# ALUMNI BULLETIN

Indiana University School of Dentistry

VOL. VII OCTOBER, 1944 NO. 1

## Material Available For Meetings

**Listed Titles and Speakers From the Dental School.**

Members of the faculty at the Dental School are frequently requested to provide talks for the various dental meetings in Indiana. In order that component societies may have information about the subjects which they are prepared to offer, there follows a list showing titles and speakers. They will be pleased to cooperate in any way.

We should like to call to your attention again that, in order to assist in caries control, the school has been conducting saliva examinations to determine Lactobacillus Acidophilus counts for patients, through their dentists.

The service, intended to assist the dentists in preventing rampant caries, is being used by many dentists in this state at present and we would like to make it available to all who wish to use it. If it meets with your approval, we should like to have the privilege of using approximately 20 to 30 minutes of one of your meetings to present this program to your members. It would be explained what the program is, how it can benefit the dentist, and how it can be used by him. Dean Crawford will be glad to come to any of the meetings at your convenience.

Following is a list of titles and speakers:

Lactobacillus Acidophilus Index Determinations and Its Use in the Dietary Control of Rampant Caries. ½ hr.

Diagnosis of Some of the More Common Diseases of the Oral Cavity. 1 hr.

The Effect of Operative Procedures on the Tooth Pulp. ½ hr.

The Use of Fluorine in the Control of Tooth Decay. 1 hr.

By—Grant Van Huysen

"Technique for Construction of Complete Dentures." Consists of a twenty minute lecture followed

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## Letters From Men in Service

Southwest Pacific
Island X
September 24, 1944

I received my first copy of the alumni news since leaving the states. It was forwarded from my Boonville, Indiana address. Needless to say, I read it from beginning to end and certainly enjoyed it. There are a lot of new names in the various departments and, am looking forward to meeting them all some day, we have a real dental school in Indiana University and all of us can be justly proud of it.

After leaving Billings Hospital, I reported to Great Lakes and served there a little over nine months—quite a few of the old gang were there, Al Burks, Morris Stoner, Howard White, Nichols, Werkman, and others. I left there in March for duty overseas.

After leaving San Francisco. I was to report to the Commander Third Fleet for assignment. I was assigned to the 77th Naval Construction Battallion, commonly known as the "Fighting Sea Bees" —they're quite an outfit.

Since leaving the States, I have been at Pearl Harbor, New Caledonia, the Russell Islands, Guardalcanal, Green Island, and now here. I have seen Bouganville and New Ireland from the air. It is certainly hard to visualize distances and the size of some of these places without seeing them.

The duties of a dental officer are quite versatile out here with these advance outfits and cooperation with the physicians is quite close. I help with "shots" for typhus, cholera, and all those myriads of injections that make the life of a service man miserable ha ha; serve as a medical officer on landings and have enough dental work for three men. Our equipment is limited but quite efficient. I used a foot engine for some time, but with typical "sea bee" ingenuity the boys rigged me up a motor and rheostat. So I don't have to pump any more.

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## Flourine and Our Teeth

**Mottled Teeth**

In a publication put out by the American Association for the advancement of science in 1942, Smith gives us the following bit of information.

"There lies in southern Arizona, a little Morman community named St. David, where all of the permanent inhabitants up until about 10 years ago, had mottled and stained teeth. No one paid much attention to the situation until children were large enough to leave the community and enter a society unused to brown teeth. The cause of the stain was not known and outside of endemic communities, persons afflicted with stained teeth were looked upon with a great deal of curiosity and some concern. It was difficult, for example, for girls to secure school teaching positions or other high types of work because their prospective employers believed the applicants were secretly addicted to snuff or tobacco."

**Fluorine and Caries Control**

Surprisingly enough, it was reported in 1929 that fluorine-containing teeth with faulty enamel were highly resistant to tooth decay. Since that time, more complete epidemiologic studies have somewhat cleared up this seeming paradox. These later studies have demonstrated the fact that when the drinking water contains 1 part of fluorine in each 1,000,000 parts of water, the individual is protected against tooth decay, whereas, if there are from 4 to 13 parts per gallon, severe mottling may take place.

Epidemiologic studies by Dean and Arnold have shown that out of every 100 children, age 9-12 years who have taken fluorine-containing water, 37.7 percent are free from tooth decay, whereas, out of 100 individuals of the same age taking fluorine-free water, only 19.7 percent are free from tooth decay. This is a difference of 28 percent.

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## Maynard K. Hine Appointed to I.U. Staff

**Dental School Now Has Full Time Professor of Periodontia.**

Indiana University School of Dentistry announces with a great deal of satisfaction the appointment of Dr. Maynard K. Hine as full time professor of periodontia and histo-pathology. He comes to us from the University of Illinois College of Dentistry, where he was associate professor and head of the Division of Oral Pathology.

Dr. Hine was born August 25, 1907, in Waterloo, Indiana, the son of Clyde L. Hine, D.D.S. With academic training at the University of Illinois, he received his Doctor of Dental Surgery Degree in the School of Dentistry at Illinois in 1930. Following graduation, he remained at the graduate school and received the M.S. degree in Dental Pathology and Therapeutics. Following several years of private practice, Dr. Hine became a Rockefeller Fellow in Dentistry at the University of Rochester School of Medicine and Dentistry. During his two years at Rochester, he conducted many

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**ALUMNI BULLETIN**
**School of Dentistry**
**Indiana University**
**Indianapolis, Indiana**

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

"Forward march" is always the order of the day in a library, for there can be no static marking of time. As our library approaches a total of six thousand bound volumes listed on its accession record, we can be justly proud of its seventeen years of growth.

Soon after the Indiana Dental College was incorporated into Indiana University as its School of Dentistry, a full-time librarian was employed. There was a period of orientation from her appointment in May, 1927, until the librarian began her formal records for the present collection, but it is interesting to note that the accession ledger, during the first twelve months of its existence, records 1056 volumes. The majority of these we can assume were already in the library and were our heritage from the "Faculty and Library Room" of the Indiana Dental College. One thousand volumes accumulated in fifty years—and then five thousand added in the next fourteen. That is our record of growth!

During the last fiscal year, we have added 587 volumes to our library but this is not the only amazing statistic we can produce, for the use of the library has increased many times also. The first year for which circulation statistics are available is 1936-37 and we find 889 books were loaned for use outside the library in that twelve months' period. The present circulation figure of 2528 for 1943-44 represents almost a 300% increase in use of the collection.

It is our aim to obtain all the current dental publications—both books and magazines—and to search out and fill in the issues missing from our older files of periodicals. It is difficult to realize how greatly we depend on the standard dental texts for information and we are constantly adding to our collection of early volumes.

Circulation and volume statistics are closely related in any library, but in a dental collection they are particularly interwoven because of the comparatively small amount of strictly dental literature. We have a good collection of which we can be proud and on which we lavish much time and effort. Equally important however is our circulation—the number of volumes is merely an instrument of service—and service means more books in the hands of more members of the profession.

# Letters

(Continued from Page 1)

We have no X-ray equipment, and I certainly miss it but it gives one a chance to sharpen up his diagnosis using subjective symptoms. My equipment is limited to amalgam and silicate restorations but I have a surgery set up for anything from a baby tooth to a few fractures. Denture work is referred back to mobile bases.

All in all it's very good experience and I am enjoying it. Goodness knows though it will be a real pleasure to get back to civilization and to the life of peace. Life out here is pretty rugged.

Oh yes, I am chief censor for this outfit. So you can tell the boys they will find plenty to do in their spare time after they enter the service. Ha, ha.

Lt. William F. Henning
DC USNR
77th Naval Const. Batt.
c-o Fleet Post Office
San Francisco, California

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Dental Clinic 1-B
Bldg. 2666
Camp McCoy, Wisconsin
August 21, 1944

Have been wondering about the boys around school and had it not been for the Bulletin, I would have been completely lost. I hope that you will be able to collect some news of the men in the service for your next issue.

This still finds me at Camp McCoy, Wisconsin. I will have been here one year 23rd of this month. I am lucky that I have been able to stay at one post for so long. If that is good or bad, I don't know. At any rate, I will try to do my bit for Indiana. To my knowledge, I am the only I.U. representative here, other than Ronald Ping who shipped out before I came. I understand Ping did O.K. in surgery.

I have done nothing but operative since I came, but I guess that I am fortunate in as much as some of the boys assigned to field units hardly see a drill. I certainly have learned to "push" alloy around. I am working nine hours a day, six days a week. Wish that I could get a chance to do some other phases of dentistry, but it seems that the army works on an efficiency program and that eliminates time for individual practice. However, I guess that I am doing O.K.—have had some good comments on my work and was promoted to Captain last July 28. I have to stay on the job now, as I have a wife to support. Was married April 8, at the post chapel to Arline Ladwig of Elroy, Wisconsin.

Will close for now—will try to drop in some day when I get a leave.

Capt. Floyd W. Weatherford
Dental Clinic 1-B
Bldg. 2666
Camp McCoy, Wisconsin

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U.S. NAVAL HOSPITAL
NAVY 117 BOX H
FLEET POST OFFICE
NEW YORK, NEW YORK

This morning I received my July copy of the Bulletin in the mail, which had gone to my home and was forwarded.

I left Shelbyville, Indiana, where I had practiced for fifteen years; in May 1942 and reported for duty at Great Lakes. I was there on duty for nearly fourteen months when I received orders to come here and help set up this Hospital. I arrived here on July 6th, 1943, and have been doing prosthetics for all of this area since that time.

At the present time I am in my sixteenth month here and am enjoying the duty very much. I am associated with a very fine group of doctors. The living conditions are good and some times when I have letters from friends back home I think it a shame that we cannot do more to bolster the morale of the home folks. So I try to write frequently to friends back there.

This island is the 'Land of the Humming Bird and Calypsos" and is a very interesting place. The fishing is good (when we can find time to go) the food is fine and swimming 365 days a year. Of course it's bad being away from the family so long. But people back home are doing without gas, tires and even liquor. So who am I to kick.

Please give my regards to Henry Morrow and Frank Hughes, a couple of good old buzzards.

Lloyd F. Abel, 1926
Lieut. Comdr. (DS) USNR

# ODD-DENTITIES

welcome to mrs. harvey, the dean's new secretary, and a belated welcome to mrs. zavella, dental materials lab, to mrs. robinson, main office, to mrs. denny, photography, and to mrs. scantland, clinic office . . . babcock, '42, visited us yesterday, and remarked, "the place hasn't changed a bit," in spite of the fact that we have three new lavoratories right in the middle of the clinic. he is practicing in marion, ndiana . . . dr. hughes attended the meeting of the richmond dental society at richmond tuesday night . . . had an impromptu party saturday for mrs. graf, who recently resigned her position as the dean's secretary, right in the main office with cake and cokes furnished by the dean. geneva leaves after eight years here. we all wish her luck . . . ferrell, '43, came in to browse around the other day and brought his woman along. looked mighty slick in his navy uniform . . . dr. wilson's been polishing up his squirrel rifle because as soon as the first frost hits, he's going gunnin' . . . franklin certainly muffed pathology lab's janet murphy smolelis' new name, the first time she tried to say it over the p. a. . . . still can't get accustomed to seeing the boys out of uniform. only the seniors carry on for the army . . . dr. morrow plans to go to florida sometime in the near future—to recuperate . . . the wall washers have just about finished the cleaning job, and the building certainly shines. indianapolis dirt is the worst variety, it seems . . . harry healey, former faculty member and former editor of the "alumni bulletin," stopped in to chat last week. he's a lieutenant in the navy and is expecting to be sent out of the country soon . . . the dean has been called to minnesota by the illness of his father . . . renshaw, '44, a lieutenant in the army, was back in the city for an appendectomy. he's stationed in washington state . . . also noticed arbuckle, '44, lieutenant, showing a friend around the place last week . . . capt. luther c. lucas, '27, has been assigned as station dental officer at a p-47 "thunderbolt" fighter training station somewhere in england . . . major james enmeier, '37, is in a receiving station in france . . . krick will be a delegate to the a. d. a. a. meeting in chicago. .-. . will appreciate comments about this column, either pro or con.

# Flourine

(Continued from Page 1)

**Caries Control and the Mottled Teeth**

There is available, then, a method for reducing the tooth decay rate of an individual by the judicious use of fluorine in the drinking water. Since the amount of fluorine in the drinking water which inhibits decay is close to that dosage which caused mottled teeth, how can one reconcile the two dosages? The following lengthy quotation from a publication by Arnold, gives us an agreeable answer. "A very important factor to be considered in dealing with fluorine-containing water, of course, is the possibility of toxic effects. Since the developing tooth is, as far as we know, the most sensitive of human organs by which toxic effects of fluorides earlier in life may be measured, it may be well to consider first the problem of endemic dental fluorosis. It is unfortunate that many individuals consider the toxic acting fluorine only from a qualitative standpoint, unmindful of the quantitative aspects of the problem. It is obvious that if the amount of fluorine necessary to alter the incidence of tooth decay would also produce the brown stain or pitting of teeth characteristic of moderate and severe fluorosis, the fluorine tooth decay relationship would be of academic interest only. Fortunately this is not the case."

Data from this same paper of Arnolds very clearly illustrates the probabilities with respect to fluorosed teeth of children who have used throughout life a water containing 1 p.p.m. of fluoride. Out of 16,448 permanent teeth examined, only 845 or 5.1 percent were diagnosed as showing positive mottling. Only 57 or 0.3 percent were incisor teeth. In no instance was a diagnosis of "moderate" (brown stain) "or severe" (pitting) fluorine made. In view of these results, it may be considered that the small amount and very mild degree of dental flurosis that would result from the use of waters, the fluoride concentration of which is about 1 p.p.m., can no longer be considered objectionable.

**Is Fluorine Safe?**

In another place, Arnold writes the following: "The cumulative toxic effects on the body from ingestion of fluorides in this concentration (1 p.p.m.) is admitted to be a possibility . However, all things considered, such a possibility seems rather remote. In this regard, it is important to emphasize the fact that in some areas in the United States people have been using for as long as forty years water whose content is 6 to 8 p.p.m., and no pathologic effects, other than on the teeth, have been reported. This absence of any reported pathologic effects is not necessarily due to the fact that these areas represent isolated instances, since large communities such as Colorado Springs, Colorado, and Amerillo, Texas, have used water of high fluorine content for many years."

On the other hand, fluorine is being used as an insecticide to protect fruits and vegetables. A 2 percent solution will damage mucous membrane if it is held in contact with them for any appreciable length of time. Sollman gives us the following information about the toxicity of fluorine. Dangerous symptoms have occurred in an adult individual taking 0.25 gram by mouth. Recovery has followed the ingestion of 0.5 gram of sodium fluoride. Death followed the ingestion of 4 grams of this material. The lethal dose of fluorine has been estimated at an average of 0.5 g. per kg. of body weight. The toxic individual, of course, suffers from a severe gastro-enteritis and its sequelae. A four year old child weighs about 16 kilograms, so that 8 grams of sodium fluoride taken at one time would kill such an individual. Half of this amount of fluoride would make the youngster very ill. Since this sodium fluoride looks a lot like baking powder or flour, accidents have happened. Individuals have been killed or made desperately ill because some one has mistakenly used fluorine instead of baking soda, sugar or some other material with a similar appearance.

**How Much Is Safe?**

Eight grams of sodium fluoride makes a heaping teaspoonful of soft white powder. If this teaspoonful of sodium fluoride were dissolved in 300 gallons of water and consumed at that concentration as drinking water and in cooking foods for a youngster still developing teeth, mottled or fluorosed teeth would result in many instances. Since a youngster drinks less than a quarter of water during the average day, it would take well over 10 months to consume this amount of fluorine. At this dilution, therefore, it could not make him acutely ill. This would be the equivalent to 4 parts of fluorine to 1 million parts of water. However, if again this one teaspoonful of fluorine were diluted with 1200 gallons of water and water with this concentration of fluorine were used for drinking and in the preparation of foods for the child, no mottled enamel would be developed and the youngster woulld be protected to a high degree against tooth decay. This dilution would be the equivalent of 1 part of fluorine to a million parts of water, which is the amount ordinarily used to inhibit decay. It would take 3 and one-half years for the youngster to consume the minimum lethal dose at this rate. There can be no doubt that flourine in water taken by the individual in concentration of 1 p.p.m. or in the amounts necessary to inhibit decay would not be nontoxic. This concentration of fluorine will cause very little, if any, mottled enamel nor will it make the individual acutely ill.

Those individuals who have studied the problem, believe that it is safe for the youngster eight years and younger to use water up to 1 p.p.m. as drinking water and for the preparation of foods. These individuals also believe that such treatment is effective in reducing tooth decay from one-third to one-half that ordinarily found in communities without fluorine in the drinking water.

# Maynard K. Hine

(Continued from Page 1)

important research projects and published a large portion of the 19 publications credited to his name.

Having thus established an enviable background for his chosen fields of periodontia and pathology, Dr. Hine returned to Illinois in 1936 as an instructor. Since that time he has advanced until he had been appointed head of the division of pathology.

Some of the organizations of which Dr. Hine is a member are: International Association for Dental Research, being secretary-treasurer for one year and also president of the Chicago section; American Association of Dental Editors, member of the Board of Directors; American Society of Endodontists; Odontographic Society of Chicago, executive committee; Business Manager of the Journal of Dental Education; Sigma Xi; President of the Illinois chapter of Omicron Kappa Upsilon; Research Council of the American Dental Association; Editor of the University of Illinois School of Dentistry Alumni Bulletin.

Despite his responsibilties and activities in these organizations and teaching, Dr. Hine has always found time to participate in state and local dental society meetings. In 1941 he served as Chairman of the Program Committee for the Illinois State Dental Society and is now Associate Editor of the State Journal. He is also a member of several committees in the Chicago Dental Society.

Dr. Hine is married and is the father of three children. He will assume his duties here in the near future. Indiana is indeed fortunate to be able to attract a person with the background and ability possessed by Dr. Hine, and we are sure that his influence in Periodontia and Pathology will carry these departments to added distinction.

# New Addresses

Lt. Comdr. L. Mosson of the U. S. Naval Training Center, Bainbridge, Me., has notified the bulletin of his change of address. His new address will be USS Cowpens, c-o F.P.O., San Francisco, California.

Ora B. Rodkey is now out of service and expects to open his office in Redkey soon.

Major William B. Currie has been honorably discharged from the army and is returning to his practice in Indianapolis.

Lt. Comdr. William D. King, N.A.A.S., Fallon, Nevada.

Lt. Comdr. W. T. Burris, U.S. N.N.A.T.S, c-o B.O.Q., Bunker Hill, Indiana.

Capt. Morris Himelstein O-402411, 320th Inf. Reg., Med. Det., A.P.O. 35, c-o Postmaster, New York, New York.

Capt. L. F. Compton, D.C., D-M., A.A.F., Tucson, Arizona.

Major John F Johnston, D.C., O-482954, 11th Gen Disp., A.P.O. 5960, c-o Postmaster, New York, New York.

Dr. Lawrence Crane from Attica, Indiana, to Station Hospital, Camp Berkley, Texas.

Dr. Charles A. Everett, 6325 Bellefontaine Avenue, removed to 6017 Crittenden Avenue, Indianapolis 5.

Dr. Harold H. Stahlhut, 709 E. Indiana, South Bend, removed to 3028 Hoagland, Fort Wayne, Indiana.

Dr. Gilbert D. Quinn, 219 Scranton Avenue, Lake Bluff, Illinois, removed to 736 E. 53rd., Indianapolis 5.

Dr. Floyd D. Steckman, Albany, Indiana, removed to R. 6, Muncie, Indiana.

Dr. Robert Botkin, 602 Lindsay Avenue, Waukegan, Illinois, removed to 20 Johnson Avenue, Indianapolis.

Dr. Marcel Polz, 622 Cushing, South Bend, removed to 21 W. 16th, No. 19, Indianapolis, Indiana.

Capt. Wm. F. Koss from Aberdeen Proving Grounds to Co. B, 142nd Tng. Bn., Fort Lewis, Washington.

# Information From the Council on Dental Therapeutics

Sulfonamides—Cautions

1.) Use sulfonamides only when necessary. *Local* or oral administration may sensitize the patient. Thus the patient might be denied the beneficial effect of the drug in a later serious illness.*
2.) Use sterile drugs and sterile technic insofar as possible.
3.) Internal use calls for special precautions. Orally administered sulfonamides have been known to alter seriously the normal constituents of the blood.

* J.A.M.A. 123:411, Oct. 16, 1943.

**Sulfonamides—Uses**

Rational use of sulfonamides in dentistry is limited to

1.. Local application after extraction or surgery only when excessive tissue injury or gross infection is believed to be present. Sulfanilamide or sulfathiazole powder, or a paste made by mixing a small amount of the powder with glycerin on a slab, may be used.*
2.) Internal administration to persons with certain cardiac defects before extraction, to prevent bacterial endocarditis.**

* A.D.R. 10th edition, p. 251.
** J.A.D.A. 30:1829, Dec. 1, 1943.

Are Non-Accepted Dentifrices Potentially Harmful?

The profession and the public do not know, from one day to the next, what ingredients, harmful or otherwise, an unaccepted dentifrice may contain. The law does not require that ingredients be revealed. The formulas for such products are usually changed without notice to the public, the profession or the government.

Advise your patients to use only dentifrices which bear the Seal of Acceptance of the Council on Dental Therapeutics.

**What About 4% Procaine, 1½% Monocaine and Novocain-Pontocaine with Coberfrin?**

These solutions are more concentrated, more potent and more toxic than the accepted 2% Procaine and 1% Monocaine solutions.

The more concentrated solutions have not been shown to have a sufficiently broad legitimate application in dentistry to justify their availability in ready-prepared form.

In the relatively rare instances when a more concentrated solution is needed, it may be prepared from tablets at the chair.

J.A.D.A. 31:1124, Aug. 1, 1944.

## Material Available

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by a motion picture in color. Film requires about 50 minutes.

"Positioning the teeth in Artificial Dentures." Presented in a paper, requiring about 20 minutes, followed by lantern slides illustrating important points of technique. Total time—Paper and Lantern Slides—about 1 hr.

By—Frank C. Hughes

"Examples of Short Orthodontic Treatments in Preparation for Fixed and Removable Partial Denture Prosthesis." (Illustrated with 3¼ x 4¼ slide projections.)

By—Thomas D. Speidel.

Child Management for the General Practitioner.

Operative Procedures in Pedodontics.

Care of Injured and Infected Pulps of Diciduous and Young Permanent Teeth.

Preventive Dentistry and Pedodontics.

By—D. A. Boyd.

"Small Castings—Problems and Technics." (Illustrated by motion picture.)

"Choosing the Amalgam Alloy and the Proper Technic for Manipulation." (Illustrated by motion picture.))

"The Mechanical Amalgamator and Pneumatic Condenser—Their Effect on the Physical Properties."

"Heat Treatment of Dental Alloys."

By—Ralph W. Phillips.

Surgical Preparation of the Oral Cavity for Subsequent Artificial Restorations.

Treatment of Fractures of the Mandible and Maxilla.

Bony Tumors of the Oral Cavity and Some Technics for Operaing.

Treatment for Soft Tissue Tumors Frequently Found in the Oral Cavity and Associated Structures.

Some Oral Surgery Cases Operable by the General Pracitioner.

Dental Therapeutics for the General Practitioner.

Some Interesting Oral Surgery Cases Operated at Indiana University School of Dentistry.

The Removal of Impacted Teeth.

General Anesthesia and Its Place in Dentistry.

By—J. Frank Hall.

# Ultraviolet Lamps for Air Disinfection—not Acceptable for A.D.R.

Several brands of lamps have been advertised and exhibited to the dentist during the past year with essentially similar claims for usefulness in disinfecting the air of the dental office and operating room. Evidence indicates that a portion of the bacteria which come into the lethal range of the radiation will be killed. The radiation will have no effect on the bacteria which it does not strike. Convection currents are relied upon to flow the bacteria upward and into the path of the beam.

Similar lamps have been found to be useful in the prevention of cross-infection in hospital operating rooms, wards and nurseries where they are operated under close supervision with their limitations known to the hospital personnel and where conditions are such as to favor their effectiveness in killing pathogenic microorganisms. There is no acceptable evidence, however, that such lamps are useful in the dental office because of the close proximity of the dentist, dental assistant and patient and because the work is done in the oral civity which, with the nasal passages, is the source of most pathogenic air-borne organisms. The protection which the lamp would afford the dentist and his assistants is minimized by the greater possibility of direct infection. In the opinion of the Council, a better means of protecting the patient and dental office personnel against cross-infection is a gauze face mask.

In view of the foregoing, ultraviolet lamps intended for disinfection of air are unacceptable for A.D.R. The Council will continue to evaluate evidence relative to ultraviolet disinfection lamps as it appears.

## Dr. Misselhorn Recovering

Dr. Richard Misselhorn, assistant professor of oral anatomy, is now at home after a major operation at the Methodist Hospital. He is improving rapidly and plans to take over his duties again in the near future. During his absence, Dr. Robert Derry, assistant professor of prosthetic dentistry, has been conducting his classes in oral anatomy on the Bloomington campus. We extend to Dr. Misselhorn every wish for a speedy recovery.

# Hospital 32 Busy On Active Duty In European Area

**Unit Formed at Medical Center Moved to France With Invasion**

General Hospital 32, recruited and organized at the Indiana University Medical Center, is doing its part in reducing the number of deaths from war wounds, according to letters from members of the Hospital staff recently received at the Medical Center.

Commissioned in May, 1942, and made up of doctors, dentists, and nurses recruited under the sponsorship of the Medical Center, the Hospital, which is a successor to Base Hospital 32 similarly recruited in World War I, moved over to Normandy from England soon after the Allied invasion of France.

Prior to going to France and while stationed in England, it received the commendation of Major General John C. H. Lee, commanding the service of supply of the United States Army in the European Theatre, and Major General Paul R. Hawley, A.B.,12, ETO's chief surgeon.

Members of the faculty at the School of Dentistry who were originally with Hospital 32 were Dr. Glenn Pell, Dr. Doyle Pierce, and Dr. William Hanning.

## Dentifrice Research Program

A two year research program into the effects of various brands of tooth paste and powder on the teeth has been instituted by the Indiana University School of Dentistry under a financial grant of the Pepsodent Company of Chicago.

All the better known brands of paste and powder are being tested under the direction of Ralph W. Phillips, instructor in dental materials, to determine their effects on the tooth structure from the standpoint of abrasion, hardness, and solubility. Although the results of these tests become the property of the Pepsodent Company, it is agreed that information obtained which would be of interest will be published upon mutual consent of Pepsodent and the School of Dentistry. It is hoped that some valuable contributions to dentistry will evolve from this research.