, executive council, National Dental Association, September 9,1908. Letter. No. 106047.

143. National Archives and Records Administration. Record Group 112. Unidentified contract dental surgeon, September 21, 1908. No. 106047.

144. National Archives and Records Administration. Record Group 112. Unidentified contract dental surgeons, September 8, 14, October 20, 1908. Letters. No. 106047.

145. National Archives and Records Administration. Record Group 112. Donnally to O'Reilly, November 26, 1908. Letter. No. 106047.

146. National Archives and Records Administration. Record Group 112. O'Reilly to Donnally, December 16, 1908. Letter. No. 106047.

147. Sorber OM. The hindrances to effective dental service in the U.S. Army. *The Frater*. 1908. Quoted in: National Archives and Records Administration. National Record Group 94. Dr John D Millikin, Division Hospital, Manila, Philippine Islands, January 22, 1910. Letter. No. 524625. Box 3645. Entry 25.

148. National Archives and Records Administration. Record Group 94. Major General Weston to Major General Ainsworth, November 11, 1908. Letter. No. 524625. Box 3645. Entry 25.

149. National Archives and Records Administration. Record Group 112. Surgeon General O'Reilly to chief of staff, December 16, 1908. Memorandum. No. 106047.

150. National Archives and Records Administration. Record Group 165. Memorandum for the surgeon general, Major General J Franklin Bell, chief of staff, 24 November 1908. General staff report. No. 2222. Box 20. Entry 5.

151. National Archives and Records Administration. Memorandum for the second section, Major General JF Bell, chief of staff, December 22, 1908. General staff report no. 2222.