

Alumni Bulletin

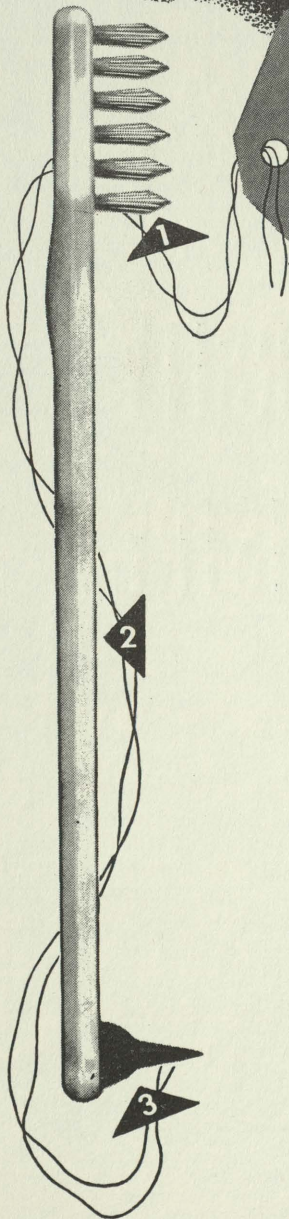
INDIANA UNIVERSITY
SCHOOL OF DENTISTRY

FEBRUARY, 1954
INDIANAPOLIS, INDIANA

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INDIANA UNIVERSITY
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Indiana University School of Dentistry ALUMNI BULLETIN

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A free and non-profit bulletin issued by Indiana University School of Dentistry, Indianapolis, Indiana, for the purpose of keeping its alumni informed of the activities and progress of the school.

Techniques in Bridge Construction*

by John F. Johnston, Professor of Crown and Bridge

The indirect techniques in bridge construction are those which permit the operator to make the retainers and fabricate the bridge without recourse to try-in of patterns or castings.

The semi-indirect methods permit the fitting on the prepared teeth of the patterns which have been carved on dies, or even the seating of the castings on the teeth for an adjustment of the occlusion and contacts—before progressing to the assembly of the parts.

There are many variations of the semi-indirect plan, one or more being used by the majority of operators. For men working alone or for those who make relatively few bridges, I feel this is the method of choice. For this reason it is used to start out students in the clinical construction of bridges.

The devotees of the hydrocolloid method sometimes try the wax patterns on the teeth, occasionally adjust the bite of the cast retainers before continuing with the construction, and a few even go so far as to remount the opposing model after this adjustment.

Those using the die-and-transfer technique do the same things on occasion, even though the try-in of the transfer should be satisfactory if it meets the conditions set up as the standards.

It would be well if followers of either method would more frequently make all of the assembly except one joint, place the two unjoined parts on the prepared teeth, take a plaster impression and perform the last soldering operation following this fitting in the mouth. This would compensate not only for the inaccuracy

of the model, if such inaccuracy should exist, but for linear shrinkage due to soldering.

Indirect-direct

The least indirect method for constructing bridges, sometimes called the "indirect-direct," consists of the preparation of the abutment teeth, making tube impressions of the preparations, taking wax bites and carving the patterns over the dies made from the tube impressions. The carved patterns are transferred to the prepared abutments for checking cervical extension, cervical contour, cervical adaptation, general alignment of the cusps, axial contour, occlusal contour, and for making any needed adjustment of the bite and of the contact areas.

After all of these have been observed and the necessary corrections made, the patterns are sprued, invested and cast *without* replacing them on the dies. This method is then followed through by fitting the castings on the teeth, taking a plaster impression and pouring the working model. An impression for the opposing model is taken, or sometimes the opposing model used for the study casts may be substituted.

While wax bites are often used, a buccal plaster splint is frequently the best method for registering the relationship.

The dies used in this process can be made from impressions taken in modeling compound or Dietrich's compound. For impressions of full crown preparations, I favor modeling compound if the tube is well trimmed and fitted. For this material the band can be a tight fit around the finishing line of the prepared tooth. If Dietrich's is used, there must be a continuous clearance in this area.

*Paper read at the Symposium On Newer Dental Materials and Techniques, November 17, 1953, Indianapolis, Ind.

By any standard, the copper-plated die is the most accurate reproduction of the impression. It is the least apt to be destroyed and it does not contaminate in any way. It can be produced easily and with an apparatus which is quite inexpensive.

If you prefer to "let George do it," commercial laboratories should be able to reproduce with certain accuracy the impression which you send to them—or as it is received by them. I would not risk sending a model compound impression through the mail during the hot summer weather. Neither would I risk sending a Dietrich's impression, because of the probability of it changing form through drying out.

Common sense must be exercised in the handling of impressions or no one can possibly produce a die sufficiently accurate to permit carving a wax pattern which can be corrected even if it is tried on the prepared tooth. If the lab is only a few minutes away and if you can be assured the technician will handle your work with expediency, then, of course, no risk is being run.

For the quick aide in carving a wax pattern the stone or cement die is indicated even though it is less stable. It will not be hurt by wax carving unless very sharp instruments are used on the margins. Die cement, or model stones, such as Diolite, Duroc and Velmix, may be used. Cement or stone dies are of no use for the fitting of castings made from patterns which have been tried on the teeth.

The amalgam die is an old standby, but its construction is time-consuming. In accuracy and efficiency it lies somewhere between the die just described and that produced by metal deposition. Platinum matrices can be swaged over it and it can be inserted in a model, but otherwise it has no more uses than the stone or cement dies. The impression must be taken in modeling compound; it should be invested

before packing in order that a hard die may be produced; it requires time for setting; care must be taken in the removal of the packed die from the investment; and the trimming of the root portion can be a dirty mess which may contaminate many items in the dentist's lab, as well as soil clothing.

Its most favorable feature is that it can be produced without investing in other equipment which costs money and which takes up space. As I see it, these are the only advantages to the amalgam die.

Copper Plating

The die produced by metal deposition, or as it is commonly known, the copper-plated die, will be just as accurate or just as inaccurate as the impression which is immersed in the plating solution. Usually there is no doubt as to the accuracy of the impression while it is still on the tooth, but very often it is distorted during removal by twisting, rotating or by removal in an arc. If there are undercuts or sharp margins, there may be a scarring of the impression surface which makes any die produced from such an impression of no value.

To produce a metal-surfaced die of acceptable accuracy, these rules must be followed, to the letter:

1. The band used for the impression must be of the correct size for the material being used; that is, it must fit the cervical snugly for modeling compound, or have a given all-around clearance for Dietrich's compound.
2. The band must be trimmed to conform to the cervical outline of the prepared tooth which in many cases follows the gingival contour.
3. The band should go into the gingival crevice beyond the finishing line, but should not impinge on the attachment of the periodontal membrane. (Wire may be laced through the band at the necessary points to prevent this.)

4. The impression material must be prepared and chilled according to directions. (Enough heat, of the right kind, and chilled according to the manufacturer's tables.)
5. The impression material must go ahead of the band to extend beyond the cervical border and to push away the gingiva so that tissue will not be trapped inside the band.
6. Enough force must be used so that the impression material will adapt to every portion of the prepared tooth.
7. It must be held immobile during the hardening period.
8. It must be removed in a straight line to avoid distortion or blemishes on the inner surface.
9. It must be plated with dispatch and according to the rules set up by the Dental Materials Department.

The most accurately fitting cast transfer can be made by flowing the wax on the lubricated die. In this way fewer strains are set up and there is less chance of the lack of fit at the cervical margin. The cervical eighth of any transfer should be waxed to the contour desired in the final finished casting; the remaining area can be a smooth shell without anatomical contour, but of relatively equal thickness overall. The transfer should be waxed so that the contact areas are thin, allowing space for a quantity of plaster in this part of the impression, guarding against the loss of some small part when the impression is assembled and the model poured.

A window should be cut in the transfer pattern at the bucco-occlusal margin to permit observation of the seating of the cast transfer. It may be cast of any gold which will produce an accurate casting.

The casting must fit the die and must go to place on the prepared tooth using only the desired pressure. The cervical margin must fit and the casting must be seated on the occlusal when viewed through the window at the bucco-occlusal angle. If the transfer fits both die and

tooth as desired, then the die is considered a duplication of the prepared tooth and it can be used for construction purposes without recourse to try-in.

The transfer method is most often used with full coverage.

Since this is not a discussion of reconstruction, it can be assumed that there are teeth left in the arch which will guide the movements of the models and which will serve as a pattern for the carvings to be made later. In any event this type of construction calls for mounting with the face bow, setting the condyle paths in accordance with the remaining occluding surfaces and with lateral protrusive registrations.

For best results, I prefer that the opposing model have metal occlusal surfaces, although with careful handling this need not be.

From this point the retainers can be waxed and cast, seated on the dies which are in place on the working model, the pontics can be constructed, and the soldering can be completed in two or more operations.

I, personally, prefer to make the restoration in units and join them with solder. While I have never tried to cast bridges in one piece, in my opinion the ones I have seen did not offer as much in design of embrasures and in ease of cleansing as those assembled with soldered joints.

Occlusal adjustments can be made on the working model; finishing can be done there, also.

When the appliance constructed on such a working model is tried in the mouth, contacts should be correct and only a minimum of occlusal correction should be necessary. There must be no reason for the patient having to wear the bridge for a period of time in order that the abutment teeth may readjust to the bridge as assembled. Construction should

consume so short a time that the abutments will not move, and the protection afforded the prepared teeth should be of a type to keep them in position.

Advantages and Disadvantages

What are the advantages and disadvantages of this method of construction?

The chief advantages are:

1. Early checked accuracy of cervical fit and seating of the retainers. Possible in the other method.
2. The possibility of making the soldering joints in individual assembly, thus reducing the linear shrinkage to a minimum.
3. It will withstand the maximum amount of rough usage.
4. The margins can be polished on the working model.

The disadvantage is the time factor. While all of the steps necessary in this type of construction can be done by the dentist working alone, chair and laboratory assistance must be available if the cost of production does not become prohibitive in the majority of offices.

No more skill is required to make a bridge by this method, getting the desired result, than is needed to do the job by the method discussed earlier. There are no secrets hidden from all except the initiated. It is a laborious procedure which confounds those who cannot turn the major part over to an accomplished technician. The results justify the means, but for me there are other means not so long drawn-out. From where I sit, it is no more a precision technic than the method which I shall describe next.

Many men have contributed to the development of the specialty of crown and bridge prosthodontics. A number, including Thompson, Sears and Wooster, have added to the progressive chain of events which have brought the hydrocolloid impression technic for constructing fixed replacements to the present point of near-

perfection in the hands of the expert. Even for the dentist of only average ability, very satisfactory bridges can be constructed by this method if attempts at short cuts are eliminated and if the recommended procedures are followed.

The hydrocolloid technic can be used to advantage in constructing the majority of fixed bridges. There are some contraindications.

It is not the method of choice when the pinledge retainer is to be used, nor is it the method of choice when a partial veneer crown is to be used on an upper central or lateral incisor, if the preparation must be kept to the lingual of the labial line angles for esthetic reasons. In such an instance the space between the prepared tooth and the approximating surface is too narrow to permit a sufficient bulk of impression material. Direct waxing is advised.

Full veneer crowns, with or without facings, can frequently be constructed more easily by other means. Also when teeth are tipped or moved out of position so that the prepared cervical margin barely clears the approximating tooth, the use of hydrocolloid is questionable.

In such exceptional cases direct wax carving is suggested.

The hydrocolloid technic can be used to construct fixed bridges of any length, but when used in a longer replacement the bridge should be constructed in sections, the sections returned to the mouth and removed in a plaster of Paris impression. From this impression a soldering model should be poured and the parts joined. In this way it is possible to overcome any deviation in relationship or linear measurement which might result from changes in a large impression.

For ease of manipulation the hydrocolloid technic requires an assistant at the chair.

When planning a construct a bridge

(Continued on Page 22)

Dean Hine reports that...

Records indicate that 75 years ago this winter dentists practicing in Indiana were invited to come to Indianapolis to attend a meeting designed to form plans to open a dental college. The first meeting was held on June 3, 1879, and this and subsequent meetings resulted in the opening of the dental school in Indianapolis on October 1, 1879. Thus, 1954 marks the 75th birthday of Indiana Dental College and Indiana University School of Dentistry. Plans have already been started to celebrate this anniversary in several ways; details will be announced later. Meanwhile, any alumnus who has information about the early history of our dental school is cordially invited to send it in to me.

Last fall the new Student Union and Food Service Building for the Medical Center Campus was completed and all alumni are urged to visit this splendid building and use it whenever possible. Designed by Eggers and Higgins, of New York, the University's supervising architects, and Edward D. James, Indianapolis architect, this eight-story brick structure, with all its furnishings, cost approximately \$4,150,000. Of this amount, \$2,200,000 was raised by Indiana University through the sale of bonds that will be repaid by the income from the building. The U. S. Public Health Service appropriated for food service facilities \$1,450,000 under the Hill-Burton Act, which provides funds for hospitals and hospital services. State funds for its construction amounted to \$500,000. The building has a fine swimming pool on the first floor, an excellent lounge, cafeteria and snack bar as well as a television room on the second floor; special meeting rooms on the mezzanine, and rooms for transient guests on the top floors. Visitors have all been enthusiastic

in their praise of the building; we feel fortunate to have this building for student, faculty and alumni use.

Activities of the dental school are increasing each year. Professor Ralph Phillips organized a workshop on the teaching of dental materials which was held in the new Union Building at Indiana University School of Dentistry on November 17, 1953. Representatives from 34 dental schools throughout the United States and Canada and from the United States Army, Air Force and Navy enrolled in this workshop and all were enthusiastic about it. On the following day, November 18, a symposium on dental materials was held for the dentists of Indiana and dentists from 44 Indiana cities and from 23 cities outside of Indiana listened to the discussions on dental materials.

It will be of interest to all alumni to know of the following special programs to be presented in the next few months:

1. On Wednesday, April 7, there will be a symposium on crown and bridge held in the Indiana State Board of Health Building. Dr. Johnston has arranged a program with the following men as speakers: Doctors J. W. Adams, G. T. Gregory, F. K. Paul, G. A. Hiatt and J. F. Johnston of Indianapolis, and Dr. Robert Dressel of Western Reserve
2. A course in hydrocolloid technics to be given to a limited number of dentists at the dental school April 26-30. Details concerning this course will be sent out in the near future.
3. Through the cooperation of the Indiana Cancer Society, there will be a meeting on "Importance of Oral Cancer" held in Indianapolis some-

time in April. This year the meeting is to be in the form of a workshop and each component society in Indiana is to be asked to send a representative to attend the meeting.

4. There will be a meeting of the International Association for Dental Research March 19, 20 and 21 and the American Association of Dental Schools March 22, 23 and 24 in French Lick. All dentists are invited to these meetings.

There have been several recent faculty changes that will be of interest to alumni: Dr. R. Frank Denny has been appointed as full-time associate professor in prosthetic dentistry; Dr. Robert Wilson, full-time instructor in crown and bridge; Dr. Donald Cunningham, assistant professor in crown and bridge, and Miss Marjorie Swartz, full-time instructor in dental materials. Also the following dentists have been appointed part time: Dr. James Barnes (crown and bridge); Dr. Jack Carr (radiology); Dr. Leon Berger (lecturer in practice management); Dr. Edgar Haynes (pedodontia); Dr. Richard Jennings (pedodontia), and Dr. Gerald Kiley (oral surgery).

Dr. Thomas Esmon has returned from the armed forces and is now part-time instructor in operative dentistry. Doctors Joseph Ropski, Wilbur Moorman, Charles Howell, and Arthur Gilliam resigned from the dental faculty because they were called into the armed forces. Also, Doctors Rolenzo Hanes, Richard Howard and Paul Sherman resigned to enter full-time practice.

The following dentists were also appointed as assistants: Wendell Grassmyer, Walker Kemper, Martin Linderman, William Meek, Paul Pappas, Richard Schnell and Cyriel Scherrens.

Again this year several foreign students were accepted at advanced standing. They are as follows:

Ursula Bleifuss, a native of Germany, who obtained her D.D.S. degree from Dental College of the University of Berlin. She was assistant in the Orthodontia Department and was also in private practice. In 1951 she was given the title "Dental Specialist in Orthopedics of the Jaw."

Werner Bleifuss, a native of Germany, who obtained his D.D.S. degree from the Dental College of the University of Wuerzburg in 1934. He worked as a dental technician from 1918 to 1928, and following his graduation from dental school went into private practice and also did some research work. (Note of interest: Werner Bleifuss is the husband of Ursula Bleifuss.)

Ruben Delgado, a native of Puerto Rico, received his D.D.S. degree from the University of Santo Domingo in 1953.

Atanas Komsiski, who was born in Bulgaria, received his D.D.S. degree at the University of Erlangen in 1945 and his M.D. degree from the University of Munich in 1951. Because of his Bulgarian citizenship he was allowed to practice only in refugee camps.

Waldemar Riefkohl, a native of Puerto Rico, received his D.D.S. degree from the University Nacional de Mexico in 1952.

Basil Theofilis, a native of Greece, received his D.D.S. degree from the National University of Athens in 1933 and received postgraduate instruction in clinical operative dentistry 1939-40 at the University of Michigan. Until his enrollment he had been working as a dental technician in this country.

Ramon Leon, a native of Puerto Rico, received his D.D.S. in 1953 from the National University of Mexico.

We wish to take this opportunity to thank all of our alumni and friends who sent us Christmas cards.

Dental Hygiene

A. Rebekah Fisk, Director

We have enjoyed hearing from the graduates of the dental hygiene curriculum during the holiday season and are glad to have news of what they are doing both in their professional field as well as on the "home front."

From the 1953 graduates who have remained in Indianapolis we learn that Ruth Cleveland is associated with Dr. Donal Draper and Dr. Richard Howard; Marilou Shidler Halle with Dr. Willard Stamper and Dr. William Borman; and Elizabeth Gilchrist with her father, Dr. Earl Gilchrist.

From other parts of Indiana and other states Jean Strebig is associated with Dr. Irvin Weinraub and Ann Keenan with Dr. Richard Glassley in Fort Wayne; Shirley Whaley with Dr. Robert Ryan in Muncie; Frances Drakos with the Gary School System; Juanita Huitema with Dr.

W. S. Flack, Mishawaka; Joan Malacina with Dr. T. W. Courtice in Whiting, Beatrice Davis with the Dental Study Unit in Bloomington; Nannette Noiroot with Dr. Applegate in Cincinnati, Ohio. Joanne Nichols is continuing her education on the Bloomington campus and Madelena Stanley is now working in the Radiology Department of the school. Geraldine Frazier and daughter, Charlotte Anne, are now with her husband, who is in the Navy and stationed at Patuxent River, Maryland.

From the 1952 class we learn that all are in the same positions which they took on graduation. Mary Louise Dreher and family are now living in Cleveland, Ohio.

We hope that all of our graduates will send us news at any time, but it is particularly nice to have it in time for the winter issue of the *Alumni Bulletin*.

Library

Mrs. Mabel Walker, Librarian

The following books have been acquired by the Library during the period, August, 1952, through November, 1953. They are available for loan to all alumni of the School of Dentistry.

- Archer, W. H.—A manual of dental anesthesia. 1952
- Archer, W. H.—A manual of oral surgery, 1952
- Ackerman, L. V.—Surgical pathology, 1953
- American Dental Association—Dental health facts for teachers. 1953
- American Dental Association—Digest of official actions, 1922-1946. 1947
- American Dental Association—Teeth, health, and appearance. 3d ed. 1952

- American Medical Association—New and nonofficial remedies. 1952
- American Medical Association—Standard nomenclature of diseases and operations. 4th ed. 1952
- American universities and colleges. 1948
- Anderson, W.—Synopsis of pathology. 3d ed. 1952
- Burket, L. W.—Oral medicine. 2d ed. 1952
- Burlingham, R.—Odyssey of modern drug research. 1951
- Brauer, J. C.—Dentistry for children. 3rd ed. 1952
- Bredow, M.—Handbook for the medical secretary. 2d ed. 1948
- Briscoe, H. T.—General chemistry for colleges. 4th ed. 1949

- Brown, R. W.—Dr. Howe and the Forsyth Infirmary. 1952
- Calder, R.—Profile of science. 1951
- Cattell, J. M.—American men of science. 8th ed. 1949
- Colyer, Sir J. F.—Old instruments used for extracting teeth. 1952
- Conant, J. B.—Fundamentals of organic chemistry. 1950
- Conference on connective transactions. 1st ed. 1950
- Cowdry, E.—Laboratory technique in biology and medicine. 3d ed. 1952
- Cram (Geo. F.) Company—Unrivalled atlas, the world—indexed. 64th ed. 1952
- Davis, E. H.—Old Indiana and the new world. 1951
- Dean, H. T.—Endemic fluorosis and its relation to dental caries. 1948
- Diamond, M.—Dental anatomy, including anatomy of the head and neck. 3d ed. 1952
- Dorland, W.—American illustrated medical dictionary. 22d ed. 1951.
- Drummond-Jackson, S. L.—Intravenous anaesthesia in dentistry. 1952
- Dushman, S.—Fundamentals of atomic physics. 1st ed. 1951
- Ellis, R. G.—Classification and treatment of injuries to the teeth of children. 3d ed. 1952
- Evans, R. M.—An introduction to color. 1948
- Fischer, B.—Orthodontics; diagnosis, prognosis, treatment. 1952
- Fish, E. W.—Parodontal disease. 2d ed. 1952
- Fisher, D. A.—Steel serves the nation, 1901-1951. 1951
- Fitz-Hugh, J. C. G.—Practice of dentistry. 1952
- Flesch, R. F.—The art of clear thinking. 1st ed. 1951
- Gesell, A.—Child development, an introduction to the study of human growth. 1949
- Gomori, G.—Microscopic histochemistry. 1952
- Griffin, J. B.—Archaeology of eastern United States. 1952
- Guthrie, D.—Lord Lister, his life and doctrine. 1949
- Harned, J. M.—Medical terminology made easy. 1951
- Harris, T. A.—The mode of action of anaesthetics. 1951
- Heron, W. T.—Clinical applications of suggestion and hypnosis. 2d ed. 1953
- Highet, G.—People, places, books. 1953
- Indiana—Yearbook of the state of Indiana. 1950
- Jacobs, J. F.—History of the University of Kansas City School of Dentistry. 1949
- Jones, W. E.—The scientifically designed partial veneer or three-quarter crown, its technic, analysis, and comparison. 1952
- Jordan, E. P.—R for medical writing. 1952
- Judd, D. B.—Colorimetry. 1950
- Kinsey, A. C.—Sexual behavior in the human female. 1953
- Kinsey, A. C.—Sexual behavior in the human male. 1948
- Kleiner, I. S.—Human biochemistry. 3d ed. 1951
- Krantz, J. C.—The pharmacologic principles of medical practice. 2d ed. 1951
- Le Cron, L. M.—Experimental hypnosis. 1952
- Lederle Laboratories—The fifth year of aureomycin. 1952
- Lever, W. F.—Histopathology of the skin. 1949
- Linek, H. A.—Tooth carving manual. 1951
- McCall, J. O.—Clinical dental roentgenology. 3d ed. 1952
- McGehee, W. H.—Pharmacology and pharmacotherapeutics for dentists. 4th ed. 1952
- Manion, C.—The key to peace. 1950
- Marsh, D.—Outline of fundamental pharmacology. 1951
- The Missouri archaeologist
- Moore, F.—Statistics for medical students and investigators in the clinical and biological sciences. 1951
- Moss, A. A.—Hypnodontics; or, Hypnosis in dentistry. 1952
- Myers, B. D.—History of Indiana University, 1902-1937. 1952
- Nettleship, A.—Basic principles of cancer practice. 1952
- Nevin, M.—Problems in dental local anesthesia. 1953
- Oberling, C.—The riddle of cancer. 1952
- Patterson, R.—Community health education in action. 1951
- Posselt, U. O.—Studies in the mobility of the human mandible. 1952
- Rhodes, R. H.—Hypnosis. 1950
- Roback, A. A.—History of American psychology. 1952

(Continued on Page 27)

Alumni Notes

Mrs. Cleona Harvey, Recorder

Happy 1954 to all of you! No doubt by now you have broken all of your New Year resolutions! We are happy to report that many of you remembered one you were asked to make last year judging from the notes we have received concerning changes of address, etc. We appreciate the "etc." too, as our jolly editor really makes life miserable for me if this column isn't long and informative!—it can only do what you dear people make possible—so as usual here comes an S.O.S. for more news of more alumni-

Class of 1904

Dr. W. R. Clickener, Harvel, Illinois, wrote us back in September and his letter is full of news, so we quote in full:

"I am in receipt of the *Bulletin* and note the names of many of the Class of '03. Dora F. Ellison and Margaret E. Shaw were classmates of mine and graduated with the Class of '04. The address of O. H. Lowder, '03, is Stonington, Illinois, where he has practiced medicine since 1917, having taken up the study of medicine at Washington University at St. Louis after giving up dentistry. I retired from active practice in 1950 due to ill health and having three major surgical operations in the last year one of which was cancer of the right kidney which was discovered in time and I am now enjoying good health for my age. I hope to be able to attend the 50th anniversary of my graduation next year as I have attended all of our reunions. With best regards to old I.D.C."

An announcement from Dr. Robert R. Gillis informs us that "11 months of retirement has given me more than I want" and so he is "opening his office for the

practice of dentistry at 5462 Central Avenue, St. Petersburg 7, Florida!"

Class of 1906

Dr. H. A. Kelsey, 115½ W. Mulberry Street, Kokomo, Indiana, also writes a letter packed with news and information which we think you will enjoy: "This month is my fiftieth year that I have been engaged struggling with dentistry. It was in September, 1903, that I matriculated in the Indiana Dental College. At that time the dental course was set up for a four year term. My dental license is dated May 21, 1906. Am in hope that you can give me the date of my matriculation. My practice has been wholly at Kokomo, Indiana, except three years of apprenticeship in Illinois, 1897-05, during summer college vacation, the last year I put in the entire year at Indiana Dental College, Indianapolis, by which having gained practical experience. By the way, Dr. Charles Jackson was in charge of the clinic. Charley credited me with being the Gold and Silver Filling King. If my memory has remained good am recalling that I put in more than 1000 amalgam fillings, 500 gold foil, crowns of every known kind, plates of rubber, celluloid, gold and platinum lined over gold, baked porcelain inlays (Dr. John Q. Byrum's hobby). Dr. Jameson was with the college at that time. He, Dave House, Croomey did experimental work with gold inlays. Their best success was by making either pure gold or platinum foil matrices whereby gold was flowed to complete the inlay. I guess their ideas were infiltrated in to me for on the side I cast gold fillings direct by making a wax model of beeswax, camphor gum. My investment used was one part plaster Paris, three

parts granite dust, four parts cuttlefish mixed with water. The model was painted with graphite. The model was flask, dried out after which I used a waterhose tip about 1½" diameter filled with asbestos fiber dampened, this was pressed down upon the molten metal forcing the metal into the model cavity. Strange to say, the dean, Dr. Hunt, called me on the green carpet for going too far beyond the faculty instructions. At the same hearing I was advised not to be constructing a bridge, with or without facings that tapered from the occlusion surface toward the soft tissues. My argument was a self-cleansing dental bridge."

Class of 1917

Dr. Paul E. Williams reports a change of address to 18 North 13th Street., Richmond, Indiana.

Christmas greeting received from Dr. and Mrs. Carl Frech, Gary National Bank Building, Gary, Indiana.

Class of 1922

Dr. F. A. Richison, Dental Officer, Naval Amphibious Base, Coronado, California, made us happy with news about a change of address—we sure do appreciate being kept "in the know"—as he said.

"Just received the July *Bulletin* forwarded to me from North Carolina. Please change my address from Dental Clinic, Marine Air Base, Cherry Point, North Carolina, to Dental Clinic, Naval Amphibious Base, Coronado, California. I was transferred here in May as Force Dental Officer, Staff, ComPhibPac., with the second hat as Officer in Command of Dental Dept., ComPhib Base."

Class of 1928

Christmas greetings received from Drs. Leon and Evelyn Berger, 723 Main (Beech Grove), Indianapolis, Indiana.

Change of address for Dr. Ward Walsh Smith, who is now located at 320 W. Oak, Lafayette, Indiana.

Class of 1935

From Parris Island, South Carolina, Box 363, comes a note from Lt. Cdr. Arthur Stone, "During 1950, I completed a one year postgraduate course at New York University in periodontia. At present I'm in charge of the periodontal department at Parris Island, which is a Marine Corps training base. At various times I have been on duty with the Veterans Administration, Army, U. S. Public Health Service and now with the Navy. I would appreciate being placed on the mailing list of the *Alumni Bulletin*."

Class of 1937

Change of address for Col. William K. Welker, Chief, Dental Surgeon, Sampson AFB, Geneva, New York.

Class of 1939

Dr. Walter H. Vendes, 307 North Main Street, Bicknell, Indiana, was most helpful with some additional information concerning the Class of 1939, following our listing of their addresses in the last *Bulletin*. He wrote us in September that Dr. Ellis H. Tade "now in Army stationed in Japan—Major Dental Corps."

Dr. P. A. Ratcliff, 398 Highland Avenue, San Bernardino, California, finally writes giving us some information concerning himself: "You asked that I send you some information concerning my activities for your Alumni records. I am located in San Bernardino, California, with my practice limited to periodontia exclusively. My principal activities at the moment are related to dental education and research. I am an Assistant Professor of Periodontia at the University of Southern California on both the undergraduate and postgraduate staffs. In addition I have a faculty appointment at the University of California at San Francisco for the purpose of research in the Division of Dental Medicine. Recently a paper was forwarded to Dr. Hine for publication in

the Journal of Periodontology with my name as co-author with Dr. Hermann Becks regarding the research project I am carrying on in San Francisco. During the past two years I have given several clinics before various dental societies. On October 1, 1953, I will assume the office of President of the Western Society of Periodontology for the year 1954 after having completed the past year as secretary and treasurer of the organization."

We received a letter from the brother of Dr. Emanuel T. Green telling us that he is in the Army with the rank of Major and left for Yokohama, Japan, on September 22. Mail may be sent to his home, 18675 Prairie Avenue, Detroit 21, or to 15438 Harper Avenue, Detroit 24, Michigan.

Class of 1941

Notice of change of address:

Cdr. Wm. D. King, DC, USN, Naval Dental Clinic, Naval Base, Brooklyn, New York, with this note added:

"Returning to the U. S. soon after a 2-year tour in Naples, Italy, with Admirals Carney and Fechteler's southern NATO commands and hope to visit the school while home on leave. Have enjoyed reading the *Alumni Bulletin* and the Research Edition should be particularly commended; it is being passed around to all hands in the clinic."

Class of 1943

Although Dr. Melvin Ritter said he was not going to write us, we are most pleased to report he did and gave us his address—Captain Melvin Ritter, 01934-148, Dental Corps, Madigan Army Hospital, Tacoma, Washington.

Dr. Melvin Klotz is now located at 1005 96th Street, Miami Beach, Florida.

Class of April, 1944

Dr. Yale M. Burke, 816 Odd Fellows Building, South Bend, Indiana, is inter-

ested in having a reunion of the 1944 Class. We have furnished him a list of addresses and hope he locates all of you for this reunion.

Dr. Harold Fullmer visited us just today to give us his change of address. He was Professor of Pathology (teaching both general and oral) at Loyola University in New Orleans until last June when he joined the staff of the National Institute of Dental Research and National Institute of Health at Bethesda 14, Maryland.

Class of 1945

A Christmas greeting received from Dr. John J. Calland, 723 Main (Beech Grove), Indianapolis, Indiana.

Class of 1946

A compliment from Dr. A. L. Tapia, 403 Ben Hur Building, Crawfordsville, Indiana—

"Just leafing through your Research Edition of July—nice issue!" We are glad you liked it, Dr. Tapia. Dr. Tapia was at Fort Riley, Kansas, as prosthetic officer for 26 months—says, "That's all over, and I'm glad to be back in a little larger town and working as a civilian."

Class of 1947

Dr. Hine received a letter from Capt. Roland W. Dykema, AO 2230402, 315th Medical Group, APO 963, c/o PM, San Francisco, California, who said among other things, "Greetings from Japan. It is difficult to realize here that it is the Christmas season. The weather has been unusually mild; almost like Florida. I have just returned from a two-week leave in Hong Kong and Taiwan. Both of these places have real Florida weather . . . I should be released from active duty on or about July 20 . . . Happy New Year to you and the staff."

A Christmas greeting from Dr. and Mrs. Robert L. Moss "from the midst of

a residency at the Grasslands Hospital, Valhalla, New York."

Dr. Miles M. Shepard gives his present address as Public Health Nursing Service, Box 1058, Ketchikan, Alaska.

An announcement and a Christmas greeting from Dr. Marvin A. Tuckman tells of the "opening of his office for the limited practice of periodontia and oral medicine at 64 Hamilton Street, Paterson 1, New Jersey.

Class of 1948

Christmas greetings from Dr. and Mrs. Tom Boyd, Griffis AFB, 6530 Med. Gp., Rome, New York. "Best wishes for that perennial NOEL to you and your staff in Dean Hine's office. It goes without saying that we miss our Indiana friends especially those around IUSD and particularly at this time of the year. Please extend our best regards to the staff at I.U."

A change of address for Dr. Arthur Haacke to 721 Shroyer Road, Dayton, Ohio.

We received a card from Dr. Frederick W. Hamp announcing the opening of his office for the practice of general dentistry at 5508 E. Washington Street, Indianapolis, Indiana.

Major R. H. Marlette, 2501 W. 75th Terrace, Kansas City 13, Missouri, had his wife to write us and we are glad. She said, "Just a note to tell you of our change of address. We moved to Kansas City from Fort Leonard Wood in October. The Army sent us here for an oral surgery residency and of course we're most happy with our new assignment. Our best wishes for a Merry Christmas."

Dr. George R. White announces his return from the U. S. Air Force and the re-opening of his office for the practice of general dentistry at 50 Main Street, Paterson, New Jersey.

Dr. Philip M. Whisler is in Jacksonville, Florida, at the Naval Air Station.

His place with the Navy in San Diego, California, was taken by Dr. Wayne Heath ('53).

Class of 1949

Christmas greetings were received from:

The Dr. Wigand Kenters, 218 E. Kirkwood, Bloomington, Indiana; Dr. and Mrs. Sam Laudeman and sons, 1641 Main Street, Elwood, Indiana; Dr. Ernest Rosenthal, 1266 Oliver Street, Indianapolis, Indiana.

Class of 1950

Christmas greetings from Dr. and Mrs. Jack D. Denison and Sally, Post Trailer Court No. 1, Lot 119, Fort Bragg, North Carolina.

Capt. Wilbur C. Moorman, DC9 172689, U. S. Army Hospital, Fort Benning, Georgia, writes that he is enjoying his assignment. Many of you will remember Dr. Moorman with relation to our Oral Surgery Department, but he also received an M.S. Degree from Indiana in 1950.

From Anderson, Indiana, we have received an announcement that Dr. J. F. Simonds has opened his office at 1029 Broadway.

Class of 1951

Captain Roland C. Sheridan Jr., Sr. Dental Advisor, Headquarters, U. S. Military Advisory Gp. to the Republic of Korea, 8202d AU, APO 12 c/o P.M., San Francisco, California, has been making some valuable history.

He has received the Bronze Star Medal. He was cited for "His superior dental skill and efficient leadership which maintained the dental standards at a high level." He wrote Dean Hine in July:

"For the past few months I have been acting as the Senior Dental Advisor to the Republic of Korea Dental Corps. The KMAG has been doing an excellent job in aiding the development of the Korean

Army. The Dental Corps has had a short advisory period and consequently is a little mixed-up in many cases. 'It just grew'; however, it is rapidly becoming a sound functional unit.

"Through surveys of various units and troops we were able to have some basis in planning the reorganization and revising the equipment of the dental service. One phase of this survey was to investigate the training and capabilities of their dentists. In doing so a visit to the dental school was necessary and resulted in a shocking experience.

"The original college, Seoul National University, had a good building, with approximately 40 operating units. Their graduates were well qualified, according to Asiatic standards. However, with the fall of Seoul their school equipment was demolished, their library destroyed, and what little could be salvaged was moved to Pusan. They have a fair building and five dental units of Japanese make. Other than this they are entirely void of clinical equipment and text books. In spite of these conditions the dean has continued operations of the college, and is graduating classes annually. He feels that ill-trained dentists are better than none. I can't agree with him, but can see some points on its favor. . . .

"At present we have a short course of instruction on maxillo-facial surgery being conducted at the 1st ROK Army Hospital here in Taegu. Capt. Robert M. Booth, oral surgeon, from Springfield, Illinois, is teaching five Korean Army dentists. There is a wealth of surgery material located here and the dentists are gaining valuable experience; by working with these dentists we found they are very capable and desire to better their knowledge whenever possible.

"I would like any information that you could furnish me regarding the training in the States for these men. Is there a council I could contact? Perhaps there

are not enough spaces available for our own dentists, but I want to do all I can for the Korean dentists. I feel if we better dentistry in this country we will at the same time elevate dentistry all over the world. Every small amount helps and I am for raising the level wherever possible."

Dr. Donald L. Whitehead announces the opening of his offices for the limited practice of oral surgery at 221 Chestnut Street, Evansville, Indiana.

Class of 1952

Christmas greeting received from Dr. Rafael Aponte Jr., Box 1705, Ponce, Puerto Rico.

A Christmas card from Dr. and Mrs. Rowland E. Applegate, 2852 McConnell Drive, Los Angeles 64, California, makes us very happy because they thought of us, and also because of the very good news it contained and I quote, "We thought you might be interested to know that six out of six 1952 graduates passed the California Boards—the first try. They're Drs. Barker, Helmick, Houck, Phelps, Weatherholt and Applegate. We know of no others of the class who have taken the examination here and are proud of the school and the record."

Dr. Ernest H. Besch announces the opening of his office for the general practice of dentistry at 832 Medical Arts Building, San Antonio, Texas.

A news release to our Public Relations Director reads as follows:

"Camp Drake, Japan—Army 1st Lt. Harvey Chong, son of Wallace F. Chong, 76 Ponahawai Street, Hilo, Hawaii, won first place in the 50 meter breaststroke at a recent swimming meet at Camp Drake, Japan, near Tokyo. Lt. Chong entered the Army last September and arrived in the Far East two months later for an assignment with the 40th Infantry Division in Korea. He rotated to Camp Drake this August."

Dr. Calvin B. Clarke is probably in the States now, but he wrote from Strong-Carter Dental Clinic, 810 N. Vineyard Street, Honolulu 17, Hawaii, last July just after the last *Bulletin* went to press and we believe you, too, will be interested in what he had to say, "Another year has come and gone and my wife and I have enjoyed our stay here in the islands and if you have never been in this part of the country, you have missed a little pleasure in life. They have of course the ideal climate and much beauty which probbaly cannot be equaled in other parts of the world. I have also enjoyed my experience here at Strong-Carter Dental Clinic and have gained some valuable information which I hope to employ in my private practice."

Dr. Robert A. Cox, 192 Delaware Hall, So. Area, Fort Myer, Arlington 8, Virginia, also sent us a greeting and said, "We are now four—Jimmy (James Robert) was born last May 20. Also we are now well into our second year here at Fort Myer, Virginia, where we expect to be until next June when my current tour is up and we head back to Indiana. It is a fascinating place here in the shadow of the Capitol and official Washington and a wonderful experience but I am sure we are all going to be ready to head westward. Prior to that we are hoping to get back for the May meeting where perhaps we will see some of those we have missed during this absence. Till then, Merry Christmas to all and Happy New Year."

A Christmas greeting from Dr. and Mrs. David Frye, Electrical Service Building, Hickory, North Carolina, with a picture of Nancy and Judy Frye, was received and enjoyed.

We received an announcement from Dr. Arthur Gilliom saying he was entering the Armed Forces and then a card from him giving his address as Box 298, Med. Fld. Serv. School, Brooke Army Med. Center, Fort Sam Houston, Texas, and this news:

"San Antonio is a beautiful city in which to train with the current class in the Medical Field Service School here at Fort Sam Houston. Among the 199 dentists in our 4 week course is Wilbur Moorman. Upon comparing notes with other men from dental schools all over the country I can see easily why Indiana-trained men feel well qualified in all phases of dentistry. Eighty of our 199 will go overseas; the remainder will be distributed among 37 installations here in the United States. Best wishes to all at the school."

Dr. Alvin J. Grayson, 33 West 42nd Street, Suite 1230, New York 36, New York, writes he has been quite busy starting practice in his father's office in New Jersey and assisting his brother-in-law, who has been ill, in his New York practice. He adds:

"This short taste of private practice has been stimulating and the variety of work in all fields has been quite enjoyable. I have, of course, entered these practices with restraint since I fully realize that it will be necessary for me to return to the military eventually. I am still interested in the Air Force when and if they open their ranks again. If you know of any opening in that organization at any time, I would appreciate your letting me know about it.

"I read with great pleasure the research issue of the *Alumni Bulletin*. The *Bulletin* is always happily received because it bridges many gaps in my knowledge about 'the best class IUSD ever produced' and this edition had added nostalgic values."

A Christmas greeting from Dr. Raul Iturrino, Box 253, Canovanas, Puerto Rico, brings an interesting item, "I am all right, working hard, and looking ahead for the very brand new year 1954; you see, I am getting married on January 2nd, so I like to take the opportunity to invite you for my wedding." We wish we could have been there.

Dr. and Mrs. William K. Kelley announce the birth of a daughter, Patti Gay, on Saturday, October 24, 1953.

Also received a Christmas card from the Dr. Simon Kleegers, 93 E. Market Street, Rhinebeck, New York.

Last August 31 Dr. Robert Marshall, 4582 Pescadero Avenue, San Diego, California, wrote us a most interesting letter in which he said, among other things,

"I'm sorry I haven't written to you sooner but my wife and I left for California the day after I wrote you before. We had a wonderful two weeks trip out through Illinois, Iowa, Nebraska, Colorado, Utah, Arizona, Nevada and California. Wonderful institution, these in-laws who want to see their young-uns. After a week's rest in San Diego we left with them for a trip up through California going north the inland route and returning along the coastal route. Those big trees I had read about are really big.

"In Sequoia National Park we had a bear join us in a game of cards one evening but the game broke up quite quickly. The chipmunks and squirrels are so tame in the parks that anyone carrying food reminds me of a lone instructor on the clinic floor on a Saturday morning. We, too, are having a heat wave. The temperatures go all the way up to 75-78 degrees. I hope you had an enjoyable vacation."

Dr. Ralph Querry, Fowler, Indiana, was in the other day and told us that his wife presented him with twins, Kevin Dale and Kent Douglas, on July 3.

We enjoyed this paragraph in a letter from Dr. R. G. Schimmele, 1525 Spring Street, Fort Wayne 7, Indiana:

"Things here are running along rather smoothly, but I never knew that there was so much dentistry to be done. I guess everyone is interested in getting those "two front teeth" for Christmas. My regards to all."

Class of 1953

Dr. Sanford Asahina, 1009 Third Avenue, Honolulu, Hawaii, has not only passed his Hawaiian Board, but he has endeared himself to all the assisting staff at the dental school with the lovely orchids which have been coming our way.

Dr. Paul Braden announced the opening of his new dental office at 5925 East Washington Street, Indianapolis, Indiana.

A letter dated August 23 from Dr. Loftus Brown, 89 First Avenue, Atlantic Highlands, New Jersey, has news you may not all know about, "I passed the New Jersey Boards and am now looking for a pole—to hang my shingle. Last Thursday my wife presented me with a lovely little girl, Nancy."

Dr. Henry Plaschkes has just recently opened his office for the general practice of dentistry at 2336 North Delaware Street, Indianapolis, Indiana. He sent us a Christmas greeting which we enjoyed.

Dr. William Potasnik opened his office at 6935 Calumet Avenue, Hammond, Indiana.

Dr. Hollis Sears has opened his office in Bloomington, Indiana on East Tenth Street.

Class of 1938

The addresses of the Class of 1938 are listed below. We sent out a questionnaire and these data are the result of the answers we received. An asterisk before the name indicates we did not receive an answer to our letter. We hope you will help us with any information you may have.

Addresses of the Class of 1938

Abdon, Horace G.
3855 N. Wallace Street
Indianapolis, Indiana

Alpert, Abraham
44 Grove Street
N. Plainfield, New Jersey
(Married 12 years; have 3 daughters)

***Bethell, Frank G.**
Petersburg, Indiana

***Blythe, James O.**
508 Oakley
Evansville, Indiana

Brant, Bridane W.
404 Union Bank Building
Kokomo, Indiana

Brown, Ernest A.
Scottsburg, Indiana

Carnes, James E.
Box 209
West Baden, Indiana

Daubenheyer, Samuel B.
517 Marshall
Gary, Indiana

*(Al Milteer (class of 37), located in Gary,
called in Army—duty at Camp Gordon,
Georgia.)*

Farmer, Horace W.
1518 S. Third Street
Terre Haute, Indiana

Fisher, George A.
510 Citizens Bank Bldg.
Evansville, Indiana

Franklin, William R., Cdr.
U. S. Naval Hospital
Pensacola, Florida
(Completed fifteenth year in Navy
Dental Corps September 1, 1953)

Garner, James R., Lt. Col.
87th Dent. Serv. Det.
APO 696
New York City, New York

Griffin, Richard S.
1829 E. 46th Street
Indianapolis, Indiana

Hall, William A., Jr.
320 E. Eighth Street
Michigan City, Indiana

Heidenreich, Frederick W.
104½ E. Main Street
Bloomfield, Indiana

***Himelstein, Morris**
819½ S. Calhoun
Fort Wayne, Indiana

Hoffman, George S.
685 N. E. 126th Street
North Miami, Florida

***Hoop, William T.**
1819 G. Street, N. W.
Washington, D. C.

King, Paul E.
3419 E. 10th Street
Indianapolis, Indiana

Kowals, Chester A.
317 Whitcomb & Keller Building
South Bend, Indiana

Leon, Leo R., Chief
Dental Service
Veterans Administration Hospital
White River Junction, Vermont

***McCelland, William P.**
Bankers Trust Building
Indianapolis, Indiana

McCullough, John (Deceased)

Madden, R. H., Lt. Col.
Dental Clinic
Fort Ester, Virginia

Maury, William F. (Deceased)

Maxwell, William F.
314 E. Mulberry Street
Kokomo, Indiana

Pease, Edward L.
Bankers Trust Building
Indianapolis, Indiana

Pitzele, Arthur A.
477 Congress
Portland 3, Maine

Pownall, Roy
300 N. Center
Plymouth, Indiana

Riester, George P.
185 N. Gospel
Paoli, Indiana

Rosat, Antonio
Andradas 1646
Porto Alegre, Brasil

Rubin, Louis
734 Sanford Avenue
Newark 6, New Jersey

Saunders, Forrest D.
3708 Harrison Avenue
Cincinnati 11, Ohio

(Continued on Page 26)

Class and Fraternity Notes

FRESHMAN CLASS

The freshman class was organized on October 4, 1953. It was accepted at this meeting that the class title, Men of Dentistry, be retained by members of the freshman dental class. The officers for the year 1953-54 were also elected at the initial meeting, and the following students were chosen to their respective class positions.

President, Robert H. Owens, Vincennes,
Indiana

Vice-President, Lawrence A. Grey, Wabash,
Indiana

Treasurer, Robert J. Stark, Indianapolis,
Indiana

Secretary, John J. Collins, Clay City, Indiana

Our first social function was held at the local American Legion Home on October 30, 1953. The guests of honor were the members of the faculty and their wives. The informal occasion was to better acquaint the members of the class and to further relationships with the faculty. Dancing and entertainment were provided.

One of the main social events of the first semester is a Christmas party with the members of the freshman medical class. This will be held on December 16, 1953. Entertainment will be provided by both classes. The faculty of both schools will furnish the refreshments.

Other social events have been planned for future dates. The highlight of the social year will be a formal dance during the spring semester.

Although the adaptation to the program is difficult, the students have become very interested in their work. Meetings have been held at various times to discuss individual and class problems. Many of the adjustments of the first year of dental school have been made through the unity of the class.

John J. Collins

SOPHOMORE CLASS

The sophomore class now is very much at home on the Indianapolis Medical Campus. In the atmosphere of our fine and well-equipped dental school one takes on the feeling of a professional student, and also that the D.D.S. degree is one step nearer. The plan of study now is closely related to the practice of dentistry.

Our class officers are: Fred H. Fillmore, President; Richard L. Notter, Vice-President; Orbrey O. Phipps, Secretary; Wilbur W. Dremstedt, Treasurer; and Karl W. Glander, Social Chairman. Fred Fillmore represents our class on the Union Board, and Orbrey O. Phipps is our representative on the Inter Campus Social Committee.

The first social function this year was a class picnic. Plans are now under way for a spring formal to take place some date in March. It is our good fortune to have access to the new and magnificent Union Building, which was dedicated September 30, this year. We will be the first dental class to enjoy its facilities the three full years on the Indianapolis Medical Campus.

JUNIOR CLASS

It happened with the termination of the sophomore year. We became juniors. Unqualified, this may mean nothing to the reader, but to us it meant that techniques performed on mannequins in the sophomore laboratory were now transferred to the human dentition in the clinic.

Naturally, our anxiety to assume the long awaited role in the doctor-patient relationship was great, and to many of us it was almost like graduation, in spite of the two remaining years to go. But as one might expect, the realization of our new position came as a shock. We returned for enrollment and registration, and found patients were appointed for us the next morning. If we didn't know Black's principles of cavity preparation to that day, I can guarantee that we knew them by the next morning. Of course we started our patients off with the proverbial scale and polish, and, at this stage, after scratching the enamel and traumatizing the gingivae we tried operative dentistry. Some of us could have cried when the demonstrator said O.K. to do that Class I. Well, wasn't he going to do the first one for us? He's a demonstrator. And then some of our patients required rubber dams. Whaa? rubber dam, how, why, what, where. After using six or seven on the patient we found the answers to these questions.

The story is pretty much the same for our first attempts at oral surgery, and, oh, that poor prosthetics patient we took secondary im-

pressions from and forgot to vaseline his mustache.

Perhaps this has recalled to your minds many of your own undergraduate experiences, and perhaps you are cherishing them as your golden years. I am sure this is so for our class, because at our level every day is a new experience which often will be unforgettable.

It is our honor and pleasure to commend to the alumnae Indiana's School of Dentistry and its faculty. We feel the education we are here garnering is unique, and of a quality found only in the best dental schools. We thank you and our instructors for the privilege of being a part of a great school.

SENIOR CLASS

The class of '54 has finally started on the last academic year toward that seemingly endless goal of a D.D.S. degree. Registration and enrollment were accomplished with the usual finesse as is characteristic of the Senior Class of Indiana University School of Dentistry. Almost immediately our 66 members set off on the usual search for patients having those precious point requirements within their oral cavities—gold foils, root canals, and that string of hydrocolloid inlays, among other things. There is no doubt about it. We are seniors at last!

Although many of us spent most of the summer vacation in the clinic improving our techniques and abilities, as well as padding our crown and bridge requirement counts for that old proverbial "rainy day," a few who chose to toil the summer through were given a hearty welcome back into the fold. Of special note was the generous greetings given our two "playboy" members, Robbie G. Robinson and Hugh P. Snyder, upon their return from the sunny clime of California, and the fascinating casinos of Reno, Nevada.

Elections were held and the following named "Docs" were entrusted with the fate of the class in our final year:

Don Spees, President
Jim Baldwin, Vice-President
Robert D. Wood, Secretary
Bailey Hinton, Treasurer
Marion Warpenburg and Richard Phillips, Councilmen

We would like to congratulate our president, Don Spees, upon his recent exit from bachelorhood. His marriage along with those of Dick Phillips, Harry Kerr, and Bob Wood has increased our total married population to 47. Incidentally it is rumored that Bill Parks and

Bob Ball are threatening to make it 49. Also congratulations to the Worsters and Libkes who were visited by the stork this summer.

Social functions for the class have been nil thus far, although there have been farternity parties galore. However, with all the supply houses trying to sell their wares, we are quite sure we will be adequately "wined and dined" in the near future as well as having functions of our own.

The class of 1954 takes this opportunity to wish all students, alumni, and faculty members a Very Merry Christmas and the happiest of Happy New Years.

Robert D. Wood

XI PSI PHI

To alumni everywhere, the active members of XI Psi Phi extend their warmest greeting and sincere wishes for a happy and prosperous new year.

On October 24, Xi Psi Phi honored nineteen men, newly initiated into membership, at a dinner held in the new Food Service and Union Building. After dinner, festivities were continued within the confines of the frat house with the members, their wives or dates enjoying dancing, games, further refreshment, and bull sessions as the individual tastes demanded. The New members are: Dwain Love, John Kolby, Bill Rogers, John Herrold, Ron Melser, Ellis Shackelford, Dick Notter, Mike Dragomer, Paul Bunch, Louis D'Angelo, Wentzel Owens, Jim Cheatham, John Cherney, and Paul Cleeter, sophomores; Randel Enlow, Wendell Hughes, Archie Ferguson, and Virgil Eaton, juniors, and Pete Raibley, senior.

The seniors added to the social program by throwing a party at the house on November 24, with the juniors following suit on December 18. Plans are in the making for a Valentine's Day dance sponsored by the wives of active members to be held February 13, and a party sponsored by the sophomores later in the spring. Zip alumni are cordially invited to attend these parties as well as other functions of the active chapter.

Machinery has been put into motion for the painting of the house both inside and out. The first floor rooms are to be painted over Christmas vacation by the active members. New lighting fixtures for the dining room are also on the way.

At present there are fourteen men living in the house. Functioning on a cooperative basis those residing there keep the premises quite

livable and comfortable. Direct credit goes to Danny Hayes, current house manager, for his able efforts in organization and management.

Two meals per day are served at the house which tends to reduce overhead and indigestion encountered in "eating out." A new deep freeze unit is being purchased which should prove an invaluable aid in the planning and preparation of these meals.

Business meetings are being held on alternate Tuesdays. A planned program consisting of speeches, table clinics, and demonstration of new techniques occurs at monthly intervals. Information concerning future programs may be obtained from Don Anderson.

Leonard Hollingsworth

PSI OMEGA

Psi Omega fraternity members are deeply engaged in first semester work and are looking forward to the big breather of Christmas vacation as this article is penned. Thanksgiving recess has come and gone leaving pleasant memories of a pre-holiday celebration at the chapter house. In conjunction with those festivities formal initiation of new members was held. A dance and a stag party were other highlights of the Thanksgiving season.

The chapter house is now displaying the fine results of a long and major rebuilding and re-decorating program. The living room, having absorbed a former screened-in porch, is now spacious and resplendent with hardwood floor, pastel walls, picture window, new fireplace, and glistening newly varnished woodwork. A former entry hall has been enlarged and converted into a tastefully decorated area featuring pastel walls and ceiling which blend with the new modernistic tile floor. The dining hall presents a new look after treatment with paint brush and paper. A new gas operated heating plant has been installed in the basement. Bathrooms have been redone also. The finishing touch of the program consisted of a new exterior paint job. Now, thanks to the efforts of the active chapter officers and members and hard working alumni, the Psi Omega Chapter house stands as a prime example of fine location and excellent facilities. All old alumni are cordially invited to stop by anytime for a look at the newly rejuvenated house and a little shop talk with the actives.

Plans for the annual Christmas dance are nearing completion. The date of December 19 has been chosen for the function and the Claypool Hotel, the location. The sparkling success of last year's dance bids fair to be outstripped by this year's function.

And so, interspersing a little play with a lot of hard work, Psi Omega moves on toward the completion of another semester.

Delmar Miller

DELTA SIGMA DELTA

The Delt house once more resounds to the familiar sounds of the call boy in the mornings trying to wake the dead, the engine's hum in the lab, the turning of textbook pages in the evenings, and if one stays up late enough he may even hear the footsteps of Ollie Kimche as he leaves or returns from parts unknown; the school year is again in full swing.

Bob "Salt" Keesling and Dick "Pepper" Williams now live in the apartment in the basement formerly occupied by Cliff and Adalai Henderson. Rumor has it that "Salt" will move into the guest room of "Pepper's" apartment after "Pepper" marries Marilyn Simpson on January 31. Gene Meyer will also take the step on December 15, when he weds Jean Higgins of Indianapolis.

Elected officers for the year are as follows:

Bill McCloughan, Grand Master
Al Witters, Worthy Master
Bill Heiny, Scribe
Bob Blu, Treasurer
Bob Keesling, Senior Page
Dick Williams, Junior Page
Tom Blake, Historian
Gene Meyer, Tyler

The social functions this year have been a great success with Charley "Homebreaker" Hall and John "Bird Dog" Williams leading the way. The annual Christmas dance will be held at the house the night of December 12.

Due to the increase in the number of unmarried men being pledged, and other reasons, the fraternity has recognized a need of a larger house. We hope to be in a new location soon. Plans are progressing rapidly as we look to the future.

CROWN AND BRIDGE

(Continued from Page 7)

using the hydrocolloid impression technic, few changes from the usual preparation of the abutment teeth are needed. If post-holes are made in the prepared abutment, the use of hydrocolloid makes it desirable that these holes have a greater diameter and a relatively shallower depth.

For example: A posthole placed in the occlusal of an inlay preparation—in the cusp tip of a partial veneer preparation—or in the cingulum area of a partial veneer preparation, ordinarily would be made with a No. 700 bur. To reproduce easily with the hydrocolloid technic, it should be made with a No. 701 or 702 bur. If normally made at a depth of 1½ mm. it should be reduced until it is only 1 mm. or ¾ mm. deep.

The cervical finishing line must be definite and easily followed on the model. It may be either a shoulder, a bevelled shoulder, a bevel or a chamfer, and, tooth form and other conditions permitting, it should extend under the free gum margin at least one-half the depth of the gingival crevice.

With these exceptions preparations which are to be reproduced in hydrocolloid are the same as for any other technic.

Retraction of the Tissue

Before preparing the abutment teeth, the depth of the gingival crevice should be explored, bearing in mind that normally the younger the patient, the more shallow the crevice, and that the more shallow the crevice, the more difficult the gum tissue is to displace.

In the adult patient, this crevice usually is more than 1 mm. in depth, giving ample room for placing the prepared cervical margin in a position where it will be protected both as to recurrent caries and recession; also providing sufficient room for the displacement of the tissue to a point where the hydrocolloid impression will be successful.

If the tooth form, height of attachment or recession of the supporting structure makes the extension into this crevice impractical, the type of the cervical finishing line and its outline are determined according to the preference and judgment of the operator.

Materials to be used for Gingival Retraction:

Cotton Wrapping Thread of Various Sizes No. 6 to 22, 2-3-4- and 5-strand

Adrenalin Chloride, 1% solution (aqueous)

A saturated solution of Alum (aqueous)

A 35% solution of Zinc Chloride (aqueous)

A 5% solution of Zinc Chloride (aqueous)

Aluminum shells of assorted sizes

Soft temporary stopping

Hemostatic (Hemolox)

A length of thread of each size is soaked in the alum solution and similar pieces are saturated with the 35% zinc chloride solution. These are dried and stored in separate, labelled bottles. The desired length can be cut from the thread of proper size as needed.

It must be remembered that hydrocolloid impression material, when sufficiently fluid for proper impression taking, will not displace tissue, saliva, blood, mucous or debris, and that contact with any one of these, except tissue, will produce an impression sufficiently imperfect to make the poured model of no value.

Therefore, *the most important phases* of this technic are the retraction of the gingival tissue to expose the cervical margin, plus thorough cleaning and drying of the total area to be included in the impression.

Retraction of the tissue or exposing the margin may be done in three ways:

1. By slow mechanical pressure.
2. By mechanical pressure aided by drugs which will relax the soft tissues or which are styptic in nature.
3. By surgical means.

Surgical procedure requires a developed technique, additional equipment and

demonstrated use. It is felt that a discussion of this method is not warranted, even though many times it is highly desirable.

The slow mechanical method is used chiefly for full veneer crown preparations or when there is an excessive amount of soft tissue around the prepared tooth. It sometimes is considered a preliminary aide rather than a means of complete marginal exposure.

It is best done by using an aluminum shell which has been trimmed to conform to the gingival contour and which when trimmed will rest lightly on the occlusal surface of the prepared tooth. This shell is partially filled with temporary stopping or with base-plate gutta percha. Temporary stopping of a softer type is preferable.

The stopping is heated until it is soft and workable and the shell is forced onto the tooth, down almost to the point where it rests on the occlusal surface. The patient is asked to close, forcing the shell to its predetermined position. This causes the material to flow into the crevice, displacing the soft tissue. Usually there is an excess of stopping.

The filled shell is removed and the excess at the cervical line is trimmed back to a point where it will displace the tissue without excessive blanching. It is then tried on the tooth to check. With a warm instrument the stopping is worked into the crevice and smoothed. Again it is removed and a drop of eugenol or cavity varnish is placed inside the filled shell. The tooth is dried and the temporary crown is replaced to remain for at least 12 hours.

This type of coverage and displacement is acceptable, also, on posterior teeth prepared to receive partial veneer crowns, if for any reason preparations and impressions cannot be made at the same

Slow mechanical displacement of tissue,

sue, if maintained with too great pressure and for too long a period of time during construction of the bridge, may permanently dislodge the tissue. The uncovered cervical area of the abutment will be sensitive and susceptible to caries.

Zinc Chloride

Displacement of tissue with zinc chloride can be very effective, but if mis-handled it can be a vicious procedure and can produce lasting damage. It, therefore, should be employed with proper precautions.

When using zinc chloride the quadrant must be dry and isolated or the soft tissue of the approximating cheek and tongue, as well as that surrounding the tooth, can be severely burned. These burns heal slowly and frequently leave scar tissue for a long period, causing a stiffness and reduced mobility in the cheek which is most annoying to the patient. These areas become tender at times and are easily irritated if the tissue should rub against a tooth or an appliance.

If zinc chloride is the agent of choice, the solution used to impregnate the cord should be no stronger than 35%, and any free solution of zinc chloride used for wetting a pack in the crevice should be 5%. The proprietary solutions which are usually near-saturation should be avoided.

A desirable method for displacement of tissue and one from which there is relatively little tissue injury consists of the use of the dry cord previously soaked in a saturated solution of alum. A section of this cord of appropriate length is applied to the cervical of the prepared tooth, forced into the crevice and kept there for a period of from 4 to 8 minutes. Drops of a 1% solution of adrenalin chloride are placed on the string after it has been packed into the crevice. This, along with the moisture in the crevice, reactivates the alum, relaxes the soft tissue and allows it to stretch under the pressure of the cord.

(This occurs without permanent injury to the tissue.) Then before taking the impression the crevice is packed with a No. 6 or 8 thread, unimpregnated.

To expose the cervical margin of a full crown preparation, an aluminum shell filled with temporary stopping may be used first, followed by a cord which completely surrounds the cervical of the tooth and which is forced into the crevice to the full depth.

For a partial veneer crown preparation, the cord can be tied around the tooth with the knot on the buccal or labial, with the remainder of the cord forced into the crevice in the area of the preparation.

For an inlay, the cord can be cut to a shorter length and forced into the crevice at the cervical of the preparation on either the mesial or distal, or both, being sure that the cord extends buccally and lingually beyond the preparation. Packing the thread into the gingival crevice can be accomplished with any blunt instrument or with a No. 12 Ivory scaler.

The tray which will hold the hydrocolloid should be of the water-cooling type and should be selected sufficiently wide to permit a minimum of 3/16 of an inch of impression material to the buccal and lingual of the prepared teeth, 1/4 of an inch on either side and occlusally being desirable. For a posterior bridge the tray length should extend the width of one tooth to the distal and not less than the width of two teeth to the mesial of the prepared area. (Including posterior teeth on the opposite side is often necessary and has many advantages.) When constructing an anterior bridge the tray should extend distally to include posterior teeth in each quadrant. Compound stops should be used for positioning.

For routine accuracy and simplicity of use, there is no doubt that proper equipment is essential to the success of the hydrocolloid technique. It is not possible

for the operator to standardize his procedure without the necessary auxiliary equipment. This will include:

1. Small syringes for injecting the hydrocolloid into the cavity preparation.
2. Water-cooled impression trays.
3. A conditioner with automatically controlled water baths for storage and tempering of the material.

When the office is thus properly equipped and when the technique has been standardized, the procedure is not difficult, but actually is simple, and most reliable.

The material must be boiled, stored and tempered according to rule and not by guess. It must be applied to the teeth in a manner to prevent air pockets. It must be chilled to avoid internal strains; it must be properly removed, treated as directed by the manufacturer, and poured within a desirable time limit.

Over the resultant dies and working models bridges of amazing accuracy can be produced, with marginal fit and anatomical contour consistent with the vision and digital dexterity of the operator or technician. No other technique is so uniformly accurate. No other technique will permit the interchange of dies and castings possible with hydrocolloid.

We feel, in the department, that the experienced operator can, with the same effort, get a uniform result from each method. From our time studies, we have proven to our satisfaction that the hydrocolloid technic consumes less time than either of the other methods, when desirable working conditions exist for each.

By observing the efforts of the less experienced operators, we have concluded that they produce a more satisfactory bridge when using the hydrocolloid impression technic, rather than the die-transfer method.

There are no desirable or time-saving short cuts in the indirect construction of fixed bridges. There is a saving of time at the chair, and a reduction of the time the

patient must spend in the office. Many phases of indirect construction can be delegated to a capable assistant, and more of them to a technician.

When employing the commercial laboratory for the fabrication of bridges, using either indirect technic, a complete understanding must exist between the operator and the technician, or the technician must be capable of following to the letter the directions supplied by the dentist. Such directions—which in reality are a prescription—should be detailed and should leave nothing to the imagination.

These directions should be accompanied by study casts so the technician may have a guide in his reproduction of tooth form.

When the desired exchange of ideas between the technician and the dentist prevails, the indirect techniques will permit the profession to begin to supply the number of fixed bridges needed and will reduce in number the candidates for dentures.

ALUMNI NOTES

(Continued from Page 19)

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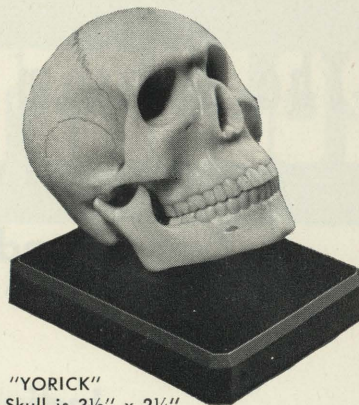
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- Dental surveyor
- Explorer
- Geriatrics
- Journal of bone and joint surgery
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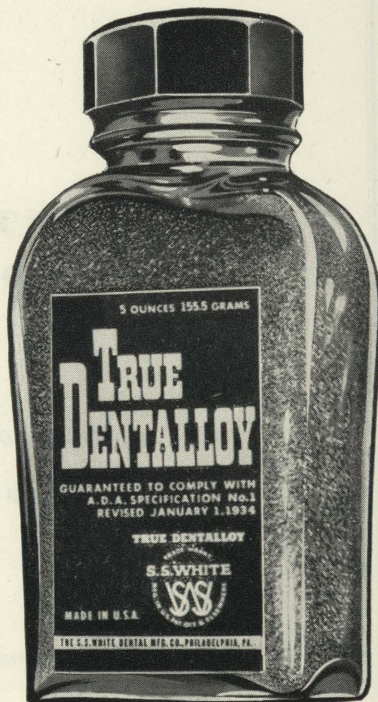
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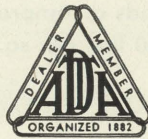
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