

ALUMNI BULLETIN

Indiana University School of Dentistry

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No. 2

Examination of Patients at the Dental School

Students Trained In Oral Diagnosis

The dental needs of more than 6,000 patients who visit the Indiana University dental school each year vary from that of a simple prophylaxis to the longer, more complicated procedures involved in orthodontic treatment. From these individuals material is available for the training of the junior and senior classes, a group of about 80 students. The training includes the various phases of ordinary dentistry, the illustrations and study of the more unusual things such as tumors, rare surgical problems and occasional cases of systemic disease with oral involvements.

There are several factors which complicate considerably the handling of such a large group of patients in a dental school clinic. These factors are presented briefly as follows: first, there is a varied number of health conditions, both general and oral; second, there is a wide degree of difference in patient attitude toward and appreciation of dental services; third, there is a relatively large number of student operators; fourth, patients must be shifted from one department to another; and fifth, patients are seen on different days by different instructors. To accomplish this task in an efficient manner it is absolutely necessary that the patient be carefully examined, his needs carefully explained to him, adequate records of examination and treatment kept, and air-tight methods of checking the patient's progress through the clinic maintained.

The department of diagnosis has therefore been organized to initiate and to help keep in order this complicated task of first providing each patient with a complete examination or assessment of

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Dental Assistants To Hold Annual Meeting

Education To Be Theme of Convention.

All dental assistants of Indiana are urged to attend the 24th Annual Meeting of the Indiana State Association of Dental Assistants, May 15th, 16th, and 17th. The business meeting will be held at the Claypool Hotel while the headquarters' suite will be at the Lincoln Hotel.

The theme of this annual meeting will be Education. The ISADA meets annually to conduct business and present a dental assistants' program with dental speakers, competitive papers and clinics. The whole program will be built around the Educational theme of dental assisting and will most certainly be beneficial to all dental assistants.

The ADAA stands for the American Dental Assistants Association, the national organization of dental assistants with societies in 38 states. The societies are local study clubs and state groups that meet regularly, giving educational programs and clinics. The ADAA was organized in 1924 and now has more than 2500 members, with societies in 160 cities representing all sections of the United States.

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ASTP Dental Training To Continue

According to the latest word received from the Army and Navy, the dental phase of the ASTP will not be altered. Concern had been felt following the recent order of the Army in eliminating courses for basic engineering and foreign area and language training.

A. D. A. Takes Action

After issuance of this order to curtail specialized training, an informal committee representing the American Dental Association was created for the purpose of dealing with the situation. The members of the Committee are: C. Willard Camalier, chairman of the War Service Committee; Emory W. Morris, chairman of the Council on Dental Health; William N. Hodgkin, chairman of the Council on Dental Education; Sterling V. Mead, chairman of the Committee on Legislation; Gerald D. Timmons, vice chairman of the War Service Committee; John T. O'Rourke, chairman of the Committee on Denistry, Procurement and Assignment Service, and J. Ben Robinson, chairman of the Committee on Dental Education, Procurement and Assignment Service.

The immediate effect of the War Department order on dental schools would be to terminate the studies of all men enrolled in pre-

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Faculty Appear at Research Meeting

Present Papers at I.A.D.R. Meeting In Chicago.

Several members of the faculty at the School of Dentistry presented papers at the recent twenty-second annual meeting of the International Association for Dental Research held at the Drake Hotel in Chicago, March 18 and 19. Following are the presentations—

Dr. Grant Van Huysen—"Reducing substances in stimulated expectorated Saliva."

Dr. Henry M. Swenson—"Induced Vincents Infection in Dogs."

Dr. Thomas D. Speidel—"Muscle Tension and Vertical Tooth Position."

Mr. Ralph W. Phillips—"Physical Properties of Amalgam as Influenced by the Mechanical Amalgamator and Pneumatic Condenser."

Association Organized in 1920

The International Association for Dental Research was organized in New York City, December 10, 1920, by a group of investigators actively concerned with the problems of dentistry. Most of the founders are alive to-day and remain as active members. As of Feb. 1, 1944, it has 601 members scattered over the world and belonging for the most part to 31 sections. Membership is limited to "Any person who has conducted and published an account of a meritorious investigation in dental science, or in any of the sciences contributory to stomatology."

Dental Schools Meeting Follows.

For the three days immediately following the I.A.D.R. meeting, the American Association of Dental Schools held its twenty-first anniversary convention. Again several members of the faculty took active part in the program of that group.

Dean William H. Crawford was chairman of a panel presentation—"Planning for Post-graduate Programs."

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Dean Crawford's Son Dies

The faculty, alumni, and friends wish to express their sincere sympathy to Dr. Crawford and his family upon the death of their son, Richard Crawford, three years old, on February 4.

Dean Crawford was in Minnesota at the time of his son's death, having gone there the previous day when advised that his mother was critically ill.

Richard had been ill for a few days but his illness did not develop into a critical stage until

after Dr. Crawford had left. He was taken to the Methodist Hospital in Indianapolis and died several hours later. The funeral was held on Sunday, February 6, at Hisey and Titus Mortuary.

In addition to his mother and father, the child is survived by George, his eight year old brother, and Penelope, his six year old sister.

At the writing of this bulletin, we are glad to report that Dean Crawford's mother is recovering satisfactorily.

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Indiana University
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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.

Editor-in-Chief
RALPH W. PHILLIPS

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THE LIBRARY

RETROSPECT

In handling the dental periodicals which our Library possesses that were published in the middle 1800's, the name most often appearing on the fly leaf is that of Dr. Phineas G. C. Hunt who was born in Champaign County, Ohio, in 1827. His family moved to Indiana in 1833 and when he reached an age to choose his life occupation, Dr. Hunt became a student of his elder brother who was practicing dentistry in Indianapolis. Dr. David Hunt died in 1848 and Dr. P. G. C. Hunt found himself, after two years of study and at the age of twenty-one, bearing the weight of a full practice. His practice from that date to within a few months of his death was one of progress and steadily increasing success.

Dr. Hunt's activities outside his practice were many. In 1858, he took an active part in the organization of the Indiana State Dental Association and was one of its first vice-presidents. Subsequently he served in 1861 and 1871 as its president. At the legislative session of 1878-79, the first law regulating dentistry in Indiana was passed, and Dr. Hunt was made president of the newly created state board of dental examiners, a position which he held continuously for many years.

In 1859, when the preliminary meeting was held in Niagara Falls for organizing the American Dental Association, Dr. Hunt was a member of that body. He was also present at the permanent organization of the Association in Washington in 1860 and served faithfully in Committee work and as its president in 1872.

Dr. Hunt took an active interest in the establishment of the Indiana Dental College in 1879. He was one of the original trustees of the school and president of it at the time of his death in 1896. He was the first dean of the college and professor of crown and bridge and porcelain work when he died.

The foundations of our present collection were the 900 volumes which accumulated gradually over a 50-year period preceding the formal organization of our Library, chiefly through the private collections of Dr. P. G. C. Hunt and his son, Dr. George Edwin Hunt, first and second deans respectively of the Indiana Dental College.

In reviewing the past, we realize how greatly we are indebted to the vision of the men who left to us the priceless heritage of a library, to which we may add through gifts from alumni and friends, and current purchases—in order that our Library may be more firmly established as a service to the profession.

Examination of

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dental needs, and second, assisting in the task of seeing that the service is completed as soon as is humanly possible under clinical conditions.

Complete Record Kept on Each Patient

When a patient is admitted to the examination room, he is given a numbered folder, containing sheets for the records of the oral examination, x-ray interpretation, surgery findings and operations, prosthetic findings and treatment, and operative procedures. On the first or diagnosis page there is a diagram of tooth surfaces, both deciduous and permanent, on which the condition of the teeth is recorded. Cavities, fractures, root tips, supernumerary teeth, and teeth that are referred for extraction are indicated on this diagram. Any exposed or non-vital pulps or undue sensitivity of teeth or other tissues, swellings, or redness of soft tissues are noted. In the case of a tooth of questionable vitality, the electric pulp tester is used and the results recorded. Where it is indicated, the frontal and maxillary sinuses are transilluminated and a record is made regarding whether they are clear or opaque. Also as a part of the examination the condition of the face, lips, cheeks, tongue, floor of the mouth, gingiva, tonsils, pharynx, and lymph nodes is noted and evidence of pathology only is recorded.

The medical record consists first of all of answers to questions asked the patient about recent visits to his or her physician. The patient is also questioned about the well-being of his respiratory, vascular, digestive, nervous, muscular and articular systems. The physical condition of the patient is investigated by carefully worded leading questions. When the patient is under the care of a physician, the physician may be consulted about the advisability of the dental treatment planned. No attempt is made to make physicians out of dental students but every available opportunity is taken to get the student to familiarize himself with systemic as well as dental conditions. Ordinary laboratory and clinical tests used in medicine are carried out so that the student may gain more information about his patient and also learn better to appreciate problems in general physical diagnosis.

X-Rays Advised

Since no diagnosis is complete without x-rays, our patients are advised to have full mouth x-rays taken. Except in emergency cases they are asked to return in two or three days to have the dry films interpreted. In the meantime, the x-rays are returned from the x-ray department to oral diagnosis and are interpreted and the findings written in the patient's record by a student, thus giving each student a great deal of practice in reading his share of the large number of x-ray films used at the college. When the patient returns, the diagnosis is completed by the correlation of the x-ray and other findings with the appearance of the patient's mouth. The patient then is accompanied by a student to the various departments for consultations and a complete treatment plan is discussed by student, faculty member, and patient. In this way the student is exposed to the various opinions of different instructors.

An innovation in the last year has been the senior survey. Each senior student is assigned one patient for whom he is responsible from the beginning of the examination until completion of the dental service. He makes a complete examination, including study models and x-rays. He describes a complete treatment plan, which he takes to the departments concerned for suggestions and approval. After the entire treatment plan with alternate plans when indicated has been completed and approved, the student starts working on the patient, following the

selected treatment plan through to completion.

Photography Aid in Teaching and Research

Along with the patient examination, kodachrome and black and white photographs are taken of cases that have pathological and teaching significance. These are kept in a slide file case in the department and are used in teaching. This provides photographic records of unusual conditions that are not ordinarily available when needed. Photographic records taken before, during the progress of, and after treatment is completed are also made and are of inestimable value in the study of diagnosis itself. It gives the student an opportunity to see beforehand the results of his diagnosis and recommendations.

The aim of the department of oral diagnosis is to impress on the student the consideration of the mouth as a whole and its relation to the physical well-being of the patient. Emphasis is also placed upon the student's ability to educate and explain to the patients the benefits of dental service. It is at this point where the student first meets and interviews the new applicant for dental service that the student has an opportunity to learn to exercise his talents for instilling in the patient confidence in dentistry by chair-side education in dental health. It is never too early for the future practitioner to start the development of a personality that will attract and retain patients. The proper handling of patients is an all important factor in school and in dental practice. A student may become a technical expert, he may know all there is to know about his subject but, unless he is able to see the needs of his patient and make the patient aware of his needs, his knowledge is of no value. The success of his later life depends entirely upon his ability to find the patients needs and convince him of those needs. (Submitted by Department of Oral Diagnosis)

Elected to Research Group

Drs. Drexell A. Boyd and Henry M. Swenson were elected to membership in the International Association for Dental Research at the recent annual meeting in Chicago. Membership is limited to those who have conducted and published a meritorious investigation. They are to be congratulated upon their selection.

Other faculty members who are members include: Dean William H. Crawford, Drs. T. D. Speidel, Grant Van Huysen, Frank Hall, G. T. Gregory, and Mr. R. W. Phillips.

The History of Sulpha Drugs

1. Introduction Chemotherapy

In bygone years, pharmacology was an empirical collection of recipes, hardly deserving to be called a science; but a new era was begun with the investigation of medicinal substances by chemists in the early years of the 19th century. These researches soon bore fruit in the isolation of the active principles of many vegetable drugs. The isolation of the pure active compounds was of very great importance as it opened up the possibility of an accurate study of the effect of dosage, and, as time went on, enabled quantitative measurements of the physiological effect of the drug to be made. Such progress was obviously impossible as long as investigators were compelled to deal with a crude drug of unknown strength and composition. By this means also, secondary by-effects, often unpleasant and harmful, could be eliminated in those cases where they were due to the presence of substances other than the desired active principle.

The study of the chemical constitution of the active principles led to attempts at their synthetic production. For a long time, however, synthetic chemistry was not far enough advanced to succeed in the synthesis of such complex substances, and efforts were made, therefore, to find which portion of the molecule gave rise to the physiological effect in order that simpler analogous compounds might be prepared possessing the characteristic action of the drug.

Guidance in our efforts to obtain synthetic drugs may also be obtained from a study of the changes undergone by compounds in the organism. These changes are usually in the direction of the transformation of an active and poisonous substance into a less active and less harmful one. Thus, in order to replace a drug by a new product in which harmful by-effects are eliminated, we can often attain the desired object by studying the changes undergone by the former in the organism, and by taking it for the starting point of the new drug the product of metabolism of the original drug.

II. History and Basic Chemistry of Sulfa Group

A. Sulfanilamide

Ehrlich was successful in such a chemo-therapeutic attempt when he introduced salvarsan for the treatment of syphilis. Following

this therapeutic triumph, there were no remarkable results shown for some time. In 1908, Gelmo introduced the compound para-amino-benzene (sulfanilamide) but apparently its great possibilities remained unrecognized. Then in February, 1935, Domagh announced that a compound, which he called prontosil, was effective in preventing death in experimental streptococcal infections in mice.

In 1936, this substance was brought to this country and in August of that year, it was used for the first time in man on the North American Continent.

It was further shown by Fuller of Queen Charlotte's Hospital, and by investigations in France as well as in our own country, that in the tissues, prontosil was split and yielded the chemical substance, para-amino-benzene-sulfanamide. It was further demonstrated that this latter substance was the effective portion of the prontosil molecule against hemolytic streptococci. In 1937, the Council on Pharmacy and Chemistry of the American Medical Association suggested the name "sulfanilamide" for the more cumbersome para-amino-benzene-sulfanamide.

Due credit must be given to E. K. Marshall, Jr., and his group at Johns Hopkins, for their contribution of outstanding data on the pharmacology of sulfanilamide and its subsequent derivatives. Mellon and his associates contributed a great deal on the problem of the mode of action of these compounds and their therapeutic possibilities.

B. Sulfapyridine

In the years 1937 and 1938, Whitly of England was able to demonstrate that a new sulfanamide compound was effective against pneumococci. This new substance was called sulfapyridine. It was made by joining pyridine, a substance derived from nicotinic acid of the vitamin B complex, to the sulfanilamide molecule.

C. Sulfathiazole

It was observed that the use of the sulfanamide drugs often produced nausea, vomiting and blood dyscrasias. These side effects could frequently be antagonized by the administration of vitamin B, and so investigators made an effort to attach this vitamin to the sulfanamide molecule. Vitamin B is made up essentially of two groups, a thiazole and a pyrimidine nucleus.

This proved very effective against staphylococci infections; also the benign action of vitamin B, given to combat the intoxication induced by sulfanilamide and sulfapyridine was carried along with the thiazole group. As yet no one

has successfully attached the whole B₁ molecule; however, the pyrimidine molecule has been attached to sulfanilamide producing a compound known as sulfanilylpyrimidine or sulfadiazine.

III. PHARMACOLOGICAL ACTIVITY

Mechanism of Action

Sulfanilamide in the test tube, in optimum concentrations causes complete destruction of the bacteria, provided the amount and concentrations are within certain limits. The higher the concentration, the greater the bactericidal effect; the larger the number of bacteria, the less the effect of the drug.

In general, any drug used in the treatment of bacterial infections has two distinct activities; one is on the bacteria, the other on the host and its tissues. The first action is called bacteriotropic, the second organotropic. It is readily evident that these drugs, though very effective on bacteria, have certain deleterious effects on tissues. These are the toxic effects of the drugs given by mouth or parenterally.

The present conception of their mode of action is that they inhibit the multiplication of susceptible organisms, an effect termed bacteriostatic permitting the phagocytes to dispose of the organisms before they exert a lethal effect. It has been demonstrated microscopically that under some conditions the drugs may actually kill small numbers of microorganisms, thus being bactericidal. This antibacterial effect is exerted by interfering with the normal metabolism of the bacterial cell. The use of the drug together with the normal defense mechanism of the host may not be sufficient to control the infection. Consideration of this factor and its relation to the action of the drug is necessary in order to enhance a favorable result through prompt administration of specific antibodies.

There is no definite data available concerning the effect of these drugs on bacterial toxins. Although in most of the cases, it causes a recession of fever. However, the toxic symptoms other than fever do persist. Therefore, the usual methods of combating toxemia must be employed.

Many observers are of the opinion that sulfanilamide disorganizes the metabolism of the organism through interference with bacterial enzyme reaction or by some action upon the substrate which renders it unsuitable for bacterial life. The hypothesis evolved by Woods falls within this category. The findings of this investigator largely

confirm and amplify the early work of Stamp who reported that extracts of streptococci were able
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Dental Assistants

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Indiana was one of the earliest organizations of dental assistants to be organized.

Requirements Raised.

The membership requirements for membership in the ISADA and ADAA are: Active members are white women having a High School education or its equivalent, who are employed in ethical dental offices. The association is quite proud of the fact that at the last ADAA House of Delegates Meeting, the educational requirement was established limiting membership to a high school education or its equivalent, while in the past there was no rule about the education of the dental assistant. This may not sound like a very high standard but when it is taken into consideration that any dental assistant with a 5th grade education may get a civil service appointment as a dental assistant with the United States Government, it is agreed that the association is progressing.

ISADA and ADAA dues are \$4.00 per year which includes a subscription to the journal "The Dental Assistant." Local dues are determined by these societies. The purpose of the organization is to bring together women with mutual interests for the exchange of knowledge and ideas, to develop initiative, to make dental assistants more efficient and of more service to the public and the dental profession.

Large Percentage Attend Annually

Last year 12 guests and 55 members registered at the State Meeting. This was an excellent percentage since at that time there were 62 active members and 4 associate members. The organization is striving for a 100% attendance this year. All dentists are urged to ask their assistants to attend this annual meeting. The time will be well spent and most beneficial, both to you and the assistant. (Miss Alice Krick, Secretary ISADA)

Faculty Appear

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Dr. J. Frank Hall was leader in a round table conference on Oral Surgery.

Dr. Thomas D. Speidel, editor, presented the annual report on The Journal of Dental Education.

Dean Crawford Appointed Consultant

Dean William H. Crawford at the Indiana University School of Dentistry and Dr. Edwin N. Kime of the School of Medicine have received from the army fifth service command appointments as the dental and medical student selection consultants for the state of Indiana.

The two I.U. men under their army appointments will recommend students from the army specialized training program to receive pre-professional training and later to be admitted to medical and dental training. The institutions in Indiana having A.S.T. units from which students will be chosen include Indiana and Purdue Universities, Rose Polytechnic Institute, and Ball State Teachers College.

Preliminary to interview and recommendation by Drs. Crawford and Kime, army trainees will have received qualifying scores on medical-dental aptitude tests. Those recommended for pre-professional training will make a pool from which the army will fill 30 per cent of the medical school and 55 per cent of the dental school admission quotas after January 1, 1945. The remainder of the admission quotas of each medical and dental school will be reserved for civilian students.

ASTP Dental

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dental courses and to transfer to combat duty all enlisted men reserved for admission to dental schools in the entering classes of 1944. The ultimate effect of this order would be to reduce the number of dental graduates and to reduce greatly the dental service available to the civilian population in the post war period. It is estimated that this would have increased the patient:dentist ratio beyond the danger point and eventually would lower standards in dental education and practice.

The committee drafted a statement outlining the probable serious consequences and the dangers that would attend its enforcement. The committee presented its conclusions to the Board of Trustees of the American Dental Association and was authorized to urge the Secretary of War and other governmental authorities to reconsider the scope of the order. Prompt action was taken by the committee through the President, C. Raymond

Wells, to achieve the purposes for which the committee was formed.

Through the work of the committee and appeals from other interested sources, the order was modified so as to continue the dental educational program in all its relationships. The 35,000 students who will be retained in the program now include all students engaged in the study of medicine and dentistry, those who have been admitted to the 1944 entering classes and those preprofessional students now in college who will come up for enrollment in 1945.

Navy

The Navy, which has about 70,000 persons in its V-12 college training program, a counterpart of the ASTP, plans no curtailment, pointing out that the need for officers is as great now as at any previous time.

This Army decision to reduce drastically the number of men in specialized college training will not cause a fadeout of uniforms at Indiana University, where there was a total of 3,160 persons in military service, including the United States Cadet Nurse Corps. Even after the elimination of these courses no longer considered essential, there will remain 1,317 trainees on the Bloomington or Indianapolis campuses. These will include Army and Navy dental and medical students, WAVES in the naval school for storekeeping, AST reserves and cadet nurses.

Enrollment Still High.

Due to increased enrollment of women students this year, Indiana University's shrinkage of civilian students has been the second lowest in eight of the Big Ten schools, it is disclosed by a survey made recently by Dr. Raymond Walters, president of the University of Cincinnati and a recognized authority on college enrollments.

The History

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to neutralize the bacterial inhibitory action of sulfanilamide.

The interference which the presence of proteolytic products may exert upon the action of sulfanilamide has been stressed by Lockwads and his colleagues. These observers are of the opinion that the presence of the products of protein digestion limits the bacteriostatic power of the drug and hence its effectiveness. On the basis of this theory, the presence of bacterial or tissue debris will markedly retard the action of the drug.

Much attention has been devoted

to the peroxide catalase theory advanced by Lache, Main, and Mellon. According to these observers, sulfanilamide is altered by the oxidation processes within the cell to anti-catalase. Without the interference of the anti-catalase, hydrogen peroxide which is produced by the organism is neutralized by catalase, thus protecting the bacterial cell from a harmful concentration of this product. A marked accumulation of hydrogen peroxide thus renders the microorganism vulnerable to the antibacterial defense mechanism of the host.

Sinclair and Baker have observed no incompatibilities with sulfanilimide when used locally. They employed dentalone, anesthetic, iodine, and subsulphate of iron in conjunction with sulfanilamide without any noticeable tissue damage. This, however, is contradictory to Nevin who reports an incompatibility with Benzocaine (Anesthesin is the trade mark).

Specificity

In oral and neighboring infections, the organisms present usually are staphylococci, hemolytic streptococci and streptococci veridans, either pure or mixed. Pneumococci and gas bacilli are infrequent, but occasional visitors. In addition, we have the anerobes spirochaetes, etc. However, the first three are the ones which produce the most common disorders. Sulfathiazole seems to be the drug of choice for combatting staphylococci. Sulfanilamide is to be preferred against haemolytic streptococci and gas bacilli. Streptococci veridans have apparently not yet been suitably opposed by sulfanilamide. Sulfapyridine has a wide range of use but it does not have much application in oral surgery.

Most acute infections about the oral cavity such as those involving the masticator facial space or osteitis and cellulitis of dental origin ordinarily do not reveal the types of organisms involved until drainage has been established and cultures are made. Because of the usually easy tolerance of sulfathiazole and because oral infections usually contain staphylococci, some advocate the compound routinely in early treatment of this type of disease. If subsequent cultures reveal, for example, that the invading organism is hemolytic streptococci, the medication is shifted to sulfanilamide. However, it has been noted that the later organism seemed to respond in some cases to sulfathiazole, although better progress would have been made if sulfanilamide had been chosen in the first place. (Submitted by Dr. Robert H. Derry.)

Abstracts from the Current Dental Literature

Effect of Changes in Barometric Pressure upon Dental Fillings

One hundred and fifteen amalgam, cement-silicate and oxyphosphate of zinc cement fillings were placed in freshly extracted human teeth. Although the cavities were of uniform depth and diameter, the filling materials were manipulated so as to control the properties and qualities of the completed fillings. After the apical thirds of the roots were coated with sticky wax and embedded in artificial stone, the teeth were placed in a pressure chamber and exposed to barometric changes.

Altitudes of 10,000 to 30,000 feet were simulated without displacement of any filling. Then the barometric pressure was decreased so as to simulate an altitude of 60,000 feet, being maintained intermittently for twenty periods of one hour each with no displacement of any filling. The author concludes that restorations, even though made with poorly manipulated filling materials or with air spaces present, will not be displaced.—U. S. Naval Medical Bulletin, J. S. Restarski, 42:155, January 1944.

Dr. Morrow Critically Ill

Dr. Henry B. Morrow, Professor of Periodontia, has been a patient at the Methodist Hospital in Indianapolis since February 19th and has been very seriously ill during these past weeks. Dr. Morrow has had atypical pneumonia and this has been complicated by a heart condition. Only in the past few days has he been without an oxygen tent but at the writing of this on March 22nd, we are glad to report that he is generally improving. We extend to him every wish for a safe and speedy recovery.

December Harpers carried a most interesting article on Dr. Maurice William and his influence on the current of thought in government circles of China. Dr. William had written a book on social economic interpretation which, it is said, made a profound impression upon Sun Yat Sen, the George Washington of China. Since this book was published some twenty years ago, Dr. William has been feature-storied from time to time.