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The JOURNAL of the AMERICAN ACADEMY of GOLD FOIL OPERATORS

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The *Journal of the American Academy of Gold Foil Operators* is published biannually by the American Academy of Gold Foil Operators. The opinions expressed in this publication by individual authors do not necessarily express the views of the Academy, unless they are based upon reports adopted by the organization.

The Academy reserves the right to reject, condense, revise and edit any article submitted for publication if it does not conform to the standards and objectives established by the Editorial Board.

In order to be considered for publication all articles must be submitted typewritten and double spaced, at least three months prior to the date of publication. Papers presented before any of the Academy meetings will become the property of the Academy and will be published in the *Journal* as time and space will permit.

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THE PRESIDENT'S MESSAGE

"Tall oaks from tiny acorns grow." This is a title which covers a multitude of situations. Ours is no exception. Each time this saying comes to my attention I make a comparison of its meaning with the growth of our Academy.

A short seven years ago we were born out of necessity and naturally for the good of the profession. State boards and schools alike were discontinuing the use of gold foil. This was unbelievable to those who were daily practicing this unquestionable service in their offices as well as teachers who felt that this was the most accurate way to judge the true ability of a student and to teach him efficient digital dexterity.

So the seed was planted. The caliber of the charter members gave the tree a solid foundation. Good organization sent out a strong trunk. Increased membership and prestige created healthy branches. Now it was time for the tree to bear fruit.

It did, as has been shown in many ways—by the demand of schools that we hold our annual and interim meetings on their premises—by a gold foil study club being formed among the students of a dental school—by numerous new clubs being established in areas where just a few years ago foil was a lost art—by state board examiners traveling many miles to visit offices where foil was being placed and then attending our operating sessions.

These are just a few examples of the crop which has been harvested. The tree is still young and with proper care and nourishment will continue to live and prosper. Will you do your part to help this growth continue?

Our program chairman will be seeking operating volunteers for the two meetings in the New York area. It is very important that our Academy show that section of the country that it *practices what it preaches.* The willing participation of all our members for these programs will show just that.

The "tall oak" is on its way!

James P. Vernetti
543 Orange Avenue
Coronado, California

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Some men think that the gratification of curiosity is the end of knowledge; some the love of fame; some the pleasure of dispute; some the necessity of supporting themselves by their knowledge: but the real use of all knowledge is this, that we should dedicate that reason which was given us by God to the use and advantage of man.

—*Lord Bacon*

OFFICERS 1958-1959

President

James P. Vernetti

Since his graduation from the University of Southern California Dental School in 1937 Dr. James P. Vernetti has retained a curious and inquisitive mind which is the mark of a successful professional man. Constantly aware of progress he has striven to keep abreast of new developments in technics, materials and concepts, experimenting with them in his laboratory and finally putting them to use if he was satisfied with their usefulness.

He is always willing to disseminate information which he has learned from others or has acquired himself. His able assistance has helped many to improve their skills. Deeply interested in gold foil he has not only lectured and given many clinics on the subject, but he has served as Directing Instructor of the John C. Metcalf Gold Foil Seminar.

He has been an active member of the San Diego County Dental Society and Southern California State Dental Association, holding many offices in each of these groups. More recently he has served as Clinics Chairman for the Pacific Coast Dental Conference. His many professional contributions have been recognized by his election to the American College of Dentists and the American Academy of Restorative Dentistry.

Dr. Vernetti has never sacrificed his obligations to his community as evidenced by the many contributions he has made in organizing Little and Pony Leagues, directing Boy Scout activities, serving as Chairman of the Community Chest, Director of the 20-30 and Rotary Clubs. He has also served as the International President of the 20-30 Club, and for five years served on the Board of Directors of the Coronado Hospital.

It is fortunate that the American Academy of Gold Foil Operators has for its President this year this amiable, energetic and capable colleague from Coronado, California.

President-Elect

Herbert D. Coy

Herbert D. Coy, D.D.S., Creighton University College of Dentistry, 1914. American Dental Association; American Academy of Restorative Dentistry; International Association for Dental Research; American Association for the Advancement of Science; American College of Dentists; International College of Dentists; Iowa State Dental Society; Japan Dental Association; Nebraska State Dental Association; Life Member and Past-President, Woodbury Gold Foil Study Club; Past-President, Kiwanis Club.

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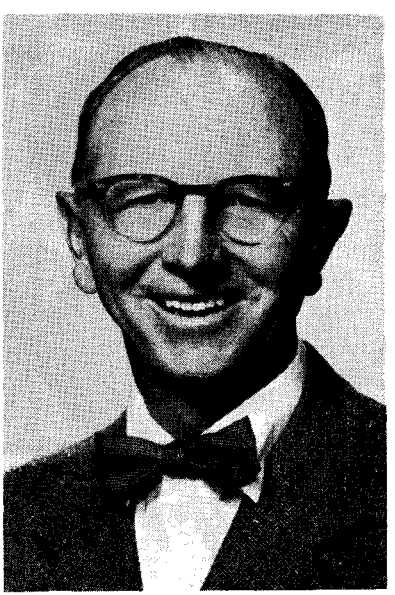
Charles C. Latham, D.D.S., University of Southern California Dental School, 1923. American Dental Association; Southern California State Dental Association; Past-President, San Diego County Dental Society; American Academy of Periodontology; San Diego Academy of Medicine; Staff Member, Coronado Hospital; Staff Member, Rockfield Field Army Hospital; Assistant Director, John C. Metcalf Gold Foil Study Club; Past-President, Rotary Club.



Charles C. Latham

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FORTHCOMING EVENTS

1959

September 10. Seton Hall College of Medicine and Dentistry, Jersey City, New Jersey. A one-day meeting similar to the one presented at the Interim Meeting at the University of Illinois in Chicago on February 6, 1959. School is approximately 50 minutes from the Sheraton Park Hotel in New York City.

September 11 and 12. New York City, New York. The Eighth Annual Meeting of the Academy to be held at Columbia University School of Dental and Oral Surgery, 630 West 168th Street. Headquarters for the meeting will be the Sheraton Park Hotel. Details and preliminary program will appear in the next issue of the *Journal*.

September 14-18. New York City, New York. American Dental Association. Centennial Meeting.

1960

Interim Academy Meeting. Marquette University, School of Dentistry, Milwaukee, Wisconsin. A one-day meeting to be held on the Friday preceding the Chicago Mid-Winter Meeting.

THE PLACE OF GOLD FOIL IN DENTAL EDUCATION*

Arne F. Romnes,** D.D.S., M.S.D., Chicago, Illinois

Operative dentistry is defined in Black's[1] authoritative work on this subject as "consisting of all procedures, including preventive measures, by which the teeth may be conserved, and thus maintain the natural masticating mechanism in such a state that the general health will not be endangered." Blackwell,[2] in the eighth revision of this textbook, has further emphasized the importance of this statement with the comment that "this is a very broad concept, challenging as it does both students and general practitioners to maintain a full complement of teeth in health and in function through the lifetime of the individual."

Many years of clinical experience have given adequate opportunity to evaluate the intrinsic worth of the various restorative materials needed to meet this challenge. The dental profession and manufacturers, with their numerous and excellent research facilities, are continually searching for the ideal restorative material which will ultimately measure up to the biological, physical and esthetic requirements of a truly permanent restoration. Until this ideal material is discovered, those who are interested in dental education should utilize every means at their command to train the student in the proper use of the materials now available, and instill in his mind the necessity for rendering the very best service that operative dentistry has to offer.

In the modern dental school curriculum, much emphasis is given to operative dentistry. This is quite logical and necessary since it offers the most dependable means for maintaining the health and function of the natural teeth from childhood to adult life.

In the present era, when the emphasis seems to be on speed, mass production, and full mouth rehabilitation, it becomes important to review rather critically the curriculum in operative dentistry. We all agree that tremendous advancement has been made, especially in the methods for cutting tooth structure. How should a student be taught these new technics and when should they be introduced in the educational program? Are obsolete procedures being taught, and, if so, which of these should be eliminated? These and several other problems confront the present-day teachers of operative dentistry.

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*Presented before the Seventh Annual Meeting of the American Academy of Gold Foil Operators, November 7, 1958, Dallas, Texas.

**Professor and Chairman of Operative Dentistry at Northwestern University; Member, International Association of Dental Research; Fellow, American College of Dentists; Member, American Academy of Restorative Dentistry; Member, American Academy of Gold Foil Operators.

[1] G. V. Black, *Operative Dentistry*. Seventh Edition. Medico-Dental Publishing Company, Chicago, Illinois, 1936.

[2] G. V. Black. *Operative Dentistry*. Ninth Edition. Preface. Medico-Dental Publishing Company, South Milwaukee, Wisconsin, 1955.

Restorative Materials

It is generally agreed that dental students should be taught the basic principles which they will continue to use and improve upon in their own practice. It may be well under these circumstances to evaluate briefly the restorative materials as they are used in a modern dental practice, and then to ask ourselves, quite frankly, this important question: "To what extent should dentists use gold foil in their practice?"

Gold foil, cast gold, baked porcelain, silver amalgam, silicate cement, and acrylic resins are the materials used for the majority of restorations in teeth, each one giving varying degrees of permanency. All but acrylic resins have been used for many years and have been carefully observed from the biological and clinical points of view. Constant research on amalgam alloys and their manipulation has been responsible for the importance of silver amalgam in operative dentistry. The scientific contributions and precise methods for investing and casting procedures, along with the rapidly developing elastic impression materials, have greatly improved cast gold restorations.

Many people are more concerned today about the esthetic appearance of their teeth than ever before. This is why there is a constant search for a material which will meet the basic requirements of permanency while still possessing satisfactory cosmetic qualities. Silicate, a soluble cement, has done much to lower the standards of operative dentistry and has undoubtedly led to careless operative procedures. It requires a painstaking technic to bring forth the best physical properties of silicate cements, and it is therefore necessary to teach the use of this material in a careful and scientific manner.

Because of the lack of dimensional stability, the direct filling acrylic resins leave a great deal to be desired. Until there is an improvement in their general physical properties, the use of such materials should not be included in the curriculum, at least not in the clinical program.

This brings us finally to gold foil and its place in dental education. It must be truthfully conceded that gold foil restorations are superior to the other restorative materials available at this time. No one will deny that a gold foil restoration, where it is indicated and when properly placed, constitutes the most favorable material for restoring lost tooth structure. Many improvements have been made to render its insertion less tedious for the operator and more receptive to the patient. G. V. Black's fundamental research on gold foil was so well done that today the principles he established are still employed wherever gold foil is used. Some modifications and refinements in cavity preparation have been designed to meet certain particular needs. New instruments for condensing gold have also been introduced. However, the basic principles have remained unchanged.

Gold foil manipulation requires meticulous attention to minute detail. James,[3] in his address before this Academy, stated that "an operator adept in gold foil invariably is an expert in all other operative procedures," and he added that "it is almost axiomatic that a good gold foil operator is also a good dentist." It is unquestionably true that gold foil exercises teach the student discipline and judgment. When careful consideration is given to the matter of the transfer of learning as it concerns the undergraduate student from an educational point of view, one might challenge a statement so often heard, "If a student can do a good gold foil, he can do anything in dentistry." While the transfer of learning is not always accomplished per se, it is true that the discipline and attention to detail are often carried over to other fields of dentistry.

Training of Dental Teachers

Some dental schools are particularly strong in the field of operative dentistry, while certain others are unfortunately weak. This may be due to inbreeding within the dental school faculties. As a result, obsolete procedures are being adhered to, and, in certain instances, mediocrity is being accepted as a standard basis of quality. Stebner [4] has suggested that it would be desirable for the chairman of operative dentistry, or one of the important members of the department, to observe the procedures and services rendered in a truly modern dental practice. He further suggests that the financing of such a project could possibly be provided through grants or endowments for dental education from corporations and from such foundations as Kellogg, Ford, Carnegie and others.

Incidentally, the American Association of Dental Schools has recently established a Fund for Dental Education. This Fund is being administered by an executive secretary and staff at the headquarters in Chicago, Illinois. Its basic purpose is to raise money to help finance dental education, which might well include worthy projects such as the one just described. One of the objectives of the Fund is to increase the quality and quantity of dental school teachers through educational conferences and fellowships, and by direct grants to dental schools. As a matter of fact, the Fund for Dental Education has already underwritten the cost of a number of regional workshops at various dental schools. The most recent was the Dental Materials Conference held for West Coast dental school teachers at the University of Oregon in September, 1958.

Stebner further suggests that members of the American Academy of Gold Foil Operators, the American Academy of

[3] Allison G. James, "The Case for Gold Foil." *Southern California State Dental Association Journal* 24:2-4, January, 1956.

[4] Charles Stebner. Personal communication.

Restorative Dentistry, and other similar groups might suggest the names of those dentists who are willing to make their offices available for observation by these teachers. The suggestion is an excellent one which the Academy of Gold Foil Operators might well foster and assist in its development.

Teaching Attitudes

Simon [5] has said that "teaching technics used by various instructors are usually a reflection of his or her attitude and not necessarily a matter of judgment." He enumerates three attitudes assumed by teachers of gold foil as:

1. *The zealot,* who is very enthusiastic in the use of gold foil.
2. *The compromising teacher,* who goes down the middle of the road—one who believes that gold foil is the finest restorative material but does not use it in his own practice.
3. *The antagonistic teacher,* who believes that gold foil belongs in the era of the steam locomotive, and who thinks that gold foil should not be taught, except to assist the student to pass a state board examination.

The attitudes of these three types of teachers are to be found on almost every operative departmental faculty. The chairman of the division is usually, I might add hopefully, in a position to select the type of teacher he wishes to have on his staff. Simon further states that "a dental school is fortunate indeed, if its operative department is headed by an active member of the American Academy of Gold Foil Operators, for he can be depended upon to uphold the importance of gold foil in dental education."

It has been my pleasure to serve on the membership committee of this Academy during the past year, and it is very encouraging to note the type of person and the increasing number of individuals who are making application for membership. Included in this group are several chairmen of the departments of operative dentistry in dental schools from all sections of the country. The influence of this Academy is far-reaching, and it is doing much to raise the standards of operative dentistry in dental education.

The Influence of Gold Foil

It appears there will be no new restorative material available in the immediate future. Since gold foil is conceded to be the best of these materials, the teaching of gold foil in the dental curriculum should be as firmly established today as it has been in

[5] William J. Simon, "The Importance of Gold Foil in Training Our Future Dentists." *Chronicle of the Omaha District Dental Society* 21:298-302, June, 1958.

the past. Ingraham [6] has said that "the teaching of gold foil is valuable to the student for the appreciation of refinement to which it leads in operative procedures, for instilling a lasting respect for tooth structure, for increasing digital dexterity, for teaching the proper application of the rubber dam, and for imbuing dental students with an artistic sense and a type of idealism which are so essential to the ethical practice of a health profession."

It was very interesting to note the effect of a meeting of the G. V. Black Gold Foil Study Club of Chicago on the student bodies of the three dental schools in that city. Sixteen members of the Academy were invited to operate before an audience of over three hundred students, faculty members, and interested dentists who came from every part of this country and Canada.

The opportunity to observe practicing dentists place beautiful and esthetic restorations with such adeptness and skill aroused among the students an enthusiasm for gold foil which was very remarkable. Shortly after this meeting the senior students at Northwestern University were given a Class III practical gold foil examination. One student said he had watched Dr. Gilbert place a Class III gold foil and that he was trying to emulate his work. Another student, a mediocre operator, had observed Dr. Jeffery throughout the procedure, and his subsequent restorations showed very definite improvement. A group of senior students were seen together the week following the meeting, and several enthusiastic remarks were overheard, such as "Did you see Dr. Vernetti's Class V? The contour and condensation were almost perfect." Another volunteered, "What did you think of Dr. Stebner's Class IV restoration? It looked like gold had been beautifully painted on the tooth." Another said, "The one I liked was Dr. Rule's Class III. It had the dark finish so indicative of thorough condensation and, believe it or not, it was all done from the lingual." Each student singled out the operator he had observed the closest, or to whom he had been assigned as an assistant, as being superb in every respect. Perhaps the most frequent comment was "This has been a revelation to me! I am going to use gold foil in my practice." With such enthusiasm the next important step for the young dentist upon graduation would be to seek membership in a gold foil study club in his area, in order to perfect his judgment and skill in this field of restorative dentistry.

Dental schools throughout the country should open their doors to gold foil study clubs. The members of these organizations would in turn demonstrate the preparation and insertion of modern gold foil restorations to the faculty as well as to the junior and senior classes. It is here with these young people

[6] Allison G. James, "The Case for Gold Foil." *Southern California State Dental Association Journal* 24:3, January, 1956.

that the most good can be accomplished. The enthusiasm for gold foil established at such sessions usually reaches the underclassmen, and, as a result, students develop a keener anticipation of their future studies in gold foil.

We at Northwestern University saw a striking example of this very fact. In a survey of our freshman class, following the study club meeting, over four-fifths of the members of the class were willing to spend virtually twice as much money for a newer type of gold foil condenser. This was due, in a large measure, to the enthusiasm passed on to them by the upperclassmen.

There are varying opinions in dental education as to the amount of experience necessary to teach a student the fundamental principles of gold foil manipulation. In planning the over-all operative curriculum, one must consider the relationship and the use of gold foil to the other restorative materials, insofar as actual dental practice is concerned. A survey of the quantitative experience of the senior class at Northwestern University last year revealed that a minimum of twenty gold foil restorations were placed by each student, and in many instances there were considerably more, including at least eight Class III restorations. In contrast, each student had placed a minimum of twenty-eight gold inlays and thirty-five amalgam restorations.

A graduate of one of our large dental schools recently appealed for help just prior to a state board examination which required a Class III gold foil. The candidate had never placed a Class III, and his instruments were not of the type which would be conducive to good gold foil work. The chairman of operative dentistry of another large and influential dental school openly stated that gold foil is an obsolete restorative material. In both instances the state board examiners serving those particular areas have deleted gold foil from their examination. This serves to emphasize the influence that dental educators may have on a student or on some state examining board.

Originally all state licensing boards required gold foil restorations to test the applicant's ability. Fifteen of these have now replaced this exercise with other requirements. Recently, on the other hand, a state board examiner indicated to me that, in his experience, the placing of an amalgam restoration did not show an applicant's ability as well as does gold foil, and for that reason the gold foil exercise was again being given as part of the examination. It is true that Class III cavities suitable for gold foil are difficult to obtain during dental school examinations and at state board time. As a result, a choice is sensibly being given in certain areas between a Class III or a Class V restoration. It is to be noted, however, that if there is any so-called "ditching" of the cementum in Class V restorations, it will result in an automatic failure. This choice of cavities may, to a certain degree, alleviate the problem common to all dental schools, insofar

as it concerns a lack of suitable cavities for examination purposes.

Postgraduate Training

Postgraduate courses in gold foil are to be encouraged. The author's experience with these short courses has been very satisfactory because they provide an opportunity for the interested dentist to improve upon this phase of his work. We all recognize the important role that study clubs play in supplementing the dental school training and in serving to encourage, stimulate and perfect their members in gold foil manipulation. There are more than thirty-five study clubs in existence and several more are being organized. It is readily observed that in areas where gold foil study clubs exist, the dental service rendered is generally of high quality.

Conclusions

Gold foil has, at the present time, an important place in dental education. Until a miracle cement or a wonder material is provided, those entrusted with the training of future dentists are responsible for including gold foil as an integral part of the dental curriculum.

Because of the crowded undergraduate curriculum, only a certain amount of time can be allotted to a particular course. This should not, however, prevent a teacher from inculcating in the mind of his students a philosophy of honesty and integrity in the future conduct of his practice. This can otherwise be interpreted in the words that are to be found in the Gospel according to St. Matthew:

"Whatsoever ye would that men should do to you—do ye even so to them."

55 East Washington Street

Editor's Note: By agreement between the editors, this article is published simultaneously here and in the Southern California State Dental Association Journal.

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If you wish success in life make perseverance your bosom friend, experience your wise counsellor, caution your elder brother, and hope your guardian genius.

—Joseph Addison

GOLD FOIL STUDY CLUBS

The first issue of the *Journal,* published in October, 1958, contained a geographical listing of gold foil study clubs based upon available information as of October, 1957. From the Study Club Committee report of November, 1958 and from other sources it has been determined that additional clubs have been in operation or are now in the process of being organized.

1. Gold Foil Study Club of Tulsa, Oklahoma. Dr. Wilburn H. Wilson, Director. The club has eight operating members and two guests. It has been in operation for 1½ years.
2. Gold Foil Study Club of Pittsburgh, Pennsylvania. Dr. Merle B. McGee and Dr. Victor Weston, Instructors. The club has eight members who meet five times yearly from September through May.
3. North Nebraska Gold Foil Study Club, Albion, Nebraska. Dr. William P. Higgins, Director. The club has five active members. It has been in operation for about two years, meeting monthly from September through June.
4. A study club group in Dallas, Texas has been organized with Dr. Charles F. Bouschor and Dr. Adrian J. Sampeck as Instructors. The club has eight operating members, meets at Baylor University and in various offices, and has been functioning for about one year.
5. A group has been formed in Kansas City, Missouri through the efforts of Dr. Carl W. Sawyer. Dr. Henry A. Merchant has been assisting the group in every way possible. The group consists of eight members. They are organized, have received a copy of the Constitution and Bylaws, but do not have an Instructor.
6. A group located in San Fernando, California is being helped by Dr. James P. Vernetti and Dr. Charles C. Latham. Dr. Aardapple has been influential in getting the club started.

In addition to these clubs, Dr. Paul T. Dawson informed the Study Club Committee that fifty seniors at Loyola University return after school to receive further instructions in gold foil. These students should be congratulated, for they have demonstrated that they recognize the value of sound operative treatment and are willing to sacrifice some of their time to improve their skills and augment their knowledge in restoring teeth with the most permanent material available in restorative dentistry.

THE USE OF GOLD FOIL AS A REQUIREMENT FOR LICENSURE

The State Board Committee, under the chairmanship of Dr. William H. Silverstein, completed a survey regarding the use of gold foil as a requirement for licensure. The Committee sent fifty-two questionnaires to the boards of dental examiners of all states, territories and the District of Columbia. Fifty of the questionnaires mailed were returned with the information requested; two were not filled out, hence no information was made available for Kansas and Puerto Rico.

Chart 1 on page 17 contains all the information derived from the questionnaires. Ten states and the District of Columbia do not require gold foil as a part of their examinations. However, the Secretary of the New Hampshire Board stated that it is seriously considering a return to the gold foil requirement.

Six states indicated that the candidate has a choice in the selection of the restorative material for the examination. In two of these six states the choice is left to the discretion of the examiner, which seems to indicate that the examiner could invoke the foil test if there were any question of a candidate's ability: an admission that the foil test is still the best criterion.

Chart 2 on page 17 summarizes the results of the survey. It points out that 63% of the fifty-two boards contacted required the preparation and condensation of a gold foil restoration, 21% did not require its use, and 12% permitted a choice of material for the candidate.

In collecting these data, the superiority of the gold foil test seemed to be universally accepted. However, in some areas there is a feeling that, although the gold foil test is recognized as superior, certain obstacles make it impractical, such as lack of patients, lack of typical cavities or refusal of patients to submit to the display of gold.

It is significant to observe that these difficulties seem to be evident in those areas where gold foil technics are taught and practiced on a limited scale. On the other hand, in those areas where the merits of foil technics have been proven through the years, no obstacles in obtaining patients were manifested.

If a state concedes that the gold foil restoration is a superior service, and it desires to properly safeguard the oral health of its people, then it should demand a superior brand of operative skill by adopting the gold foil requirement and selecting examiners who are thoroughly familiar with its merits.

Chart 1—GOLD FOIL REQUIREMENTS

Board	No	Yes	Choice	Comments
Alabama	X			
Alaska		X		II or III Gold Foil
Arizona		X		II, III or IV Gold Foil
Arkansas		X		
California		X		II, III or IV Gold Foil
Colorado		X		II, III or IV Gold Foil
Connecticut	X			
Delaware		X		
District of Columbia	X			
Florida		X		II, III or IV Gold Foil
Georgia		X		II Gold Foil
Hawaii		X		III Gold Foil
Idaho		X		II, III or IV Gold Foil
Illinois		X		
Indiana		X		Recent graduates required to do foil. All others have choice (gold inlay)
Iowa		X		II, III or IV Gold Foil
Kansas				No information
Kentucky			X	III Gold Foil or Silicate
Louisiana	X			
Maine		X		Recent graduates required to do foil
Maryland			X	II, III or IV Gold Foil or Gold Inlay
Massachusetts	X			
Michigan	X			
Minnesota		X		III or V Gold Foil
Mississippi	X			
Missouri		X		III Gold Foil
Montana		X		
Nebraska		X		
Nevada		X		III Gold Foil
New Hampshire	X			
New Jersey			X	Use of foil left to discretion of examiner
New Mexico		X		
New York		X		I, III or V Gold Foil
North Carolina			X	Use of foil left to discretion of examiner
North Dakota		X		III Gold Foil
Ohio		X		Any type, except cingulum and lower anterior
Oklahoma		X		III Gold Foil
Oregon		X		
Pennsylvania		X		III Gold Foil
Puerto Rico				No information
Rhode Island	X			III Gold Foil preparation only
South Carolina	X			
South Dakota		X		
Tennessee	X			
Texas		X		II, III, IV or V Gold Foil
Utah		X		III Gold Foil
Vermont		X		II, III or IV Gold Foil
Virginia			X	II, III or IV Gold Foil or Gold Inlay
Washington		X		III or IV Gold Inlay
West Virginia			X	II Gold Foil preparation only; change to Gold Inlay
Wisconsin		X		
Wyoming		X		III Gold Foil

Chart 2—TOTALS

Board	No	Yes	Choice	Comments
52 Boards (100%)	11 (21%)	33 (63%)	6 (12%)	2—No information (4%)

INTERIM ACADEMY MEETING

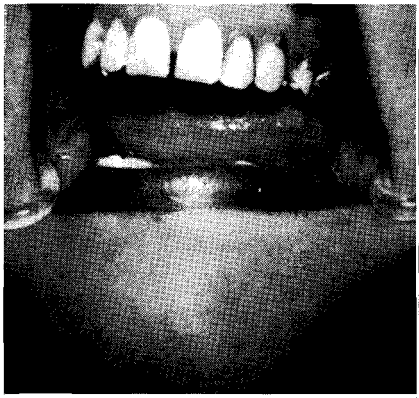
The American Academy of Gold Foil Operators held its Annual Interim Meeting at the University of Illinois, College of Dentistry, Chicago, Illinois on Friday, February 6, 1959. The scientific program was attended by 180 persons.

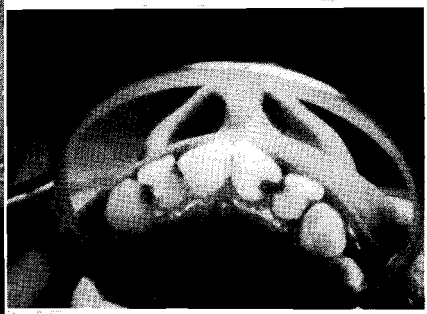
During the morning session three splendid essays were presented: "Gold Foil as a Service to the Public" by Dr. Charles M. Stebner of Laramie, Wyoming; "The Use of Mat Gold" by Dr. William F. Hemphill of Omaha, Nebraska; and "The Invisible Class III Gold Foil Restoration" by Dr. Alexander W. Jeffery of Seattle, Washington. Dr. Kenneth C. Washburn of Chicago, Illinois, acted as moderator during the discussions following the presentations.

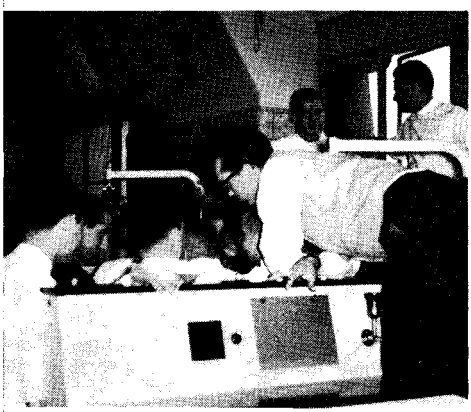
The afternoon session consisted of clinical demonstrations by the following Academy members:

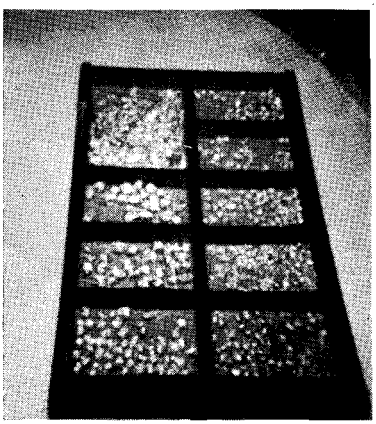
DR. RALPH A. BOELSCHE, *Houston, Texas*
DR. WILLIAM F. HEMPHILL, *Omaha, Nebraska*
DR. RONALD J. HOLZHAUER, *Milwaukee, Wisconsin*
DR. WILLIAM W. HOWARD, *Portland, Oregon*
DR. F. L. JACOBSON, *Seattle, Washington*
DR. HENRY A. MERCHANT, *Omaha, Nebraska*
DR. PATRICK F. O'BRIEN, *Portland, Oregon*
DR. LOUIS B. SCHOEL, *Portland, Oregon*
DR. CHARLES M. STEBNER, *Laramie, Wyoming*
DR. JAMES H. WICK, *Iowa City, Iowa*

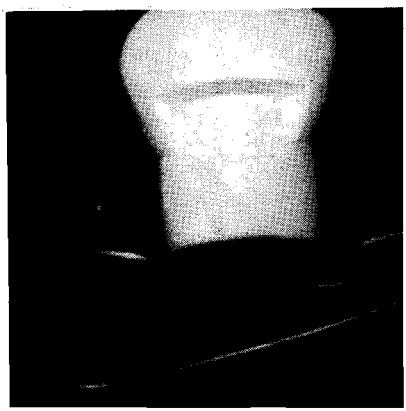
The meeting was held primarily for the benefit of dental students at the University of Illinois. However, in attendance were members of the dental profession representing twenty-one states and Canada.











Photographs through the courtesy of Dr. D. Jackson Freese of Concord, New Hampshire, and Dr. Bruce B. Smith of Seattle, Washington.

AN APPRAISAL OF THE GOLD FOIL RESTORATION*

Gerald D. Stibbs,** B.S., D.M.D., Seattle, Washington

"In the handicraft of their trade is their prayer."

When occasionally we come in out of the rush and bustle of life, and just sit down quietly to *think*, it is indeed a "pause that refreshes." We all realize the tremendous benefits derived from such a mental exercise, but we permit ourselves that luxury all too infrequently.

Perhaps an attempt to provide a brief respite from the pressure of our crowded professional activities would not be amiss. For a short time, then, let us philosophize and moralize rather than frenziedly seek some new short cut in technic, or some new easy cure for all dental ills. What more suitable topic could we select than that concerned with the ever-constant yardstick by which all operative dental skill is measured—gold foil?

In entering upon an appraisal of the gold foil restoration in operative dentistry, perhaps it would be well, at the outset, to establish a justification for the discourse.

At first serious doubt may be felt that any value might be possible from such a consideration. When one reviews the literature of operative dentistry for the past fifty years, it is apparent that the great leaders in the field have thoroughly, painstakingly and brilliantly taught by word, picture and clinic all the fundamental principles, as well as the mechanical refinements, to produce the ultimate in restorative dentistry. Beyond the purely technical presentations there are also any number of eloquent pleas for an increased use of foil and for a keener perception of the obligation of the profession to perform restorative procedures more conscientiously and more universally. It would be impossible to add to those masterpieces, and no such attempt will be made.

Why, then, should anyone take it upon himself to elaborate further on the same subject, when the response to the masterly appeals through the years has been so feeble? It would seem that the reasons are at least three.

First, the continued and increased use of foil in dental practice is so tremendously important to the future security of dentistry as a truly scientific profession.

Second, the demoralizing effect of human lassitude constantly dims the brief light cast by the spasmodic though brilliant ef-

*This is a revised version of a paper originally published in the *Journal of the Canadian Dental Association*, 17:191-199, April, 1951.

**Head, Department of Operative Dentistry and Professor of Fixed Partial Dentures, University of Washington; Director, George Ellsperman Gold Foil Seminar; Member, Vancouver Ferrier Study Club; Honorary Member, Inter-City Study Club.

forts of the great operators to guide our blundering footsteps to higher planes of success. Hence repetition in one form or another is essential to maintain on the scales of dental practice the current degree of balance of that which would save us in spite of ourselves, namely, adequate use of gold foil.

Third, it seems that for fear of seeming unethical, there has been an unfortunate reticence in emphasizing the economic soundness of fine operative procedure for a just remuneration.

Briefly, then, this paper is offered with the hope that it may serve in a measure to revitalize the present group of fine operative dentists; and also that it may possibly stimulate and guide a few new recruits into the ranks of the stalwarts.

In considering the merits of gold foil, our thoughts might be directed primarily in four channels: *first,* its value to the patient for the high degree of perfection with which it can be made to save teeth; *second,* the mental and technical discipline which becomes an integral part of the accomplished foil operator; *third,* the honest increase in monetary return through routine use of the material where indicated; and, *fourth,* the dependence of the profession for its existence, as such, upon the survival and increased use of the one sure cure for incipient dental caries known at the present time.

In many ways these several values are distinct entities, but at the same time they are inexorably intertwined. We will find that the thoughts relative to one will largely apply to the others. However, as much as possible, for the sake of clarity and analysis, they will be considered separately.

Foil, the Restorative Material "Par Excellence"

Anything which could be said in connection with the merits of gold foil in the armamentarium of the operative dentist would be but a repetition of the facts presented ever since gold was first used to fill cavities. Yet a few reminders may be helpful.

Each and every one of us believes without equivocation that of all materials we have at our disposal, even in what we blandly call "this enlightened age," there is no other one which comes within nodding distance of gold foil. The degree and permanence of the seal obtainable between a cavity wall and well-condensed gold foil cannot be equalled with any other material. More than this, condensed gold wears evenly with the adjacent enamel, and the support of the enamel rods is ever constant. When adhering to accepted principles of cavity preparation, the use of foil in incipient areas of decay permits a greater conservation of tooth structure than does any other of the permanent filling materials. It is unquestionably the most permanent restorative means we have. What other type of restoration can we find rendering excellent service thirty, forty, and even fifty years after it was inserted?

However, we know all of these things, and many, many more reasons for its use. The great trouble is that it is human nature to be interested in the things which are new, the baubles that glitter, and to forget the fine durable things which one is apt to take for granted in life. The inspired writings of the great leaders in operative dentistry are so easily relegated to the stacks of dusty, unused magazines and texts. Those men gave unstintingly of their knowledge, but they had other things to do besides write. They also saved teeth. On the other hand, we are deluged in our periodicals and at our meetings with a continual spiel about a multitude of new products, new materials, new cure-alls. Advancement is most necessary, but would we not be wise to "cleave to the tried and proven" and cautiously investigate the new, rather than be stampeded into wild enthusiasms for each new method of prevention or each pretty new filling material? Do not mistake me. In time the ultimate in prevention may be available; in time some completely ideal filling material may be had. Let us, however, first permit the properly qualified research workers to complete their job, or let the manufacturers present positive proof of the merits of their wares. Let us not make guinea pigs of our patients and fools of ourselves by jumping at every tempting morsel dangled before us.

There is no need to review at this time the technical procedures in the manipulation of foil. That phase of the work, too, has been thoroughly covered in the literature. However, it is suggested that it invariably proves a revelation and a stimulus to reread and restudy the fine papers on foil technic which have been published in the past fifty years. The material contained therein is always refreshing, new and challenging. You will turn back to your daily work from these treatises with a deeper sense of security and earnest confidence that by using gold foil you are best serving the dental needs of your patients.

From a purely operative point of view, may I remind you that foil takes second place to nothing else in the treatment of incipient stages of decay or erosion. We realize that it is impractical to use foil in large cavities as was done formerly. Perhaps that early super enthusiasm did more to put foil in disrepute than any other single factor. Men naturally turned from the operation which killed off its exuberant advocates. However, in the small areas of decay, foil can be placed readily and permanently.

It is of particular value in the small pit and fissure cavities; in the gingival third cavities of the incisor, cuspid and bicuspid teeth; in the mesial and especially the distal surfaces of the incisors and cuspids when incisal angles are not involved; in the proximal surfaces of some posteriors, especially the upper and lower first bicuspids; and, finally, but by no means least, in the Class VI cavity or the cupped-out depression in the dentin where the enamel of a cusp tip has worn through. Foil can be used

more extensively, of course; but if we would use it consistently in these areas, or even in any *one* of these areas, dentistry would take a mighty step forward overnight.

A comprehensive evaluation of the relative merits of foil as compared with the other filling materials could be made here, but it seems superfluous. Suffice it to remind ourselves that the deficiencies of the cast restoration are well known. In spite of the perfection of technics, the definite weak link is the quality of the cementing medium. There are very definite indications for the cast restoration, of course, in spite of its shortcomings, but in the classification of cavities just listed it cannot touch gold foil.

Amalgam correctly handled is a fine filling medium. The great difficulty is to govern the personal equation of the operator so that the material can be said to be used properly. To adequately control its variables actually requires more care than does the use of foil, once a sensible technic for the use of the latter is acquired.

With baked porcelain there is no quarrel. Those who can and do handle it properly are too few in number. Carefully used it fills a very definite need. However, even its strongest advocates would not say that one can obtain the same degree of marginal perfection with baked porcelain as one is capable of accomplishing with gold foil in everyday procedures.

The silicate cements should not be mentioned in the same breath with foil. Yet, the vast use of the material justifies a word regarding it. As a permanent filling it is impossible; as a temporary expedient for esthetics or economy it does have some indications. In the main, though, we are being dishonest with our patients and ourselves if we use it under the name of some kind of "porcelain." For temporary fillings there are other materials which do the work as well and with less of the silicate's characteristic dehydration of tooth structure necessitating greater cutting of the cavity for the permanent restoration. In all sincerity and honesty the silicate cements should be used very sparingly, unless we are content to temporize with our patients' teeth.

The latest craze to flash across the dental firmament is the use of plastics, first in one form and then in another. The current products are admittedly experimental. They have not been proved to be adequate; they do not measure up to the requirements of the permanent filling material. Perhaps some day a really worthwhile product will be manufactured from these plastic materials. At present it seems lamentable to see the profession and their patients being taken on such a toboggan ride. The slide is steep and the course unknown; yet many guilelessly offer their services as a proving ground with little heed for the welfare of their patients or the preservation of respect for the profession. Let us be a little cautious and not gulp down

everything that is offered us. Up to the present, gold foil most nearly satisfies the requirements of the ideal filling material. We will be wise to continue to utilize it as the measuring stick in evaluating other materials.

Foil as an Agent for Discipline

Let us turn now briefly to think of the intrinsic advantages that accrue to the man who uses gold foil.

The great majority of dentists were exposed to varying concentrations of instruction in foil during college years. After graduation the majority have turned from the use of the material. Why?

There is, of course, the definite percentage of pupils whose minds seem to be immunized against acceptance of the best concepts of any subject; they are the misfits in our profession. However, it would seem that the discontinuance of the use of foil has been largely the fault of the teachers. Where there has been such fault, it has been for one or more of several reasons. Perhaps they were not sufficiently adept themselves to have easy self-assurance while teaching foil technics; perhaps they in turn had received inadequate training, and the technics they taught were too laborious and time-consuming; perhaps some were not sufficiently idealistic to make the effort to fire their pupils with the desire to perform the finest possible service for their patients; perhaps, on the other hand, they were so intensely prejudiced against anything else but foil, that their very intolerance established a barrier in the minds of their students. Whatever the reason, at least they were successful in sending too many of the new graduates out into the world mentally conditioned in such a way as to be easy prey for the smooth promoter of the easy dollar and the short-cut technic. It is unfortunate, for dentistry thereby has lost and is losing each day the services of many thousands of competent men who, with a little guidance and stimulus, could utilize foil and really save teeth.

It is interesting to study the characteristics of foil men. They seem among the finest examples of those described in the selection from the *Apocrypha,* which was quoted at the beginning of this paper—"In the handicraft of their trade is their prayer." They are typical idealists: they know the material which they can handle is supreme; yet they are not content to use it themselves and be satisfied. Some at least continue through the years to spread the message of the finest in restorative dentistry. Always they exhibit the radiant optimism that their message will reach the ears of both those who are so earnestly interested in performing the best service for their patients that they will make the effort to learn an exacting technic, and those who wish to experience the justifiable pride in one's own best handiwork.

Besides being idealists, users of gold foil are patient workers. They will work in small groups or study clubs for many

years. They diligently practice their art and submit the results for critical analysis by their fellows. By so doing, they train their hands and eyes to do fine things. More important, perhaps, they train their minds to be able to accept criticism and benefit from it; they become more practical and more idealistic, and practical ideals are one of the greatest needs in all corners of our troubled world today.

Beyond these advantages the foil operator has received one truly great reward from his "Aladdin's Lamp." He has been forced to acquire an adequate technic for the application of the rubber dam, and by virtue of that one thing alone he has become cognizant of the pleasure of working in a saliva-free field; he has become alert to the advantages of the use of the dam to such an extent that he uses it for all operative procedures; and he is rightly proud of the fact that through that one measure in operative technic he can, with confidence, "place restorations in properly prepared cavities," rather than "plug holes in teeth." If foil did nothing more than stimulate the use of the rubber dam, all the papers and clinics on foil which have ever been presented would have been well worthwhile.

However, it does even more. The placing of a beautiful foil restoration brings greater joy and pleasure to the operator than does any other procedure in dentistry. What can be more stimulating than to complete such a restoration where it is indicated? There is a tooth which a short time before was on the road to the exodontist's door. Now its diseased portion is removed; its original contour and function are restored with a material which has sealed the break in continuity of structure more positively and permanently than can any other material known to man; and, if it is placed where and as indicated, it is relatively inconspicuous and completely harmonious with the tooth from the esthetic point of view. Indeed, what can be finer! The inspirations to the operator from the consistent use of foil could be listed on and on, but these few should serve as a stimulus to open our eyes to the possibilities.

Yet, in the midst of the fanfare, let there be one word of caution to those who do use the material. You are "on the gold standard" it is true, but be ever alert to avoid any tendency to feel or exhibit a "holier than thou" attitude. Foil is the ultimate in restorative dentistry, it is granted, but that is no reason to permit indulgence in arrogance, rudeness, intolerance, or bigotry. Remember that there is much to be gained from an open-minded study of the other branches of dentistry; there are sound data in the fields of prevention, nutrition, and dental medicine which, when properly employed, can improve the service rendered by restorative dentistry. Keep in mind that the truly great man is humble, no matter what his field of endeavor may be. He is confident, yes, but not conceited. With so much to know and to learn there is no room or time for haughty, bloated self-esteem.

Foil, an Economic Boon

Mention has been made of the rewards which come to those skilled in the use of gold foil. Some of the more intangible gains have been briefly covered. However, the word "reward" seems naturally to call to mind a material gain. Is there a financial reward through the use of foil?

It may seem improper to discuss remuneration in the same breath with ideals; yet the current trend of man's thinking is toward worldly goods. Has foil anything to offer? It has indeed, and it bears mention.

Many surveys of fee schedules prevalent in dental practice have shown that, in general, the fees for operative dentistry are so abnormally low compared with those for other services in the profession that restorative dentistry becomes almost a subject of ridicule. Proportionately for the time and effort expended, the product of the operative dentist in general has brought the least return. What will remedy the situation?

The testimony of men who have put in some effort to acquire dexterity, speed and judgment in any phase of operative dentistry sounds almost like the playing of a cracked record. In respect to the study of gold foil particularly, the operators invariably find that as they acquire skill they develop self-confidence. When by study, they realize the merits of the procedure they are practicing, they feel no compunction about receiving an adequate fee for that service. When they appreciate the incalculable degree to which they can stop caries by properly eradicating the lesion and permanently immunizing that surface of the tooth against further decay, they have no hesitation in demanding a just fee. Their material well-being will be honestly enhanced beyond measure; for the acquisition of an adequate foil technic will pay off better, dollar for dollar, for the time and effort put in it than will any other study in the practice of dentistry.

Considered on a strictly time-service basis, foil, where indicated, is unquestionably the most economically sound restorative material. In one appointment, with one anesthetic, with one rubber dam, and with less waste of time in extraneous talk by the patient, a sterile permanent filling can be placed in an aseptic field, with a positive joint between cavo-surface margin and restorative material, the margin of which can be properly finished with a clear view and without damage to the periodontal tissues from instrumentation. With what other material can operative dentistry as well meet the demands for a permanent tooth-saving medium which, when properly manipulated, reduces operative time to the minimum and is, therefore, of top rank when considering financial return? Not one.

The Relationship of Foil to the Profession

Finally we come to a consideration of the value of the use of foil to dentistry as a profession.

There is a definite crisis facing the profession today. Of course, it is usual for people of each day and age to feel that their generation is so important in the scheme of things that they must be living in the midst of earth-shaking events, and to feel that the control of destiny is in their hands. The curbing effect of humility is earnestly to be sought after.

In a sense, though, we are at or are nearing a crossroads in the history of dentistry. On the one hand there is the splendid record of a young profession "winning its place in the sun." In a comparatively few years dentistry has ceased to be a mechanical, empirical trade. It has elevated itself to the position of a respected profession whose members strive to institute the most conservative measures possible to protect teeth and to safeguard and enhance the health of the people.

This has been achieved, first, by dint of much effort and labor and application of sound principles by those who practice dentistry and, second, as a result of the scientific contributions made by the somewhat retiring, sincere research workers within our ranks. There have been lapses, of course, and there have been a certain few always who, through their unprofessional attitude, have hampered progress. However, the general curve has always been upward. There has been steady progress in improving materials, and there have been advances in determining the etiology, and from that the prevention of the two great enemies of oral health—caries and periodontal disease.

Now, however, there is an apparent change. At present, in all human endeavors there is evident an altered sense of values. It is no longer commonplace to find people who like to work for the sheer pleasure of accomplishing a task. The former loyalties toward fellow men and country have not been so frequently in evidence in recent years. There is a general distrust of everything and everyone. Selfishness is rampant. Indeed, in the too common individual the national and international creed has become, as one of the leaders of the legal profession expressed it, "Me, now!" What an indictment!

How is that philosophy finding expression within the ranks of dentistry? It is manifest everywhere. Many show no desire to *earn* their fees. It is hard work by current standards to perform restorative dentistry properly. It is easier to daub first one thing and then another on the teeth than it is to apply a rubber dam and place a small gold foil. It is easier to sit at the feet of the true scientists and bask in the glory of their works, unfinished though they may be, than it is to engage in study club activity and really learn how to prepare a cavity worthy of the name by actually doing it over and over again under critical supervision. It is easier to talk prevention and then later permit a technician to construct an expensive prosthetic appliance than it is to save pulps and save teeth as early as possible by minutely examining the teeth and by halting rampant destruction

through the placing of permanent restorations, be they of gold foil, gold inlay, baked porcelain or amalgam. It is easier, far easier!

One of the most dangerous signs of the times is that even some of the state dental boards are questioning the advisability of retaining a foil restoration as a part of their practical examinations. It is to be hoped that these guardians of the standards of the profession will not fall prey to the current trend. Let them stand fast. Let them still use the surest gauge by which to determine a candidate's understanding and ability to execute the fundamental principles of operative dentistry. Restorative dentistry will be required for a long time to come, even if the quest of the preventionists should be successful tomorrow.

Such are the general problems. What confronts operative dentistry specifically? Basically it is the abnormal emphasis currently placed on prevention as though it were a new idea, also the inadequate publicizing of the merits of fine operative procedures, and, finally, insufficient thought to the acquisition of enough new operators to expand the sphere of service of restorative dentistry.

Research and studies for prevention are essential. However, it should be left to the properly trained research personnel to conduct these studies quietly until some definite information is available; they should not be needled into publishing encouraging prospects before the ideas have been adequately tested.

In the meantime, the foil operators know from their years of experience that foil properly placed adequately immunizes that area of a tooth from further caries, but what are they doing about it? They remain mute before the garrulous pseudo-scientists. Operative dentists are delinquent in discharging their obligations to their profession. They owe it to dentistry to continue to report the success of proper restorative measures. New technics are not needed nearly as much as is a more accurate utilization of those already available.

So it is necessary that operative dentists take their rightful position. They must defend themselves against the ridicule of those who consider it almost undignified for a professional man to use his hands. They must be proud of the fact that they can and do save teeth; that they do *cure* caries by properly eradicating the early lesion and restoring the tooth to its original form and function with gold foil wherever that is practical.

It would seem that the greatest single need of those who use foil is to overcome an air of aloofness. If the finest procedure in dentistry is to survive and grow, new operators must be trained and inspired. How can that be done? First, of course, by revitalizing the teaching of gold foil in the schools. Second, by opening our doors to those in the profession who are seeking the opportunity to learn this challenging, lucrative and highly serviceable procedure.

A great many of the foil operators see the black danger ahead. If we do not grant entry to those serious, practical students whose enthusiasm can carry the good work along to greater heights, they will be forced to divert their energies to other fields, and the vitality of restorative dentistry will gradually fade and die. We owe too much to our profession to permit such a thing to happen.

In one of his many fine contributions to operative literature, Prime [1] exhorted the profession not to let its glorious banners drag. As one of the proposals to uplift and further the service which the dental profession could offer, he urged the formation of more gold foil study clubs, even a national organization. Since his plea in 1931, additional study clubs have been formed, but not enough. The American Academy of Gold Foil Operators has been organized, but more needs to be done.

Men have asked repeatedly for guidance in this phase of dentistry; yet so often they have been put off. Why? Are the leaders not aware of their responsibility? Do they not see the urgency of inculcating the concepts of truly fine dentistry in the minds of these new recruits? Shall we fall into the quagmire which has extinguished the spirit of other groups? Shall we bicker over petty details of technic and not see the tremendous need for a united front? No! Corrective measures must be taken!

Concretely, there must be aroused a renewed interest in proper operative procedures. To do so, it must be re-emphasized that to date there is but one sure way to cure caries, and that is by substituting the carious surface with a metallic surface which is immune to caries. Of all the restorative materials, which one has proved the most reliable from the standpoint of permanence, perfection of margins, freedom from recurrence of the carious process? There is only one answer—the yardstick by which all other materials available to operative dentistry is measured, namely, gold foil.

Very well, then, pending the discovery by the true research workers of the real etiology of caries, and a very positive and well-proved method of prevention and of cure, the profession must be reawakened to its duties. It would be well to remind ourselves that many of us have placed the cart before the horse. The public is not to be exploited out of its money to pay for first one and then another highly touted preparation to prevent decay, nor is it right to mishandle the public to the extent of ruthlessly extracting teeth to make way for some flashy pieces of dental jewelry. Rather, we as a profession owe it to our profession and to ourselves to be keenly aware of the fact that we are servants of the public, not fawning slaves, and not penurious dollar seekers either. Let us forsake the concept of getting the most money with the least effort. Let us restore public health

[1] J. M. Prime, "Gold Foil." *J.A.D.A.*, 18:1477-1484, August, 1931.

service to its proper place, and let us proudly go forth and practice operative dentistry sanely, conservatively and judiciously. As the keystone of that renewed effort may we place at the top of our armamentarium the ability to efficiently utilize the peer of all restorative materials—gold foil!

Summary

Further discourse on a subject thoroughly covered in the literature is justified to keep before the profession the sterling merits of its oldest filling material.

With the advent of materials and procedures whose values have not been proved, it is imperative that cautious good judgment be applied in their evaluation. Ability to use gold foil with care helps to develop a sound basis for comparative analysis of the panaceas; it is a buffer, a steadying influence.

It is of great value to the profession, not only as the best of the permanent restorative materials, but also as an instrument which develops the hand, eye and mind of the one skilled in its use. Foil still remains the gauge whereby the public, as well as licensing boards, can evaluate a dentist's technical dexterity.

This material, when manipulated by refined technics, and when its prime indications are observed, provides one of the most honestly remunerative practices in dentistry.

Those who possess the ability to use foil should not only continue its use, but must also remember that it is a part of their obligation to the profession to help promulgate that knowledge to the best of their ability to the eager newcomers in dentistry. Foil work should be taught with a careful avoidance of any self-glorification by the instructor; it should be presented in its true perspective as the one truly scientific method of arresting caries which is available today. It would be suicidal to the profession as a health service if the use of this fine procedure became limited to any group whose numbers were static.

Dentistry seriously needs more and better operative dentists.

Those who have not as yet acquired a ready facility in the use of this yardstick of restorative dentistry are urged to seek out the qualified teachers, with the assurance that the result will be a greater joy from rendering the ultimate in service, a more positively satisfied clientele, and a more adequate monetary provision for self and family.

Gold foil is a mighty weapon in the fight against dental decay. It must be used with conviction and wisdom.

Gold foil is the perfect taskmaster. It serves peerlessly; yet simultaneously teaches, encourages, chastens and inspires its disciples.

School of Dentistry
University of Washington

OBJECTIVES OF THE AMERICAN ACADEMY OF GOLD FOIL OPERATORS

The aim of operative dentistry, until the prevention of dental decay is an accomplished fact, is to retain teeth which have been damaged by decay, attrition, erosion, or accident, in a state of health and function by as conservative a means as possible.

To attain perfection in this aim is the objective of the American Academy of Gold Foil Operators. Further, it will encourage and support the search for the cause, prevention and elimination of dental caries.

To accomplish the immediate need, it will encourage by practice and by teaching the management of decayed and abraded teeth in the incipiency of their involvement, by the use of the most permanent and practical restorative materials available to dentistry. In this program it will use as its means of measurement—gold foil.

It will encourage by practice and by teaching the performing of restorative procedures in the best possible field in respect to operative cleanliness. In this phase of its program it will utilize as its medium and as its criterion of other materials—the rubber dam.

It may be that the future will bring a better material than gold foil, and a better operating field than that provided by rubber dam. If and when such is the case, the Academy will use and advocate the improvements after critical comparison and evaluation have proved them to be such.

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Aim at perfection in everything, though in most things it is unattainable. However, they who aim at it, and persevere, will come much nearer to it than those whose laziness and despondency make them give it up as unattainable.

—*Lord Chesterfield*

A HISTORY OF THE ACADEMY

Ralph E. Plummer,* D.M.D.; Bruce B. Smith,† D.M.D.; and
Gerald D. Stibbs,‡ D.M.D., Seattle, Washington

Chapter II

As stated in Chapter I, the Adele Room of the Chase Hotel in St. Louis was the scene of the formative meeting of our Academy on September 11, 1952. A vote of confidence was given to Dr. Bruce B. Smith and Dr. Ralph E. Plummer by the men present, and they, together with Dr. Gerald D. Stibbs, were empowered by the group to proceed to set up the machinery of the organization. Dr. Smith was appointed chairman and Dr. Plummer, in Dr. Stibbs' absence due to illness, was made secretary pro tem. Dr. Plummer kept the minutes of the St. Louis meeting and recorded the many fine suggestions made by those present.

There were many influential thoughts which came out of this meeting. After some discussion regarding the name of our organization (we met under the title "International Society of Gold Foil Operators"), it was moved by Dr. Lester E. Myers and seconded by Dr. Miles R. Markley that the name should be "The American Academy of Gold Foil Operators." The name was adopted.

Elections were held with the following results: Dr. Bruce B. Smith, President; Dr. Charles M. Stebner, Vice-President; Dr. Avery M. Spears, Treasurer; and Dr. Gerald D. Stibbs, Secretary.

A committee on constitution and bylaws was appointed by the President. The committee consisting of Dr. Miles R. Markley, Dr. Ralph E. Plummer, Dr. Gerald D. Stibbs, Dr. Harry A. True and Dr. Lester E. Myers, Chairman, unknowingly faced a two-year task. They consulted constitutions from many national and international dental organizations. They also requested and obtained adequate legal advice during this organizational period. This committee, with the assistance of the Executive Council, spent many hours covering in detail the many articles and sections of the constitution and bylaws.

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*Past-President, American Academy of Gold Foil Operators; Director, G. V. Black Study Club; Director, University Ferrier Study Club; Past-President, Associated Gold Foil Study Clubs in the Northwest.

†Past-President, American Academy of Gold Foil Operators; Member, University Ferrier Study Club; Former part-time instructor of Operative Dentistry and Ceramics, University of Washington.

‡Head, Department of Operative Dentistry and Professor of Fixed Partial Dentures, University of Washington; Director, George Ellsperman Gold Foil Seminar; Member, Vancouver Ferrier Study Club; Honorary Member, Inter-City Study Club.

On January 30, 1953 the records of the first meeting were turned over to Dr. Stibbs. Manuscripts of the papers presented in St. Louis, including one by Dr. Victor H. Ernst, were also filed for future reference.

The first rubber dam committee was appointed in 1953. The membership consisted of Dr. Rex Ingraham, Dr. Lester E. Myers, Dr. Robert J. Nelsen and Dr. Charles Stebner, Chairman.

On February 18, 1953 a progress report and questionnaire were sent to those on the current mailing list and to those whose names had been suggested. A total of 707 letters were mailed. In April of the same year the members of the Academy of Restorative Dentistry were also invited to support and to note our aims.

After contacting the 17 study club men in Oregon who had not been previously notified, a total of 847 letters were mailed. The Secretary, Dr. Stibbs, with the assistance of Mrs. Stibbs, set up a complete cross-indexing system of files and records. His report also showed that the organizational work had been very time-consuming. Secretaries helping Dr. Stibbs spent 1,040 hours or the equivalent of 130 eight-hour working days from January, 1953 through October, 1954. The efforts were rewarding, for approximately 400 replies were received with the following results:

Those definitely interested	370
Those expressing good wishes, but not wishing to participate actively	12
Definitely not interested	13
Expressing definite disapproval or opposition	2
Total responses	397

The distribution of those actively interested in membership and participation was as follows:

Eastern United States	37
Midwestern United States	91
Southern United States	16
Western United States	179
Hawaii	1
Canada	34
Great Britain	4
Europe	3
West Indies, South America	5
Total	370

Special mention should be made of the activities of Dr. Robert J. Nelsen and his insignia committee of Dr. G. Colgan and Dr. Harold E. Nelson. The letterheads and Academy certificates all bear a design which they worked out with a talented artist. It took Dr. Nelsen several trips to Bethesda to complete the work which continually changed as ideas became reality. The result-

ing design was hailed by all to be very well thought out in symbolism and artistry.

Plans were then made for the second meeting to be held in Cleveland, Ohio. This meeting was very unusual in many ways. Our good friend and fellow member, Dr. James M. Courtney, was our only contact in Cleveland who really seemed to care about gold foil. Dr. Courtney helped with local arrangements and recorded the meeting on sound tape. The meeting was attended by many outstanding dental figures, among them Dr. George Paffenbarger, Dr. G. Ratte, the president of the Canadian Dental Association, Dean Harold Noyes of Oregon and Dean Ernest Charron of the Faculty of Dental Surgery of the University of Montreal.

The meeting started at 8:00 p.m. and lasted until 1:00 a.m., and nearly all were present at the close of the meeting. Dr. Herbert D. Coy, Dr. Ralph E. Plummer and Commander Robert B. Wolcott presented informative papers. Commander Wolcott also reported on rubber dam training aids at the Navy Dental School.

During the same year Dr. Ralph A. Boelsche took over the treasurer's post due to the serious and soon fatal illness of his friend Dr. Avery Spears. The Academy unanimously elected Dr. Spears Honorary President and the secretary notified him of this action.

One of the final acts of this meeting was to extend a vote of thanks to Dr. James M. Courtney for the excellent manner in which he handled the local arrangements.

It is not possible to mention all the fine acts of the men who partook in the formation of our Academy. Many are in our memories but still others are recorded faithfully in our minutes, and it is strongly recommended that you turn to them for an hour of sincere pleasure. You will find there a history of the unselfish attempt to unite our efforts toward finer dentistry by men from all parts of the United States and Canada. Some of the men were great when they came to our Academy; others have since achieved prominence. But it is our belief that the dentist who does gold foil work believes and practices better dentistry, for he is familiar with the finest margins known to operative dentistry.

812-813 Cobb Building

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Every man has two educations—that which is given to him, and the other, that which he gives to himself. Of the two kinds, the latter is by far the most valuable. Indeed all that is most worthy in a man, he must work out and conquer for himself. It is that, that constitutes our real and best nourishment. What we are merely taught, seldom nourishes the mind like that which we teach ourselves.

—*Jean Paul Richter*

DR. LESTER E. MYERS HONORED

On Monday, February 9, 1959 at the Red Star Inn in Chicago, a group of Dr. Lester E. Myers' friends gathered together for an evening of fellowship and to pay tribute and express appreciation to the immediate Past-President of the American Academy of Gold Foil Operators. This informal testimonial dinner was arranged by Dr. Mike Murray, Dr. Charles Stebner and Dr. Herb Steinmeyer.

We are indebted to Dr. Bruce B. Smith for the accompanying candid photographs taken during the affair.

PROCEEDINGS OF SEVENTH ANNUAL MEETING

Charles C. Latham,* D.D.S., Coronado, California

The seventh annual meeting of the American Academy of Gold Foil Operators was held on November 7 and 8, 1958 in Dallas, Texas. The scientific program was presented at the College of Dentistry, Baylor University, and the business meetings were conducted at the Adolphus Hotel.

The opening remarks by Dr. Lester E. Myers, President, and Dr. James P. Vernetti, Program Chairman, were followed by two excellent scientific presentations. Dr. Arne F. Romnes discussed "The Place of Gold Foil in Dental Education" and Dr. Harry A. True, with Dr. and Mrs. William F. R. True, demonstrated "Correlated Efficiency in Operative Procedures." The latter presentation employed the television medium to demonstrate preplanned instrument setups and efficient chairside assisting during the restoration of a Class V with gold foil. Both scientific presentations were enthusiastically received by all those in attendance.

Dedication

The 1958 annual meeting in Dallas was dedicated to the departments of operative dentistry in all dental schools. The deans were so advised prior to the meeting.

Clinical Program

During the afternoon of Friday, November 7 and the morning of Saturday, November 8, chair clinics were conducted, demonstrating the preparation and condensation of Class II, III and V gold foil restorations. The following clinicians participated in this portion of the program:

DR. CARL L. BOYLES, *Houston, Texas*
DR. KENNETH R. CANTWELL, *Portland, Oregon*
DR. ROBERT W. CHAPIN, *Omaha, Nebraska*
DR. H. F. GILLARD, *Houston, Texas*
DR. IRVING H. GOULARD, JR., *Arcadia, California*
DR. RAY HAILEY, *Denver, Colorado*
DR. DANIEL F. HASELNUS, *Portland, Oregon*
DR. WILLIAM F. HEMPHILL, *Omaha, Nebraska*
DR. WILLIAM W. HOWARD, *Portland, Oregon*
CAPTAIN NORWOOD E. LYONS, USN (DC), *San Francisco, California*
DR. ROBERT M. MENDENHALL, *Colorado Springs, Colorado*
DR. EUGENE S. MERCHANT, *Omaha, Nebraska*
DR. ARTHUR J. MONTAGNE, *Grosse Pointe Park, Michigan*

*Secretary-Treasurer, American Academy of Gold Foil Operators, 1957-1958.

DR. MICHAEL J. MURRAY, *Lincoln, Nebraska*
DR. FRANK D. O'NEILL, *Chula Vista, California*
DR. WILLIAM O. PUGSLEY, *Fremont, Nebraska*
DR. HAROLD E. SCHNEPPER, *Loma Linda, California*
DR. RALPH J. WERNER, *Menomonie, Wisconsin*
DR. H. VERNON WHITCOMB, *Portland, Oregon*
DR. BENJAMIN P. WRBITZKY, *Hutchinson, Minnesota*
DR. ANTON C. ZEMAN, JR., *Lakewood, Colorado*
DR. J. EUGENE ZIEGLER, *Los Angeles, California*

In addition to the aforementioned chair clinics, the Associated Gold Foil Study Clubs of Washington and British Columbia presented a program on the afternoon of Saturday, November 8, demonstrating study club procedures and organization. The program consisted of a table clinic, eight chair clinics, and an evening critique of the operations performed during the afternoon. The following members participated in the program:

DR. D. F. BOURASSA
DR. A. F. DOLAN
DR. GEORGE A. ELLSPERMAN
DR. N. C. FERGUSON
DR. ROBERT E. HAMPSON
DR. ROBERT E. HAMPSON, JR.
DR. FLOYD E. HAMSTROM
DR. JOHN B. KIEFER
DR. OLIN M. LOOMIS
DR. KENNETH N. MORRISON
DR. J. N. PENZER
DR. RALPH E. PLUMMER
DR. BRUCE B. SMITH
DR. D. A. SPRATLEY
DR. WALTER K. SPROULE
DR. GERALD D. STIBBS

Social Program

The social hour and banquet held in the French Room of the Adolphus Hotel in Dallas was attended by 145 members, ladies and guests. There were representatives from 29 states, including Alabama, Alaska, Arkansas, California, Colorado, Georgia, Illinois, Iowa, Kansas, Maine, Maryland, Michigan, Minnesota, Missouri, Nebraska, New Jersey, New York, Oklahoma, Oregon, Pennsylvania, Rhode Island, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin and Wyoming. In addition to these states, the District of Columbia, Canada and Puerto Rico were also represented.

After a delightful dinner, President Lester E. Myers introduced the members and guests seated at the head table and proceeded with the business meeting.

Business Meeting

Treasurer's Report

As of October 31, 1958 the treasurer, Dr. Charles C. Latham, reported the following financial status of the Academy for the year 1957-1958:

Balance on hand, December 9, 1957	$ 5,563.46
Total Receipts to October 31, 1958	4,765.48
Total	$10,328.94
Disbursements, December 9, 1957 to October 31, 1958	4,136.53
Balance on hand, October 31, 1958	$ 6,192.41

Membership Committee

The membership of the Academy has been steadily increasing since its inception. On November 7, 1958 the roster contained the names of 256 active members, 106 associate members and 3 honorary members. The increase in membership was due in part to the untiring efforts of the Membership Committee under the chairmanship of Dr. Robert E. Hampson.

At the annual meeting the following applicants were elected to membership:

NEW ACTIVE STATUS

DR. ERNEST REYNOLDS AMBROSE, *Montreal, Quebec, Canada*
DR. JAMES W. BURKHART, *Houston, Texas*
DR. THEODORE A. CHUMAN, *Eugene, Oregon*
DR. RAYMOND W. DOLPH, *Corona, California*
DR. ROBERT E. DUDLEY, *Denver, Colorado*
DR. JAMES D. ENOCH, *Camp Lejeune, North Carolina*
DR. CECIL H. FEASEL, *Seattle, Washington*
DR. IRVING H. GOULARD, JR., *Arcadia, California*
DR. RAY HAILEY, JR., *Denver, Colorado*
DR. JOHN C. HAMPSON, *Seattle, Washington*
DR. EDWARD R. HILDRETH, JR., *Coronado, California*
DR. RONALD J. HOLZHAUER, *Milwaukee, Wisconsin*
DR. A. MYRON LAWSON, *Denver, Colorado*
DR. ROBERT E. LEE, *Eau Claire, Wisconsin*
DR. HARRY ROSEN, *Montreal, Quebec, Canada*
DR. RONALD E. R. LOVELL, *West Newton, Massachusetts*
DR. JOSEPH S. MARKEY, *Detroit, Michigan*
DR. EARL C. MASTON, *Seattle, Washington*
DR. EDGAR D. MILLER, *Denver, Colorado*
DR. ROLAND K. MILLER, *Redlands, California*
DR. JACK H. MILLS, *Tulsa, Oklahoma*
DR. MARK SHULMAN, *Los Angeles, California*
DR. HERBERT P. STEINMEYER, *Wichita, Kansas*
DR. RALPH G. STENBERG, *Lynnwood, Washington*
DR. WILLIAM E. TURNER, *Coronado, California*
DR. JOHN PHILLIP WELTY, *St. Louis, Missouri*
DR. ANTON C. ZEMAN, JR., *Lakewood, Colorado*

NEW ASSOCIATE MEMBERS

DR. FRANCIS D. DUNWORTH, *Sydney, N.S.W., Australia*
DR. RICHARD M. HOWE, *Campsie, N.S.W., Australia*
DR. STUART M. HOWE, *Campsie, N.S.W., Australia*

Five associate members—Dr. Joaquin Ferreira Lima, Sao Paulo, Brazil; Dr. Paul A. Moore, Camp Lejeune, North Carolina; Dr. Paul W. Weaver, Seattle, Washington; Dr. Harry E. Weber, Lincoln, Nebraska; and Dr. Robert J. Zech, Seattle, Washington—requested changing to active status. One active member, Dr. R. H. Stearns, Jr., Oshkosh, Wisconsin, requested associate membership. These requests were approved by the Academy.

It was regularly moved and seconded that Dr. George Hollenback be elected to honorary membership. The motion was unanimously approved.

Necrology Committee

Dr. H. F. Gillard, Chairman, read the names of those members deceased during the preceding year: Clarence B. Hitz, Ross C. Lindley and Paul R. Shenefield. The Academy mourned the loss of these outstanding men with a moment of silence. It was further approved that a memorial to them be placed in the official records of the organization.

Schools Committee

The report of Dr. Paul T. Dawson, Chairman, dealt primarily with the letters and questionnaires which were sent to 52 deans of dental schools regarding their problems with gold foil.

The questionnaire contained these inquiries:

"Do you have a gold foil problem in your school?____Yes ____No If you are having a problem, the Academy would like to know if you would consent to having one or more of its members demonstrate in your clinic, under your regulations. ____Yes ____No"

Eighteen schools reported no difficulties whatsoever, but others expressed the opinion that patient acceptance seemed to be the greatest obstacle in the use of gold foil. The majority of the schools favored the suggestion to have Academy members demonstrate in their clinics.

State Board Committee

This committee worked diligently collecting information regarding the use of gold foil as a part of the examinations for licensure. The Committee, under the chairmanship of Dr. William H. Silverstein, conducted a survey, the results of which may be found on page 16 of this *Journal.*

Literature Committee

This committee, under the chairmanship of Dr. José E. Medina, made available to the membership two reprints: "The Importance of Gold Foil in Training Our Future Dentists" by Dr. William J. Simon, and "The Most Permanent Filling" by Dr. Charles F. Boedecker.

At the annual meeting of the Academy in New Orleans in November, 1957 the Committee was asked to formulate plans for instituting an Academy Journal. On February, 1958 the Executive Council, during its meeting in Chicago, approved the recommendations submitted by the Committee and, at the same meeting, empowered the Committee to act as the Editorial Board for an Academy Journal. The first issue of the *Journal* was published in October, 1958.

History Committee

Dr. Henry A. Merchant, Chairman, pointed out in his report that collecting historical data pertinent to the Academy was a stupendous task. Considerable research and coordination would be required before any definite results could be realized.

The report reviewed the efforts of the Committee in finding out what was needed and determining the sources of worthwhile material. Three suggestions were made for future committees to consider as sources of material in their quest for historical data: (1) known facts about the use of gold foil from ancient times to the present era; (2) recorded facts, including personalities and their achievements and/or teachings in operative dentistry; and (3) organization, development and work of gold foil study clubs.

Visual Education Committee

This committee embarked on a project designed ultimately to provide a catalog of all existing visual aids pertinent to gold foil and gold foil restorations. To obtain information regarding known teaching and study club aids, Dr. Paul A. Moore, Chairman, sent seventy questionnaires to study club and seminar directors and to the heads of departments of restorative dentistry in this country. The questionnaires requested information regarding (1) types of visual aids available, such as movies, slides, charts, models, etc., (2) brief descriptions of these aids, (3) whether or not a member of the Academy would be permitted to duplicate, photograph, copy, borrow or rent them, and (4) location of the listed aids with an address to which a request for further information could be sent.

Thirty-three completed questionnaires have been received to date. It is apparent that there exists an abundance of visual aid material and that it is located strategically throughout the country. The material, or copies thereof, is available to members of the Academy for use as teaching aids or in the organization of study clubs.

Study Club Committee

Dr. William F. Hemphill, Chairman of the Study Club Committee, reported that three new study clubs had been organized and were operating in Tulsa (Oklahoma), Pittsburgh (Pennsylvania) and Dallas (Texas). He also stated that groups were being organized in Kansas City (Missouri) and San Fernando (California). A more detailed report may be found on page 15 of this *Journal.*

Research Committee

The Committee reported that the investigation of gold foil hardness undertaken by the Dental Section of the National

Bureau of Standards was terminated before any conclusive results could be obtained. This was due to the loss of personnel which could not be replaced.

Dr. Robert J. Nelsen, Chairman of the Committee, submitted some comments and suggestions for future committees to consider:

PHYSICAL RESEARCH

1. Determine the amount of work (energy) necessary to condense foil.
2. Determine the degree of tooth displacement during the blow, using various condensing methods.
3. Investigate the effect of cavity design on the stress distribution within the tooth.
4. Investigate the influence of the internal surfaces on the esthetics of the completed restoration.

SOCIAL RESEARCH

1. Determine why dentists who are non-users of gold foil avoid its use.
2. Learn what are the most logical means to motivate the non-users of foil.
3. Make up a motivation board for use at dental meetings, listing simple advantages of gold foil, showing ease of placement of Class I and V, listing foil information (equipment, methods, results) and describing how to get to know a gold foil operator in a particular area.

Rubber Dam Committee

Dr. Michael J. Murray, Chairman, reported that the designs of rubber dam clamps have basically remained unchanged for almost sixty years. The Committee recommended that the Academy sponsor the development of new clamps, possibly using the *Journal* to publish the ideas relative to new designs.

It was also suggested by the Committee that the indications for the use of various thicknesses of rubber dam be discussed in a paper. Since variations in the placement of the rubber dam have been observed at the annual meetings, the Committee further suggested that a step-by-step procedure be outlined by the Academy for future use.

Nominating Committee

Dr. D. F. Bourassa, Chairman of the Nominating Committee, submitted the following names for offices:

DR. HERBERT D. COY_____*President-Elect*
DR. CHARLES C. LATHAM____*Secretary-Treasurer*
DR. JOHN T. RYAN_____*Executive Council*

The Academy unanimously elected these members to their respective offices.

Adjournment

Following the committee reports, President Lester E. Myers presented appropriately inscribed certificates to Dr. Harry A. True, Dr. William F. R. True and Dr. Arne F. Romnes for their contributions to the Seventh Annual Meeting.

In recognition of his contributions to the Academy during the previous year, Dr. Lester E. Myers was presented a President's Certificate. At this time, Dr. Myers expressed his appreciation to the officers and committee members who had served during his term.

Dr. James P. Vernetti was installed as President for 1958-1959. He introduced Dr. Charles C. Latham, the Secretary-Treasurer, and Dr. Herbert D. Coy, the President-Elect. Each was given resounding applause. The meeting was then adjourned.

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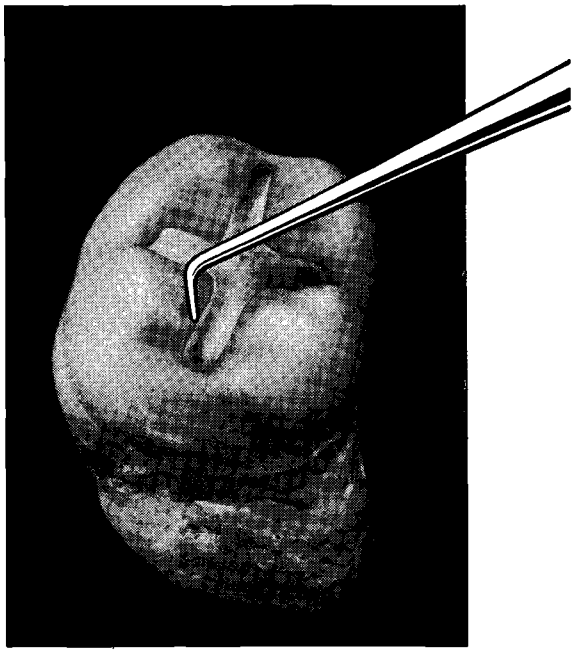
ACKNOWLEDGMENT

The Editor of this *Journal* would like to express his appreciation to the many persons whose untiring efforts and cooperation made the publication possible. He particularly wishes to recognize the assistance rendered by Mr. Gardner P. H. Foley, Professor of Dental Literature at the Baltimore College of Dental Surgery, Dental School, University of Maryland, during the revision and editing of this issue of the *Journal*.



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