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Dr. G. V. Black in Europe.

Dr. G. V. Black left Chicago early in July to read a paper before the American Dental Society of Europe, which met in Berlin, Germany, August 1st to the 4th. Later Dr. Black expected to attend a meeting of the National German Dental Association. Returning, Dr. Black visited Vienna, Switzerland, Paris and London, arriving home about the middle of September.

Impressions of the Condition in Dental Education and Dental Practice in Europe.

G. V. BLACK, DEAN, N. U. D. S.

During my visit to Germany, France and England this last summer I endeavored to make a study of the conditions in dental education and in dental practice in those countries. For this purpose I talked with a considerable number of dentists, both American dentists practicing in Europe and with German dentists, regarding these matters, and I visited the principal dental schools in each country mentioned for the purpose of studying their educational methods. Unfortunately the time of my visit lay in the vacation period in the schools and also the vacation period of those dentists who take summer vacations. This prevented me from seeing and conversing with many men whom I wished to meet, and lessened my opportunities for studying these conditions. In the schools, with one exception, the summer clinics were in progress and everywhere the men in charge gave me every opportunity to study the conditions in the schools and were careful to show me everything in the way of equipment.

I attended the meeting in Berlin of the American Dental Society in Europe, which is composed of American citizens practicing in the various countries on the continent and in England. I also attended the meeting of the National Dental Society of Germany at Dresden. Besides this I visited a considerable number of cities for the purpose of seeing and conversing with practitioners. I found a very great difference in the practice in all of these countries as compared with practice in America. The basis of this difference seemed to me to be in the education of the people with reference to dentistry. There are not nearly so many dentists in Europe in proportion to its number of people as there are now in America, but the people in these countries are not demanding either the amount or quality of service of dentists that the people in this country are demanding. Not so large a proportion of them make use of dentists as among our people. They will not endure the long operations that our people will endure without complaint. This difference seems to me to be due to a failure on the part of the dental profession in these countries to educate their people to the necessity for these operations. They have been endeavoring to do for their people at short sittings all that they

could in this way, instead of insisting that they should have longer and more thorough operations in filling teeth. The result is that they are unable to control their patients in such a way as to make the prolonged operations in filling teeth that we make in this country. Their practice, therefore, is beset with difficulties that we do not meet with. I feel confident that this is the fault of the dental profession in Europe rather than the fault of the people, for according to my observations, people will pay willingly for that which is of benefit to them and will undergo the necessary temporary discomfort to themselves to obtain that which will do them good. However, they must have the confidence that good will result to them in order that they may be induced to endure the ordeals, and it is this that the European dentist has failed in a large measure to enforce by the character of his operations. Furthermore the proportion of people is so much smaller in Europe who will pay a price that is sufficient compensation for dental operations, that not nearly so many men can find employment in dentistry in proportion to the number of people, as here.

This constitutes the fundamental difference between the dental practice in Europe and in America, and it has its effects upon the practitioners. A dentist who has practiced in America and has done a good conscientious practice and is skillful, will almost inevitably do poorer dentistry in Europe than here, because his patients will not sit for him long enough and contentedly enough for him to do his best. This being true, we must not expect dental operations to be generally as good in Europe as the dental operations in this country. This is not the fault of the individual dentist, but it is the fault of the dental profession en masse, who have failed thus far to produce the same impression upon their people that we have done in America.

Otherwise than this very important feature, there are just as good dentists in Europe among the native dentists there as we can boast of in America, men who are well educated and know the diseases of the mouth and their remedies well, but with very few exceptions these are in continual difficulty to command the time of their patients to do that which they regard as best for them. It is partly from this cause that dentists in Europe are endeavoring to use porcelain fillings to a greater degree than we are doing in this country. The making of these does not confine the patient so long and so closely to the chair, and for that reason it is easier for them than to make gold fillings.

In dental education the plans in European dental schools are very different from the plans of the schools in this country, and for this reason it is pretty difficult to make a really good estimate of the effectiveness of the courses of instruction. Throughout the European countries dentistry is not so sharply divided from the medical profession as it is here. In universities in which there are both dental and medical departments, the dental student must matriculate in the medical department for the greater number of his studies in

dentistry, and in many cases this is a separate matriculation. The dental department will teach only prosthetic dentistry, operative dentistry, dental histology and some dental bacteriology. In a few of the schools dental anatomy is taught, but it seems that not very much attention is given to that subject. It seems that the teachers in the dental departments do not give very much attention to the work done in the medical departments, requiring only that they shall have certificates of having passed the required studies. These are but little different from the studies in the dental schools here, either in the subjects or the amount of study required. The time required in the dental department is usually two years, but taking all together, the dental student in Europe must be a student from three to four years before he can obtain a license to practice. In some of the countries two of the four years may be passed as an apprentice in a dental office. At the conclusion of his studies he is examined, usually by medical men, and licensed to practice upon this examination. The degree of Doctor of Dental Surgery is not used in any of the European countries.

The equipment of the dental schools I found generally fairly good so far as the work they undertake to do is concerned, with the exception of lecture rooms. Generally the lecture room is a poor affair and in a number of schools I visited, there was no lecture room at all. I was told that when lectures were given some portion of the infirmary, called the Dental Hospital, was cleared by pushing the operating chairs aside and seated for the lecture work. In others the lecture room was decidedly the poorest room in its equipment so far as seating students is concerned. The seats were plain boards with a six inch back without divisions, the boards extending across the room. A few of these were raised in the form of an amphitheater for three or four seats back. Even in the Royal Dental Hospital in London, which is the finest dental school building in many respects that I have yet seen, the seating in the lecture room was of this character. This surprised me as I went through the building and examined it. Yet it was the best lecture room I saw in Europe.

The equipment for prosthetic dentistry was generally good, but as most of the students go to the dental schools from offices where they are supposed to have learned much of prosthetic dentistry, they have not the divisions of this work in the first, second and third years as we have in this country, and have not the technic work that we have in our schools. They have not, therefore, the same accurate training in these processes that we have here. However, in the Royal Dental Hospital in London I noticed a side room fitted for prosthetic technics and was told that they were trying the experiment of taking students directly from the primary schools and training them somewhat as we do in this country, and were finding it to work well. In the general practice there is proportionately more prosthetic dentistry done than is done in this country, and the schools also do a larger proportion of prosthetic dentistry, appar-

ently, than we do. This is the natural result from the fact that people in those countries do not take the same care of their teeth that our people do. I made pretty careful inquiries as to the proportion of patients coming to the dental schools who had nothing more than extractions done, and it will perhaps surprise our alumni when I tell them that different persons that I talked with estimated this at from 60 to 75 per cent. In one instance I saw the examination of about forty patients and of this number only two applied to have teeth filled. I am persuaded, however, that this case was exceptional. Many of those who come and have their teeth removed, come later and apply for artificial teeth, and this wholesale extraction of teeth that is done in Europe gives a greater opportunity for the construction of artificial teeth, proportionately to the number of people.

The benches used in the European dental schools for prosthetic dental work are different from ours in that a semi-circle is cut out of the space for each student, and the drawers for his instruments are at the side, the student occupying somewhat greater space. I found this universal in the dental schools across the water. Some of the schools are very finely equipped for this prosthetic work, for instance in the Royal Dental Hospital of London, these benches are made of solid mahogany with very heavy tops. They are completed in the very best form of cabinet work and varnished and finished very finely. After five years of use the varnish on the table tops is scarcely marred excepting in a few instances where a student has turned over his Bunsen burner and burned the top. These occasional burns have been scraped out and re-varnished so that the marring is covered the best that can be done. This school, however, was exceptionally well furnished. The same plan of furnishing the prosthetic department was employed in other schools, but the construction was not so good. This Royal Dental Hospital is an imposing building, strictly fire proof, finely finished throughout. The floors are laid with solid artificial stone as smooth as polished granite. The walls are of finely made pressed brick, beautifully laid, of a reddish brown for six feet from the floor and snow white above. All corners are neatly rounded. And yet all patients have to walk up five flights of long winding stairs to reach the "stopping room," which we call the Infirmary. There is no elevator.

In operative dentistry there was generally no operative technic work, or apparently but little, this being done on what is known in Europe as phantom jaws, the frame work representing the jaws in which natural teeth are set in plaster for practice operations. In some of the schools considerable work seemed to have been done in this way, while in others it did not seem from anything that I could gather that very much of this was done. They depend more on the student having become acquainted with dental operations in the dental offices.

After visiting a considerable number of the schools and comparing notes from one to the other and with our system of teaching,

I could not help but feel that the general work of teaching in operative dentistry is very much less thorough than with us. Still in many of the lecture rooms that I have spoken of, I found some fairly good blackboards and an equipment for illustrative work with the lantern, and in some of them, excellent arrangements for photographic work and the making of lantern slides. This, however, was not very general, and was seen more particularly in Germany than in France or England. Unfortunately I did not visit the English schools outside of London, and therefore cannot say anything of the other schools. It seems very queer to an American to find that the word dentist is seldom used in London. They are all "surgeons." Sometimes we hear the phrase "dental surgeon."

Most dentists in this country have known that there has been much difficulty in Germany and some other of the European countries regarding the practice of Americans. I want to say regarding this that it isn't only Americans, but any foreigners whatever. The laws in England, France and Germany regarding dental practice do not recognize any dental education received elsewhere than in these countries. That is, England will not receive and license any one not educated in England, and the same is true in both France and Germany. The greatest difficulties have been experienced in Germany, for in Germany there are a good many German citizens who came to the United States and earned the degree of D. D. S. here, and perhaps a good many more came to America and obtained a degree from some of the bogus schools that existed in former years. It seems to have been these bogus degrees emanating from America that first raised the storm against the American degree in Europe, and perhaps rightly enough. These concerns have now been suppressed, and so far as I know, none of them do business, but the smirch upon the American degree has not yet been removed, and cannot be for a number of years to come. It was probably this that induced the men in European countries to obtain laws from their governments which prohibited the use of any degree not obtained in the dental schools of their own country. In passing these laws, however, particularly in Germany and England, it was the title that was barred, not the act of practicing. The result is that any one may practice dentistry in either England or Germany, but they cannot by any sign, card, or any printed form, announce themselves as dentists.

Under what is known as Gewerbe Acten (business laws), every man in Germany, foreign or nation, is secured in his right to make his own living, and it is very difficult in that country to frame any law that the courts will sustain that interferes seriously with a man's livelihood. The courts, however, sustain the laws preventing the use of any title of *zahnarzt*, dentist, dental surgeon, or anything that would indicate directly that the person has been educated in dentistry. All of the American dentists practicing in Europe, or very nearly all, are practicing without the use of any title whatever.

For instance, Dr. Griswold, a graduate of our school who is practicing in Hamburg, has on his door plate the one word, "Griswold," large enough to be read eight or ten feet away. On his cards he has simply his name with his initials, and no printed matter other than this goes out from his office. Yet he is practicing dentistry, has a good practice, and is doing well. The same is true of practically all of the American citizens who are practicing in Germany, France or England. They use no title whatever and would not be allowed to use any. In my observations in Europe this did not seem to prevent these men from obtaining and holding good practices. Some dentists in London, however, are making use of certain business laws in order to advertise themselves as dentists. Seven or eight persons may club together and form a company and advertise their company, and the courts of England have held that this is not individual advertising of a title or assumption, individually. The wife or sister of the principal, or Bill Jones or any one else may be a member of this company. I saw on one of the streets in London a large case containing numerous specimens of artificial teeth, fillings, and a general curiosity shop of dental productions over which was "Macdonald & Co., Ltd." This was illuminated at night. I do not think our Americans at home can beat that, and yet under the laws of England this fellow could not be stopped from practicing dentistry and advertising it in this way, the more the pity. I am ashamed to say that I learned that the man was an American citizen.

So far as Germany is concerned, we have been petitioned over and over again to assist those holding the American degrees to secure a change in these laws or to induce the courts to allow them the use of those degrees. I was assured in Germany that this was done almost exclusively by German citizens who held American degrees. The dentists practicing in Germany who are American citizens will have nothing to do with this, feeling that they have no right to interfere, and they tell me that the hue and cry that those holding American degrees are being robbed of their right to practice, is not maintained by the facts. The Americans practicing in Germany with whom I came in contact have no sympathy whatever with it. They are not allowed to use their degrees, but they are allowed to practice and are doing well generally. Of course these laws are practically exclusion laws as far as the use of degrees is concerned, and they have been brought about by the ill-feeling in Germany, created by the fact that persons have purchased bogus degrees in this country, and further, through the fact that the enforcement of the law in Germany has given very much trouble. It is, in my opinion, high time that all of this expression of sympathy with those who cannot use the degree in Germany, be abandoned, and that nothing more be said about the matter, with the hope that a better feeling will prevail in the future between dentists of this country and dentists of Europe. The feeling now is very bitter in England, France and Germany against Americans who are in practice in these

countries, particularly so in Germany. The German dentist feels that the Americans are practicing in defiance of their laws by means of shrewd practice before the courts. The Americans also succeed in doing the business for the royal families in very many instances, and in obtaining the very best practice in Germany in spite of the fact that they cannot use the degree.

As to the question of the advisability of going to Germany to practice I should warn young men to go carefully. In the first place it requires a good man to succeed, not only a good man as a dentist, but a strong man socially and in business qualifications, in any of these countries because every difficulty will be thrown in his way that is possible. Furthermore, there is not room for many persons to obtain a good practice in European countries.

A Few Verses.

DEDICATED TO DR. EASTON OF "LITTLE JOURNEYS WITH PATIENTS"
FAME.

Years had passed since they had met
And said adieu in pain;
A parting she would ne'er forget,
And now they meet again.

She looked at him with pleading eye
Beneath her locks of gold;
He did not seem to sympathize;
His glance was firm and cold.

It was then she told him to be kind
And stay his cruel hand,
But to her fearful anguish blind,
He smiled at her command.

Torn by conflicting doubts and fears,
Filled with intense alarm,
She now almost gave way to tears,
And wildly grasped his arm.

He gruffly muttered, "Now be brave,"
She gave a dreadful shout,
And ere a friendly hand could save,
Another tooth was out.

P. H. TROOD, Warragul, Australia.