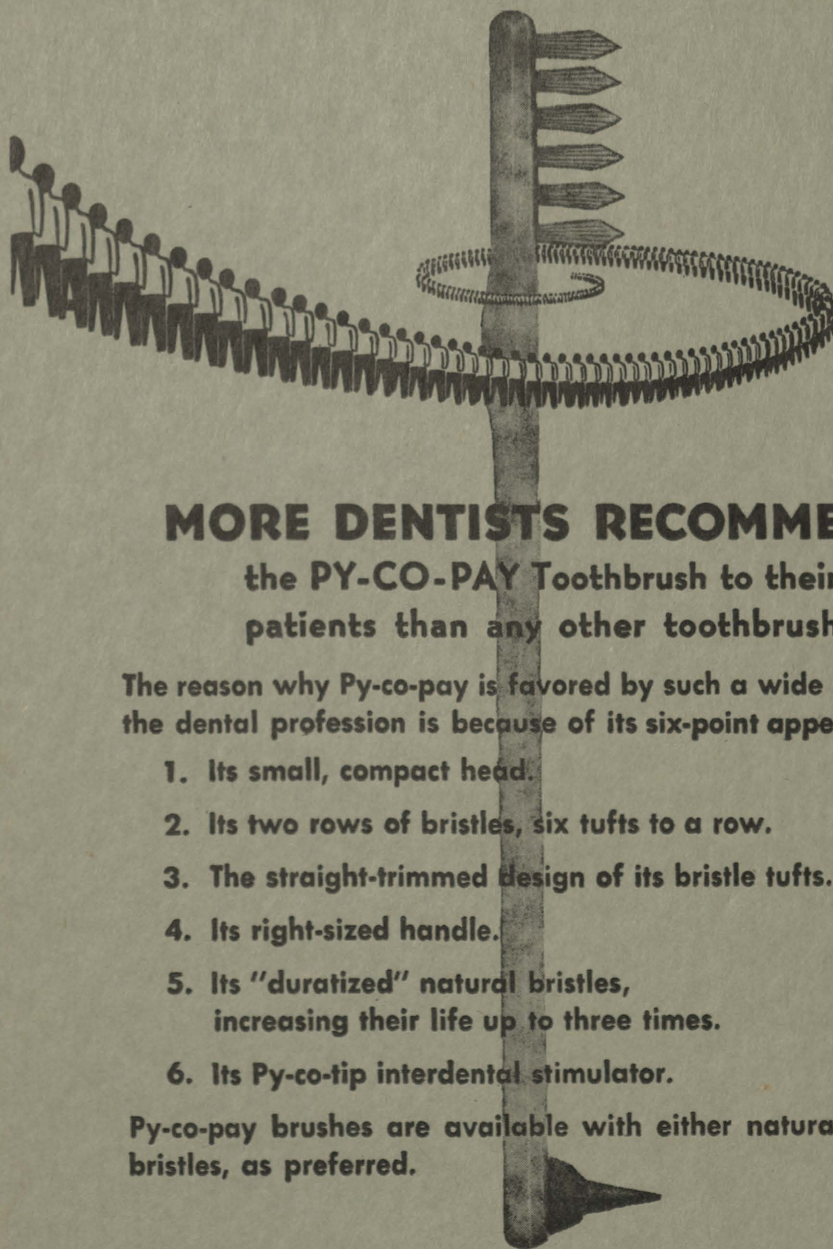


Alumni Bulletin

INDIANA UNIVERSITY
SCHOOL OF DENTISTRY

JANUARY, 1952

INDIANAPOLIS, INDIANA



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Indiana University School of Dentistry ALUMNI BULLETIN

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R. W. PHILLIPS

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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.

Department of Orthodontia

by J. William Adams, Professor of Orthodontia

The Department of Orthodontia as it exists today is the result of a post-World War II project under the administration of Dean Hine and hence represents about five years of concerted effort to develop a section of the dental college in keeping with modern trends. We are quite aware of our predecessors' efforts and accomplishments, especially the loyal work of Dr. Jackson, who for almost thirty years explored and tried every known means of presenting the subject to the dental profession in general and students in particular. The alumni of Indiana by actual experience or by hearsay have cause to know of his sincerity of purpose and clinical proficiency.

Orthodontia like other phases of dentistry was destined to undergo changes in lines of reasoning and techniques. It was only natural therefore that with the introduction of milk-banding appliances and a more keen appreciation of facial development Dr. Kemper should be brought in; and he did more than his share in setting the stage for what might be called the Modern School of Orthodontia. He was succeeded by Dr. Speidel, who was responsible for the installation of cephalometric equipment without which we could not have progressed to our present level.

The history of orthodontia at Indiana is strikingly similar to that of other colleges and in its present state represents the culmination of an evolutionary process involving much trial and error. It has come to be known as the truest specialty of dentistry, principally because time has proved that attempts to merge it into private practice of dentistry have met in most instances with varying degrees of disappointment. This conclusive statement should not be construed as implying

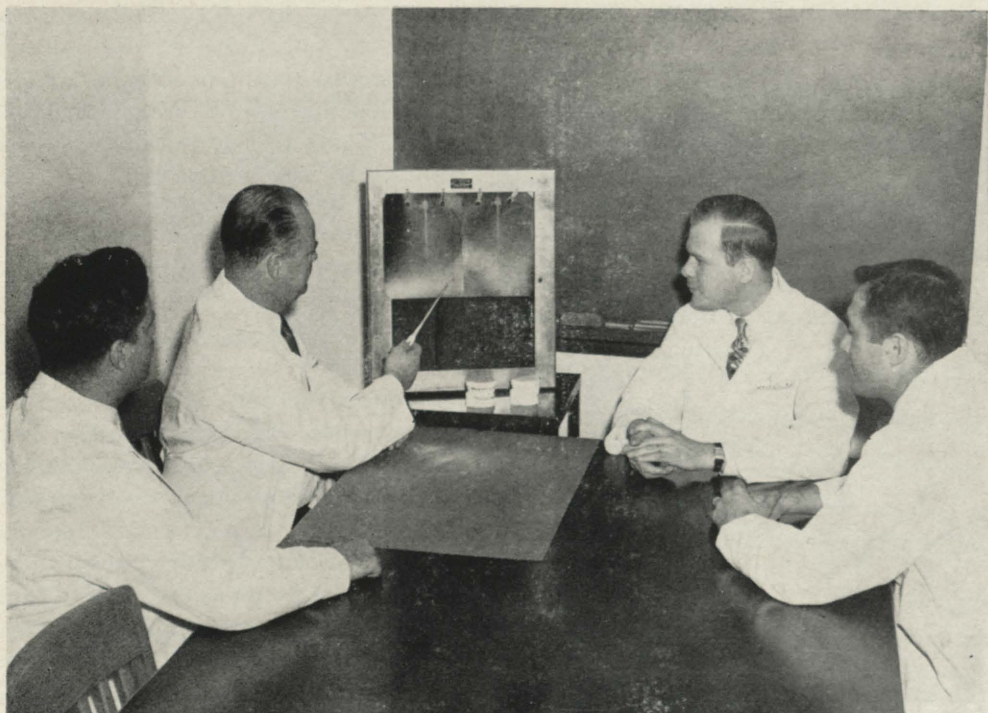


J. William Adams

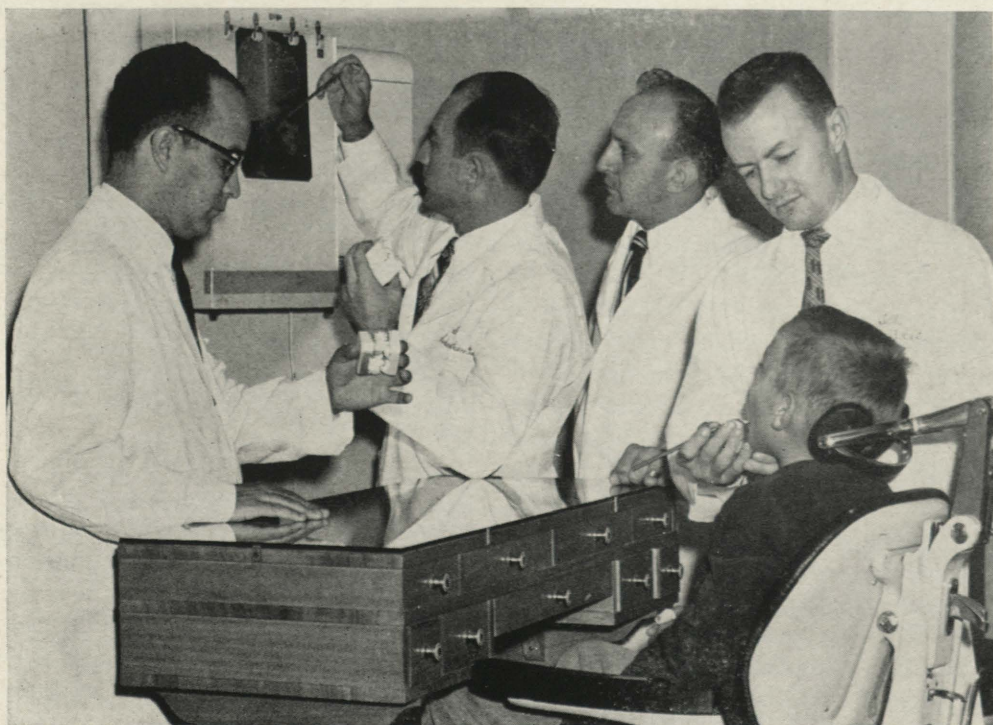
that the members of the department have lost their enthusiasm to instruct and otherwise aid any conscientious effort on the part of a dentist to face the challenge which confronts him in his daily practice. We have been quick to accept any opportunity to appear before any dental organization and do our share toward general or specific advancement. We intend to make ourselves available, to the limit of our facilities, to any conscientious effort in which we might play a part.

Those of you who have not had an opportunity to visit the school recently will be pleased to learn that we have finally been successful in procuring our own clinical facilities. For the greater part of a half century, orthodontia had

(continued on page 6)



Drs. Vorhies, Adams, Lindquist, and Hapak study headplates.



Drs. Rodriguez, Hanes, Wilson, and Kelley plan patient treatment.

DEPARTMENT OF ORTHODONTIA

(continued from page 4)

to borrow space from others and had otherwise overlapping facilities. Our new offices and equipment are in keeping with the general remodeling program and a logical step in motivating graduate teaching which in time will develop an adequate number of qualified specialists for the state of Indiana and a few for other localities where such education is not available.

Orthodontists have sometimes been accused of being a select group that try to develop a sphere of their own into which dentists have great difficulty making entrance. We would like to refute this opinion, if it still exists, by enumerating some of the important elements of modern orthodontia and the things the orthodontia department is trying to do to justify its existence. As recently as fifteen years ago it was estimated in different localities that 30%-90% of all cases which wore appliances ultimately were clinical failures in varying degrees.

This alarming observation can now be explained by the fact that treatment usually called for "straightening" of all the teeth into what was considered normal relationship and holding them until the jaws grew to accommodate them. We placed too much confidence in the capacity of growth somehow to make up for our analytical insufficiencies and clinical limitations. We didn't know enough about facial form, function, or growth. 'Old Glory' of dental book fame was the mythical goal in most instances and had a gate hinge articular concept of how the lower jaw functioned with respect to the upper jaw. Our failures were explained too often at the alibi level for want of a means of re-analyzing the case.

With the advent of new methods of study such as cephalometry we discovered a series of startling facts. In the first place it became apparent that we were frequently not influencing basic facial

structures by the use of mechanical appliances as we had thought. Second, that there are no two faces alike, i. e., they differ like fingerprints even in multiple births. Third, that growth of the jaws is surprisingly orderly but not the same amount nor in the same direction in any two cases.

It was further learned that no one case can be cited as 'the example of normal' and new concepts of the ranges of normalcy had to be evolved. Hence you have heard of new analytical methods having evolved based on exhaustive studies of the living which have proved previous 'dry skull' work as being misleading. Along the same vein research showed that natural teeth show much inconsistency so far as tooth mass and form is concerned and that even in the normal the variance in eruption rates and sequence further complicated the picture.

We have enumerated but a few significant discoveries to point out that the modern orthodontist has had to re-educate himself completely in recent years and in so doing has had to evolve new techniques to do what was found to be necessary. We have found it advisable to become detailed students of facial anatomy, occlusion, dental materials, and interlocking subjects in order to be able to treat cases to a state of balance rather than merely straighten teeth; hence the frequency of extraction in conjunction with treatment, the surgical correction of severe cases, the special attention to equilibration of the teeth following treatment, etc. One cannot wisely counsel others unless he is informed and clinically proficient himself.

It has been pointed out that the department has been working hard to keep abreast of the modern school of orthodontia which in turn has undergone a rather marked metamorphosis in the past decade and in so doing has delved into some subjects not normally thought of as orthodontic in nature. Although we have come

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Report on Annual Alumni Meeting

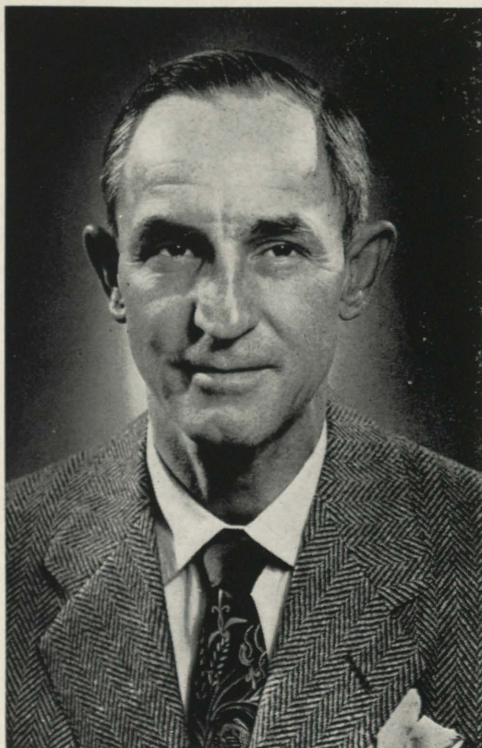
The annual meeting of the Alumni Association of Indiana University School of Dentistry was held October 5 and 6 on the campus at Bloomington. The attendance was most gratifying and everyone was well pleased with the excellent program. Dr. Paul Asher did an excellent job as President, and I only hope to be as efficient.

Dr. Lester Boyd of Chicago was the principal essayist on Friday afternoon. He is a most capable speaker on prosthetic dentistry, and those who did not attend missed a very interesting and educational presentation. The play "Voice of the Turtle", directed by Dr. Lee Norvell, provided the evening's entertainment. These plays alone are always worth the trip to Bloomington. Two members of the faculty of the dental school, Drs. John F. Johnston and G. Thaddeus Gregory, spoke Saturday morning on their respective fields of crown and bridge and oral surgery. Both did their customary excellent jobs.

Saturday morning Mrs. Branch McCracken presented a book review for the ladies. She is especially well qualified, and the fifty women attending were well pleased with this portion of their entertainment. Door prizes were also awarded to five lucky ladies.

The business meeting on Friday resulted in the election of Dr. Vic Jordan, Evansville, as President-elect. The following men were selected to serve on the Board of Directors: Drs. Walter Crum, Seth Shields, Robert Grove, G. T. Gregory, and Richard Young.

The attendance at our annual meeting is increasing each year. The alumni office of the university has been most helpful in making local arrangements. Many of the dentists stayed on the campus Friday night while others spent that evening at



Fritz Morris

McCormick's Creek. I know you will want to make your plans to attend this meeting again next year.

Through the efforts of Dean Maynard K. Hine, we are going to have our own room at the Chicago Midwinter Meeting in February. The room number will be 553A at the Stevens Hotel and we would like every alumnus to put in his appearance and sign the register. Coming to the alumni room will help us all become better acquainted with the purposes of our organization.

I know I can count on full cooperation of all the Indiana dentists to make this coming year our most successful.

*Dr. Fritz Morris,
President*

Biopsy: A Method of Diagnosis

by Wilbur C. Moorman, D.D.S., M.S.

In recent years the microscopic examination of abnormal tissue has proved to be a necessary method of diagnosis. The clinician no longer makes a final diagnosis on tumors or lesions by clinical signs and symptoms alone but correlates them with the pathological findings through the efforts of a biopsy. However, there are still some practitioners who regard a biopsy as a major surgical procedure and do not use it at all or only on rare occasions. The removal of a tissue specimen for microscopic examination requires very little time and is a relatively simple procedure to the practitioner and a painless one to the patient.

"Regardless of the clinical experience of the operator, the biopsy should be included in the data used to establish the final diagnosis in all neoplastic diseases. The program of treatment of lesions such as malignancies, tuberculosis, syphilis, fungus and virus diseases and other infectious inflammatory processes differs so greatly that one cannot afford to make a mistake in diagnosis."¹ Much valuable time has been lost and, needless to say, many lives have been lost by "letting Nature take her course." Cancer is one thing that time alone will not heal.

Any newly appearing and persistent growth about the oral cavity should be biopsied as soon as it can be determined with reasonable accuracy that it is not an acute inflammation.

The material for histological examination is obtained from a tumor or lesion in one of three principal ways: surgical excision by scalpel or electrocautery, removal of a piece of tissue by biopsy forceps, or aspiration of a bit of tumor through a needle with a large lumen.

The scalpel is the instrument of choice in the removal of tissue as it does not damage the specimen by dehydration or

charring as is sometimes the case when a cautery or high-frequency cutting knife is used. A cautery or high-frequency cutting knife is entirely acceptable in vascular tumors where it is useful to control bleeding at the biopsy site or where a large section of tissue is obtained so that the heat will not penetrate the center of the specimen and destroy the appearance of the tissue.

The majority of the lesions and tumors of the oral cavity are small and can be totally excised very easily. In this way the pathologist will have an over-all picture of the lesion and will be provided with the best specimen for examination. These biopsies are referred to as excisional biopsies. The diagnostic biopsy is one in which a small section of the tumor is removed for examination.

It is often advisable to take more than one specimen at various locations from the same tumor if the tumor does not have the same appearance throughout. A diagram should be made of the tumor and each specimen placed on a separately labelled specimen bottle to correspond to the area of the tumor from which the specimen was removed. If more than one lesion or tumor is biopsied, these should also be placed in separately labelled specimen bottles containing 10 per cent formalin or 70 per cent alcohol. Tissue should be placed in the specimen bottle immediately in order that it will not become dehydrated and change its appearance.

In some instances, one is only able to obtain thin sections of tissue. If this is the case, then the thin section should be placed on a glazed piece of paper with the raw surface of the tissue in contact with the paper. Both the tissue and paper are then dropped into a specimen bottle containing formalin to prevent rolling

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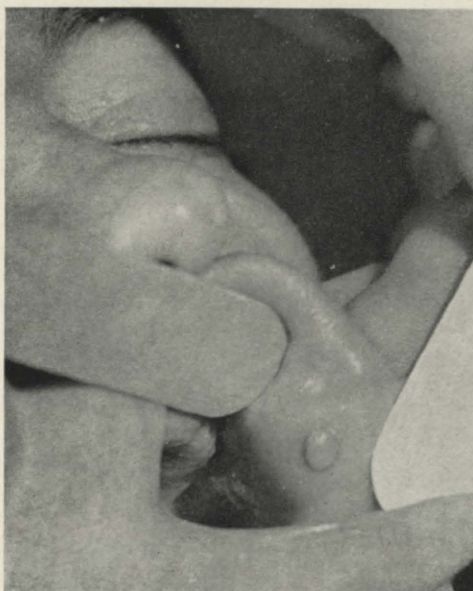


Fig. 1. On examination of the mouth a small circumscribed tumor was found on the buccal mucosa.

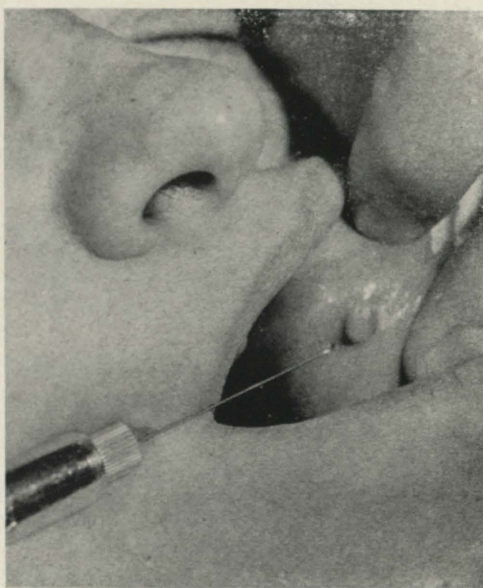


Fig. 2. Block or infiltration anesthesia is the method of choice. Clean the surface with a colorless, non-caustic antiseptic so the tissue will not be discolored or changed in appearance. Do not inject the anesthetic solution into the tumor or lesion but around it.



Fig. 3. Removal of the tumor or removal of a section of tissue with a sharp scalpel is generally the method of choice. If the tumor or lesion is small it may be advisable to excise the whole mass completely.



Fig. 4. An elliptical shaped incision generally is desired. The cuts are made vertical to the plane of the mucosal surface or converging to give a V-shaped section. If the tumor is too large to excise, a representative region is chosen where a portion of the growing edge of the tumor is in contact with normal tissue.

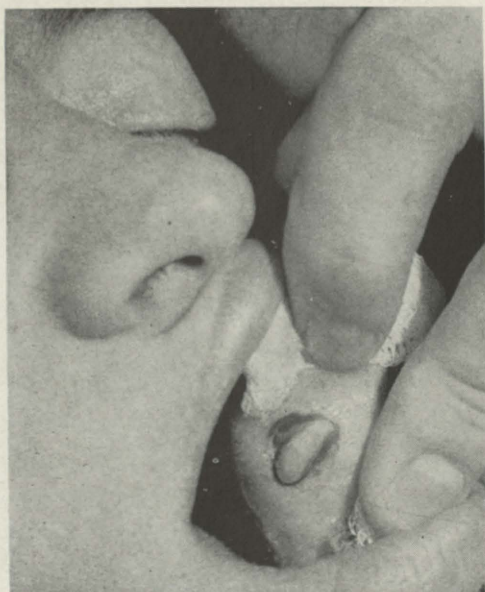


Fig. 5. The cuts should be deep enough to show the underlying tissue and not just a thin surface specimen. This affords the pathologist a better opportunity to study the relationship between the normal and abnormal structures.

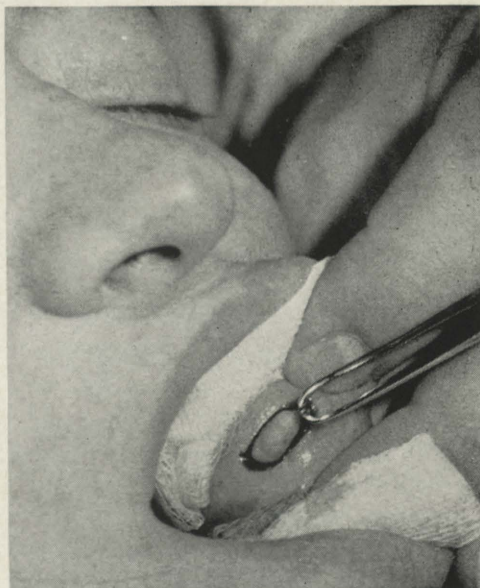


Fig. 6. The operator should be extremely careful in removing this specimen and not crush or mutilate it with tweezers or forceps. Crushed tissue is of little value for pathological examination.

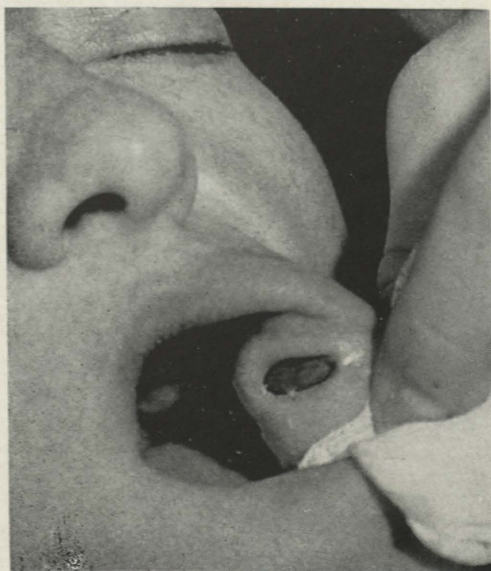


Fig. 7. Defect created by excision of small tumor.

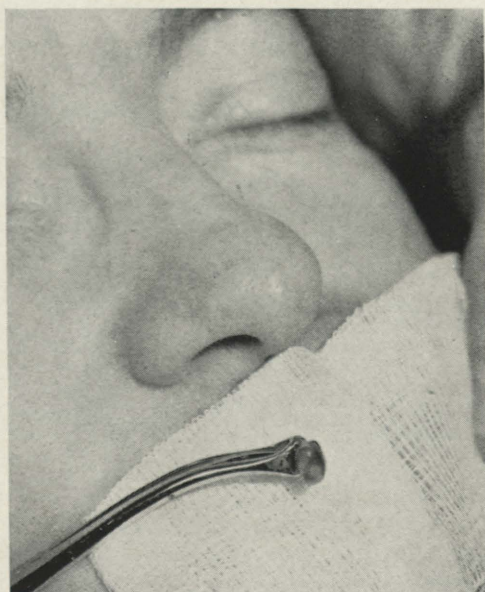


Fig. 8. Specimen removed.



Fig. 9. Defect closed with interrupted silk sutures.



Fig. 10. The specimen is placed in a specimen bottle containing 10% formalin or 70% alcohol. The bottle is then sealed, properly labelled with the patient's name and case number. Pertinent data pertaining to the case should be included on a separate sheet of paper and accompany the specimen in the mailing container.



Fig. 11. Process of staining the thin sections of tissue after they have been mounted on a microscopic slide.

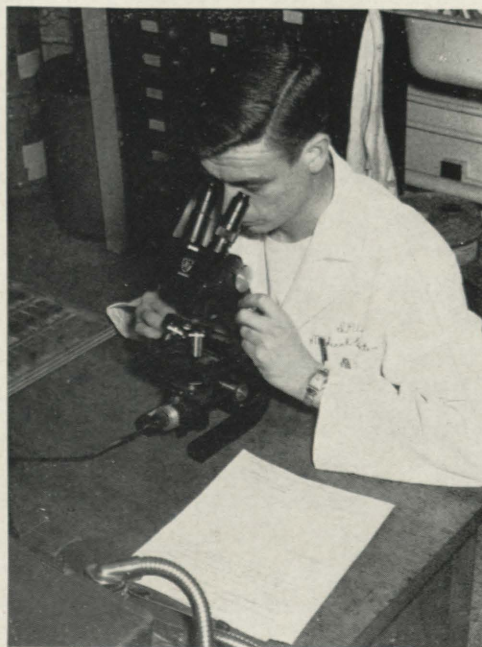


Fig. 12. The prepared section is studied under the microscope by the oral pathologist. The clinical data supplied him by the dentist is essential in making the final diagnosis.

Date November 5, 1951

Laboratory No.

INDIANA UNIVERSITY
SCHOOL OF DENTISTRY

PATHOLOGICAL SPECIMEN

Patient's Name Jones, Mary 6751
Last First Accession No.

Address 234 Pine Street Indianapolis, Indiana
Street City State

Age 38 Sex F Race W Occupation Housewife

History of Case Tumor first noticed approximately 2 years ago on left buccal mucosa near the commissure of the mouth after biting herself. Previous treatment consisted of application of silver nitrate. Tumor has not markedly increased in size nor has there been any change in color.

Operated by John Doe

Nature of Operation Excisional biopsy

X-rays taken: Yes.....No X Photographs Taken: Yes X No.....

Gross description Tumor was approximately 8 mm. in diameter, elevated, well circumscribed, of firm consistency, not fixed to underlying tissue, and not ulcerated. Mucosa was intact and of normal color.

Return pathological report to:

Dr. John Doe

Address 1121 Hickory Street

City Indianapolis State Indiana

USE REVERSE IF SPACE PROVIDED IS INSUFFICIENT

and curling of the tissue. Paper towels or paper of this type should not be used as fibers adhere to the tissue when it is removed. Tissue that is rolled and curled is of little value to the pathologist.

If teeth are included as a specimen, the root ends should be cut off to insure proper fixation of the pulp. This can be accomplished without difficulty by means of a separating disc.

Positive findings from a satisfactory tissue section and an examination by a competent pathologist can usually be accepted without question. However, a negative diagnosis that controverts the clinical findings does not preclude the possibility of malignant disease and should always be regarded with suspicion. Frequently, negative microscopic findings are due to the biopsy specimen not having included any part of the true growth. Most tumors and lesions are accompanied by a protective inflammatory reaction and unless a satisfactory representative specimen is obtained, the pathologist may report only chronic inflammation. Repeat biopsies should be performed as often as necessary to establish a final diagnosis.

Some individuals feel that the trauma associated with the removal of a section of tissue may result in early metastasis of the lesion if it is a malignant neoplasm. It has been demonstrated that removal of tissue for biopsy from the oral cavity does not increase the incidence or rapidity of metastasis. Many oncologists feel that there is probably more danger of metastasis of a neoplasm due to unnecessary manipulation and palpation during examination and from daily trauma than from a biopsy procedure that is done with care and gentleness.

It is advisable to institute treatment as soon as possible after a biopsy procedure in malignant lesions. However, this should be a general rule and not just a rule following biopsy procedure. The earlier the treatment is instituted, the better the prognosis of the case. "Certainly the minimal dangers incidental to



Fig. 13. "Histologic examination revealed a piece of tissue composed chiefly of stratified squamous epithelium and underlying connective tissue. The epithelium showed the usual pattern of cells and architecture. The connective tissue exhibited thick bundle of collagenous fibers, a moderate number of fibroblasts and a few blood vessels. Diagnosis: Benign fibroma."

the removal of a biopsy section are far outweighed by the dangers of attempting any type of treatment without a definite diagnosis. Under no circumstances should treatment of a neoplasm be attempted without a positive diagnosis by microscopic means whether the lesion is far advanced or in the early stages of the development."¹

Quite often innocent looking lesions such as hypertrophic soft tissue, lining of cysts, material from bone defects and the like are found to contain highly significant pathology. Therefore, it is urged that all abnormal tissue removed from the region of the oral cavity be submitted to a microscopic examination to determine the characteristics of the tissue.

REFERENCE:

1. Dingman, Reed O. The importance of biopsy in oral diagnosis. *Jnl. Oral Surgery*, VI (July) 1948, p. 204.

The Biopsy Service

by William G. Shafer, D.D.S., M.S.

The Oral Histopathology Department of the School of Dentistry has recently completed expansion of their facilities for the development of a biopsy service available to dentists in the State of Indiana. The construction of a new laboratory and the addition of new equipment and a trained technician has made this possible. The service has been established with a two-fold purpose: 1) early diagnosis of lesions of the oral cavity, and 2) obtaining tissue for teaching purposes in the dental school.

Because of the increasing number of persons dying each year of cancer, it is imperative that the dentist assume the responsibility of investigating all lesions of the oral cavity in patients in his practice to determine whether or not such lesions show malignant changes. This investigation necessitates the biopsy of all suspicious lesions and the histologic examination of the tissue by a qualified oral pathologist.

To facilitate this examination for the practicing dentist, the Indiana University School of Dentistry is offering their biopsy service free of charge. To further aid in the delivery of tissue, the school is offering free mailing cartons for tissue and specimen report sheets as pictured on page 12. These may be obtained by writing the Oral Histopathology Department of the Dental School.

A histopathologic report of soft tissue can usually be returned to the dentist within 72 hours of receipt by this laboratory. If the specimen removed contains hard tissue (bone or tooth) the report will be delayed because of the time involved in decalcifying the material preparatory to sectioning the specimen.

It is essential that several important rules be followed in submitting any tissue for diagnosis. Briefly, these are as follows:

- 1) Do not inject anaesthetic solution directly into the lesion
- 2) Do not paint the surface of the lesion with iodine
- 3) Remove a border of normal tissue with the lesion
- 4) Do not macerate the specimen with forceps
- 5) Fix tissue *immediately* upon removal in 10% formalin or 70% alcohol
- 6) Include a *complete* pertinent report of the lesion with the specimen.

The pathologist will endeavor to give as complete a pathologic report as possible with the most specific diagnosis possible. If his report does not coincide with the clinical appearance of the lesion, it should be remembered that he is describing only what he sees in the histologic section. Also it should be emphasized that a negative biopsy is not conclusive. It is often necessary to biopsy a persisting lesion several times before a final diagnosis can be established. This should not deter one since a patient's life may be at stake.

An actual case report may be cited to illustrate this fact. In August 1951, a new patient, Mr. C. O., visited the office of a dentist who had been graduated from Indiana University only two months previously, for extraction of teeth in preparation for a full denture. This newly graduated dentist noticed a small, raised, hyperemic, non-ulcerated, indurated lesion
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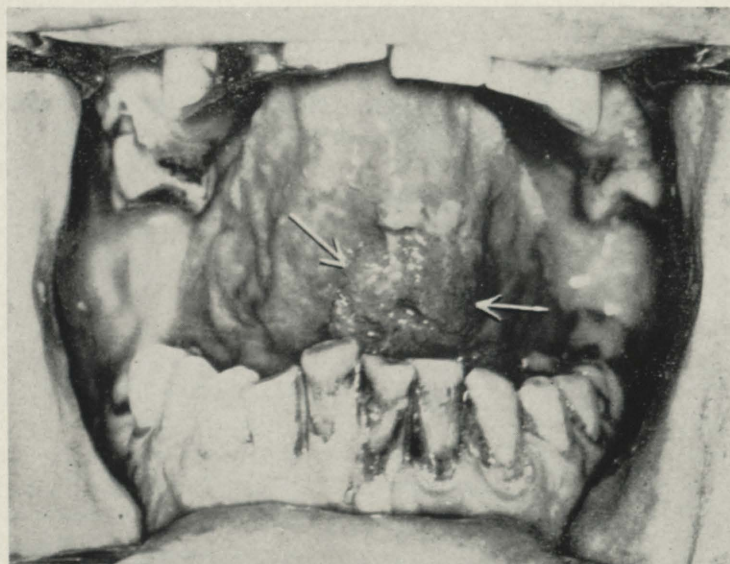


Figure 1

in the floor of the mouth (Figure 1). The patient stated that he had noticed this about three months previously. A biopsy was performed and the pathologist reported "suspicious hyperplasia of epithelium, suggest repeat biopsy." The biopsy was repeated and the pathologist's second report stated "squamous cell carcinoma, Grade 2-3". This patient was immediately

referred to the Medical Center for x-ray therapy. At present treatment has been concluded and this patient is clinically cured of carcinoma, although, of course, continuous careful observation will be made for many months. There is no doubt that this patient's life was saved due to the quick, thoughtful action of the dentist who first saw this case.

DEATHS FROM CANCER OF ORAL CAVITY

State of Indiana

1949-1950*

	1949	1950	Total
Lip	10	5	15
Tongue	24	33	58
Salivary Gland	11	6	17
Oral Pharynx	9	13	22
Unspecified	15	17	32
Total			144

*These figures are furnished by the Indiana State Board of Health, Division of Public Health Statistics.

Dental Aptitude Testing Program

Since the end of World War II the dental schools in the United States have been faced with an unprecedented situation. All have had an unusual surplus of applicants for admission. It has been estimated that each year there have been approximately 11,000 applicants to dental schools. Of these, 3,100 students are selected for the freshman classes. While the dental schools have not always been filled to capacity, the administrators have been concerned with the relatively high mortality rate of students and have wanted improved methods for the success of the applicant. About ten years ago the Council on Dental Education of the American Dental Association embarked on an experimental program designed to determine the practicability of using aptitude test scores for predicting the performance of dental students. The result of the council's work, the aptitude testing program, has come at a very opportune time and has been extremely valuable as a yardstick and aid for measuring the applicant's ability to pursue the study of dentistry.

In the experimental aptitude testing program, tests have been given since 1946 to all students who have been admitted as freshmen and their progress in dental school has been studied to determine what facts and measurable skills are useful in predicting the success of a student in dental school. For example by using scores from three of the aptitude tests the council reports that it was possible to predict 88 percent of the students' grades in the academic subjects with an accuracy of one-half a grade point. When additional factors, such as students' pre-dental grades, are employed the accuracy of prediction is even higher. As a result of this study, and because in 1949 the House of Delegates of the American Dental Association authorized the Council on Dental

Education to place the program on a nationwide basis, all dental schools have elected to cooperate in the Dental Aptitude Testing Program.

The tests that are included in the battery are designed to measure the applicant's ability to

1. Read scientific information rapidly and with comprehension.
2. Demonstrate manual dexterity as evidenced through a carving test. By using only a knife, a ruler, and a pencil, the applicant must carve a piece of chalk into a figure.
3. Demonstrate mental ability in the field of arithmetic and in the use of number concepts.
4. Demonstrate mental ability as indicated by his ability to use and understand words.
5. Visualize the reconstruction of two and three dimensional patterns.
6. Demonstrate a knowledge of facts in the field of elementary biology, chemistry, and physics.
7. Apply principles and solve problems in the fields of biology, chemistry, and physics.

The dental school sends information on the Aptitude Testing Program to those students applying for admission. The Division of Aptitude Testing of The American Dental Association sends the applicant on his request information concerning the examination and an application card to take the Dental Aptitude Test. When the application is returned the applicant must pay a fee of \$10.00 to the American Dental Association. The applicant may take the Dental Aptitude Test only once during the several test periods for any school year and will usually be given his choice of testing centers, which include all of the 42 dental schools and 36 other centers, specifically, colleges and univers-

(continued on next page)

ities scattered strategically throughout the United States, Alaska, Hawaii, and Puerto Rico.

The tests are sent to the examination centers a short time before the established date and after the examination the tests are sent to the Aptitude Testing Committee of the A. D. A. where they are graded. The scores of the test are then reported to the dental school or schools where the prospective student is applying for admission.

The aptitude test scores, like the pre-dental grades, are obviously not infallible means of predicting the students ability to study dentistry. Occasionally, for one reason or another, individuals may not perform in a way that is comparable to their abilities or potentialities. Examples of this are found when apparently able students fail or withdraw from dental school because of personal and other problems. Therefore the admissions committee has felt that the personal interview has been a valuable and in some cases a necessary adjunct to the aptitude test.

While the admissions committee realizes that the pre-dental grades and aptitude tests are not infallible measures of scholastic success, they are valuable indices. A small percent of students selected on this basis will still fail and a few who were eliminated on the same basis of selection might have succeeded if they had been admitted. From the results of the aptitude testing program it is obvious that a higher percentage of a class composed of students selected on the basis of satisfactory aptitude test scores will earn passing grades in dental school than if the class were composed of students in which pre-dental grades and aptitude tests had been disregarded.

Dr. Ralph E. McDonald



Applicants taking written examination.



The carving test demonstrates manual dexterity.

Dean Hine reports that...

On September 24, 1951, Indiana University School of Dentistry began its 72nd year and everything moved so smoothly that we were scarcely aware that classes had started.

Our Freshman Class is filled to capacity with a fine group of students whose average age is 23 years and who have completed an average of three years of college per student. Incidentally, their class in gross anatomy is now held in the same laboratory as that used by the medical students, but there have been few other changes made in the freshman year. Dr. Muhler is taking a more active part in the teaching of biochemistry now that Dr. Day has been made Acting Head of the Chemistry Department, and Dr. Richardson is assisting in physiology.

On the Indianapolis campus, there are a few minor improvements still being made: Radiology's new office is almost completed, but Dr. Spear is using it more as a teaching laboratory than as an office. By the way, he has been making some of the best temporomandibular joint x-rays we have ever seen using some new apparatus of his own designing. The office of the Orthodontia Department has been moved to make that department a more efficient unit, and Col. Fly has moved the R.O.T.C. office into the old orthodontia office. This has allowed us to assign a room for the dental hygienists in this building since they are getting their clinical experience here.

Nine men took the fall Board Examination on November 12, including two graduates of last year's class, Dr. Richard Beitelshees and Dr. Charles Schimmelpfennig. Dr. Schimmelpfennig had taken the Wisconsin Board earlier. We are pleased to report that both men passed successfully.

Dr. Harry Sicher from Loyola University School of Dentistry in Chicago spent two days here with the Orthodontia Department shortly before Thanksgiving. He also talked to student groups on different phases of gross anatomy while he was here.

There are two special students at the Dental School this year: Dr. Charles Pinillos from Lima, Peru, who is spending a postgraduate year in the Crown and Bridge Department and Dr. Rith Boozayaangool from the faculty of the Dental School in Bangkok, Thailand, who is assigned here under the sponsorship of the Economic Cooperation for Asia in the Prosthetics, Dental Materials, and Crown and Bridge Departments.

We regret to report that Dr. L. Rush Bailey resigned shortly after school started to accept a teaching position as Head of the Department of Crown and Bridge at the University of Alabama School of Dentistry in Birmingham. We were sorry to see him go but wish him luck in his new environment. Dr. Frederick Hohlt, Class of 1934, has accepted a full-time appointment effective January 1, 1952, in the Operative Department to assume Dr. Bailey's teaching responsibilities. Also, Dr. Carl R. Kohlmann, Class of 1948, has accepted a half-time teaching position in the Operative Department effective November 1 of this year.

Dr. Johnston, who became the full-time Head of the Department of Crown and Bridge, is rapidly building up his staff. Dr. Robert Botkin, Class of 1926, will join the Crown and Bridge staff on a full-time basis December 1, 1951, and Drs. Donal H. Draper, Robert K. George, Gerald A. Hiatt, Paul R. Oldham, Forest K. Paul, and Russell P. Veit have accepted assignments as "consultants".

(continued on next page)

Dr. J. Frank Hall has reduced his teaching time in the Oral Surgery Department and is devoting more time to private practice this year. Dr. Wilbur C. Moorman has returned from his graduate studies in Michigan and is spending full time in the Oral Surgery Department, particularly in the Medical Center Hospitals. Both Drs. Glenn Pell and J. Thayer Waldo are devoting more time to teaching dental students, and several Indianapolis dentists and physicians are assisting as special lecturers.

It is pleasant to report two honors that were given to Professor Ralph Phillips this year. First, he was elected an honorary member of the American Dental Association at their annual meeting in Wash-

ington, D. C., in October, and second, he was elected an honorary member of Psi Omega Fraternity. Congratulations!

A postgraduate course in pedodontics organized by Dr. Ralph E. McDonald was presented by him and several members of the Dental School staff this fall. "Students" reported it was a worthwhile course.

The Dean was appointed on a special advisory committee of the U. S. Air Force this fall, and flew to San Antonio for a conference at the School of Aviation Medicine there. That was all right, but on the return trip the airplane had a little trouble getting down due to fog, and was about four hours late—a bad four hours, it might be added!

Curriculum for Dental Hygienists

With the opening of the fall semester we welcomed fourteen new dental hygiene students and the return of seven who started in our first class in 1950.

The curriculum for Dental Hygienists in the School of Dentistry can be completed in two years and leads to a Certificate in Dental Hygiene. Students who wish to continue their education may apply their credits toward a Bachelor's degree either in the Arts College or in the School of Health, Physical Education and Recreation.

The following courses are included in the two year curriculum—

FIRST YEAR

First Semester

Human Biology
Elementary English Composition
Nutrition
Dental Anatomy
Introduction to Biochemistry
Dental Prophylaxis Technic

Second Semester

Human Biology
Bacteriology
Elementary English Composition
Introductory Psychology
Materia Medica and Therapeutics
Clinical Practice

SECOND YEAR

First Semester

Public Speaking
Oral Pathology
Principles of Sociology
Dental Materials
Radiology
Clinical Practice

Second Semester

English Composition
Dental Health Education Methods
Person Hygiene and Public Health
Educational Psychology
First Aid
Clinical Practice

A. Rebecca Fisk

Library

by Mrs. Mabel Walker, Librarian

Extensive research is conducted continuously at Indiana University School of Dentistry. Innumerable articles are written in this connection and as a result of additional activities at the School. The library, as an integral part of these activities, is pleased to call attention to the following recently published articles by members of the faculty written in conjunction with these programs:

"The use of the toothbrush in the treatment of periodontitis" by Maynard K. Hine, Dean. Published in the Journal of the American Dental Association, volume 41, August 1950, pages 158-168.

Summary of author

1. Available evidence leads to the conclusion that gentle gingival massage correctly applied is helpful in the control of periodontitis.
2. Emphasis should be placed by the dentist on the value of home care in the maintenance of good oral hygiene. Unless the patient is motivated to maintain good oral hygiene, carefully, tediously and persistently, the dentist's treatment of periodontitis, whether surgical or prophylactic, will result in only temporary improvement.
3. There is no one universally preferred technic for toothbrushing. The dentist should teach the patient a definite detailed technic which he has chosen to suit the individual patient's needs.

"The transition from natural to prosthetic dentures" by Frank C. Hughes, Head and Professor of Prosthetic Dentistry. Read before the joint meeting of the American Denture Society and the Pacific Coast Society of Prosthodontists, San Francisco, California, October 1949. Published in the Journal of Prosthetic Dentistry, volume 1, January and March 1951, pages 145-150.

Conclusions (partial) of author

Immediate replacement should be a routine procedure in cases where the transition from natural to prosthetic dentures is indicated. A simple technique is indicated for supplying the immediate denture. Involved procedures and complicated and expensive articulators do not produce results which justify their use. The surgical procedure should be as simple and uncomplicated as possible . . . This does not require the services of a specialist in oral surgery. Every dentist should be a specialist in the prevention and elimination of dental pathology, and the correction of abnormalities of the teeth and associated structures . . . It should be remembered that the most important factor in connection with immediate denture work or any prosthetic treatment is careful diagnosis and prognosis . . . Some of the greatest thrills I have experienced in the practice of dentistry have been produced by my being able to share with my patients the pleasures and delights which are the result of a successful immediate denture replacement. I have seen many instances in which there seemed to be a complete rehabilitation of a somewhat shattered morale . . . Certainly this work will contribute to the making of happier and healthier patients who will have a greater appreciation of dentistry as a health service.

"Factors influencing the accuracy of reversible hydrocolloid impressions" by Ralph W. Phillips and Ben Y. Ito, Department of Dental Materials. Presented before the Committee to Investigate Elastic Impression Materials, Chicago, February 2, 1951. Published in the Journal of the American Dental Association, volume 43, July 1951, pages 1-17.

Summary (partial) of the authors

Microscopically accurate dies can routinely be secured with proper use of the hydrocolloid technic. When a standardized and sound procedure is followed, reversible hydrocolloid is unexcelled as an impression material. However,

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Alumni Notes

by Mrs. Cleona Harvey

Greetings to all of you! With a good old Indiana blizzard raging outside we wonder why we can't move the dental school to Florida, California, or someplace where the sun shines all the time. But no doubt this fighting the elements is just a contributing factor to the strength of Indiana dentists! Anyway we think they are pretty fine people and shall get on with news of them.

We have decided to try something different in this column. We shall list the class and then follow through with the news of that class. In that way we hope to encourage more people to write in about their activities so each class will be represented. Please send us some news.

Class of 1951

Dr. LeRoy E. Berry announced the opening of his office for the practice of general dentistry at 140 Union Avenue, Farmingham, Massachusetts, October 1, 1951.

Dr. W. Scott Hargis announced the opening of an office at 6177 College Avenue, Indianapolis, Indiana, July 25, 1951.

Dr. Betty J. Koss, with practice limited to pedodontia and periodontia, is associated with Drs. Robert K. George and John T. Oba at 507 East 34th Street, Indianapolis, Indiana.

Dr. Will C. Norris (1st Lt. Will C. Norris, 3310 Med. Gp (Dental) Scott Air Force Base, Illinois) writes, "I am now in the Air Force stationed at Scott Field, Illinois. There are several recent graduates here and we are getting a lot of good experience".

Dr. and Mrs. Charles Redish have a new son, Gregory Alan, born October 17. They are "at home" at 152 Myrtle Avenue, Millburn, New Jersey.

Dr. Jerome Schweitzer announced that on and after June 20th, 1951, he will be associated with his father Dr. Jerome M. Schweitzer in the practice of dentistry at 730 Fifth Avenue, New York City.

Dr. Robert E. Shellenberger was married July 1, honeymooned in Florida and reported to Walter Reed Hospital on July 25 to begin his internship there. He reports, "My first two months in Washington have been busy ones . . . I am more than pleased with the internship, so far. These first two months have been spent in oral surgery, and I have received much valuable experience in all phases of surgery . . . The entire clinic seems to be staffed by very competent men. . . . Give my regards to everyone at school."—8520 Garland Avenue, Apt. 302, Takoma Park 12, Maryland.

Dr. Alfred K. Williams (It. Alfred K. Williams, DC, 44c Cave Gardens, Panama City, Florida)—please note he did get located in a southern clime—lucky man—he thinks so too as he says, "The base here, Tyndall Field, is very nice. I can do any type dentistry that I feel capable of doing, that is prosthetics, crown and bridge, surgery, operative, etc. We are not limited to any one thing such as the famous amalgam line. A new clinic is being built in which there will be a periodontia department. The Colonel asked me if we had much in school and I, remembering the many points required for graduation, and the lectures by the Dean and Dr. Swenson, freely answered yes with no mental reservations. Of course, this may come as somewhat of a surprise to the perio department at I.U., but nonetheless 'tis true . . . The only drawback is that dentists usually remain

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here 7 to 8 months and are then sent to Alaska! Horrors! That's even colder than in Indianapolis".

Class of 1950

Dr. and Mrs. Omer Taylor send us a "little line" to announce the birth of Susan Elaine, October 29. Dr. Taylor adds a P. S. "My practice here is progressing beyond expectation. Recently made Secretary-Treasurer Blue Ridge Dental Society. Delighted to read of the exploits of my classmates." 10 Hunter Building, Hendersonville, North Carolina.

We have heard via the grapevine that Dr. Thomas Terpinas has begun his fellowship in the Mayo Foundation for Medical Education and Research.

Dr. William Vize tells us, "I'm resident oral surgeon here now (Carle Hospital Clinic, Urbana, Illinois) since July 1st after spending a year at Louisville General Hospital. I plan to be here a year to complete my hospital training under the ADA program."

Class of 1949

Dr. Lehman Adams has announced that he is practicing at 17 West 22nd Street, Indianapolis, Indiana.

A card from Dr. Joseph F. Lush tells of the opening of his office for the practice of x-ray and oral surgery, 5231 Hohman Avenue, Suite 406 Calumet Building, Hammond, Indiana.

Class of 1947

Dr. Harry Lang is still located at Kelly Air Force Base, 2794th Med. Gp. Kelly AF Base, Texas. He is longing for Hoosiers to join him in Texas!

Dr. Richard Moss is back in the States after a 30 month overseas tour with the Air Force. He is receiving mail at Rural Route #4, Crawfordsville, Indiana, c/o L. L. Cortelyou.

Dr. Daniel Laskin has signed a year's

contract to teach at the University of Illinois, 808 Wood Street, Chicago, Illinois. Of his duties he writes, "I am to teach half time in the department of oral surgery and half of the time is mine to do research and take courses. I am also going to spend one morning a week at Cook County Hospital as associate to Dr. Joseph Schaefer."

Class of 1946

A very interesting letter from Dr. Charles C. Alling informs us as follows: . . . "I notice the ole grads blow about their offspring in the reports they send to you. Therefore, for the record and with a proud paternal lift to my 25 inch chest, we have two younguns; Rocklin David and Elaine Sue were both born in Stuttgart, Germany, in 1949 and 1948, respectively. Have to get on the books. Dr. Kemper, whose graduate oral surgery course I'm pursuing in addition to being Dental PMS&T, has outlined a rather rigorous course of study. I'm for it, however, and we are seeing many interesting cases". Incidentally, Dr. Alling is Major Charles C. Alling, 5106 ASU, ROTC Instructors' Group, University of Michigan, Ann Arbor, Mich.

Dr. Leonard Bezahler, 815 N. W. 5th Avenue, Mineral Wells, Texas, should trade places with Dr. Alfred Williams '51—if he has to go to Alaska—"Just a line to let you know that I am now in Uncle Sam's Air Force. I was called to active duty the early part of June and am stationed at Walters Air Force Base in Mineral Wells, Texas. Although the temperature reaches over 105 degrees every day we try and cool off at the pool. I'll never complain about cold weather again. The dental clinic is in the midst of being built and thus far I haven't practiced much dentistry. The clinic when finished, will contain light chairs with a comple-

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ment of five dental officers. At present there is just one other officer beside myself, but a few more are expected in next month."

Dr. Richard Starr has moved his office to 1290 N. W. 36th Street, Miami, Florida.

Class of August 1945

Dr. John J. Calland is no associated with Dr. L. W. Berger at 723 Main Street, Beech Grove, Indiana.

Class of December 1944

Dr. J. A. Beck (Captain) A02212550, 13th Med. Gp Feamcom, APO 323-2, c/c P. M., San Francisco, California, writes us from Japan, "Received and enjoyed the Alumni Bulletin. In fact it is here beside me now having been brought all the way to Japan for re-reading. Left the States on August 18 aboard the U.S.S. Bayfield, truly a "slow boat to Japan". Landed in Yokahama the 4th day of September. . . . Tokyo is almost due east of us and about 20 miles away. Mr. Fuji is not too far—60 to 70 miles south and west of here and can be seen on a clear day looming up above the other mountains in all its majestic glory. . . . Been to Tokyo frequently to shop, in fact I completed most of my Christmas shopping."

April 1944

A news release from Amarillo Air Force Base, Texas, tells us of the whereabouts of Dr. James S. Van Ausdal who is now Captain Van Ausdal with the Air Force.

Class of 1936

Dr. Irvin I. Weinraub has announced that after October 1 his practice will be limited to exodontia, oral surgery, x-ray and diagnosis at 203 Strauss Building, Fort Wayne, Indiana.

Class of 1927

Dr. George W. McDaniel wrote us such a nice letter after he completed some post-graduate courses that we want to let you read it too: "Within the past 5 weeks it has been my privilege and pleasure to attend two short courses at the school of dentistry. I want you to know that I felt the courses to be highly beneficial. I was particularly impressed and pleased with the manner in which the courses were conducted. It is hoped you will express my sincere thanks to all the members of your staff responsible for the courses." 218 East Kirkwood Avenue, Bloomington, Indiana.

Class of 1924

We believe this is the first letter we have had from Dr. Frederick J. Decker (Norristown State Hospital, Norristown, Pennsylvania) and we shall quote most of it: "I received my sixth Alumni Bulletin and in this Philadelphia area those who have scanned its pages are very much impressed. Neither Temple nor Penn has anything like it. You and the school are to be congratulated because of such a splendid publication. . . . I am a member of the resident staff and reside with my family on the campus of this hospital. The patient population is nearly five thousand with an area of two thousand acres. We have more diplomates in psychiatry than any similar hospital in the United States. Also there are thirty resident physicians and thirty-seven visiting and consulting physicians and surgeons on the consulting staff."

Class of 1921

A note from Dr. J. T. Brown, tells us he is now with the Veterans Administration Hospital, Tomah, Wisconsin.

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Class of 1898

We were so happy to get a card from Dr. J. W. McMillan and to learn that he is still practicing general dentistry at 601 University, Muncie, Indiana.

Class of 1892

Dean Hine received a card from Dr. A. A. Powell which was simply packed with interesting facts about what he has been doing, "Thank you exactly 1 million for sending Alumni Bulletin. My "preceptor" M. Lamb, Class 1887 died '50, aged 84, practiced 60 years. Dr. A. T. White, 82, Pasadena, still practices. In '29 I made tour of Africa, Egypt, Palestina, Turkey, Greece, Italia, Spain, Europe. Retired '37. Made world tours, 9 mo: 2 tours, 60,000 miles, 52 countries, 17 ships. In Pasadena since '38. In top health. Enjoying "Life's end Holiday" much. If your father lives give him my love. Was in Mattoon 40 years." 1984 Lundy Avenue, Pasadena, California.

Class of 1886

A correction—Dr. William H. Rowand says the 3 remaining members of the Class of '86 are Dr. Elmer, Dr. Harry Paulen and Dr. William Rowand. We listed a Dr. Hale in the class (see July 1951 Bulletin—page 12) but Dr. Rowand has corrected us and we do appreciate it. According to our records there were 11 members of the Class of 1886 and the fact that there are 3 of them living is quite remarkable. Dr. Rowand further says that it was through the kindness of Dr. Ruff, '08, that the three classmates learned of each others' addresses and have been corresponding.

Incidentally—

More news concerning internships in Riley Hospital. Via the grapevine comes the information that Dr. Herbert Mason, '26, served as an intern during the year

1926-27. So now we are interested in learning who served as the dental intern in 1927-28.

We see evidence quite often of the completeness of dental records in the State of Indiana. Dr. Thurman B. Rice, who is writing a history of Dentistry and Dental Education, is loud in his praise of the records made by the leaders in this field. Another example may be cited of the case of Dr. Andrew J. Smith of the Class of 1883. We received a call from a dentist in Texas who requested information about this man who died in Texas in 1896. We wrote Dr. Ewbank and he was able to tell us where Dr. Smith practiced dentistry in Indiana and when he left to go to Texas.

Our Guest Book boasts the following autographs: Captain John A. Beck (see Class '44 for address); Dr. Thomas Terpinas (see Class '50 for address); Dr. Lehman Adams '49, 908 Gibbs Street, Mansfield, Louisiana; Dr. Harry Johnson, '50, 386 Bedford Road, Pleasantville, New York; Dr. Howard C. Tate, '04, Rockport, Indiana; Dr. Joseph Karpinski, '48, 47 Perrine Street, Auburn, New York; Dr. Robert V. Dailey, '50, 5106 E. Pleasant Run Parkway, Indianapolis, Indiana; Captain Glenn R. Bollinger, '46, 1008 Potomac Avenue, New Alexandria, Virginia; Dr. Sidney A. Epstein, '24, 125 Wanaque Avenue, Pompton Lakes, New Jersey; Dr. Noble Sevier, '43, 204 Sherman Building, Sullivan, Indiana; Dr. Henry H. Leff, '49, 139 E. Main Street, Portland, Indiana; Dr. Fred A. Cantrell, '50, 201½ E. Main Street, Crawfordsville, Indiana; Dr. Charles E. Kem, '29, R. #3, Box 22, Richmond, Indiana.

And now for the addresses of the Class of May 1942. This Class had only 19 members but it is interesting to note that 5 of them decided to make their home in Indianapolis. Incidentally, we heard via

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the grapevine that inasmuch as 1952 will be their tenth anniversary there is some talk of a reunion at the State Meeting.

For some reason only 12 members of this class returned the card we sent to them—perhaps I should say we received only 12—when I called one member of the class he insisted he mailed the card so perhaps Uncle Sam is to blame for the fact that we must give you addresses as we have them in our files for the ones designated by an asterisk.

***Fred Baldwin**

109 Western Reserve Building
Muncie, Indiana

***Ally Neville Burks**

Bankers Trust Building
Indianapolis, Indiana

Alden Knowlton Bush

122 S. Chicago Street
Rossville, Illinois

***Jack Feintuch**

4912—13th Avenue
Brooklyn, New York

***Martin Feldman**

110 Main Street
Jewett City, Conn.

John William Gilchrist

448 E. 38th Street
Indianapolis, Indiana

***Roscoe Lee Gromer**

526 W. Frank Street
Mitchell, Indiana

Sheldon Lunsford Hall

3605 E. 10th
Indianapolis, Indiana

***William Fay Henning**

212 W. 6th Street
Auburn, Indiana

Charles Clayton Lowery

Brownstown, Indiana

Richard Shenk Michener

216 Union Bank Building
Kokomo, Indiana

***Paul Herath Pruett**

205 O'Ferrall Building
Lafayette, Indiana

Darrell Alfred Stock

First State Bank Building
Dunkirk, Indiana

Morris Meyer Stoner

40 West 38th Street
Indianapolis 8, Indiana

Eldred William Stout

Citizens National Bank Bldg
Tipton, Indiana

George James Stragand

First National Bank Building
Richmond, Indiana

Dennis Andrew Welp

206 W. 8th Street
Jasper, Indiana

Leo Howard White

19 Lincolnway
Valparaiso, Indiana

Robert Wilbert Wurtz

2182 Madison Avenue
Indianapolis, Indiana

*(in practice with my brother
Ray—I'm married and have two
children).*

We are happy that Dr. Wurtz gave us a news note for the column. We also learned that Doctors Burks, Hall and Wurtz started their careers together as pre-dental students at Butler.

In the next issue of the Alumni Bulletin we plan to list the addresses of the Class of June, 1941.

Class and Fraternity Notes

PSI OMEGA

The opening of the school year 1951-52 has found all of the Psi Omegas hard at work here in Indianapolis. Many of our seniors spent the summer, or at least part of it, doing their House cases, plugging foils, or delivering bridges. Some of the juniors spent their time in the clinic doing prophys or condensing that first amalgam. Most of the sophomores just rested, feeling—and rightfully so—that they would need excessive amounts of stamina this year.

On November 17 a formal initiation was held for 19 new members at the fraternity house. Two alumni, Dr. Raymond Price and Dr. Frank Harper, assisted in the presentation of pins. Following the ceremonies, a buffet supper was served to more than 100 people at the chapter house. The evening was completed with dancing, et al.

Psi Omega had the pleasure of offering the first all school affair this year. In early October we presented a square dance, complete with instructions, cider, and donuts. The way the dental students and hygienists square dance is enough to make Spade Cooley take up Be-bop; illustration #1—Raoul Itturino trying to “do si do” with a rumba beat; illustration #2—the hammerlock Bob Vinzant would throw on Marge to the chant of “swing your partner.” Despite our many bruises and cyanotic appearances, we considered the evening a complete success.

Our meetings are held on alternate Tuesdays, and once a month the business meeting is cut short so that a speaker may be presented to us. The subject content is unlimited, ranging from hunting trips, to technical procedures in dentistry. We would like to issue an invitation—in fact an appeal—to our alumni, especially those in the Indianapolis area, to participate as speakers. Those alums who have interesting hobbies, made eventful trips, or who have special techniques or “pet procedures” of dental work would certainly do us a great favor by offering their services. Inquiries or suggestions should be made to Arnold Dunfee at the chapter house.

The active members of Psi Omega extend to all students, alumni, and faculty members their most sincere good wishes for a very joyous holiday season. Note to Santa Claus — please let the freshmen know you are still in

business. Show them that something good *can* happen in Bloomington.

Jack Mapes

XI PSI PHI

Once again the new school has started and the “Zips” are in the midst of all the activities.

Socially, the “Zips” started out the school year with an informal party at the fraternity house on October 5th, and a good time was had by all. The weekend of October 20-21 was reserved for the initiation of the new members. A stag party was held on Friday evening, October 20, honoring the pledges. On Saturday afternoon, October 21, twenty-one new members were initiated into the fraternity. These men were honored at a dinner at the Canary Cottage in the evening and then everyone returned to the fraternity house for a party.

Plans are progressing for a Thanksgiving party on November 17 and a Christmas party December 15. These will be held at the fraternity house at 1511 Park Avenue and all alumni are invited to attend.

We are continuing the program of having a guest speaker give a clinic on some dental subject of interest at least once a month. Dr. Roche of the Pedodontia Department gave an interesting clinic on stainless steel crowns for deciduous teeth at the October 23rd meeting. On November 20 a clinic was held on “Insurance and Insurance Planning for the Future.” On December 4 Dr. Geller, a prosthodontist from Indianapolis, presented a clinic. Plans are for a guest speaker to be present at the meeting on the third Tuesday of each month. Any alumni who are interested in receiving a schedule of the coming social events, business meetings and special speakers, please contact Dan Rohn, 1511 Park Avenue.

Fourteen fellows are now living at the house, and morning and evening meals are being served. The laboratory in the basement is getting lots of use now as the juniors and seniors try to get their school requirements done.

Latest reports from the “Zips” who graduated last year indicate that John Eilar is practicing in Albuquerque, New Mexico; Bill Detroy in Evansville; Kenneth Newman in In-

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dianapolis; George Cunningham in Vincennes; Carl Steinman in Delphi; Charles Denton in Madison; Eugene Williams in Richmond; Ted Bean has a pedodontia internship in Hawaii, and Ed Beidelman is a dental officer in the Air Force.

Robert V. Webb

DELTA SIGMA DELTA

After a summer of having only brothers Justus and Kelly rattling around its spacious innards, the old house was again glad to see the familiar gang and extend her welcome mat to the new pledges. In the face-lifting department, brothers Lieb and Hogue re-floored the kitchen and painted the bath rooms. The upstairs rooms have been tastefully redecorated by the brothers quartered therein.

The following men were elected to guide the chapter during the present school year: Grand Master, Robert Newland; Worthy Master, Robert Meyer; Scribe, Robert Stetzel; Treasurer, William Hicks; Historian, Charles Sabel; Senior Page, George Justus; Junior Page, Charles W. Rigg; Tyler, Harold Maxwell.

The social committee, headed by Vic Mercer, opened the season with a record dance. This was followed by the annual Halloween masked ball which was, as usual, a big success. Prizes were awarded to Hollis Sears and Arlene Lukensbill, who were authentically attired in Arabian garb, and to George Justus, who portrayed a rather bloody surgeon. We are looking forward to pledge week, which is climaxed by a dance on Saturday, December first.

Robert Wilson has scheduled a group of very fine speakers and educational films to be presented to the fraternity during the school year. His first invitation was extended to Dr. Rush Bailey, professor of operative dentistry at Indiana. Dr. Bailey responded with a very interesting and edifying account of his trip to Germany during the past summer. After his address Dr. Bailey demonstrated a collection of technic produced in the German dental schools.

The chapter would like to take this opportunity to extend a cordial welcome to Delta Sig Alumni to visit the house when in Indianapolis and to make it their headquarters.

C. J. Sabel

FRESHMAN CLASS

This year's Freshman Class in the Indiana University School of Dentistry is composed of sixty-seven regular members and two special

students. The ages range from 19 to 33; the average age is 23. The pre-dental education for most of the class is three years; however, several students have their bachelor's degrees. Previous occupations range from meat-cutters and musicians to pharmacists. Veterans are fewer in number than in recent years.

Class officers for the year have been elected, and they are as follows:

President, Robert A. Atkinson
Rockport, Indiana
Vice-pres., Donald Stikeleather
Evansville, Indiana
Sec.-Treas., Kenneth Tritle
Orleans, Indiana
Councilmen,
Bernard K. Stuart
Ft. Wayne, Indiana
Raymond E. Halle
East Chicago, Indiana

Dr. Richard C. Webster, Associate Professor of Anatomy, an amiable and reserved gentleman was chosen as the Faculty Advisor.

Our future plans, as are the plans and dreams of all freshman dental students everywhere, include becoming sophomores, and ultimately, Doctors of Dental Surgery.

The major social events of the year include a spring picnic and an M.O.D. Club dance, scheduled for May 17, 1952.

A Constitution or By Laws for Freshman M.O.D.'s is being considered at the present time and may take form by the end of the academic year. These articles would be set up for the purpose of facilitating the organization of future freshman dental students, academically and socially.

We, the members of the Freshman Dental Class of 1951-1952, respectfully salute the Alumni of the Indiana University School of Dentistry and express the hope that we shall some day join its ranks as the graduating class of June, 1955.

R. A. A.

SOPHOMORE CLASS

The school year started with much confusion on our behalf; a great deal of this was due to the sudden transition from mere dental students down at I.U. to becoming a part of the dental school at Indianapolis. It seemed as if overnight, we were learning what enamel hatchets and #557 burrs were intended for, and also the numerous other dental instruments . . . if only to remember where each thing goes, and what ever happened to that

(continued on next page)

mercury container that was supposedly put in the third drawer on the left side of the instrument case?

The class as a group met and elected the following officers:

President	Joseph B. Libke
Vice-Pres.	Robert F. Baugh
Secretary	Carlton T. Cook
Treasurer	Robert L. Bogan
Councilmen	Bobbie G. Robinson
	Lloyd J. Phillips

The years social events were discussed and a committee, headed by William T. Parks, was named to cooperate with the intercampus committee for social activities. A stag party was planned, as a final event to those mid-semester exams, just before Thanksgiving vacation.

During and after prosthetics, we sophs can be recognized by plaster of Paris or stone which collects on our laboratory gowns, and the colloid impression material on our anxious, bewildered faces.

The general talk among class members concerns mainly the subject, pathology, and those long involved write-ups. We also received another blow, with the announcement of a paper due in history and ethics by mid-term time and another due at final time.

Of our two important technique courses, one, prosthetics, has us mixing and pouring stone and plaster of Paris until each of us could do it in his or her sleep; and the other, operative dentistry, has us drilling, scrapping, and condensing amalgam in every imaginable angle with the use of a mouth mirror, in order to get those inaccessible, upper posterior teeth.

With mid-terms coming up very shortly, the sophomore class must settle down and "hit those books."

Carlton T. Cook

JUNIOR CLASS

The junior class equipped with knowledge gained from two years of bookwork, dissecting and microscopic projects, and technic labs, has eagerly invaded the clinic. Their impact is readily apparent; the incidence of work involving the lower quadrants has been seen to increase, large quantities of temporary stopping is being used, and heavy, overextended dentures with festoons suggestive of gingivitis are in great evidence. We have quite often found that by the time we (1) have filled out all necessary papers, (2) taken the patient to surgery, (3) administered a local, (4) and returned to place the rubber dam, about the only thing we have time to do then is to re-

schedule the patient for restorative work at a later date.

In all seriousness, the junior student is finding that he is learning, and learning rapidly. Those first trying and suspense-filled days are for the most part gone, so that most of the trembling in the clinic is now done by the patients and the instructors who watch us work.

During the last part of the summer Mr. and Mrs. Bert Horn became the proud parents of a future applicant for dental school. It was also during the summer vacation that Dale Baker took as his bride the former Janice Addington. Our heartiest congratulations to both couples.

At an organizational meeting held early in the semester the Junior Class chose the following fellows as their class officers:

Bill Peet	President
Wayne Heath	Vice President
Jack Mapes	Secretary
Bernie Ellins	Treasurer

As is known by everybody there is a great deal of research being conducted here at school. To our sorrow we cannot say that all of it is being pursued on a high scientific level. Wayne Risinger has become the Rube Goldberg of the Dental School. He is now trying to perfect a technique wherein he can cast inlays in 22K solder. His main problem is how to heat it successfully for pickling without distortion—in fact without melting. Inquiries or suggestions may be mailed to Risinger c/o the Dental School. His research originated when he picked up his solder instead of inlay gold in preparation for casting his first clinical inlay. Needless observation: he did not make delivery as scheduled.

The class of 1953 takes this opportunity to wish all students, alums, and faculty members a Very Merry Christmas and the happiest of Happy New Years.

Jack Mapes

SENIOR CLASS

The class of '52 has finally started on the last academic year toward that seemingly endless goal of a D.D.S. degree. That it is the last year is brought more vividly to mind by the increased activities of finding patients for gold foils and root canals, advice of the supply houses to place an order early and avoid the rush, and fewer suggestions to "Flip it out, Doc".

Elections were held and Rodney Phelps, In-

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dianapolis, was elected to lead the class activities. It is almost a certainty that he will also lead again in quantity of work done as he is a very capable and efficient operator. Daniel Cheek, Terre Haute, was elected vice president; Harvey Thomas, St. Louis, is the new treasurer; and William Lindley, Sullivan, is secretary. L. G. Lawton, Indianapolis, and John Ehret, Indianapolis, were elected to the student council.

At the latest count there were 66 married seniors out of 82 members of the class. There are 40 children at present but several more boxes of cigars are being ordered. Those who were visited by the stork this summer include Mr. and Mrs. Odus Baldrige, Ernest Besch, Dave Huff, William Kelley, and Ed Thibodeau. The batchelor clan lost Edgar Benjamin, Thomas Byrd, Tony Chidalek, Robert Meyer, Ralph Querry and Robert Mann, who is the first to succumb to the charms of the student hygienists.

William Lindley.

LIBRARY

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many of the variables involved in its use remain to be studied and there are conflicting ideas concerning certain phases of the technic. The accumulation of data such as is presented here will eventually lead to a universally accepted procedure . . . All impressions should be poured within 15 minutes after removal from the mouth . . . On removal of the die, some permanent deformation occurred with all of the hydrocolloids tested. The amount of deformation varied with the hydrocolloid. The greater undercut, the greater is the distortion and the data secured indicate the importance of a snap removal rather than a slow teasing out of the impression. In order to minimize stress in the hydrocolloid, the tray should be well centered in the mouth and the impression should not be chilled with ice water.

ORTHODONTIA

(continued from page 6)

to realize that the dental student cannot and hence should not be encouraged nor taught to treat major malocclusions there are many indirect ways that we can assist him to become a modern dentist.

Some of our efforts to aid in the advancement of dental education might be

enumerated in the following general phases:

1. Assist pedodontia to expand to its proper level including selected simple orthodontic techniques such as working retainers, bite plane treatment, the handling of cross-bites, etc.

2. Teaching of impression taking and the making of presentable and accurate study models to foster better case analysis and treatment planning.

3. By the use of cephalometric head-plates we encourage deeper thinking in selected dental problems.

4. With the assistance of the x-ray department we have shown the advisability of full mouth examination showing up some abnormalities before they reach maiming proportions instead of habitually taking an isolated film or waiting until the individual is a young adult.

5. In the teaching of fundamentals of occlusion in the sophomore year we have strived to keep alive the facts gleaned from the freshman year and keep the student prepared for his clinical subjects.

6. By showing the students the methods we use to analyze major malocclusions we feel we are indicating means whereby they may be able to study certain other complex dental problems.

7. By making them conscious of the temporo-mandibular joint we feel we are opening the way to a problem which in the past has been no man's land between medicine and dentistry.

8. To the limit of our applications we have placed emphasis on the facts learned in dental histology, dental pathology and dental materials to combat the natural tendency of younger persons to proceed empirically and attribute failure to something other than their own shortcomings.

9. By the showing of selected cases in which certain surgical procedures aided

(continued on next page)

materially in facial success we point out the tremendous potentialities of this field to those who are willing and capable of mastering it.

10. By the showing of orthodontic failures we indelibly illustrate how they can be of value to the profession in making more rapid strides just as medicine long ago came to realize the potentiality of the autopsy.

As previously implied we have stated some of our accessory objectives to indicate that although we have come to realize that major malocclusions are a challenge of the trained orthodontist we are fully aware of our responsibilities to general dentistry. Nor should it be construed that we are satisfied with our present program because the entire department is aware of unsolved problems.

More specifically the present status of the department and its progress in the future rests with the personnel involved, namely: Dr. Rolenzo A. Hanes, Dr. Hudson G. Kelley, and Dr. John T. Lindquist assist the chairman, Dr. J. William Adams, in carrying out the details of routine and special assignments. The special work of these people covers the following subjects.

1. Studies on the effect of mouth fluids on tarnish of gold alloys.

2. Analysis and treatment of unilateral crossbite in the deciduous and mixed dentitions.

3. Studies to determine the effect of vacuum on plaster mixes as well as other variables which affect the use of plaster in dentistry.

4. Investigation of arch length problems in the mixed dentition.

5. The effect of surgical correction of severe prognathism on the muscular structures of the face and neck.

6. Studies on the normal and abnormal temporo-mandibular joint with special reference to "bite-altering appliances".

7. Studies on intra-arch forces and

contact areas attempting to correlate previously determined clinical findings.

8. The effect of ankylosed deciduous and permanent teeth on mutilation of the natural denture.

In addition to the staff, we have four graduate students who in addition to mastering the field of orthodontia are, or will be, working on subjects of importance to the field of dentistry. They are Dr. Fernando Rodriguez, who recently passed the Indiana Board and is eligible to become a full fledged Hoosier; Dr. Jack Vorhies, who already has an article submitted for publication; Dr. Frank Hapak and Dr. James Wilson, who will in due time be meeting more specific thesis requirements. Their work to date covers the following fields:

1. Alginate impression material, their accuracy as related to clinical manipulation.

2. The development of a mechanism to accurately determine the resistance of the supporting tissues of natural teeth.

3. Analysis of physical properties of comparative heat treatment methods of gold wires.

4. The application of the "polygon" as a graphic means of expressing cephalometric analysis.

The record of staff and graduate students is one of hard work and achievement and reflects credit on our individual department, the institution, and profession. It indicates coordination with other departments such as Dental Materials, Pathology, Surgery, Pedodontia, and Radidontia. These people have appeared with increasing frequency before component, state, and national dental groups as well as practically every orthodontic group worthy of mention. In the spring the department chairman will put on a post-graduate course in cephalometry and

(continued on next page)

allied subjects at Atlanta, Georgia. We have already assisted in courses in x-ray and pedodontia and have been invited to assist in crown and bridge. Although these assignments mean extra work to those of us in the Department of Orthodontia we are pleased that other groups recognize that our interests and attainments go far beyond bands, wires, and models.

An additional thought seems in order whenever one writes a Report to Alumni in the field of Orthodontia. This deals with a problem of tremendous social proportions and that is the treatment of indigent cases and many more who say they cannot afford private treatment. Teaching clinics in this field have been classed as service clinics too frequently and as a result we have well over twelve hundred on the waiting list. We must have the privilege of selecting cases for treatment on the basis of their teaching and research possibilities and this is not easily explained to anyone not informed regarding the Modern School of Orthodontia.

Our greatest encouragement of recent years is the fact that our cases at the clinic in general are being completed according to plan and our plans are based on a very careful and complete analysis. This program in due time will result in more men capable of doing the job right and in logical sequence will come more efficient methods to make the service more available and at a lower cost to the individual but without reduction in quality of service because we know that the best we can do is none too good. The answer to the orthodontia problem will not come about simply by placing more gadgets in more children's mouths.

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Crown and Bridge—May 19-23

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June 23-26

Information concerning the courses will be sent to the alumni in the near future.

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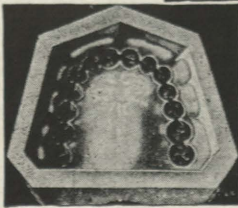
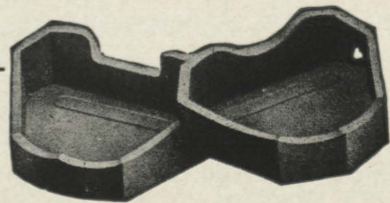
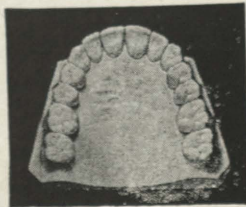
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