

ALUMNI BULLETIN

Indiana University School of Dentistry

VOL. VII

JULY, 1945

No. 4

Letters From Men in Service

Somewhere in the Pacific

It has been nearly three years since I have seen my Alma Mater and colleagues. The other evening I ran across a couple of old papers my friend had received in his back mail and enjoyed reading them, for they were the Alumni Bulletin. I was very much interested in the letters some of my classmates had written and so I felt like adding mine.

I entered active duty with the Navy in the early part of '43 at Great Lakes. While doing my tour of duty there, I met many of my old buddies—Allie Burks, George James, Morris Stoner, Werkman, Schafer, Furst and many others from I. U. School of Dentistry. The duty there was grand and our dental equipment superb. There were 125 dentists when I came on duty and before I left there were nearly 500. Our dental corps was very well organized and very highly respected due largely to our brilliant and enterprising commanding officer. I was proud to be one of the navy dentists and do what I was taught to do, thanks to I.U.

My last few months of duty while there, I served as a member on the Summary Court Martial Board. I received throughout my duty a maximum of experience and knowledge in surgery, new technics and navy law.

After 18 months of good duty at Great Lakes I received my orders to proceed to Camp Lejeune, New River, N.C., where I was to take a course in Field Medical School. Now I knew I was destined to do duty with the marines on my coming tour of duty overseas.

Here is an outfit that believes in a perfectly rugged and hardened body to withstand and endure hardships of all kinds.

Our training was hard and our studies were very thorough, covering everything from medicine,

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Newly Appointed Dean



Dr. Maynard K. Hine

To The Alumni:

Since Doctor Crawford has returned to Minnesota to assume the leadership of his Alma Mater, it is the duty and privilege of your new dean to extend greetings to you from the Indiana University School of Dentistry.

Much has happened in the five years Doctor Crawford has served Indiana University School of Dentistry as dean. He has had many handicaps and difficulties compli-

cate his term, and the success he has enjoyed in spite of war and its effects on dental education gives him the best recommendation any man could have. Under his leadership Indiana has assumed an influential and enviable position in dentistry.

Doctor Crawford has gained the confidence and the support of the administrative officers of Indiana University and the dentists in the state of Indiana. This confidence and support the dental school

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Dr. Hine Named New I.U. Dean

Professor Succeeds Dr. Wm. H. Crawford

Dr. Maynard K. Hine, professor of periodontia and histopathology at the Indiana University School of Dentistry, became dean July 1, succeeding Dr. William H. Crawford, who will become head of the University of Minnesota School of Dentistry. The appointment of Dr. Hine was announced May 27th by President Wells.

The Alumni of the School of Dentistry are extremely pleased that Indiana University has been able to secure Dr. Hine for this position. As Dr. Crawford has commented, "He is one of the outstanding men of the country in the field of dental education."

Born in Waterloo, Indiana, Dr. Hine is the son of Dr. Clyde L. Hine, a practicing dentist in Tuscola, Illinois. His father is a graduate of Indiana University School of Dentistry. The dean-elect holds a dental degree and a master of science degree in dental pathology and therapeutics from the University of Illinois and received special training in dentistry teaching at the University of Rochester School of Medicine and Dentistry.

Dr. Hine served several years as a member of the faculty of the University of Illinois College of Dentistry and was head of the division of oral pathology before joining the I.U. School of Dentistry in October, 1944. In recent months he has been working on revision of a standard textbook on periodontia in addition to his teaching and research duties.

Professional Affiliations

He is a former secretary-treasurer and Chicago section president of the International Association for Dental Research, a member of the board of directors of the American Association of Dental Editors, and a member of the American Society of Endodontists; the Odontographic Society of Endodontists; the Chicago Institute

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ALUMNI BULLETIN

School of Dentistry
Indiana University
Indianapolis, Indiana

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Editor-in-Chief
RALPH W. PHILLIPS

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THE LIBRARY

Selected List of New Books
June 1, 1945

Barzun: Teacher in America. 1945.

Blauch & associates: Teaching in colleges and universities, with special reference to dentistry. 1945.

Conant: Manual of clinical mycology. 1944.

Dentists Register, 1945.

DeSola: Microfilming. 1944.

Flagg: Art of anesthesia. 7th ed., 1944.

Flagg: Art of resuscitation. 1944.

Guyer: Animal micrology. 4th ed., 1936.

Harrison: Dental anatomy. Rev. ed., 1940.

Harrison: Gnathodynamics. 1941.

Herrell: Penicillin and other antibiotic agents. 1945.

Hewer: Recent advances in anesthesia and analgesia. 5th ed., 1944.

Hill: Oral Pathology. 3rd ed., 1945.

Mann et al: Atlas of dental and oral pathology. 3rd ed., 1944.

Moore: Textbook of pathology. 1944.

Ratcliffe: Yellow magic, the story of penicillin. 1945.

Roberts: Nutrition work with children. Rev. ed., 1935.

Sherman & Lanford: Essentials of nutrition. 2nd ed., 1943.

Vaught: Manual of operative dentistry. 1944.

New Addresses

Major C. E. Roush's new address is Kennedy General Hospital, Memphis, Tenn.

Dr. Gorman F. McKean, Montpelier, has been released from the army and is back in private practice.

Lt. (jg) George W. Simpson, DC, USNR, has been transferred to Main Dental Clinic, USNHC, San Diego 33, Cal.

Capt. Leo V. Commiskey, DC, 0488942, APO 11450, c/o Postmaster, San Francisco, Cal.

First Lt. William D. Micheli, DC, 01745668, 1560th Service Unit, Camp Atterbury, Indiana.

Promoted to Major: Charles A. Everett, DC, 0460676, 32nd General Hospital, APO 350, c/o Postmaster, New York, New York.

Colonel Harold C. Percival, DC, has been transferred to Ft. Knox, Kentucky, where he is the Post Dental Surgeon.

Lt. Oscar B. Segal, 01745805, 1330th Eng. G.S. Regt., APO 350, c/o Postmaster, New York, New York.

Dr. Russell Goebel from 119 N. E. Street, Marion, Indiana, to Flora, Indiana.

Dr. Bridane Brant from Kokomo, Indiana, to 114 Belidere, Waukegan, Ill.

Dr. Robert Naftzger from 525 Lincoln Bk Tower, Ft. Wayne, Indiana, to 3011 N. Anthony Blvd., Ft. Wayne, Indiana.

Dr. John B. Parr from 503 Hume Mansur Bldg., to 55 E. 32nd Street, Indianapolis 5, Indiana.

Dr. Donald Draper from 805 Hume Mansur Bldg., to 904 Hume Mansur Bldg., Indianapolis 4, Indiana.

Dr. Harry Parr from 503 Hume Mansur Bldg., to 55 E. 32nd Street, Indianapolis 5, Indiana.

Dr. Harry Foster from 827 Alabama Street to 2535 E. 38th St., Indianapolis 1, Ind.

Dr. Irving Folkening from 5251 Singleton St., to 1501 English Ave., Indianapolis 1, Indiana.

Dr. Orval Carter from 130 E. Washington Street to R.R. 5, Martinsville, Indiana.

Dr. Lilly from 32 Poplar St. to Grenier Field, Manchester, N.H.

Dr. Ralph Stucky from 1272 W. Blvd., Cleveland, Ohio, to 1498 Northland Ave., Cleveland 7, Ohio.

Lt. R. P. Nickels, DC, USNR, 6th Med. Bn., 6th Mar. Div., c/o F.P.O., San Francisco, Calif.

Lt. J. W. Gilchrist, D.C., USNR, 6th Med. Bn., c/o F.P.O., San Francisco, Calif.

To The Alumni:

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needs, and it shall be our aim to merit and keep it.

I sincerely hope the next few years will bring a gradual return in normal peacetime activities. In the meanwhile we shall continue to do all in our power to serve our profession, our school, and our country.

No immediate major changes in policy or program of the School of Dentistry are contemplated; we shall devote the next few years to "consolidating and reinforcing our position." The only expansion we are planning is in the field of postgraduate instruction. Many of our alumni and friends returning from our armed services may want to take refresher courses before they return to dental practice. We hope to have a program which will benefit them. A little later we expect to begin instruction of dental hygienists, and graduate students, but at present our energies will be spent in undergraduate and post-graduate activities.

I wish to extend to the graduates of Indiana University School of Dentistry a very cordial invitation to visit their school. We are eager to serve you and we welcome your active cooperation.

Sincerely yours,
Maynard K. Hine, Dean

Navy Desires Graduates

The recent directive released by the Directing Board, Procurement and Assignment Service, states that students in senior classes or those very recently graduated should apply for commission in the United States Naval Reserve Dental Corps, or if they do not accept such commission, they will be considered by Selective Service as ordinary registrants rather than as doctors of dental surgery. If they are unsuccessful in their application for commission, it is imperative that students accept positions in which state chairmen of the Procurement and Assignment Service can certify their essentiality.

This directive has been issued in an effort to obtain more than 750 dentists from civilian life. Although every attempt will be made to fill as many as possible of these vacancies from current graduates of dental schools, the number of these will not meet present needs.

The maximum rank on original appointment is Lieutenant. Dentists who are 33 years old or older and have had ten years of practice will normally be commissioned as lieutenants. Those who are 21 to 32 years old will be made lieutenants (jg) without the requirement of practical experience.

ODD-DENTITIES

by

ruhamah hannah

this colum was unintentionally (so the editor told me) omitted in the april issue, and i had worked so hard on it too . . . ralph mcdonald, '44, stopped in on his way to bethesda, maryland. he's a lieutenant (jg) in the navy and seems to like it fine . . . the wall washers are hard at work again. seems to me they just finished only a short time ago . . . every one has come down to earth again after a week's vacation the last of april. couldn't have been worse vacationing weather—cold and rainy . . . dr. misselhorn, dental anatomy, is very proud of his new son, jimmy . . . dr. crawford also has a new addition to his family. it's a boy this time . . . lots of hammering and banging coming from the library, where new stacks are being installed. the carpenters are the only people around here who do not have to observe the-rule-of-this-room-is-silence sign . . . william micheli, '43, came in the other day to chat awhile. he is stationed at camp atterbury now . . . also dr. quentin royer, '43, and his wife visited us. he is still in california, but seems to prefer indiana—weather and all . . . mrs. harvey, dean's secretary, spent her vacation in warm springs, arkansas, recuperating from the stress and strain of the dental school . . . looks as if all the seniors will be in the navy as soon as they are graduated . . . dr. derry, prosthetics, is going into part-time status here at the school. he plans to go into private practice . . . dr. swenson, oral diagnosis, now has a family—a girl . . . mrs. franklin, appointment clerk, has resigned, after fourteen years. miss ruth campbell has taken over her duties . . . mrs. dr. moorman (he of surgery) has become an army nurse, leaving the good doctor a war widower . . . dr. boyd, children's clinic, has taken over the orthodontia department, and has moved into its more spacious offices . . . miss katz, clinic office manager, now has miss mary ann eback as assistant . . . jean spear, '43, was another on our list of visitors. he's still stationed at paris island and is not overly enthusiastic about it . . . be sure to read the article on denture construction. it's by one of our seniors . . . that nice looking girl you see around the dental school once in awhile is the dental interne at riley hospital . . . goodbye and good wishes to dr. crawford. welcome and good wishes to dr. hine.

Letters From

(CONTINUED FROM PAGE ONE)

bacteriology, malariology, map reading, and many other subjects. We had "close order" drill and calisthenics till we felt like "West Pointers." We went on marches for twelve and fifteen miles with full pack and bed roll in the blazing sun of North Carolina. I never knew a person's body could take such punishment. We lived in the boon docks with snakes and bugs, made beach landings under dummy fire, crawled under real machine gun fire, learned how to shoot ml 30's, carbines and 45's. We lived with our guns and practiced shooting twelve and fourteen hours a day for a week. Finally our course was over and I was surprised how well I felt. I had gained weight, my waistline had disappeared two inches, brown as a berry and a zest for living.

From there, I was transferred to Tent City, Jacksonville, N.C., and put in the First Replacement Draft and soon was aboard a troop train bound for the west coast and then where no one knew. After arriving in Camp Pendleton, nine of us dents were transferred to duty there in an area named "Little Tokyo." While at Camp Pendleton, my wife and son drove out from Terre Haute, Indiana, to California to be with me till I shipped out. We have a small ranch in Encinitas, California, high up on a ridge covered with orchards next to the mountains, overlooking the valleys on both sides and the small town and ocean below. The scenery and views are breath-taking. We have an avocado grove and an area with orange, grapefruit, lemon, lime, sapoda and banana trees which kept me busy pruning and picking in my spare time. My wife and son are still there and will be until I return.

I was at Pendleton for only a few months till I received orders to the 6th Marine Division and overseas.

Now after seven months over here, I can say there's no place like the States and good old Indiana. In my outfit is one dentist who is my old fraternity brother and best friend, John Gilchrist. He was one class ahead of me and we have been inseparable since. While there at Pendleton before I left, I ran into Harry Healey, who had received orders aboard an A.P.A.

These islands are beautiful while you are still aboard ship and can gaze upon them, but your vision, aspect, and attitude change considerably after existing on them in this terrific heat, hot sand and

continued blazing of this equatorial sun.

Our camp site was an area near the beach and the jungle had just been pushed back a few yards so as to give us room to have a mess hall and living quarters. Our drinking water at first was obtained from streams, treated with chlorination. Have you ever drunk hot chlorinated water from a Lister bag, that burns your throat as you gulp it? Or eaten dehydrated eggs or potatoes or Australian canned meat? Yes, we were lucky we had meat.

After a time we began clearing and building for our hospital and dental offices. We set up eight dental units—not the swanky state-side outfits, but the collapsible iron chair job with pedal type unit and battery headlight. We had plenty of equipment and all the burs we needed. There was work to be done and dental treatment was needed badly. For a few months, those engines and instruments were in use solidly till we had cleaned up the hardest and worst part of the work. It was surprising how much we achieved. I was taken back by the large number of marines that had not seen a dentist for months—seems out here that tooth decay really enjoys itself and tends to progress faster and much easier, thus destroying the teeth much quicker than at home. Maybe the climate and food are the primary factors for this.

In the marines we are under the Medical Department and it is much more noticeable than in the navy. We are assigned other duties besides dentistry, and dentistry that is needed out here is a full time job. Some of the extra duties are such as T.Q.M. officer, military police, sanitation officer, record officer, mess and wine mess officers, motor transport officer, and others. I was assigned divisional malarial control officer and have about forty men under me to keep the area throughout the whole division under control. I am thankful I had courses and training in such down at Lejeune, for it is a big and exacting job. Thanks to the army, they have been very cooperative and helpful to me in the new duty.

As for experiences, I have seen a few islands here in the old Pacific both by air and sea, though I cannot mention their names for we are under strict censorship. I have explored native villages, picked up souvenirs, tried to learn some of the native talk, had dinners and visits with friends in the English settlements of New Zealanders and Aussies. Also, have explored and examined smashed

Jap ships, subs and gun emplacements and old bivouac areas.

After a period of time one becomes acclimated to his environment and with time one tries to improve his living conditions such as building chairs, tables, beds, lamps, and such. Even screen in our tents, lay flooring, plant flowers. It's a shame you couldn't stay one place, for you build a fierce pride in your quarters and your island-made furniture and home, but in the Marine Corps, you are always on the move and so when we stop again, we start improvising and building again.

Lt. Robert Nickels

England

Saturday, Mar. 3, 1945

For three months now I've been trying to pull my thoughts together and write back to the school. And now that I'm on temporary duty, away from my hospital, I do have a little more time.

After graduation I returned to Hartford, Connecticut, got married and spent one month working in the Public Health Department Pre-school Dental Clinics. And then was called to duty reporting to Aberdeen Proving Grounds in Maryland, where I spent 8 months doing mainly amalgams and a few root canal fillings. To me, just getting out of school, it was an excellent opportunity to gain speed and dexterity without sacrificing the fundamental principles of cavity preparation. Fortunately, the man above me at Aberdeen was a former instructor at Atlanta-Southern and insisted upon Dr. Black's principles being adhered to. I might say that Dr. Koss, a captain at the time, was stationed there at the same time and he was the only I.U. dental grad that I actually came in contact with while in the States.

Then along about June of '44 I received orders to report to the 163rd General Hospital and with that outfit I went overseas to England, and we've been here since September of '44. There were six officers on the hospital dental staff, and I certainly appreciated the break. As set up in a general hospital, the dental department has its own laboratory and laboratory men, the dental doctors take care of all jaw fracture cases and associated wounds of the face. We do gold work (not foil obviously) including fixed bridges and full and partial dentures. As a point of interest, at present we are even doing acrylic jackets and acrylic bridges using gold or acrylic abute-

ments as deemed advisable. From my former Lt. Col. dental officer I gained some valuable oral surgery experience, and from my present Lt. Col. (who was formerly on the Crown and Bridge staff at Ohio) I'm getting some excellent experience in crown and bridge, using the direct method of carving in order to cut down the number of sittings and for greater accuracy. To cut my personal story short in order to write a few things you will probably be more interested in, I'd like to say I do realize I've been more fortunate than most in the dental experience I've obtained from the army. As Dr. Bryan said, "Do not go to sleep too near where you get in." I did so want to stay awake when I got out of school.

First as to penicillin, I'm sure you've read about the use of penicillin locally in the treatment of Vincent's infection. Well, we did a little experimental work in its use. We weren't particularly impressed with its use in the acute cases. Frankly we couldn't see any marked advantage over other medicaments (after thorough scaling) or plain salt water used every hour. But we did have several chronic cases which we had been treating for three months without eliminating the symptoms of Vincent's completely. We then took smears, cultured the "bugs" and ran a penicillin sensitivity tests and found that in a number of cases the bacteria present were penicillin sensitive and the case did respond within 24 hours. We used 500 oxford units per cc of normal saline as a mouthwash every hour kept in the mouth 5 minutes by the clock. Several of our chronic cases had bacteria that were not penicillin sensitive, thus we did not resort to the latter since it was too expensive to use promiscuously to determine results empirically. Our work suggested to us more and more as we moved along that Vincent's infection is a non-specific mixed infection. Note I said suggested. We proved nothing as to that aspect of the disease.

Let me just urge you to impress upon the students the importance and necessity for an intelligent and workable knowledge in their medical subjects. Here at the hospital I actually used the microscope for oral pathology. I had to have an understanding of blood picture reports (and incidentally spent many evenings brushing up on blood and physiology). Believe me, the medical subjects were not subjects to be studied as the "unyielding increment," but they should be studied with the idea that they are to be used in dentistry. The young den-

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tists on the staff loved dentistry and were enthusiastic. It seems to me we need more men in dentistry who really want to be dental doctors and study after graduating. We need more men who will be willing to do research in dentistry. I know that you are familiar with these facts. But I did want to say that after working and living with a great number of dentists during the past year and half I see things in dentistry I wasn't convinced of before.

As I look back at our subjects and clinical work, I feel we should have had an anterior inlay requirement, let us say at least three anterior inlays, for graduation. We should have had a more comprehensive series of lectures on root canal therapy including the various methods of canal preparation before filling the canal, such as ionization, etc. A course in pharmacology that would have given us a greater familiarity with drugs and their specific uses systematically; I found it a necessary tool in the hospital. I'll grant you we can all make up these little deficiencies after graduation, if we have the fundamentals, but I place these ideas before you with an idea to making Indiana University School of Dentistry better than any other dental school. I might say our education at Indiana compared very well with products graduate from other schools.

It was a source of pride and satisfaction to read in the Bulletin that we've had several additions to the staff as well as carrying on research. I enjoyed reading Ralph Phillips' article in a recent A.D.A. Journal.

Please give my sincere regards to the members of the staff, and count on us to sell Indiana University School of Dentistry in the "field" if you will just continue, as you have been, making it a school we are all proud of.

Nirenstein, a classmate, was up in Holland with an evacuation hospital when the "Krauts" broke through in mid-winter. I don't know if he pulled back fast enough.

Lt. Gilbert L. Mellion
163rd General Hospital
APO 556, c/o Postmaster
New York, New York

Dentistry in the Past

John Hunter—1778

Some of his operations must excite a smile at the present day—such as extracting a decayed tooth, boiling it and then replacing it in the socket; curing a toothache by burning the ear with a hot iron.

Denture Construction Under Unusual Circumstances

Cooperative understanding between patient and operator, a very necessary factor in the construction of successful dentures, is not easy to secure when the patient is deaf, dumb and blind. The following report, however, will prove that practical cooperation in such instances is not unattainable.

The patient in this case was a 67-year-old woman, rendered deaf and dumb by an attack of scarlet fever when she was two years of age. Her sight, also, had been getting progressively worse for the past fifteen years and she was practically blind. Three months before she had presented for dentures, a benign growth had been removed from her lower arch by electric therapy. The ridges were in an end-to-end relationship and the upper arch was reasonably normal considering the age of the patient. Resorption was not excessive and little redundant tissue was present. The lower ridge, however, had undergone considerable resorption, especially in the anterior region, presenting only a small denture base area.

Typical of most individuals afflicted by deafness and blindness, the patient had developed an excellent sense of touch, which was to prove invaluable in the construction of the dentures. For the first two appointments the patient's daughter, normal in respect to speech, hearing and sight, acted as interpreter. Instructions were conveyed to her and she, in turn, passed them on to the patient by means of the regular finger system of communication. Feeling the movements of the daughter's hands as she spelled the words enabled the mother to carry out instructions to the letter. In spite of this, however, progress was so slow that a series of signals was decided upon which the patient was to learn in advance of each appointment. It was decided to use the area about the lips and chin as the sounding board for conveying instructions. One tap or steady pressure applied on the front or point of the chin informed the patient that she was to open her mouth and keep it open until she felt two taps or steady pressure under the chin—the signal for closing. Necessary cooperation for muscle trimming the impressions was secured by signals such as one tap on the right cheek for moving the tongue to the right and one tap on the left cheek for

thrusting the tongue to the left. These same signals were employed in securing jaw excursions also. One tap on the upper lips was an indication to the patient to extrude her tongue. When the operator placed his thumb under the patient's chin and the remaining fingers over her mouth, the patient understood that the appointment was ended.

The patient, in turn, had certain signals which she employed to convey short messages to the operator. If, for instance, the impression material felt too hot she would frown, touch her lips with her fingers and then clench her fist in front of her face. This was done, of course, in much less time than it takes to tell it. If everything was satisfactory, she touched her lips lightly and passed her hand in front of her face.

Taking the primary impressions gave us a chance to experiment with our signal system and we found the patient quite familiar with the meanings of the various taps. Immediately after seating the tray for the primary mandibular impression we tapped the right cheek for right tongue movement and the left cheek for left tongue movement and finally the upper lip for extruding the tongue. The patient followed instructions very well and no difficulty was experienced in taking either this or the maxillary impression. The same success accompanied the taking of the secondary impressions. Before the secondary impression trays were made, the primary casts were relieved in the palate area in order that we might have built in compensatory relief.

Perhaps the most difficult job of all was securing correct vertical dimensions and correct centric relationship. In normal cases a central bearing tracing or Gothic arch tracing would be used but under the circumstances it was necessary to sacrifice some accuracy and use an equalizing wax bite on the occlusion models to establish centric. The patient was instructed to open and close several times by means of the signal system in hopes that she would become more relaxed and would tend to bite in correct centric relationship. As the patient would bite, the operator would test to see if the patient was biting in centric by placing his fingers on the temple area where the temporalis muscle arises. As centric was reached, the muscles on both sides would flex and could easily be felt, while if the patient would bite in an eccentric position, only one side or the other would flex. After repeated attempts the patient closed in centric several times

in succession and the occlusion models were seared together, removed from the mouth, and the case mounted on the articulator.

The teeth were set up in the usual manner with the exception of an increased amount of overjet. The increased amount of overjet made a definite ledge which the patient could feel and which provided a guide in biting correctly. When the teeth were placed in her mouth and she closed in centric, the operator placed her finger over the anterior teeth and let her feel how the teeth came together. Each time the patient closed she would feel the dentures and if she failed to close correctly she would change her bite until she was satisfied that the anterior teeth overlapped just the right amount. Due to the poorly fitting dentures that the patient had worn previously, she had acquired the habit of biting protrusively. On her first post delivery inspection she was biting correctly and she had learned this through the feeling the teeth when they were properly closed.

When the completed dentures were inserted, the patient proved to be unusually cooperative in pointing out areas of discomfort, high spots in the occlusion, etc. Returning one week later for a check-up, two small irritated areas were discovered on the lower ridge—the result of too much hard candy and coarse food. The patient was then instructed to limit her masticatory activity to soft foods until she became more accustomed to her new dentures. At the present time the patient is enjoying a reasonable amount of success with her new dentures and there is every possibility that she will experience even more when she becomes more accustomed to them. (By Charles J. Vincent, '45. Reprint from THE DENTAL STUDENTS' MAGAZINE)

Dr. Hine Named

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of Medicine; the American Association of Dental Schools; the American Dental Association; the Indiana State Dental Society; the Indianapolis Dental Society; Omicron Kappa Upsilon, honorary dental society. Dr. Hine is now business manager of the Journal of Dental Education.

He is married and has three children. The Hine home is at 327 Buckingham Drive.

We are proud to welcome Dr. Hine as dean. His background, ability, and sincere appreciation of the problems in dental education assure Indiana University School of Dentistry of continued leadership in dentistry.