# ALUMNI BULLETIN

Indiana University School of Dentistry

VOL. II MARCH, 1940 No. 3

## Faculty Welcomes New Dean

On Wednesday evening, January 10th, in the Green Room of the Indianapolis Athletic Club, members of the faculty, their wives, and the assisting staff entertained with a dinner in honor of the arrival of our new Dean, Dr. William H. Crawford, and Mrs. Crawford. More than seventy-five persons attended the dinner.

Dr. G. D. Timmons, in the capacity of toast-master, first introduced Professor Herman T. Briscoe of the Chemistry Department of the university. Professor Briscoe, who was accompanied by Mrs. Briscoe, represented President Herman B Wells in extending a welcome to Dr. and Mrs. Crawford into the university family.

Each member of the faculty and his lady and the members of the assisting staff were then introduced singly from their places at the tables to the new Dean.

The toast-master next introduced Dr. H. P. Werkman, who gave a brief historical sketch of the dental school and recalled those who had served as Deans during the existence of the school. Those who had served in that capacity were Dr. P. G. C. Hunt, Dr. George Edwin Hunt, Dr. David A. House, and Dr. Frederic Rich Henshaw. Dr. Timmons then presented the faculty to Dr. Crawford, who responded with a few remarks in which he expressed pleasure at having been chosen to lead the Indiana University School of Dentistry toward the goal of "the best dental school in the World."

The affair was a very pleasant event, one long to be remembered, and gave many persons connected with the school an opportunity to become better acquainted. The committee in charge of arrangement included Dr. J. L. Wilson, Dr. W. V. Hanson, and Dr. H. J. Healey. They did a splendid job and if the comments of many of those who attended may be construed as wishes, we shall have other parties just as nice in the future.

## To the Alumni—

I wish to take this opportunity to express my sincere appreciation to the alumni of Indiana University School of Dentistry for the excellent reception extended me on my arrival in Indiana. I can attest that the reputation for cordiality, which the Hoosiers have gained, is well deserved. It is gratifying to sense the loyalty and good wishes of the alumni of this school as I have done since coming to your state. It means that the alumni are anxious to maintain the high standard of dental education at Indiana University School of Dentistry that the school has enjoyed in years past. This should not be difficult to accomplish when one takes into consideration the help and support which the President, the Board of Trustees, the medical school, and our own faculty, together with the other branches of the university, have so generously and sincerely offered. As evidence of this support and cooperation, the university is giving us every encouragement in developing a research program which will turn all eyes toward Indiana.

Our program in research will attack unsolved dental problems from both the physical and biological aspects. A program is being outlined which will attempt to discover some of the unsolved biological dental questions through research in dentistry for children. I am pleased to say that we are receiving every possible support and encouragement from the various departments of the medical school so essential to the success of such a program. Funds to be used for the purchase of equipment for research on materials used in restorative dentistry have been appropriated by the university. The laboratory for research in this phase of dentistry is moving forward rapidly.

I should like to take this opportunity to extend to the graduates of this school a very cordial invitation to return for any help or assistance we may be able to give. The school is anxious to continue to receive your active interest, and we need your support, cooperation, and consultation.

Sincerely,
Dr. William H. Crawford, Dean

## Junior American Dental Association Organizes

The organization known as Indiana University Society of Junior Members of the American Dental Association held its first and organization meeting on November 29th, 1939, at 8:00 P.M. at the dental school.

Dr. G. D. Timmons presided at this meeting and read the new constitution which was adopted with a few minor changes. Election of officers resulted in the following selections: President, Lynn Rodenbarger; First vice-president, Ronald Ping; Second vice-president, Ally Burks; Secretary-Treasurer, Pat Lyddan.

Dean William H. Crawford and Dr. John E. Buhler were elected as faculty advisors for the ensuing year. Program and publications committees were appointed by the president.

The past year this organization had one of the largest memberships of any Junior Dental Society, and we regret that the membership of sixty this year is rather low.

At the December meeting Dr. Frank Hughes gave a very splendid talk on "The Economics of Beginning Dentistry." Owing to a conflict with final examinations, the January meeting was not held.

The object and purpose of this society is to contribute to the elevation of dental education in the student body by literary discussions or clinics of subjects relating to dentistry. Over and above this are a few social functions; notable among these is the combination Freshman-Junior A. D. A. dance which is to be held in the near future.

## First Year Dental Students To Receive Training On Bloomington Campus

**Dental Courses in Fundamental Sciences Will Be Given by Medical School Departments**

The dental school will take another step forward in the fall of 1940 when the freshman students will receive training in the fundamental sciences in the Bloomington division of the medical school. Plans have been completed whereby courses in gross anatomy, histology, biological chemistry, and physiology will be given in the regularly established departments set up by the university for these courses.

Dean Burton Dorr Myers and his staff have given considerable thought and study to the arrangement of courses for dental students. Dean Willis Dew Gatch of the medical school at Indianapolis has offered the facilities of the departments of pathology, bacteriology and pharmacology to provide instruction to dental students in these subjects. Most of the leading universities have already adopted this policy and are giving the same quality of training to all students in health sciences.

It is felt that the closer relationship between medicine and dentistry in Indiana will have a beneficial influence on both professions and help to create a more thorough understanding between the two.

The change in location of the freshman dental students to the Bloomington campus does not effect the two year predental and four year dental plan of dental education. The dental school will operate as before on the two-four plan as outlined by the Dental Educational Council. Freshman dental students will be enrolled in the dental school as at present. Dental anatomy will also be given on the Bloomington campus by members of the dental faculty.

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**Indiana University School of Dentistry**

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

J. L. Wilson..Editor in Chief

# The Dental School Library

The following books have been added to the Library since the publication of the November Alumni Bulletin:

Black—Index of the Dental Periodical Literature, 1936-38

American Dental Association—Accepted Dental Remedies, 1939

—Childs Law for the Dentist, 2nd ed., 1934

Ennis—Dental Roentgenology, 3rd ed., 1939

Gordon—Dental Science and Dental Art, 1938

Gould—Medical Dictionary, 4th ed., 1935

Kronfeld — Histopathology of the Teeth, 2nd ed., 1939

Merritt—Periodontal Diseases, 2nd ed., 1939

Turner—Prosthetic Dentistry, 6th ed., 1932

Woolley & Scott—College Handbook of Composition, 1931

Zinsser & Bayne-Jones—Textbook of Bacteriology, 8th ed., 1939

Eighty-five bound volumes including the following journals have also been placed on the shelves:

American Journal of Diseases of Children

American Journal of Public Health

American Journal of the Medical Sciences

American Medical Association, Journal

Annals of Dentistry

British Dental Journal

California State Dental Association, Journal

Current Researches in Anesthesia & Analgesia

Dental Bulletin

Dental Items of Interest

Dental Record

Dental Register

Frater of Psi Omega

Hygeia

Illinois Dental Journal

Indiana State Dental Association, Journal

International Journal of Orthodontia, Oral Surgery & Radiography

Journal of Biological Chemistry

Journal of Dental Research

Journal of Experimental Medicine

Journal of Heredity

Journal of Higher Education

Journal of Infectious Diseases

Mayo Clinic, Proceedings of the Staff Meetings

Medical Library Association, Bulletin

New Jersey State Dental Society, Journal

New York Academy of Dentistry

New York Journal of Dentistry

New Zealand Dental Journal

North Carolina Dental Society, Bulletin

North-West Dentistry

Southern California State Dental Association, Journal

Special Libraries

Washington University Dental Journal

# ABSTRACTS

**Greenland Eskimo Dentition From Acta Odontologica Scandinavica Volume 1, Number 2 Author: Dr. P. O. Pedersen**

The present essay deals with numerical variations in the dentition of ancient and modern Greenland natives compared with those of various other racial and local groups.

Material and methods of examination are described.

The material comprises three main groups, viz. (1) 525 ancient Greenland skulls, (2) 860 modern East Greenland Eskimo without any white admixture, and (3) 1,634 Southwest Greenland natives, principally hybrids.

On examination of (1) and (2) roentgenograms were made in cases.

The following variations in number of teeth are dealt with for each main group of material separately:

Increase in number of teeth:

1.1 per cent of ancient Eskimo skulls and

1.3 per cent of modern East Greenland Eskimo had supernumerary teeth erupted or impacted.

0.8 per cent of modern West Greenlanders had supernumery teeth erupted.

Increase in number of permanent teeth was not found to be actually higher in the Eskimo than in white races. Nor has any reliable difference been found between the incidence of supernumerary teeth in ancient and modern Greenland Eskimo and that of West Greenland hybrids of the present day.

Special attention has been paid to the occurrence of fourth molars from an evolutionary point of view. There is no evidence that fourth molars occur more frequently in the Eskimo than in whites.

Decrease in number of teeth with exception of third molar absence:

The character of congenital absence in the Eskimo dentition is very strange an ddistinctly differs from that of white population groups, whereas an appreciable resemblance seems to exist to that of the Mongolian stock:

In the Greenland Eskimo

Lower incisors are absent almost as frequently as are upper lateral incisors,

Lower second bicuspids — frequently absent in whites—are very seldom found to be missing, and

Second and even first molars were found to be missing in a few cases.

Congenital absence of third molars.

This condition is very commonly met with in the Eskimo. The writer agrees with Goldstein stating that an increase of third molars absence appears to exist from the southwest to the northeast Eskimo groups. The very highest range of congenital absence was found by the writer in the East Greenland Eskimo (skulls and living). White admixture seems to bring about a lower incidence of missing third molars.

Studies on dental numerical variations may prove of interest in connection with anthropological and ethonological research of the problem of racial origin of the Eskimo as well as of the mutual relationship and migrations of various Subartic and Artic groups.

**Fluorine: Dental Caries From Journal of Dental Research Volume 18—Number 6**

**By Members of Nutrition Fellowship of Buhl Foundation, Mellon Institute, Pittsburgh, Pa.**

Evidence that fluorine aids in the formation of caries-resistant teeth, linked with the findings of Armstrong and Brekhus (4) and of Dean, Jay, Arnold, McClure, and Elvove (20), shows that a very great reduction of the incidence of human caries can be obtained by supplying in food and water an optimum amount of fluorine during tooth formation. Concordant evidence from 3 different approaches, with no adverse data, should be such sufficient proof of the value of fluorine in the prevention of dental caries that means of control of this element in the whole dietary of children should be undertaken. Control of the fluorine content of community water supplies, in most cases by addition of fluorides, provides an attractive means of mass reduction in dental caries, but prophylactic measures through other media, such as bottled waters, milk supply or the judicious use of fluoride-containing medicinals, are feasable.

Regulation of fluorine should be directed at an optimum intake of the element in particular, the fluorine content of the water supply can be varied seasonally to compensate for varying water consumption. Climatic differences will make it necessary for each locality to find its own standards for addition of fluorides to the water supply. The economics of the required water treatment will also be local problems.

As brought out in this report, the rat is a satisfactory animal for the study of the relation of fluorine to dental caries. They have recently (13) produced mottled enamel in the molars of rats and thus provided a means of experimental study of the interrelations of fluorine to dental caries and mottled enamel in a single species. The lowering of incidence of dental caries in rats by fluorine in the formation of teeth, linked with the observations of Dean, Jay, Arnold, McClure, and Elvove (20), indicates that corn meal caries in rats is true caries.

Present evidence on fluorine and dental caries is sufficient to require that all future studies of dental caries must consider the influence of fluorine and that past investigations be scanned for the possible contribution of this element. For example, the survey of Mills (29) on the relation of dental caries incidence to latitude and drainage basins can be interpreted in terms of fluorine.

McKay (25) has used mottled enamel as a proof that structure has nothing to do with resistance to dental caries. They predict that a structure resulting from lack of fluorine will be found which will differ from the "normal" and that therefore the effect of fluorine is one of modification of structure to a more caries-resistant form. On the other hand, the data of Miller (28), though derived from experiments with very high concentrations of fluorine, suggest that the action of fluorine may be through bactericidal of facteristatic action. A still further possibility is that fluorine exerts its effects prior to calcification and that the higher fluorine content of sound enamel, as observed by Armstrong and Brekhus (4), is only a sequela of the continuing higher supply of fluorine.

Whatever is the mechanism of the relative prevention of dental caries by fluorine, whether the resistance is structural, chemical, organic or combinations of these factors, it seems evident that caries resistance can be built into enamel.

# Historical Highlights

March of this year will mark the one hundredth anniversary of the establishment of organized professional dentistry in America. So, a flash back at some of the lunminous spots in the history of the dental art and its progress towards the place it now holds as a recognized profession might be interesting.

**In the Beginning.**

Early man, it seems, was very willing to believe that aches and pains, or any distress of mind or body were the visitation of some unseen power, some evil spirit, if you wish, over which he had no control. He was not averse to appeasing the "evil one" with sacrifices and bribes. The more shrewd of his brothers resorted to magic words and ceremonies of all sorts to combat the visitations of these spirits. But it is not unreasonable to believe that there were those who were practical enough to do something to help themselves. Therefore, we may presume that the poor soul, bedeviled by a throbbing jaw, attempted by one of two means to attain the desired relief: Either to rid himself of the offending member by his own hand or with the help of another, being willing to suffer momentarily in exchange for the more lasting relief to be gained; or by applying locally some concoction of his own which he believed palliative. Record has it that the ingredients of these remedies must have been legion. However, man was not alone concerned with the relief of pain. A desire to improve appearance and function were also motivation for the development of the dental art. Humans are vain, and many a stout heart, who willingly faces a dangerous enemy courageously, quails before the finger of ridicule. Thus, as we shall see, very creditable attempts at bridgework are as old as history.

The Ancients

The earliest known records of a definite symptomatology and routine of treatment of dental ills come from the Chinese. As late as the early years of this century these people were following many of the same practices common in 4000 B.C. A routine of cautery and puncturing the gingival tissues followed a series of very definite diagnoses. Extraction was resorted to where indicated, and surgical treatment was accompanied with internal medication.

The ancient Egyptians are said to have used arsenic for the alleviation of tooth-ache as early as 3700 B.C. We do know that though countless mouthwashes, medicines, etc., were common, there is no mention of surgery in the early records. The destruction of the famous library in Alexandria by the Saracens in the Eighth Century A.D. may have robbed us of a lot of information which would shed light upon the way these people developed.

In Greece there grew the greatest civilization of ancient times. All through our modern civilization we see influences of this great culture in art, literature, political science, etc. Their greatest man was a physician named Aesculapius, who lived sometime during the thirteenth and twelfth centuries B.C. So marvelous were the powers of healing ascribed to him by the people of his time that he became almost a god. Many temples were erected and dedicated to him. Naturally, the priests were the doctors as well. But there were also lay doctors who began even then to supplant the sacerdotal with lay medicine, particularly after the time of Hippocrates, who was born in 460 B.C. He was claimed to be the nineteenth descendant of Aesculapius. He wrote prolifically upon medical subjects, including surgery. He recommended the extraction of loose teeth and the treatment of toothache with cautery. He noted the belief that teeth were formed in utero. Doctors had shops which were surgeries and pharmacists combined in those days. We find them writing directions for the armamentarium and the conduct of these shops. No mention is made of barbers or others of more lowly station practicing any surgery. It also appears that the Greeks practiced prosthetics after the fashion of the Etruscans and the Phoenicians. From the time of Aristotle, who lived during the early third century B. C. and whose many writings on medical subjects were elaborations of those of Hippocrates, down to the collapse of the Greeks as a nation with the fall of the Roman empire, we find little or no progress.

**The Etruscans**

In middle Italy in an area called Tuscany, there lived a people called the Etruscans. Long before the founding of Rome they attained a civilization comparable to that of any other known country. They were great travelers and received many ideas from distant peoples. The examination of tombs and burial grounds leaves no doubt in our minds that as early as the twelfth century B. C. the replacement of lost teeth, particularly the incisors, was common. Numerous appliances, cleverly fashioned with gold wire and gold bands carrying teeth carved from bone and from the teeth of animals, were used to replace those lost by accident or illness. Human transplantations have also been found. We find mention made of one individual who could remove "her teeth." The burial laws made it legal to bury gold when attached to the teeth. These people seem to have disappeared some time after the seventh century B.C., probably engulfed by the rapidly expanding Roman empire.

The Romans followed pretty much the writings and the practices of the Greeks. One writer, Celsus, who lived alone in the first century B.C., summed up about all the medical knowledge of the times. He treated of extraction of teeth, reduction of fractures of the jaw, treatment of bone necrosis, and mentioned countless medications and mouth washes. We have evidence of the construction of gold crowns and attempts at construction of dentures. The dental art among the ancients reached its most advanced point when the Roman civilization was in its greatest splendor. But the "hey-day" of Rome passed with the destruction of the Empire by the barbarians from the north of Europe, and with it began truly the Dark Ages. Not only was there no advance made, but prosthetics went into retrograde. With early Christianity strongly averse to any practice which had for its purpose the welfare and beauty of the human body, it is not likely that there should be any attempts at repairing the losses sustained by disease or accident. We think of the Dark Ages as ending about the 10th Century A.D. with the advent of the period called the Middle Ages.

**The Middle Ages**

This age has been called the period of feudalism and ecclesiasticism. The destruction of the Roman Empire left Europe without any national feeling. The ever increasing power of the Church furnished the masses with a stout shoulder upon which to lean. So, the church dominated the thinking of the period with the full consent of the dominated. Since the healing art was delegated to the clergy and since they seemed to have a decided aversion to anything other than the practice of faith healing with the occasional administration of minor therapeutic agencies, surgery came more and more into the hands of the barber, the quack, and the traveling mountebank. And, of course, the extraction of teeth, the plugging of cavities in teeth with whatever materials were in current usage, and the lancing of abcesses, etc., are included in this category. These chaps combined knowledge of a practical nature learned from their forebears by observation, and by practice with all sorts of "tricks of the trade" which savored of the rankest charlatanism. Such was life in the Middle Ages.

The above paragraph is intended to give a general picture of the period, but I do not wish to leave the impression that there was nothing of importance in the advance medical thinking. As early as 711 A.D., Spain fell into the hands of the Arabs who, fired with the zeal of Islamism, went forth into western Europe to conquer all for Allah. These Arabs were not only mighty in a military sense, but carried their educational accomplishments with them. The notable figure of most importance to us was Abulcasis, called the genius of Arabian surgery. He lived between 1050 and about 1122. He wrote very comprehensively on the treatment of dental ills and surgery. He called attention to the presence of dental calculus and recommended its removal by suitable instrumentation. He described and pictured fourteen different scrapers, or scalers as we would call them, for use in the removal of deposits from the different surfaces of the teeth. He took a rather conservative stand on the extraction of teeth and reminded his readers that great care should be taken to ascertain the seat of the pain for fear that the patient might mislead the surgeon with the consequent removal of the wrong tooth. While he blamed the barbers for these mistakes, he did not condemn them for their activities along this line since he recognized that their knowledge came from practice more often than from scientific education and that they did the job rapidly with probably less prolonged discomfort than the slow painstaking "surgeon." He speaks of quite a variety of dental instruments, describing forceps, files, elevators, saws, and instruments for currettage.

In the period marked by the thirteenth to the fifteenth century, the most interesting person to us is the greatest surgeon of the Middle Ages. I refer to Guy de Chauliac, born in 1300 in Auvergne, and living until 1368. His "Chiurgia Magna" was the official code for the teaching of surgery up to the eighteenth century. However, he does not mention anything that would show progress

in the matter of dental operations. We do learn that the canines were called "eye teeth" because of the nearness of the root ends to the eye. Of importance also is the observation that dental operations were the province of barbers and those he called "dentatores." Here again we see the tendency to class dental operations as a specialty. He expressed the desire, however, that these operations be under the supervision of a doctor but seems to have no word of blame or contempt for these dentatores. He recommended the use of abrasive dentrifices, mouth washes, aromatic oils, and the filling of cavities in the teeth with camphor, wax, gum, myrrh, etc. One author mentions the plugging of teeth with gold. It is also important to note that all through this period there was a reasonable stress upon the necessity of mouth hygiene and the recognition of the fact that a body could not be healthy with an unhealthy dirty mouth.

(The discussion of Modern Times, with special reference to the rise of dentistry in our own country will appear in the next issue of the Bulletin.)

# Biography of New Dean

At a meeting of the Board of Trustees of Indiana University held in August, 1939, Dr. William Hopkins Crawford was appointed Dean of Indiana University School of Dentistry to fill the vacancy created by the death of Dr. Frederic Rich Henshaw in May 1938.

When he was appointed as Dean of our School, Dr. Crawford was Professor of Dentistry at Columbia University, School of Dental and Oral Surgery, and because of his obligations there, which could not immediately be altered, he was unable to assume his duties here until January 1st of this year.

He was born in Morristown, Minnesota in 1899, and attended the public schools there until he completed the sixth grade, at which time his family moved to Mankato, Minnesota, where he completed common school and passed on into high school.

About this time it became necessary for him to have some of his own teeth repaired, and as a result of his experiences with his dentist he decided he wanted to take up dentistry as his life work. He accordingly arranged his activities while in high school, taking all the work he could get of a mechanical nature. As a result of his interest in this kind of work and the fact that it was at a time when most of the instructors in shop work had been called into government service because of the war, he was given the duties of teaching manual training during his senior year in high school.

He spent some time in Stout Institute at Menomonie, Wisconsin, but as there was a change of age limit permitting entrance into the government aviation service, he entered the aviation corps in the autumn of 1918, but after the signing of the armistice in November of that year he was discharged from the service soon after he entered.

After his release from service, he matriculated as a student in the University of Minnesota, School of Dentistry, from which school he was graduated in 1923.

After graduating he took a post graduate course in denture prosthesis given by Dr. M. M. House. He spent the remainder of the summer in the office of Dr. J. M. Hale at Mt. Vernon, Indiana.

The following autumn he went to the University of Tennessee, College of Dentistry, as instructor in prosthetics, and was promoted the next year to assistant professor, having charge of crown and bridge work.

In 1924, while he was connected with that school, he began the study of dental materials, an investigation he carried with him when he went to Columbia University and which he brings with him to Indiana. Since he began this study he has published a number of articles reporting the findings of his labors.

During his services at Columbia University where he was appointed in 1928 as associate professor in the prosthetic division teaching denture prosthesis and crown and bridge work, he established one of the finest laboratories in the country for the testing of dental materials. As a result of this work he has been recognized as an authority in that field.

He was promoted in 1935 to professor of dentistry, a position which carries the responsibility of administrator in the division of prosthetic dentistry, including full and partial dentures and crown and bridge work.

Like any other red-blooded American, Dr. Crawford has other things he likes besides his usual daily routine. Among his chief hobbies is photography. He has some fine cameras and some nice photographs taken with them. He also enjoys hunting, especially squirrel hunting.

Dr. Crawford is a member of the American Dental Association, having been a member of the Research Commission of that organization for seven years. He is also a member of the New York Academy of Dentistry, American College of Dentists, Sigma Xi, and Omicron Kappa Upsilon fraternity.

As a man he has a cordial and genial manner and has the ability to make one feel at ease in his presence, and at the same time any one can see that he expects honest endeavor.

He is anxious for all Alumni to call at the school when convenient and become acquainted with him.

# Twenty-Five Year Luncheon

In keeping with the annual custom, Indiana University School of Dentistry will be host at a luncheon tendered in honor of the graduating class of twenty five years ago. This luncheon always is held at noon on Monday during the meeting of the Indiana State Dental Association. This year the guest class will be those who graduated in 1915. Reservations have already been made at the Columbia Club to take care of a large attendance.

In order that you may reacquaint yourselves with those who were in this class, we are listing below the membership at the time of graduation:

Bernard Albert Ackerman, Loogootee, Indiana
Olin F. Bailey, Topeka, Indiana
David Carr Baughman, Mattoon, Illinois
Herrick A. Baughman, Mattoon, Illinois
Fred Allison Beaty, Union City, Indiana
W. Don Bowen, Kokomo, Indiana
James Albert Bristow, Indianapolis, Indiana
John William Brown, Hammond, Indiana
Robert G. Brown, Flint, Michigan
Louis Edward Buckley, Bridgeport, Connecticut
Milo Bushong, Crawfordsville, Indiana
William X. Carberry, Gary, Indiana
Guthrie P. Carr, Lafayette, Indiana
Benj. L. Chase, NO TRACE—Location Unknown
Sam F. DeHaven, Gary, Indiana
Frank M. Edwards, Jr., Binghampton, New York
John Clinton Frasier, Evansville, Indiana
William A. Gasoway, Warsaw, Indiana
Charles W. Gillespie, Marion, Indiana
Archie Goodwin, NO TRACE—Location Unknown
Oscar F. Goyert, Batesville, Indiana
O. W. Hanley, DECEASED
Edgar T. Haynes, Indianapolis, Indiana
R. A. Henson, NO TRACE—Location Unknown
Gerald Alton Hiatt, Indianapolis, Indiana
Fred M. Hickman, Indianapolis, Indiana
Arthur Francis Josse, Portland, Oregon
William V. Keil, DECEASED
George Murril King, Indianapolis, Indiana
Derrick Conrad Krider, Brazil, Indiana
Edgar John Leamy, Providence, Rhode Island
Frank S. Leonard, DECEASED
Ralph Olds Leonard, Culver, Indiana
Harlen Chester Lindley, Chicago, Illinois
Charles Sumner Lytle, Parkersburg, W. Va.
Glen Morse McDaniel, Bloomington, Indiana
Loren Martin, Salem, Indiana
Hubert F. Mercer, Kokomo, Indiana
Fred N. Merryweather, Grand Rapids, Michigan
Daniel Gerhardt Mertz, Fort Wayne, Indiana
Clyde V. Morrett, Indianapolis, Indiana
Hugh D. Morris, Cambridge City, Indiana
J. H. Morrison, Chicago, Illinois
Carl H. Osterheld, Indianapolis, Indiana
Alvin Louis Petter, Stuttgart, Arkansas
Curtis Linn Ralston, Ashtabula, Ohio
Bernard F. Randolph, Terre Haute, Indiana
Cyril C. Reddish, Frankfort, Indiana
Earle Wayne Reynolds, Grand Rapids, Michigan
Sidney Thomas Rigsbee, Marion, Indiana
Glen B. Ross, Michigan City, Indiana
Francis Irving Row, Osgood, Indiana
Glade E. Rupert, Ligonier, Indiana
J. Walter Scherer, Fort Wayne, Indiana
Lisle Carton Scott, Emmetsburg, Iowa
William Calbert Sherman, Indianapolis, Indiana
Harry Edwin Smalley, San Antonio, Texas
Ralph P. Somers, Brookville, Ohio
M. Ralph Stark, Fort Wayne, Indiana
Urban T. Steinhart, Washington, Indiana
Harold Alban Stipp, Paoli, Indiana
Paul R. Sullivan, Attica, Indiana
Harry Howard Taylor, Muncie, Indiana
Leo P. Trixler, DECEASED
Lemuel Paul Woolston, Fort Branch, Indiana

The Secretary of the Alumni Association would appreciate information concerning any errors in the above list. If you know of any changes, please drop a card to John E. Buhler, Secretary, Alumni Association, Indiana University School of Dentistry, Indianapolis, Indiana.