

# 26 Pediatric Dentistry

(formerly Pedodontics)

by Harris Done, D.D.S. and  
Richard McDermott (Class of 2001)  
(Pedodontics Part I—1925 to 1949)

and Frank Flores, D.D.S.  
(Pedodontics Part II—from 1949)

## "The Hogeboom Years—Part I"



Dr. Harris Done



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**W**HEN ONE CONSIDERS INDIVIDUALS who have had the greatest impact on our profession in the first half of the twentieth century, the name of Floyd Eddy Hogeboom must certainly rank in the top ten. Dr. Hogeboom's diverse talents and creativity, combined with iron-clad convictions and strong moral character, were tempered by his witty sense of humor and love for his young patients.

As a young man I was privileged to know Dr. Hogeboom both as my dentist and as a family friend. At age 13, I asked him why he put a tiny gold inlay in a lower second bicuspid instead of an amalgam restoration. He took time to kindly explain, "I'm glad you asked me that. Someday, when you are a dentist, people will ask you the same question." (The restoration is still intact 50 years later!)

Dr. Hogeboom was indeed a multi-talented, diverse individual. He was the Lay Leader and Trustee of the Wilshire Methodist Church for 30 years, 32nd-degree Scottish Rite Mason and Shriner, accomplished musician and director of the

Wilshire Community Orchestra for 40 years, president of the USCSD Alumni Association, founder of many organizations dealing with children's dentistry, author of the first textbook on dentistry for children, *Practical Pedodontia and Public Health Dentistry*, Fellow of The American College of Dentists, Charter member and Past President of American Society of Dentistry for Children, and Former member of the Board of Trustees, USCSD, 1938-1955.

His office manager of twelve years, Edna (Nielsen) Done, who knew him well, remembers. "His patients came from many states. He even reconstructed deformed mouths. He was very kind with children afflicted with mental disorders."

Immediately following his graduation from the USC College of Dentistry in 1919, Floyd Hogeboom served as the Supervisor of the Dental Division of the Pasadena Schools, and as the supervising dentist at the Pasadena Hospital Dispensary (now Huntington Memorial Hospital). These first two years of "public health" service, free from the mundane distractions of private

practice, undoubtedly influenced his decision to dedicate his life to "the cause" of educating other dentists to prevent and treat children's dental problems.

Experience with Pasadena children's poor dental hygiene forged his resolve to find better and more effective methods for teaching oral hygiene. In one school district, out of 4,411 students examined, 798 had what he described as "teeth so dirty, with green stains, that it is one of nature's miracles that the teeth resisted the carious process as long as they did."

In response to these needs, Dr. Hogeboom organized several programs designed to educate children as well as their parents. Included were pamphlets, written in a simple question and answer format, to be sent home with the children. Classroom lectures and toothbrushing drills were held at school. In 1933 he wrote, "True success in any field depends in some degree on teaching ability. The dentist not only must repair the damaged structures, but must teach the children and parents health habits with zealous enthusiasm."

As early as 1924, Dr. Hogeboom predicted that a concentrated effort to improve dental education in the schools would be very productive in reducing dental disease. He wrote, "Here the dentist strikes at the beginning evil. He attempts to head off the oncoming results of neglect and the sequelae. He also attempts to ward off diseases of later life by carefully shielding the growing child and tactfully educating the parent . . ."

While working with the Pasadena schools, another problem observed by Dr. Hogeboom was that the dental examination of children was being performed by the school physician or school nurse. "These people could indeed identify a 'wide open crater' of a cavity. They were

not able to identify 'the small unrecognizable cavity, the oncoming malocclusion, or the pathological lesion' that would make a difference in the child's future." After examining over ten thousand mouths by the end of his two years of service, Dr. Hogeboom was certain that a dentist needed to do the school examination.

In 1921, Dr. Hogeboom became a member of the staff at the College of Dentistry. Three years later he authored one of the first texts on children's dentistry. This book was a collection of materials about operative dentistry for children and a call for dentists to realize that preventive dentistry begins in early life. The final words of this first and every subsequent edition were, "No one man has a mo-



Dr. Floyd Hogeboom

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nopoly on the best methods for the care of children, whatever his field of endeavor may be, but many have the zeal and the enthusiasm for better methods, and so it is my hope that this book will assist in focusing the attention of the dental world on the improvement of the dental health of children."

To Dr. Hogeboom's delight, *Practical Pedodontia* was warmly accepted by both dentists and dental schools. His sphere of influence was expanded further in 1940 when the fourth edition of his book was translated and published in Spanish by a group of Havana Dentists. The sixth and final edition of *Practical Pedodontia* was published in 1953 with a total of 642 pages.

In 1933, under the direction of Dean Lewis E. Ford, Dr. Hogeboom organized the first Department of Children's Dentistry. Lec-

tures covering preventive dentistry, management of children in the dental office, child psychology, growth and development of the child, and cavity preparation in deciduous teeth were given by Dr. Hogeboom and other faculty members. *Practical Pedodontia* was used as the class text.

In 1927, at the meeting of the American Dental Association, Dr. Hogeboom and several other dentists interested in dentistry for children, organized the American Society for the Promotion of Dentistry for Children. This was an important step for the progress of children's dentistry since a previous attempt about six years earlier to do the same had failed. Although the Society decided that it was good to have specialists who limited their practice to treating children, the cooperative effort of all dentists was needed to solve the problem of caries control in children.

Dr. Hogeboom served as president of the Society and did much to increase the awareness of the dental community about children's dental problems.

Among Dr. Hogeboom's most outstanding qualities were his empathy and awareness of children's concerns and his ability to communicate with them. "Friendship and cordiality," he said, "must be fostered between the dentist and the child." Dr. Hogeboom recognized that many dentists did not understand and communicate well with children. There were, in fact, many dentists who refused to treat children, or would only work on them "to keep a family in the practice." Dr. Hogeboom taught that this attitude is self-defeating, giving both the doctor and the

child a handicap. Conversation about the things the child is interested in, rather than what the dentist must do, often tides over "painful operations."

Dr. Hogeboom offered many helpful hints to dentists concerning child care such as not entering the room until the assistant has the child seated in the chair. Since a nurse is not a new phenomenon to most children, he suggested that she be the one to escort the child into the operatory, sparking his interest by showing the child the dental unit or how the motor-driven chair works.

Dr. Hogeboom taught that not only must the operator learn to manage the child, but he must learn to manage himself. "After the dentist has once learned to manage himself," he writes, "and to be patient and resourceful, child psychology will become interesting and refreshing."

Four cardinal rules were taught by Dr. Hogeboom:

1. Become acquainted and gain the confidence of the child.
2. Keep the child in the chair no longer than half to three quarters of an hour.
3. Do not deceive children, but take them into your confidence and treat them like adults. If the child is once fooled, his trust is seldom regained.
4. Never force a child or break down his courage. This rule should not be broken except in an absolute necessity.

Always eager to point out the positive, Dr. Hogeboom wrote, "One fact must

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***"After the dentist has once learned to manage himself, and to be patient and resourceful, child psychology will become interesting and refreshing."***

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child a handicap. In the chair, praise, rather than criticism, creates a pleasant association, and the behavior of the child is modi-

stand out. Children's mouths are usually cleaner than adults'; and there is a possibility of accomplishing better results."

Dr. Hogeboom served faithfully on the faculty at USC for 28 years, the last 16 as head of the Pedodontic Department, before retiring in 1949. The unique "Hogeboom" stamp of excellence left on his department emphasized not only technical quality but also compassion and high moral integrity. These same traits remain the hallmark of USCSD's modern Department of Pediatric Dentistry. (All quotes were taken from *Practical Pedodontia*.)

In 1975, Dr. Hogeboom was inducted into the USCSD Hall of Fame.

A 1981 *Trodent* article documents Dean Crawford presenting a gold watch to Dr. Hogeboom while establishing the Pedodontic Improvement Fund.

Local pedodontists associated with the school held a fund-raising formal dinner at the Beverly Hills Hotel to officially inaugurate the start of the Pedodontic Improvement Fund. The honored guest at this dinner was Floyde Eddy Hogeboom, DDS, FACD, pedodontic faculty member from 1925 to 1949, and considered to be the father of present-day dentistry for children.

Hugh Kopel, Chairman of Pediatric Dentistry, presented Dr. Hogeboom with a gold USC watch commemorating the event and honoring him for his contributions to children's dentistry and to the USC School of Dentistry.

Dr. Hogeboom was jovial with a fine sense of humor. Everyone who worked with him respected him for his high moral standards. Perhaps his greatest quality was his honesty. His patients were wealthy, but he never overcharged. When he was told his fees were half of what other dentists charge, he would say, "I have to live with myself, and it is dishonest to overcharge patients."

***The following information was taken from the dental catalog:***

**DEPARTMENT OF CHILDREN'S DENTISTRY (1933-1949)**

Dr. F. E. Hogeboom, Professor  
 Dr. Edna Barzen, Special Lecturer  
 Dr. Hazel Merrick, Special Lecturer, Oral Health



Left to right, Dean Crawford presents a gold USC watch to honoree Dr. Floyde Hogeboom at the Pedodontic Improvement Fund Banquet as Mrs. Hogeboom and Pedodontic Chairman Hugh Kopel look on

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Dr. Verne Wilt, Special Lecturer, Public Health Dentistry

Dr. Minnie Proctor, Special Lecturer

Dr. Forrest Anderson, (M.D.) Special Lecturer,  
 Child Mental Hygiene

Dr. D.W. Dryer, Assistant Professor

D. W. Barber, Clinical Instructor

Dr. Elsie Schildwachter, Special Lecturer

Dr. B. Z. Rabinowitch, Clinical Instructor

Dr. E. S. Brann, Instructor in Techniques

Dr. H. J. Holt, Instructor in Techniques

Dr. R. H. Roberts, Associate Professor in Techniques

Dr. J. E. Bliss, Assistant Professor in Techniques

Dr. Donald S. Goudy, Lecturer

Dr. Alvin M. Larsen, Instructor in Pedodontics

Dr. Wilbur A. Tully, Instructor in Pedodontics

## *"Pedodontics-Part II"*

**A**FTER 18 YEARS UNDER THE LEADERSHIP of Dr. Floyd E. Hogeboom, the Pedodontic Department was under the direction of a series of chairmen.

In 1949, Dean John Brauer was acting head of the Pedodontic Department. Dr. Brauer had authored the premier book on pedodontics and revolutionized the teaching of pedodontics at USC, raising the department to a position as one of the leaders of pedodontic teaching in the country. Dr. Mode Perry, an assistant clinical professor, worked with Dr. Brauer to institute block assignments so that students could complete their pedodontic requirement in two two-week blocks. Dr. Perry, a 1949 graduate of UCSF's School of Dentistry, took over chairmanship of the department in 1952. He left a year later when he moved to San Diego.

Dr. Francis Summers, who was with Dr. Brauer at the University of Missouri at Kansas City (UMKC), took over the department chair in 1953. Dr. Summers continued the philosophy and course structure developed by Drs. Brauer and Perry. He continued to raise the standards of the

of the department. Dr. Sweet was a graduate of the College of Physicians and Surgeons Dental School in San Francisco. (All pediatric dentists know of his father, Dr. Charles "Pop" Sweet, and the tremendous contribution that he made to pedodontics.) Dr. Sweet first commuted to USC from his practice in Oakland. He later moved his home to Los Angeles.

Dr. Sweet's initial objective was to reduce the confrontational relationship between faculty and students while retaining the high clinical standards maintained by his alma mater and USC. He introduced the idea of inviting to USC guest lecturers from all over the country. In 1958 he was selected as teacher of the year. Dr. Sweet's tenure ended when he chose to move back to Oakland because, as he said, "I'm basically a Northern Californian."

Dr. Clinton Emmerson became the next chair of the Pedodontic Department in 1960. Dr. Emmerson instituted block assignments in the Pedodontic Department in an effort to make children, as well as students, more comfortable in a dental environment.

The pedodontic part-time staff at that



**Dr. Robert Andrews,  
Chair, 1962 - 1966**

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department and increased student participation. He gave many clinical demonstrations and invited his students to observe him in his private office. Dr. Summers later added graduate courses to the pedodontic program.

In 1957, at the urging of Dr. Summers, Dr. Chuck Sweet took over as chairman

time consisted of 12 people from nine different schools. At regularly scheduled meetings, the staff decided on what was to be taught so as to have uniformity and consistency for the students. They worked to motivate the students and to teach them to work faster so as to minimize chair-time for the child patient. Dr. Emmerson wanted to see that the students never closed their minds to learning. Under his direction, the Pedodontic Department re-

ceived the Outstanding Department Award for three consecutive years. Dr. Emmerson describes his time at USC as some of the happiest years of his life, despite commuting from Hemet. He taught as he practiced, and he taught from the heart.

In 1962, Dr. Robert Andrews took over the reins of the department. He was instrumental in developing the advanced pedodontic program at USC. With help from people at Children's Hospital in Los Angeles, he established contact with the Children's Bureau in Washington, D.C., which resulted in a grant allowing him to pay the graduate students and the faculty. While at USC, Dr. Andrews continued the graduate program he instituted and developed a Fellowship program that enabled the residents to rotate through all the teaching disciplines.

In 1966, Dr. Andrews initiated efforts to bring Dr. Hugh Kopel to the graduate program at USC. Dr. Kopel was a University of Detroit graduate with a master's degree in pedodontics from the University of Michigan. Dr. Kopel continued the work started by Dr. Andrews. Funds from the Maternal and Children Health Services program enabled Dr. Kopel to increase the number of graduate students to four. Dr. Kopel also chaired the undergraduate pe-



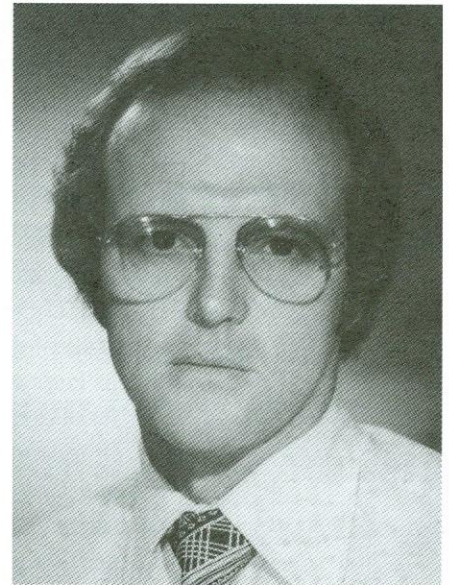
**Dr. John Groper**

dodontic program several times. He retired in 1989 with the title of professor emeritus. Dr. Kopel will always be remembered for his willingness to help the School of Dentistry in any capacity.

Drs. John Groper and Jerry Kirschbaum succeeded Dr. Andrews as co-chairmen of the Pedodontic Department. Dr. Groper was a Northwestern University graduate, and Kirschbaum was a graduate of Columbia, again demonstrating the history of educational diversity in the Pedodontic Department. The primary objective of Drs. Groper and Kirschbaum was to standardize the clinical grading system so that students could be evaluated as objectively as possible.

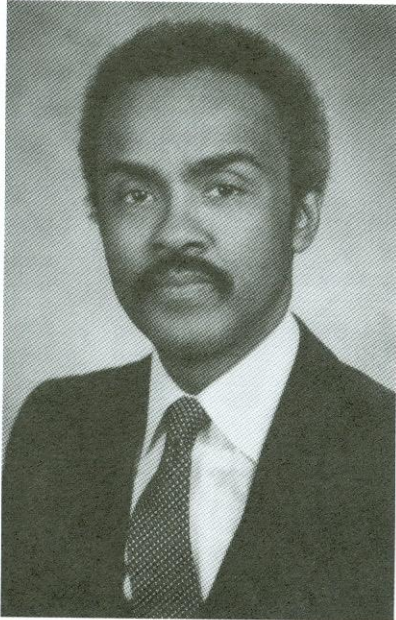
In 1973, Dr. Michael Delaney from the University of Michigan took over as chairman of the department. He remained until 1976 when Dr. Robert Benson, a graduate of the UCLA School of Dentistry, became pedodontic chairman. Dr. Benson introduced educational theory in teaching in his revamp of the program. He also reinstated block assignments and patient screening.

In 1982, Dr. Ronald Johnson, a 1961 graduate of the University of Pittsburgh School of Dentistry, a post-doctoral fellow at Harvard University, and a resident at Boston's Children's Hospital, became the chairman of the department. Dr. Johnson's major objective at USC was to evaluate the pediatric physical plant, the clinical facilities for both pre- and post-doctoral programs, and the curriculum. Under Dr. Johnson's guidance, the pediatric clinic was remodeled to include 15 chairs, two quiet rooms, and a clean lab. He developed a system for central sterilization with cassettes for instrument man-



**Dr. Michael Delaney,  
Chairman, 1973-1976**

agement. Students worked in teams of two. Clinic fees were changed to a flat fee per visit, and the patient pool increased by



**Dr. Ronald Johnson,  
Chairman, 1982-1994**

150%. The curriculum was changed for both pre- and post-doctoral programs including the programs at Rancho Los Amigos and at Children's Hospital. The pedodontic department went through two successful accreditations under Dr. Johnson.

Dr. Johnson was appointed dean at the University of Texas School of Dentistry in 1994. Dean Landesman selected Dr. Richard Udin as the new chairman of the pedodontic department. Dr. Udin, a graduate of the UCSF School of Dentistry, had been on the staff since 1986, helping to develop courses in behavioral management and treatment of children with developmental disabilities.

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As we enter our second century, we hope to develop a program with a yet greater national and international reputation. We look to continuing education, research, and cutting-edge strategies to achieve these goals.