

Chapter X

AN ARMY DENTAL CORPS AT LAST, 1909–1911

Introduction

When Brigadier General Robert O'Reilly retired from the Army on January 14, 1909, the dental surgeons and American dental community were no nearer their cherished goal of a commissioned dental corps than they had been in 1901. The new Army surgeon general, Brigadier General George Torney (1850–1913), benefited significantly from his predecessor's success with the Medical Department reorganization of the previous April and was free to focus on other pressing matters. Torney was also familiar with John Marshall and dental issues from his years as commander of the Presidio General Hospital (1904–1908) where Marshall practiced from September 1901 until March 1908, when he was transferred to the Philippines. However, the question was whether Torney would bring any change to the positions of the War Department and surgeon general's office toward the issue of commissioned status for the Army's contract dental surgeons.

Surgeon General Torney and Dental Legislation

On January 29, 1909, Torney had barely taken his chair as the new Army surgeon general when Representative John AT Hull, chairman of the House Committee on Military Affairs, sent him a copy of Bulkeley's bill (S 4432) and requested his views "as to the advisability of the proposed legislation" and for any suggested amendments.¹ After speaking with the secretary of war and reviewing O'Reilly's files on the bill, Torney wrote back on the 30th. He said O'Reilly's response of April 1, 1908, was appropriate, except that O'Reilly had "underestimated the item of expense." Torney explained:

On Monday morning one of the best dental surgeons in the Army was in my office, and in a conversation he informed me that if a dental corps is ever organized on a proper basis to provide dental treatment for the Army as medical treatment is now provided, it will take a corps of at least 150 officers. I believe this statement is in no way an exaggeration and, in my opinion, the present bill to organize a commissioned dental corps of 50 officers is merely a stepping stone to that end. As you know, the Army is scattered throughout a great many posts, and for this reason a dental surgeon in the Army cannot treat as large a population as a dentist in civil life. If this estimate is not an exaggeration, and I do not believe it is, the cost of a dental corps large enough to satisfy the needs of the Army will be very much greater than was indicated in General O'Reilly's endorsement, dated April 1, 1908.²

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Noting that the Army's current annual cost for the dental surgeons was \$57,960, Torney enclosed two memoranda laying out the estimated annual costs for 50 dental surgeons and all of their associated support (\$367,960), and 150 dental surgeons (\$1,940,440). He concluded that "it rests with the gentlemen in Congress, who must provide the means for maintaining this Army, to decide whether it is practicable at this time to provide a commissioned dental corps."²

On February 18 Torney's January 30 letter to Hull sparked a major response from Dr Emory Bryant, former member of the National Dental Association (NDA) committee and President Theodore Roosevelt's personal dentist who had been discussing the dental bill intermittently with Chief of Staff Major General J Franklin Bell. Bryant's letter, however, did not go to the surgeon general or War Department, but rather directly to the president, who was then in the final month of his second term. Bryant attacked Torney's letter as "an erroneous understanding of the situation." He questioned the calculations of annual costs arrived at by Lieutenant Colonel (later Brigadier General) Jefferson Randolph Kean (1860–1950), the architect of O'Reilly Medical Department reorganization bills from 1903 to 1906. Kean had recently returned from the Army of Cuban Pacification to join Torney's staff as the chief of the sanitation division. Bryant contended that the number of dentists necessary would be 45, as in House Report No. 3642, or one per 1,000 officers and enlisted soldiers, as in the Senate version.³ He wrote:

I submit also, that the Army dentist can handle more patients than can the private dentists, all requiring services being at all times within call, while the private dental patients are scattered over a whole city or county: Therefore the idea that a Corps of 150 men will be required to give adequate service to the Army is based upon an assumption which is not justified by the facts, or conditions.³

Bryant turned briefly to the legislative background of the current bill before continuing his attack:

It has had the support of the Surgeon-Generals of the Army from Sternberg up to the present incumbent, except that O'Reilly rearranged his ideas to some extent in the last year of his service AFTER the Medical Reorganization Bill was safely lodged in the Statutes beyond opposition. It can be safely asserted that the main opposition to this Bill giving the dental profession a recognized and dignified standing in the Army service is from the same Medical Officers that for years fought the Line Officers for proper recognition (Rank) and by every means possible impressed Congress and the Department that their contentions would benefit the service and obtain better men for their Corps, and we now find them persuing [*sic*] the same tactics they were loud in condemning when practiced against them. . . . I call your attention to the fact that it required a special message of your own as additional support to pass their reorganization Bill even as near as the present Congress. Under the circumstances the profession of dentistry feels it is not an imposition to ask for similar recognition by yourself, and only come to you when in the last extremity and urgency the situation demands.³



*Emory A Bryant, President Theodore Roosevelt's personal dentist,
during his World War I service in the US Navy Dental Corps.
Photograph: Courtesy of the American Dental Association.*

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On February 21, 1909, Roosevelt endorsed the dental bill in a note to Representative Adin Capron of Rhode Island: "Can we not help along the army dental surgeon's bill? It seems to me to be an excellent measure and one that ought to be passed."^{4,5} In the long run, little came from the president's support, but Kean now came to play a major role in the evolving struggle for a dental corps.

Lieutenant Colonel Jefferson Randolph Kean's Memorandum

Bryant's letter brought Lieutenant Colonel Jefferson Randolph Kean into play as Torney's lead staff officer working on the issue of commissioning dental surgeons. On March 23, 1909, Kean prepared a "Memorandum for the Surgeon General," subtitled "Being a study of the necessity for legislation conferring military rank on dental surgeons." Having served as the executive officer and a key assistant under O'Reilly from 1902 to 1906, Kean was familiar with the issues and how to get things done in the War Department, executive branch, and Congress. In putting together his memorandum, Kean drew heavily on John Marshall's numerous letters and memoranda to O'Reilly. The most important of these was Marshall's memorandum of December 16, 1904, which Kean believed contained "all the substantial arguments which have been advanced in the extensive correspondence on file in this office."^{6,7}

Writing to the recently retired O'Reilly on March 25, 2 days after he gave Torney his memorandum, Kean noted:

I have been amusing myself lately with the reading over of the entire literature on file in the office about dentists, and the preparation of an elaborate memorandum on the subject. I have gone into everything, even the study of the effect of the activities of the dental fraternity on the occurrences of the diseases of the digestive system by a comparison before and after their employment.⁸

Kean laid out Marshall's arguments (see Chapter 9, "Marshall's Draft Bill of December 1904") and analyzed them. He concluded: "That a commission is desirable cannot be disputed, but that it is essential to the dental surgeon for the proper performance of his work has not been demonstrated either by experience or by the great mass of argument on file in this office."⁷ He then compared the "professional and administrative responsibilities of dental surgeons with those of medical officers," and the comparison did not favor the dentists.⁷ In a single paragraph, Kean summarized the real reasons that the leadership of the Medical Department opposed granting commissions to dental surgeons, and they were dependant upon the deep-seated professional rivalry between dentists and physicians and the desire of the Medical Corps to retain complete control in the Medical Department:

It seems evident, therefore, that the reasons why commissioned rank in its several grades is necessary for the administration of the great and complex organization of the medical service do not apply to dental surgeons, and that commissioned rank is not, therefore, *essential* to the performance of their duties. Still less reason is there for the possession of higher grades, since the dental service of the Army is without either complexity of organization or serious administrative responsibilities. An additional reason why any grade above that of First Lieutenant should not be given is that it

would place the dental surgeons above the officers of the Medical Reserve Corps, with the result that the latter would become discontented and the medical service at posts where they were stationed would be disturbed. It is feared also that the elevation in rank of dental surgeons above Reserve Medical Corps might not meet the approval of many distinguished physicians who have entered the Corps and to whose sympathetic interest and assistance the Surgeon General looks to secure well qualified men for the vacancies in the Medical Corps. The cheapening in any way of these commissions which have been accepted by many of the leaders of the medical profession in the United States would be a grave misfortune for the service. While these reasons militate against the conferring of dental surgeons of any higher grade than First Lieutenant, they do not prevent the giving of that grade, with the provision that dental surgeons shall rank next after all other officers of that grade [emphasis in original].^{7(pp13-14)}

In his March 25 letter to O'Reilly, Kean explained the leadership's plan:

I have prepared a Bill which requires them to come in and serve the probationary period of at least three years under contract, and then authorizes a commission as first lieutenant after the [Medical] reserve corps. Nothing higher is to be given them, and I think it is pretty clear that we should fight to the last ditch on this proposition. The Navy has also conceded this much and we will work together to hold them down to it. It is much easier to kill legislation than it is to put it together, and I think we can choke them off from anything more if we keep our eyes open.⁸

To his memo, Kean attached the draft of an act, "To Improve the Status and Efficiency of the Dental Surgeons in the U.S. Army," that encapsulated these ideas and formed the basis for Torney's subsequent recommendations to the chief of staff in November.^{7,9}

At the annual meeting of the NDA on April 1, 1909, in Birmingham, Alabama, the executive council's report thanked Doctors Donnally and Bryant for the help they gave the legislative committee during the past year. Furthermore, the council successfully proposed that it be the sole voice of the association and the profession when it came to issues of dental legislation for the Army.¹⁰

On April 9, 1909, Senator Bulkeley introduced a new bill (S 1530) to the 61st Congress, First Session, worded precisely as his earlier effort "to reorganize the corps of dental surgeons attached to the Medical Department of the Army," which was subsequently referred to the Committee on Military Affairs.^{11,12} On July 5, 1909, Representative William Wiley (1842-1925) of New Jersey, a Civil War brevet major, introduced an identical bill (HR 11192) in the House.^{11,13}

The Bulkeley and Wiley bills provided an opening for Torney to submit his own approach to organizing the Army's dental surgeons, which he had coordinated with the NDA.^{5,9} On November 26, 1909, Torney submitted Kean's March draft bill to the Army adjutant general. The bill read:

Sec. 1. That, for the purpose of securing an efficient dental service in the army there shall be attached to the Medical Department a dental corps which shall be composed of dental surgeons and acting dental surgeons, the total number of which shall not exceed the proportion of one to each thousand of actual enlisted strength of the army: that the number of dental surgeons shall not exceed sixty, and the number of acting dental surgeons shall be such as may, from time to time, be authorized by law in accordance with the needs of the service.

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Sec. 2. That all original appointments to the dental corps shall be as acting dental surgeons who shall have the same official status, pay and allowances as the contract dental surgeons now authorized by law.

Sec. 3. Acting dental surgeons who have served three years in a manner satisfactory to the Surgeon General of the Army shall be eligible for appointment as dental surgeons and after passing, in a satisfactory manner, an examination which may be prescribed by the Surgeon General, may be commissioned with the rank of first lieutenant in the dental corps to fill the vacancies existing therein. Officers of the dental corps shall have rank in such corps according to date of their commissions therein and shall rank next below officers of the medical reserve corps. Their right to command shall be limited to the dental corps and they shall be entitled to the respect and obedience of all enlisted men.

Sec. 4. That the pay and allowances of dental surgeons shall be those of first lieutenants not mounted, including the right to retirement on account of age or disability, as in the case of other officers: PROVIDED, That the time served by dental surgeons as acting dental or contract dental surgeons shall be reckoned in computing the increased service pay of such as are commissioned under this Act.

Sec. 5. That the appointees as acting dental surgeons must be citizens of the United States between twenty-two and thirty years of age, graduates of a standard dental college, of good moral character and good professional education, and they shall be required to pass the usual physical examination required for appointment in the medical corps and a professional examination which shall include tests of skill in practical dentistry and of proficiency in the usual subjects of a standard dental college course:

PROVIDED, That the dental surgeons attached to the medical department at the time of the passage of this Act may be eligible for appointment as first lieutenants, dental corps, without limitation as to age, and

PROVIDED FURTHER, That the professional examination for such appointment may be waived in the case of dental surgeons in the service at the time of the passage of this Act whose efficiency reports and entrance examinations are satisfactory to the Surgeon General.

Sec. 6. That the Surgeon General of the Army is authorized to appoint Boards of Examiners to conduct the 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 commissioned dental surgeons in the corps.⁹

In significant contrast to O'Reilly's last stated position, Torney accepted a commissioned dental corps, but only of first lieutenants. Moreover, a close reading of Torney's proposal reveals that, except for critical graded rank promotions, it gave the dental surgeons and the NDA most of what they had been seeking for years, including commissioned status, seniority for previous contract status, protection to those already in service, a military examining board, and a ratio of one to 1,000 enlisted troops, not to exceed 60.⁹

Several factors seem to have influenced Kean and Torney to reverse course

so radically. In the four recent congresses, the House and Senate had repeatedly passed various dental bills but had never agreed on any one bill. Kean and Torney may have reasoned it was time to make the best possible deal rather than risk accepting provisions of rank that they did not want. Preventing dental surgeons from receiving rank higher than first lieutenant would limit problems among the new officers of the Medical Reserve Corps, who might have had personal and professional difficulty serving under a dentist. Above all, Kean and Torney were apparently trying to preserve the gains of the April 23, 1908, bill.

The day before Torney sent his memorandum to the chief of staff, Emory Bryant, representing the NDA, wrote to President Taft about the need for the War Department to support a dental corps bill. He endorsed Torney's current initiative, saying:

The present Surgeon-General of the Army has drafted a Bill for a Commissioned Dental Corps, in which he grants every feature of the S.4432 heretofore referred to, with the exception of "graded rank promotion," making all commissioned as First Lieutenants unmounted, instead of grading from 1st Lieut. to Majors, as provided in S. 4432. . . . I have the honor to say that the terms of the draft of a Bill by the Surgeon General of the Army meets with the approval of the dental profession as a MINIMUM measure which it can consistently approve in justice to all concerned in consideration of the fact that all of the claims made by the profession of dentistry to recognition by our government has been approved by the Medical Department to which the Corps (Dental) will be attached.⁵

Bryant went on to ask President Taft for his personal involvement to push the bills through the War Department and Congress:

The War Department is a large machine with complicated parts, and each part must fit perfectly to run smoothly. The dental corps is but one of the small "cogs" that go to make the complete machine, but it is out of place, as was the Contract Medical Corps. It required the aid of President Roosevelt to pass the Medical Bill, cannot the Dental Profession be equally fortunate in obtaining the aid of President Taft? We ask nothing more than the merits of the case demand and what has been acknowledged as our due, the only question involved is the manner and means of obtaining proper action. . . . Can you not give the matter your personal encouragement?⁵

On December 11, 1909, Torney recommended to the secretary of war that his proposed bill, if approved by the general staff, be endorsed by the War Department as a substitute for S 1530, which he believed "would be satisfactory to all parties concerned." The NDA concurred with this proposed change. On January 25, 1910, the general staff completed its study of S 1530 and recommended against its passage because the creation of a corps of dental surgeons was seen as "as a luxury rather than a necessity." Overall military policy was a more important issue at the time, and it had "become imperative to consider the needs of the Army as a whole before a further increase is authorized for any single arm, corps, or department." On January 31, 1910, the chief of staff, following the general staff's advice, recommended against passing S 1530.^{14,15}

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On January 31, 1910, Dr Emory Bryant appealed to Secretary of War Dickinson to pass the Dental Corps legislation. He was informed on February 23 that President Taft's demands for economy in the military meant the authorized strength of the Army for the next fiscal year was to be reduced by nearly 8,000. In this situation, the passage of any legislation that added a new corps of approximately 80 commissioned officers to the Army was not likely. Therefore, the War Department did not recommend passing S 1530 (and its identical bill, HR 11192).^{16,17}

On February 10, 1910, Chief of Staff J Franklin Bell again reversed course, outlining the basic arguments for keeping contract dental surgeons rather than creating a corps of commissioned dental surgeons:

The contract dental surgeons of the Army, employed under existing laws, are rendering satisfactory service to the Army, and the surgeons employed seem to be so well satisfied that so far no inconvenience has resulted to the service from their leaving the government employment; consequently there appears to be no urgent need at this time of creating a change in their status. Under existing law, the Army gets young, active dental surgeons, whose skill and knowledge are tested before their employment by a thorough examination. Should they demonstrate their unfitness, lack of skill, or become in any way undesirable, the War Department can discharge them and get others, for not only is the dental corps full, but many applications are on file for appointment to any vacancies which may occur.

For these two reasons, i.e., that it is inopportune at this time to advocate an increase in the cost of the military establishment by the creation of a permanent commissioned Corps of Dental Surgeons, and that the operation of existing laws relating to dental surgeons in the Army is satisfactory to the War Department, it is thought that no bill having for its object the creation of a permanent Corps of Dental Surgeons in the Army should be recommended at this time for passage by Congress.

There was a time when the attitude of the Surgeon-General toward the aspirations of dental surgeons, and when arguments by the Medical Department, were of such a character as to cause me to consider both attitude and arguments illiberal, and that the dental surgeons were in need of a friend at court and were deserving of sympathy and relief. I even thought they were entitled to more rank than they had expressed a willingness to accept and the Medical Department was ready to concede. I so informed Doctor Bryant.

Since receiving orders from the Secretary of War, however, to submit this question to the General Staff for report, and since conference with the General Staff and listening to presentations of the other side of the question, I have concluded that my first impressions were incorrect, that the Medical Department was justified in most of its views, and that the General Staff is also justified in opposing this bill.¹⁸

On February 12, 1910, Surgeon General Torney sent a memorandum to the secretary of war advising him that HR 11192 was unacceptable to the War Department. Torney resubmitted his November 26, 1909, substitution as a counter proposal and recommended the secretary of war to advise the House Military Affairs Committee.^{19,20}

Dental Treatment for Enlisted Soldiers and Dependents

The temporary nature of dental work and its limited applicability to conditions other than line-of-duty trauma remained a major issue within the Army. In March 1909, a request for special dental work for a member of the 6th Cavalry regimental band was refused. It was recommended that the soldier have the work done using the free materials the Medical Department furnished.²¹

On April 13, 1909, Dr John Millikin, contract dental surgeon, US Army, stationed in Manila, requested that he be allowed to work on dependents during regular hours (9 AM to 4 PM) using government materials. He also submitted a fee schedule for this work in order to "eliminate any possible complaint as to his right to charge." Millikin contended that after working from 9 AM to 4 PM, he did not feel that it was fair that he should be obliged to work on officers' families using his own dental materials and not be allowed to charge for this extra work. The fee schedule he submitted was considered reasonable and more affordable than the charges in civilian practice, and it accounted for the fact that the government provided the office and equipment.²²

The chief surgeon of the Philippines Division, however, thought that changes were necessary in the regulations on dental care in his department. The surgeon general agreed but stated that the regulations did not forbid an officer or civilian employee from performing "outside work for which he receives compensation," as long as it did not interfere with his military duties. Therefore, no changes were necessary in the regulations.²²

Regardless of where the dental surgeons served, the work loads remained enormous. A great source of continuing frustration was the lack of command emphasis on oral hygiene, assuring that many patients regressed after they were brought up to acceptable standards. Part of the problem lay in the time lost as a result of itinerancy. Criticized for his lack of productivity, Dr RM Hollingsworth pointed out that he had taken 2 days leave between 1907 and 1910 and had changed work locations 20 times in 30 months. He estimated he lost a week each time he had to relocate and set up his equipment, all of it time away from treating patients.²³

In October 1910 Captain CF Morse, surgeon, 5th Cavalry at Schofield Barracks, Hawaii, submitted his criticism of the effect of itinerancy. He praised the work of George Graham, who had come on temporary duty from California, but pointed out that his schedule precluded sufficient treatment time. The deplorable condition of the men's mouths mandated more intensive treatment almost as a matter of accord. Forty or fifty soldiers with less than 18 months' service examined at random were found in need of serious emergency care with intensive follow up. Yet Graham was never at any site longer than a month as he made his rounds. Further compounding the delays was the fact that he was not authorized to bring a trained enlisted dental assistant from California, which meant that he had to train a new helper from the Hospital Corps at each work site. Captain Morse suggested more dentists be authorized and that permanent dental clinics be established wherever sufficient numbers of troops were concentrated. Both Morse and Graham urged greater command emphasis on dental hygiene.^{24,25}

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"Neither Fish, Flesh, nor Fowl": John Marshall and John Millikin on the Status of Contract Dental Surgeons

In January 1910 Dr John Millikin, a contract dental surgeon since 1901 and stationed at the Division Hospital, Manila, expressed his views on the proposed reorganization of the Dental Corps. He reminded the adjutant general (through military channels) that 14 dental surgeons had left the service since 1904, nearly half the strength. Three (Bacon, Fisher, and Updyke) left during their original 3-year contract; seven (Decker, Foster, Rietz, Stone, Sorber, Rion, and Foster) left during their second contract (after six years' service); and four (Craig, Hussey, Waddell, and Ware) had left during 1909 alone. Lack of a pay increase, retirement for disability, and promotion had caused them to become discouraged over their futures. A return to civilian practice was the end result. Their replacements could be placed in three categories: recent graduates looking for experience, civilian dentists who were failures in private practice, and dentists lacking the finances to establish civilian practices. None of the above could replace the experienced dental surgeons who were lost.²⁶

On January 31 John Marshall, now the chief of the dental service at the Division Hospital in Manila, endorsed Millikin's letter as follows:

The present status of the dental surgeon is an anomalous one. He is an integral part of the Army, has to perform all the duties of a commissioned officer except sit on Courts Martial and make contracts for the Government, has to wear a prescribed uniform and conform in every respect to Army Regulations and yet by a decision of the U.S. Comptroller and of the Judge Advocate General he is not an officer but a civilian employee. In the words of President Taft applied to Contract Surgeons, "he is neither Fish, flesh, nor fowl" a sort of "Mex Officer."

This status works to the great disadvantage of good discipline and often submits the dental surgeon to covert slights and sometimes to a thinly veiled insult. The dental surgeon if of real value to the Army should have a status equal to that of the other professions represented in the Army; viz, Divinity, Law, and Medicine. The dental surgeons of the U.S. Army all hold a well earned degree from recognized Universities. They are professional gentlemen and should be accorded a status commensurate with the dignity of a learned profession.

The Army is entitled to the best dental service, but this cannot be longer secured under the present humiliating status. There is no inducement whatever for high class young men to enter the service. With a chance for advancement, increased pay, longevity pay, and retirement for disability and age, there would be no difficulty in securing the very best young men for the service. Military title could be waived and in its place establish three grades of status. Assistant dental surgeon, past assistant dental surgeon, and dental Surgeon with the pay and allowances of first lieutenant, Captain, and Major of the Medical Corps with promotion by seniority after examination. Many of the very best men of the Corps have asked for annulment of contract because they could not afford to give the best years of their lives to a service that made no provision for the future in case of disability or advanced age.²⁷

On February 3 Lieutenant Colonel Charles Richard, the Manila Hospital commander, endorsed the correspondence, noting that: "The status of the contract dental surgeon is not satisfactory, and legislation necessary to remedy it would

seem desirable." The division surgeon and Major General William Duvall, the commanding officer of the Philippines Division, added their favorable comments and sent the package to the adjutant general, who forwarded it to the surgeon general for comment. Torney replied on March 28 that his November 26, 1909, memorandum and draft bill "if enacted into law, would meet many of the points set forth in the enclosed communication."²⁸⁻³¹ Finally on May 5, 1910, the adjutant general notified Millikin that the War Department was currently considering the question of "a military policy" for the United States. The organization of the whole Army was to be worked out, and dental surgeons would "be considered" in these discussions. For this reason, no recommendation for dental legislation could be made at this time.³²

Despite all the setbacks, a small palliative had been granted earlier on January 31, 1910, when the War Department issued Circular No. 3, which officially designated, "for the sake of brevity," Army dentists as "dental surgeons and not as contract dental surgeons."^{33,34} Little real progress seemed to have been made in creating a proper dental corps and improving the status of the Army's dental surgeons.

The New Wiley Dental Bill: HR 23097

On March 16, 1910, Representative William Wiley renewed his efforts to change the military status of Army dentists by introducing another bill (HR 23097), which was actually Torney's draft bill of November 26, 1909, that had apparently reached Wiley via the NDA.^{35,36} The bill was much more specific than the one he had previously submitted in conjunction with Senator Bulkeley. In his new bill, he proposed the appointment of dental surgeons and acting dental surgeons. Dentists would be authorized on the basis of one per 1,000 soldiers, but no more than 60 dental surgeons would be allowed. There could be as many acting dental surgeons as Army strength mandated. New entrants would be appointed acting dental surgeons at first with the same pay and status of the current contract dental surgeons. After 3 years' satisfactory performance, they could be commissioned first lieutenants eligible for retirement and disability pensions if vacancies existed. The dentists currently under contract would be eligible for immediate commissions, regardless of age, and their contracted time would be credited for longevity and pay. All new appointees would have to be between ages 22 and 30. They would have to pass physical and professional examinations conducted by a board appointed by the surgeon general and composed of one Army surgeon and two of the newly commissioned dentists. By adopting a compromise that the surgeon general and NDA had already worked out, Wiley's bill attempted to address the objections that had killed earlier legislative attempts.^{35,37,38}

Indeed, a general staff paper of May 5, 1910, provided a glimpse of the actions over the recent past that led to the Wiley bill:

The creation of a corps of Dental Surgeons is a matter which has been before the War Department for a number of years. The Dental Surgeons in the Army have been actively interested in this matter as is also the National Dental Association. There has been a considerable amount of correspondence between the War Department and Dr. Emory A. Bryant of the legislative committee of the latter association. . . . Bills have been

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introduced in the 58th, 59th, 60th and 61st Congresses. There bills have differed in character and scope, but all contained some provision for giving Dental Surgeons commissioned rank. The Surgeon General, the Chief of Staff, and other officers of the War Department have from time to time made recommendations in favor of these bills, but no Secretary of War has recommended any of them. The last action taken by the War Department in this matter was in the latter part of February, 1910, when the Secretary of War, Mr. Dickinson, returned to the Chairman of the committees on Military Affairs of the House and Senate, respectively, bills introduced in the House by Mr. Wiley and in the Senate by Mr. Bulkley [*sic*], recommending "that this bill do not receive favorable consideration at the present session." The two bills referred to were in fact the same bill. The bill did not originate in the War Department and contained many features that were objected to by the Surgeon General and by the General Staff. A substitute bill was submitted to the Secretary of War by the Surgeon General [the November 26, 1909, draft bill], and it is understood a copy of this bill was furnished by the Surgeon General to the National Dental Association. It was introduced in the House on March 16th by Representative Wiley and has been referred to the War Department for recommendation.³⁶

The General Staff's Position

On April 23, 1910, the general staff summed up the War Department's position on the proposed reorganization of the dental surgeons with commissioned rank. It referred to its memoranda of January 25 and February 10, 1910, which stated that the present time was not appropriate for legislation regarding rank for dental surgeons because of a continuing study it was making on the organization of the Army as a whole. Changing the status of a particular Army element should be deferred until completion of the study.³⁹

On May 2, 1910, Brigadier General (later General and Chief of Staff, 1917–1918) Tasker Bliss (1853–1930), the acting chief of staff, informed the surgeon general that the secretary of war desired his opinion "as to whether you do or do not consider the maintenance of the present contract system for the employment of dental surgeons in the Army to be the best for the general interests of the service."⁴⁰ The same day, Surgeon General Torney replied:

It is my belief that the contract system for Dental Surgeons, while it works fairly well, does not secure as good a class of dentists as might be secured if the candidates were given the prospect of a commission with the rank of 1st Lieutenant and the increase of pay for length of service provided by the Bill proposed by this office in November last which was submitted after very careful consideration of all the questions and interests involved. I, therefore, do not consider the maintenance of the present contract dental system to be the best for the general interest of the service.⁴¹

On May 4, 1910, the secretary of war (1909–1911), Jacob Dickinson, disregarded Torney's comments and informed Representative Wiley that he had returned his bill to the Military Affairs Committee with the recommendation that it not be approved. However, he left the door open for future legislation by saying, "My action at this time is without prejudice to the consideration of a suitable measure which may be proposed for a subsequent session."⁴²

On May 5, 1910, Bliss sent Secretary Dickinson a memorandum that laid out

the general staff's thoughts about what was best for the Army and also evaluated the Wiley bill. The general staff's position on commissioning dental surgeons was consistently negative over the years since 1903, and Bliss's memorandum strongly retained that position. Bliss noted that the NDA "claims that its purpose in advocating the commissioning of Dental Surgeons is to give prestige to the dental profession by recognizing Dental Surgeons as commissioned officers."³⁶ He disregarded this view, saying:

It is possible that in giving commissioned rank to the representatives in the Army of other professions than the purely military one Congress may have given prestige to those professions. It is possible that this may have been done solely (as now desired by the Dental Association) for the purpose of giving added prestige and not with a single view to economy and efficiency of administration. If this be true, Congress must be the final judge as to its propriety. The only questions for present consideration are whether the bill will accomplish the avowed purpose and whether, if it does, the results will be for the best interests of all concerned.

Assuming, however, that these titles give the desired prestige, it is obvious that the proposed law will accomplish nothing towards this end. It is proposed to give them, after three years' service, the grade of first lieutenant, and then forever to keep them below every other first lieutenant in the Army. Men who would accept such a proposition, or be willing to retain such a status very long, will need a great deal of arbitrarily conferred prestige, but manifestly they must seek it elsewhere than in this line. . . . It must appear so obvious to Congress that it is not intended to retain such a bob-tailed organization very long that it would seem almost trifling in the part of the War Department to recommend it. If the dental profession is to be assimilated to the medical profession, and if the hierarchy of military grades and rank and title is necessary for prestige of both of them, they should have the same organization, with a proportional number of the various grades.^{36(p3)}

As to whether the proposed law was in the best interests of the Army, Bliss concluded that "it is plainly to the advantage of the government to follow the contract system as far as practicable."

The only excuse for a permanent corps of medical officers is the fact that they sustain the closest relations with the troops in garrison and in the field and require many qualifications for military service which cannot be attained by practice in civil life. Even then, the contract system has been followed successfully for the lower grade officers in that department. . . . On the other hand, dentists require no qualification that they do not bring with them from civil life. The fresher from civil life and the dental college the better they are for our service.^{36(p4)}

Bliss laid out a scenario in which the Army used contract dental surgeons who then returned to civil practice once they put aside sufficient funds. He reasoned:

If the Army and Navy provided two or three hundred such places, to be occupied for a contract term of four years and thereafter at the same interval to be filled by new classes, it would be a boon to the profession. . . . The foregoing leads to the final and most important conclusion that the contract system for dental surgeons is the best for the military service. Under this system we got, or can get, the brightest young men

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fresh from the best dental colleges, where they have learned the latest mechanical applications in a mechanical art. In the Army they have abundant practice of somewhat limited scope. But the Government does not, nor can it, probably, permit work of the more expensive and delicate kind that is common in civil life. There comes a time, therefore, when the professional qualifications of an army dentist are bound to deteriorate, to the disadvantage of his work, even of the more ordinary kind. The proposed bill, encouraging permanency in this position, deliberately contemplates bringing about this result.^{36(p5)}

Bliss advised the secretary that the maintenance of the existing contract system was, "in the long run, the best for the dental surgeons, the best for the dental profession at large, and the best for the military service."³⁶ With the general staff unequivocal in its negativity toward a commissioned dental corps, it is not difficult to understand why Secretary Dickinson adopted a like posture on the Wiley bill.

The Dental Press's Position

In the May 1910 edition of *Items of Interest*, Dr Rodrigues Ottolengui reprinted Wiley's bill, along with Torney's November 26, 1909, memorandum to the chief of staff, in its entirety. His extensive, 6-page editorial, titled "The New Army Dental Corps Bill and the Surgeon-General's Opinion Thereon," pointed out that the Wiley bill, unlike its predecessors, had been drawn up with the guidance of the Army Medical Department and not solely by a committee of the NDA. He also referred to the fact that at the national meeting in Boston, the executive council of the NDA had scoffed at the idea that the Medical Department would ever present a bill for commissioning the dental surgeons or agree to the commissioning of the overage contract dental surgeons.⁴³⁻⁴⁵

At the same Boston meeting, it was argued that a provision of this kind would not be opposed by the department, and it was pointed out that an exactly similar clause appeared in the Medical Reorganization Bill passed by the last Congress. In spite of this argument, the contention was met with sneers and ridicule, and it was intimated to the executive council, in the presence of a large audience, that such notions resulted from utter ignorance of matters legislative and military.⁴³ Ottolengui concluded:

Now that a bill, indorsed [sic] by the Medical Department of the Army, provides for the appointment of members of the preset dental corps, without limitations as to age, the dental profession may draw its own conclusions as to whether the opposite, and constantly iterated contentions of former National Dental Association Committees, have been based on ignorance, incompetency or some other cause.⁴³

Dr Wilbur Litch, the editor of *Dental Brief*, recommended in his May 1910 issue that the dental profession urge their congressmen to vote for the bill, but noted that the bill did not provide for promotion beyond the grade of first lieutenant. This rank put the dental officer at a disadvantage compared with the medical officer. However, the bill would secure commissioned status, a "great gain for den-

tistry as a profession."⁴⁶

In December 1910 Dr Ottolengui pointed out that the bill provided dentistry with a rank five grades lower than that of the physicians, lawyers, bankers, businessmen, teachers, and clergymen. The 170 first lieutenants in the Medical Reserve Corps even outranked the dentists.⁴⁷

In 1911 Senator Henry Cabot Lodge of Massachusetts wrote Dr Emory Bryant of Washington, DC, saying that the main reason for the dental bill's failure in previous congressional sessions was not because of congressional "hostility to the measure," but because the individuals pressing its passage insisted that the dental examining board be controlled by civilians. Even to "friends" of the bill like himself, this was unacceptable. The service must control Dental Corps candidate selection. Also, Congress would reject any insistence on rank as high as captain and major.⁴⁸

The 1911 Bulkeley Dental Bill: S 1530

On February 7, 1911, at the 61st Congress, Third Session, Senator Bulkeley of Connecticut, seeing a favorable opportunity, introduced his former bill (S 1530) as an amendment to the Army appropriation bill (HR 31237), which had already passed the House and was under consideration in the Senate. The bill "to reorganize the corps of dental surgeons attached to the Medical Department of the Army," gave commissioned status and graded ranks to the dental surgeons. In doing this, he was adding to the Army bill (HR 31237) a verbatim version of his earlier bill from the session before. It differed from Wiley's bill notably in providing for the promotion of some dentists to rank as high as major. It also failed to provide for any temporary strength increases via acting dental surgeons, as did Wiley's. The amendment was agreed to and referred to the Senate Committee on Military Affairs.⁴⁹

The same dental bill had passed the Senate twice before and had been favorably reported in the House. It had the endorsement of the Army dental surgeons and the dental profession but not of the War Department, without which it had little chance of passing. The Army appropriation bill (HR 31237) was referred to the Conference Committee of the House and Senate.^{49,50}

On February 8, 1911, Lieutenant Colonel JR Kean personally handed a memorandum from Surgeon General Torney to Major General Leonard Wood, now the chief of staff. In it, Torney endorsed the Wiley bill because contained these features:

(1) At least sixty dental surgeons: "this number is necessary to give each soldier one treatment a year."

(2) Officer status for dental surgeons: "since this is necessary to the self-respect and proper standing of professional men."

(3) Dental surgeons to rank below the officers of the Medical Reserve Corps: "because to give higher rank would cause discontent to the many distinguished physicians in civil life now commissioned in the Reserve Corps. Higher rank is not necessary since Dentists have no administrative responsibility, and command of men is not necessary."

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(4) Dental surgeons to be commissioned as first lieutenant with all benefits of lieutenants not mounted, including all pay and allowances, retirement, quarters, etc.: "This with the right to retirement affords a position attractive enough to secure capable men."

(5) HR 23097 included all of these above provisions and was satisfactory to the surgeon general and acceptable to the NDA.⁵¹

Also on February 8, 1911, the secretary of war recommended to the chairman of the Senate Committee on Military Affairs that the dental amendment (S 1530) adopted by the Senate be stricken out. If anything was to be substituted for it, Dickinson said it should be the Wiley bill (HR 23097), with some minor changes, which both the chief of staff and surgeon general had recommended. Moreover, the secretary reported that Torney was "of the opinion that the enactment of this latter bill would be of distinct advantage to the Army."^{50,52} Leonard Wood delivered that message to the committee in person.

Commenting on a late effort to add rank to the bill, on February 14 Surgeon General Torney wrote to the secretary of war:

This office is not in favor of all the provisions of the [Bulkeley] amendment, as dentists having no administrative responsibilities or need to command over large organizations, do not need commissioned rank above first lieutenant. On the other hand, if they should rank the medical officers in charge of hospitals, administrative embarrassment might ensue. It is thought, therefore, that they should rank in the Medical Department as 1st Lieutenants next after the Medical Reserve Corps. This would give them the honorable status of officers, the right to increase of pay for length of service up to \$2800 a year and the right to retirement, together with the allowances enjoyed by other commissioned officers. . . . It is believed that these inducements will make the service sufficiently attractive to get an excellent class of dental officers. . . . The present 31 is entirely inadequate for the dental service of the Army, and it is believed that the number provided by the Bulkeley amendment, one to each thousand men, is necessary and should be provided.^{52,53}

On February 20, 1911, Senator Bulkeley reported on the dental bill (S 1530) without amendment and submitted a report (S Report 1201) recommending passage of the bill. However, the Conference Committee of the House and Senate adopted the secretary of war's recommendation for the final dental bill. As a result, when the Army appropriation bill passed (Public Law No. 453), it contained the revised clause creating a dental corps composed of first lieutenants only and a ratio of one for 1,000 enlisted soldiers, not to exceed 60.^{49,50,54}

The final text of the dental clause that became the Act of March 3, 1911 (36 Stat 1054) read:

Hereafter there shall be attached to the Medical Department a dental corps, which shall be composed of dental surgeons and acting dental surgeons, the total number of which shall not exceed the proportion of one to each thousand of actual enlisted strength of the Army; the number of dental surgeons shall not exceed sixty, and the number of acting dental surgeons shall be such as may, from time to time, be authorized by law. All original appointments to the dental corps shall be as acting dental

surgeons, who shall have the same official status, pay, and allowances as the contract dental surgeons now authorized by law. Acting dental surgeons who have served three years in a manner satisfactory to the Secretary of War shall be eligible for appointment as dental surgeons, and, after passing in a satisfactory manner an examination which may be prescribed by the Secretary of War, may be commissioned with the rank of first lieutenant in the dental corps to fill the vacancies existing therein. Officers of the dental corps shall have rank in such corps according to date of their commissions therein, and shall rank next below officers of the Medical Reserve Corps. Their right to command shall be limited to the dental corps. The pay and allowances of dental surgeons shall be those of first lieutenants, including the right to retirement on account of age or disability, as in the case of other officers: Provided, That the time served by dental surgeons as acting dental or contract dental surgeons shall be reckoned in computing the increased service pay of such as are commissioned under this Act. The appointees as acting dental surgeons must be citizens of the United States between twenty-one and twenty-seven years of age, graduates of a standard dental college, of good moral character and good professional education, and they shall be required to pass the usual physical examination required for appointment in the Medical Corps, and a professional examination which shall include tests of skill in practical dentistry and of proficiency in the usual subjects of a standard dental college course: Provided, That the contract dental surgeons attached to the Medical Department at the time of the passage of the Act may be eligible for appointment as first lieutenants, dental corps, without limitation as to age: And provided further, That the professional examination for such appointment may be waived in the case of contract dental surgeons in the service at the time of the passage of this Act, whose efficiency reports and entrance examinations are satisfactory. The Secretary of War is authorized to appoint boards of three examiners to conduct the examinations herein prescribed, one of whom shall be a surgeon in the Army and two of whom shall be selected by the Secretary of War from the commissioned dental surgeons.^{50(pp311-312)}

The Act of March 3, 1911, could be traced directly back through Wiley's HR 23097 and Torney's November 26, 1909, draft bill, from whence it came, to JR Kean's March 23, 1909, draft. While the act created a commissioned corps of dental surgeons, it also limited them to the rank of first lieutenant, which essentially deferred the battle for rank. Thus, Torney and Kean protected the interests of the Medical Corps and Medical Reserve Corps in questions of rank, command authority, and professional status within the Medical Department and Army, and the one-rank US Army Dental Corps was created.

The End of the Contract System: A Commissioned Dental Corps, March 3, 1911

On March 3, 1911, Wiley's bill, titled "A Bill to improve the status and efficiency of the dental surgeons in the United States Army" (HR 23097), was incorporated in the Army General Appropriation Bill (HR 31237) and, with slight changes, was approved by Congress and signed by President Taft. As a result of this new statute (36 Stat 1054), Army dental surgeons were no longer civilian contractors but commissioned officers. Dr Edward Kirk of *Dental Cosmos* remarked that the "pioneer men" making up the contract dental service should never be forgotten. Their service contributed to the "official recognition" of the dental profession. Dr Wilbur Litch of *Dental Brief* called the new law "a great gain," though not all that

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could have been desired.^{55,56}

The Act of March 3, 1911, not only created a commissioned dental corps but had a major impact on the status of dentistry as a profession. Before the enactment of the new act, the words "dentistry," "dental profession," and "dental surgeon" had no significance or recognition under the law. Now the United States government was committed to the "official recognition" of dentistry as a profession.⁵⁷

The bill created a dental corps with a strength based on the ratio of one dentist for every 1,000 enlisted military personnel, a goal sought in the original dental bills of 1898 to 1900. In 1911, that came to about 95 dentists. After 3 years of service or appropriate waivers and exemptions, up to 60 of these dentists could be commissioned as first lieutenants, while the remainder would be acting dental surgeons. Those commissioned were entitled to all the pay and allowances of other officers in the same grade, although dentists ranked below all other officers in similar grade.⁵⁸ They still ranked below officers of the Medical Reserve Corps, who ranked below all first lieutenants in the Army. This meant that, among other things, a dental surgeon with many years' service could be "ranked out" of his quarters by a newly promoted first lieutenant or a newly appointed Medical Reserve Corps officer, even one on temporary duty for a few days or weeks. Also, with no promotion beyond first lieutenant, the maximum pay for a dental surgeon after 20 years would be \$2,800, while a physician appointed as a first lieutenant was promoted to captain after 3 years' service, and then through the grades of major, lieutenant colonel, and finally colonel. His promotions were based on seniority.⁵⁹

The status of the acting dental surgeon was difficult to define. Like contract status, it was of a "quasi-military" nature. Acting dental surgeons were civilians that wore the Army uniform without the shoulder straps. Enlisted soldiers were expected to give them the same courtesies and respect they gave to all officers, and they had all the allowances except disability retirement. After 3 years, if their services were satisfactory, they were eligible to take the examination for dental surgeon. If successful, they could be commissioned as first lieutenants in the Dental Corps if there was a vacancy.⁶⁰

On May 10, 1911, Surgeon General Torney forwarded the list of 30 contract dental surgeons to be appointed first lieutenants in accordance with the Act of March 3 to the adjutant general. He certified that all had been examined except John Marshall, who would be retiring, and recommended that their relative rank in the Dental Corps be fixed according to the order of the date of their original contracts. This request spurred another round of exchanges between the adjutant general and judge advocate general on whether the new officers were to be commissioned as "First Lieutenant, Dental Corps" or "Dental Surgeons with the rank of First Lieutenant." On May 13, the judge advocate general opted for "Dental Surgeons with rank of First Lieutenant," and Major General Wood approved.⁶¹⁻⁶³ On June 6, 1911, the Senate confirmed the list of executive nominations for first lieutenants in the Army Dental Corps.^{64,65} The first 30 contract dental surgeons had their contracts annulled so that they could accept commissions as "Dental Surgeon with the rank of First Lieutenant" from June 16 through August 1, 1911, with their relative rank based upon the date of their original contracts. Of the 30, 16 were original contract dental surgeons from 1901 and 1902, and 6 ultimately served as chiefs of the Dental Corps in the years from 1919 to 1946 (Table 10-1).^{61,66,67}

TABLE 10-1

THE FIRST DENTAL CORPS OFFICERS

Name	Date of Rank	Date of	
		Original Contract	Contract Annulled
John S Marshall**†	13 April 1911	11 February 1901	16 June 1911
Robert T Oliver**†	14 April 1911	11 February 1901	16 June 1911
Seibert D Boak	15 April 1911	15 April 1901	20 June 1911
Clarence F Lauderdale	16 April 1911	15 April 1901	19 June 1911
Franklin F Wing	17 April 1911	20 April 1901	19 June 1911
George L Mason	18 April 1911	15 May 1901	18 June 1911
Frank H Wolven	19 April 1911	1 June 1901	1 August 1911
John H Hess	20 April 1911	20 June 1901	20 June 1911
Hugh G Voorhies	21 April 1911	11 July 1901	10 June 1911
William H Chambers	22 April 1911	11 July 1901	16 June 1911
Alden Carpenter	23 April 1911	24 July 1901	16 June 1911
Charles J Long	24 April 1911	26 July 1901	6 July 1911
Edwin P Tignor	25 April 1911	17 August 1901	16 June 1911
John A McAlister, Jr.	26 April 1911	23 January 1902	19 June 1911
George H Casaday	27 April 1911	3 February 1902	16 June 1911
Julien R Bernheim†	28 April 1911	9 April 1902	20 June 1911
Rex H Rhoades†	29 April 1911	10 Nov 1902	20 June 1911
George E Stallman	30 April 1911	21 Jul 1904	11 July 1911
George I Gunkel	1 May 1911	16 Aug 1904	29 June 1911
Frank P Stone**†	2 May 1911	28 May 1901	20 March 1907
		6 January 1911‡	27 June 1911
Raymond E Ingalls	3 May 1911	25 Mar 1907	21 June 1911
Harold O Scott	4 May 1911	4 September 1907	20 June 1911
John R Ames	5 May 1911	6 February 1908	18 June 1911
Edward PR Ryan	6 May 1911	11 January 1909	19 June 1911
Robert H Mills†	7 May 1911	17 May 1909	19 June 1911
Frank LK Laflamme†	8 May 1911	19 May 1909	18 June 1911
Minot E Scott	9 May 1911	19 September 1909	18 June 1911
George D Graham	10 May 1911	27 November 1909	6 July 1911
Robert F Patterson	11 May 1911	23 June 1910	19 June 1911
Samuel H Leslie	12 May 1911	12 August 1910	19 June 1911

*Original 1901 contract dental surgeon.

†Senior dental officers or chiefs, Dental Corps.

‡New contract.

Data sources: (1) National Archives and Records Administration. Surgeon General Torney to Adjutant General, 20 September 1911. Memo. No. 1829439. Box 6670. Entry 25. (2) National Archives and Records Administration. Henry P McCain, adjutant general, to Marshall, Oliver, et al, 15 June 1911. Letters. No. 1781254. (3) National Archives and Records Administration. Torney to adjutant general, 10 May 1911. Letter. No. 1781254.

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Dr John S Marshall's Retirement: A Legacy Established

On June 13, 1911, while still stationed at Columbus Barracks, Ohio, the surgeon general informed John Marshall that his commission was at the White House ready for the president's signature. On June 17 Marshall accepted a commission as a first lieutenant with the date of rank from April 13, 1911, making him the first dentist to be commissioned in the US Army Dental Corps.^{68,69}

On June 23, Chief of Staff Leonard Wood, acting on the War Department's instructions, directed the adjutant general to issue an order announcing Dr Marshall's retirement from active service under the requirements of a congressional act approved June 30, 1882. The retirement would take effect on the day Marshall accepted his commission as a first lieutenant in the Dental Corps. He was also to be nominated for an advanced grade under the provisions of the Act of April 23, 1904. Marshall's telegram of acceptance of his commission, dated June 17, 1911, was considered by the judge advocate general as his formal acceptance of the commission and hence his retirement date. Because Marshall was now 64 years old, he was retired by a requirement of law, not by presidential direction, so President Taft merely announced the departure. As the next step, the president nominated him to the Senate for advancement to the grade of captain on the retired list.^{69,70}

On June 24, 1911, Dr John Marshall was officially notified of his retirement from active duty and ordered to proceed to his home in Berkeley, California. On July 6, 1911, the Senate approved his advancement in rank to the grade of captain (date of rank June 17, 1911) on the retired list under the provisions of the Act of April 23, 1904. On August 7, Marshall formally accepted his captaincy. In May 1913 Marshall volunteered as a recruiting officer for the Oakland, California, area, but his offer was declined. Again in March 1916, as the European war clouds began to drift toward the United States, he offered his services to the government. The surgeon general's reply was "should occasion arise where your services can be utilized you will be promptly informed." In February 1917 Marshall requested that he be placed on active duty and assigned to any position the War Department thought he was fit to fill. The War Department thanked him for his "patriotic offer." Marshall died of nephritis on November 20, 1922, in Berkeley and was buried at the San Francisco National Cemetery.⁷¹⁻⁷⁹

John Marshall, appropriately and affectionately known as the father of the US Army Dental Corps, had finally completed the original mission that Surgeon General George Sternberg had given him back in 1901—to establish a dental corps for the US Army (the world's first)—and had established a legacy along the way.

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