

ALUMNI BULLETIN

Indiana University School of Dentistry

VOL. VII

APRIL, 1945

NO. 3

Letters From Men in Service

Regional Hospital
Fort Riley, Kansas

It seemed very nice to hear from some one back at I.U. I certainly would like to get back there, even if just for a few days.

My army career so far has not been anything extremely exciting. Fort Riley is my sixth post and I have been here since October. I am working in a D.C.2. We have all new Ritter and S.S. White units, with plenty of instruments and plenty of burs which is more or less of a novelty at some posts.

For the last six weeks I have had to do all the treatments for gingivitis, periodontoclasia, and vincent's stomatitis along with the regular operative work. There is only one other I.U. graduate here—Major George Carpenter who graduated in 1937.

My wife is here with me and we have a nice apartment in Near-chattan. We now have a month old son named Stephen, who keeps us awake at night. We certainly do enjoy him a lot. There are times though (usually about 3 A. M.) when I wish I were a pediatrician instead of a dentist.

Lt. Max E. Poyser

Belgium
January 19

Today I received the April, July, and October issues of the Bulletin. I was called to active service in January, 1941, and was assigned as Dental Surgeon of the 13th Infantry Regiment of the 8th Infantry Division at Fort Jackson, South Carolina. I was with the 13th Infantry for two years, during which time we went to maneuvers in Carolina and Tennessee. We changed stations at the end of maneuvers in 1942 and went to Fort Leonard Wood, Missouri. I was transferred in January of 1943 and assigned to the 83rd Infantry Division as Division Dental Surgeon.

The Division had been formed at Camp Atterbury, Indiana, and

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As it so thoroughly expresses the thoughts of the Faculty and Alumni of the School of Dentistry, we take pleasure in re-printing an editorial appearing in the March 13th issue of the Indiana Daily Student:

The status of the Indiana University School of Dentistry and its national ranking owe much to Dr. William H. Crawford, Dean of the School for the last five years.

His work not only raised the school to a leading position in the country, but also made possible progress in dental research in the State.

Although it is with regret that Indiana University accepts Dr. Crawford's resignation, it is at the same time an honor. He will take over the deanship of the school from which he was graduated.

It is hoped that the School of Dentistry here will continue Dr. Crawford's plans, since they include valuable services to the citizens of the State.

Dr. Crawford's career has been one of progress and success. His activities in the American Dental Association and as a member of the National Board of Dental Examiners are a tribute to his industry and willingness to serve.

Dr. Crawford's resignation is a loss to the University and the citizens of the State. But his work here and his interest in the Dental health of Indiana are an example to his successor, whoever it may be. Greater strides can be made in the future from the foundation he has created.

6000 Volumes!

The first formal record of the volumes in our Library was made during the month of August, 1929. The 917 titles entered in the accession book during that period represented the material which had accumulated in locked cases in the office of the Dean of the School, and later the Registrar, over a period of fifty years, and which formed the nucleus of our present collection.

August, 1929, was one important milestone in the history of our Library, but February 9, 1945, should receive its share of the applause. For in a little more than fifteen years, we have grown until the accession book boasts more than 6000 volumes recorded there. The journal which had the honor of being numbered "6000" was the DENTAL JOURNAL OF AUSTRALIA, volume 2, 1930, a periodical which had remained incomplete on our shelves many years and was completed just in time to be bound and accessioned in a place of distinction.

The ball is in motion now and

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Legion of Merit Awarded I. U. Graduate

We have recently been informed that Major Frank L. Loskot, who graduated in 1936, has been awarded the Legion of Merit for outstanding services, the nature of which are unknown to us. The award was presented to him in Cairo, Egypt.

Major Loskot, Chief Dental Surgeon of the Middle East War Theater, is at present on the way home to be discharged on account of length of service. He entered the Army in January, 1941, spent 33 months in the Middle East, 13 months as Headquarter Dentist of the 44th Division and 5 months at the Walter Reed Hospital in Washington, D.C.

Major Loskot is to be congratulated on this singular honor for the Legion of Merit is seldom awarded to a dentist.



W. H. Crawford

W. H. Crawford Resigns as Dean

Accepts Post at the University of Minnesota

The resignation of Dean William H. Crawford has been accepted with extreme regret. Dean Crawford resigned in order that he could accept the deanship of the dental school at the University of Minnesota. He will assume his new post July 1.

President Wells, commenting on the resignation, said:

"Dean Crawford has been selected for one of the leading posts in American dental education, and, moreover, has been called back to head the school from which he was graduated. It is an honor for him and for the Indiana University School of Dentistry, but a great and serious loss to the University and the entire state of Indiana.

"Dental education in Indiana has made great strides in the five years Dr. Crawford has been dean of the University's School of Dentistry. The school itself has advanced notably in national ranking, and through his administration has been brought to near the top among the country's dental schools.

"Its services to the State have been expanded, and his plans for

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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

Since July 1, 1944, the School of Dentistry Library has received gifts of books and periodicals from the following friends of the School:

Dr. Edgar T. Haynes, Indianapolis

Mrs. Carl Ingalls, Angola, Indiana
Eli Lilly & Co. Library, Indianapolis

Mrs. Alice Singer, Paterson, New Jersey

Dr. David N. Stiefler, Indianapolis
Dr. C. E. Worth, Indianapolis.

Members of the faculty presenting unbound periodicals to the Library are Drs. J. Frank Hall, R. A. Misselhorn, E. J. Rogers, T. D. Speidel, Grant Van Huysen and Mr. Ralph Phillips.

Dental books and periodicals are always welcome gifts, and the Library is particularly grateful for Indiana material or older material which cannot be obtained through publishers or book dealers.

Items from the Literature

The Army and Navy Medical Corps have each developed an artificial plastic eye which moves in coordination with the natural eye and cannot easily be distinguished from the real eye.

The Navy's eye, which is of slightly different construction from the Army's creation, already has been fitted to several sailors who have suffered the loss of an eye, and in some cases has been issued in sets of 3, one for day wear, another with a smaller pupil for night wear—a slightly glazed and bloodshot one for times of acute hangover.

The artificial eye used by the Navy is made of acrylic, which

can be handpainted much more effectively than glass. The average eye weighs about one-tenth of an ounce. Commander Phelps Murphy in a recent talk on this subject demonstrated its durability by taking one from his pocket, hurling it violently against the wall and catching it on the rebound.

The process of making and fitting it is somewhat similar to that of making dentures, and it is predicted that after the war the making of artificial eyes will become a part of the dentist's profession. An impression is taken from the eye-socket, a stone cast is made and the plastic poured into the cast. Later it is hand-tinted and ground to exact size so that the eye muscles can take hold of it and manipulate it in synchronization with the real eye.

It is non-corrosive, unaffected by changes in temperature and will even reproduce light reflections the same as a natural eye. In nearly every case since it was tried out about a month ago it has restored either partially or totally the natural contours of the face.

The eye developed by the Army is made of the same material, but is of different shape resembling a shell more than a sphere. Minute nylon threads are used by the Army to simulate veins, while in the Navy eye the veins are painted in. (New York Herald Tribune, Nov. 4: 13, 1944)

Wrought gold alloys are being procured in the annealed or softened condition to facilitate manipulation without annealing prior to use. After these wrought gold alloys have been formed and the clasps or metal framework for a denture have been completed, it is necessary to heat-treat or harden the piece so the formed metal parts will have the maximum ability to retain or return to their original shape during the stresses of chewing. On some alloys an improvement of as much as 60% is possible by careful heat-treatment, which is accomplished by several methods, the most common being to heat the material and permit it to cool slowly.

Gold alloys of different manufacture do not contain the same percentage of metallic elements so the temperature to which they should be heated in the hardening process to obtain the best physical properties vary; however, if gold alloys are heated to 850°F. in an electric furnace and then permitted to cool in the oven for 30 minutes, their physical properties will be improved. For those installa-

tions that do not have a pyrometer on the electric furnace, this temperature can be attained by placing the formed alloys in a small Kerr electric furnace; turn the switch to medium for 25 minutes; then turn it "off" and allow the part to cool in the oven for 30 minutes. In those dental facilities where no furnace is available, heat to a cherry red and allow to cool slowly. (Bulletin of U.S. Army Med. Dept.) Dec.: 15, 1944.

In accordance with the most recent interpretation of the Program for Education and Training under Part VII of Veterans' Regulations 1(a) as amended, Public Law 346, 78th Congress, in a letter from the Veterans' Administration, July 24, 1944, any dental officer under or over 25 years of age is eligible to receive a year or less of refresher, retraining, postgraduate, or graduate work in a recognized dental school, provided said dental officer has served 90 days or more on or after September 16, 1940, and has been released from active duty under honorable conditions. The dental officer will receive a stipend up to \$50.00 per month if single and \$75.00 if married or with dependents, for a period not to exceed 12 months, and in addition the cost of the tuition, instruments, and books will be paid by the Veterans' Administration to the institution in an amount not to exceed \$500.000. (Bulletin of the U.S. Army Med. Dept.)

The whole U.S. Third Army front was laughing recently over an order of a vaunted Panzer division which fell into Allied hands. The order called for rigid examinations by medical officers to detect "deliberate breaking of false teeth and glass eyes by shirkers engaged in front-line duty."

The document went on to state that measures to prevent evasion of duty at the front must include a specific order that false teeth must not be taken out except for cleaning purposes. (Evening Bulletin, Nov. 29, 1944)

W. H. Crawford

(Continued from page 1)

the future included services and research of exceeding value in improvement of dental health of the people of the State. One of several programs on which he has been working has for its objective the elimination of dental decay, one of the foremost ills affecting mankind. His loss is one we can

hardly afford but illustrates the competition which exists for top-notch men and the need for provision to keep such men in the State."

Dr. Crawford in the post at Minnesota will succeed Dean W. F. Lasby, who will retire June 30 on reaching retirement age. This position as dean at Minnesota is undoubtedly one of the leading posts in American dental education.

Dr. Crawford was on the faculty of the Columbia University Dental School when he was appointed to his present position in January, 1940. At Columbia he was professor of dentistry and administrative officer. He was credited, during his stay at Columbia, with creating one of the leading laboratories for testing dental materials.

During Dr. Crawford's tenure here, the standing of the Indiana University Dental School has risen from 28th in the nation to sixth in excellence.

He is a member of the American Dental Association, the American College of Dentists and the New York Academy of Dentistry. He has been a most active member of the American Dental Association, serving on several of its committees and commissions. He and Mrs. Crawford have three children, George, 10 years, Penelope, 8 years, and Guy William, one month. He is a native of Minnesota.

Graduate of 1890 Dies

The following letter tells of the recent death of Dr. Noah F. Hazlett, member of the class of 1890.

"With the thought in mind that you wish to keep the records of the college up to date, I am enclosing herewith a clipping pertaining to the death and burial of Dr. Noah F. Hazlett, who passed away on February 9th, 1945. Delay in getting the clipping off to you was caused by the relatives being unable to furnish the year in which he graduated.

Might also state that I have retired from active practice on account of disabilities incurred in the line of duty during my service in the Spanish American War. I served as First Sergeant of Company A, 160th. Indiana Volunteer Infantry. I renew my dental license annually".

John O. Fryer, 1900 class
902 W. 4th St.
Marion, Indiana

Letters from

(Continued from page 1)

after Tennessee maneuvers in 1943, was sent to Camp Breckinridge, Kentucky. At Breckinridge I got to see Tom Biddell, '37, a classmate of mine and also John Heidenreich, '36. John left soon after we got there however. I also made the acquaintance of Col. Harold C. Percival, '17, who was Camp Dental Surgeon. His station clinics gave invaluable dental service to the members of the 83d during our stay there. Our divisions had a minimum of dental defects when we left Breckinridge early in 1944 to come overseas.

Our division has fought in France, Luxembourg, Germany and now Belgium and the dental work goes right on. At present I am stationed at the division clearing station and have a dental laboratory. Captains Provost and Keeler, both from Ohio, are with me and we have averaged about 150 dentures a month since July. In August we came upon some captured equipment and we now have two wall bracket engines and a laboratory lathe, which greatly facilitate our work and we don't have to use the foot engine.

Major James M. Enmeier
Hq. 83d Inf. Div.
APO 83, Postmaster,
New York, N.Y.

349th Eng. Regt.
Camp Claiborne, La.

Got back from the Aleutian Islands after over 24 months, the first week in November. The morale of our troops was pretty low. Mine is almost in fighting trim though after a few weeks with my wife and baby.

It will be 4 years in May since seeing the school and since being in the army. It has all been field duty so have requested the Adj. Gen. for a transfer to Wakeman Gen. From a Med. Det. to the highest echelon of med. treatment would be a miracle. As I don't believe in Santa, don't expect any consideration. Give my regards to J.L., et al.

Donald J. VanGilder

March 16, 1945

Very surprised and grateful on receiving the Oct. issue of the Alumni Bulletin. Always say a little later is better than not at all. Come to think of it, I believe some one else said that. Got a big kick out of Weatherford's letter. I have been kicking around overseas almost a year, but in that time have really been, seen, and gone through enough to write a story for a thriller.

Landed in New Guinea, invaded the Netherlands East Indies, Dutch New Guinea, and was in on the big push in the Philippines in the early part of January. By the way, all the boys are supposed to be over here but I haven't seen a one.

Dentally, I am enjoying myself. Have been only dentist on an island with all G. I. favoring my least desire to get treatment. What a life! The Filipinos pay well for services rendered. Must say that their teeth are in terrible shape and just doing the extractions keeps me busy and well supplied with eggs and bananas.

Dr. Boyd owes me several letters, but I have given up hope. How is the Dean? From what you write, his staff is sure improving.

Regards to all, say hello for me to any of the boys that drop around.

Capt. Wm. Borman, 41745364
198 AAA, AW, Bn.
APO, 70, c/o P.M.
San Francisco, Calif.

Belgium

13 January

The medics have just returned from a movie, and are now preparing our evening snack. The menu tonight consists of eggs donated by civilians for medical and dental services rendered, along with bread and bacon acquired from the kitchen. In the army nothing is ever stolen; it is always acquired. We manage to scrape up something in the food line almost every evening, but usually we have to be satisfied with eggs. As long as they are real and not powdered eggs no one kicks.

We didn't have a white Christmas, but we are certainly making up for it now. Today is the first day in the last week that it hasn't snowed. Out of the back window of our dispensary we can see for miles down a narrow valley. The unbroken white blanket of snow spreads out for miles, and the brown hedge rows give the area a jig-saw puzzle effect. It hasn't been very cold, however, so we have no kick coming. At least it is an improvement over mud. We were very fortunate in that we were assigned winter billets in civilian homes. All fall there has been talk of going into winter quarters, but it was always more wishful thinking than actuality. Of course, like anything in the army, all good things are bound to end, but it was certainly swell while it lasted.

The clinic is one of the nicest I have had lately, complete with a spot light made out of a command car light run off a six volt

battery. As most of the men are pretty well fixed up, the majority of the patients are civilians. The closest civilian dentist is located about ten miles away, but with no other transportation than a bicycle or walking, they all come here. On the whole the condition of the teeth throughout Europe is very poor. In some places, they have had no dental attention for four years. It is the children that are taking a beating, as they have had no chance to get any work done early in life. I will say one thing, that the children are certainly the best patients I have ever seen. Although they don't understand what we are saying, they certainly behave nicely. Evidently they have never been frightened by adverse cartoons and stories about dentists.

We are beginning to look more like garrison troops than field troops every day. As in France, for a bar of chocolate or a bar of soap, we can get a complete washing done. For no extra cost they even iron all our clothes and patch all holes. Some of the men are sporting shined shoes for the first time in several months. I am living with the chaplain in one end of a civilian house. I wasn't lucky enough to get a bed, but the floor is drier if not softer than the ground. The houses are typical European, with the cattle in the same building as the people. We live next door to a stable full of cows and sheep, but if they can stand it, we can.

My French has progressed not at all since my last letter, but like in France, a lot of handwaving and shouting generally gets results. I don't know why, but in speaking to these people everyone talks as though they were deaf. Perhaps they think that volume will put across the meaning.

Capt. James Zimmerman

New Addresses

Capt. Richard S. Michener, O-1684921, Medic Det., 311 Engr. C Bn., APO 450, c/o Postmaster, New York, N.Y.

Cecil S. Cohen, from Camp Geli-ber, Oklahoma to APO 88, c/o Postmaster, New York, N.Y.

Major Maurice Healey from Camp Campbell, Ky. to Darnall Gen. Hospital, Danville, Ky.

Lt. (jg) William Aitken (DC) USNR, Dental Dept. USNRB, Shoemaker, California.

Dr. Hobart M. Ingle, 980 Fidelity Bldg., Dayton 2, Ohio.

Dr. William Ryan from Lincoln, Illinois to Pekin, Illinois.

Dr. Noble K. Burns to 2505 Observatory, Cincinnati, Ohio.

Dr. Ray J. Nauss from Washington C.H., Ohio to 451 Grey Ave., Greenville, Ohio.

Dr. Maurice Rosenstein from Norfolk, Va., to Air Force Atlantic Fleet, c/o Fleet Post Office, New York, N.Y.

Dr. Joseph Hutton, 25 Wildwood Road, Hammond, Indiana.

Dr. George Simpson, P.O. Box 387, Monrovia, Indiana.

Dr. Thomas Esmon, 51 Church St., Southport, Indiana.

Dr. Charles R. Jackson, Casa De Palmas, McAllen, Texas.

F. A. Richison, Capt. DC, USN, Main Dispensary, Norfolk Navy Yard, Portsmouth, Va.

Capt. Doyle E. Pierce O-460251, 303rd Station Hospital, APO 594, c/o Postmaster, New York, N.Y.

Lt. Wilson Prentice from Camp Pine, N.Y. to APO 254 c/o P.M. N.Y.

Capt. Wesley C. Good, Craig Field, Selma, Alabama.

Lt. Virgil H. Longcamp, Ward 75, S.O. 2, U.S. Naval Hospital, Great Lakes, Illinois.

Capt. Paul P. Harris, O-1745354, 260th Medical Section, APO 228, c/o Postmaster, New York, N.Y.

Dr. Hine Speaker At Symposium

Dr. Maynard K. Hine, professor of periodontia, recently participated in a symposium on Periodontia and Endodontia which was sponsored by the Department of Oral Health of the Dental School, Meharry Medical College. The three day meeting was held March 12 to 14th in Nashville, Tennessee. Eleven leading men from the mid-west presented the program.

Dr. Hine's subject was "Etiology and Treatment of Periodontal Diseases." He also presented this material before the Nashville District Dental Society at its monthly meeting. On the morning of the 15th he talked before the students at the Dental School, Meharry Medical College, his subject being "Vincent's Infection."

National Dental Board Names Dean Crawford

Dean William H. Crawford has been honored by election to membership on the National Board of Dental Examiners. The board was organized in 1928 to conduct a series of theoretical examinations on such a plane that they may be used by any State board to grant reciprocity to any applicant.

X-Ray Examination of Edentulous And Partially Edentulous Mouth

It is believed that apical infection acts as a focus which may bring about systemic or remote localized areas of infection. This so-called theory of focal infection is accepted by the majority. There are a few individuals, however, who, on the basis of the histologic nature of the apical granuloma, believe that this is a circumscribed process which may be self-limiting in its physiologic aspects although it is attached in a very direct manner to the adjacent vascular system.

Granulomas frequently appear at the apices of retained roots as well as whole teeth. Aside from their possible menace to health, these areas of chronic inflammation do not heal spontaneously and they do increase in size at the expense of the adjacent bone. It is very difficult to prove that an apical granuloma constitutes a deleterious factor of infection or to argue that it is self-limiting with respects to the products of inflammation unless removal of such infected root brings about recovery from symptoms. It is not difficult, however, to prove by experience alone that granulomas are very real tumors in the sense that they do continue to enlarge at the expense of the adjacent tissues and that they do not regress spontaneously unless adequate drainage is established. The physical characteristics of the situation make removal of the affected area the only possible way to establish adequate drainage and healing.

Denture Pressure Causes Irritation

Following the removal of teeth and the placement of dentures, it is impossible to predict with any degree of certainty how much of the ridge will absorb. The pressure of dentures may and often does produce tissue irritation which will bring buried roots to the surface even though they do not show roentgenologic evidence of bone absorption about them. For that reason alone retained roots should be removed before restorative procedures are instituted.

An x-ray examination of areas to be restored is therefore necessary to be sure of sound and healthy bases for appliances. Unerupted teeth, retained and pathologic roots, etc., that would otherwise pass unnoticed are discovered with this valuable aid. In this study the number of root tips and unerupted teeth as determined roentgenographically in both edentulous and partially edentulous patients is considered.

ulous and partially edentulous patients is considered.

Various Surveys Conducted

There have been a number of surveys conducted in various dental clinics to determine the number of roots tips remaining after extractions. Eusterman examined 290 partially edentulous patients at the Mayo Clinic and eighty-nine of these cases showed retained roots, nine of which showed residual areas of infections.

In another survey from the Mayo Clinic conducted by Gardner and Stafne, 2112 patients were examined to obtain data on 20,000 edentulous areas. Of this number, 469 or 22.2 per cent of the patients had one or more retained root tips. The total number of retained roots was 903.

In a survey at Indiana University School of Dentistry, 381 edentulous patients were examined roentgenographically and 32% of these had retained roots.

Molt examined a series of 900 areas and found that 48 per cent showed remaining roots or presented evidence of residual or retained infection. Cook examined 500 cases roentgenographically and 29 per cent of these showed retained roots.

The material used in this study of the edentulous patients was obtained from the Department of Oral Diagnosis at Indiana University School of Dentistry. During the period covered by this report, a total of 500 patients came to this clinic with apparently edentulous mouths and were examined roentgenographically. The x-rays used to study conditions found in partially edentulous mouths came from the office of a private practitioner who submitted 432 cases.

Roots Increase In Posterior Region

In the dental clinic a record was kept of the locations of the remaining root tips. It was found that the number of retained roots increased toward the posterior region of the mouth and that there were more roots in the maxillary arch than in the mandibular arch. This probably is to be expected since there are more roots on the posterior teeth and in the maxilla. This alone would tend to increase the number of possible fractures. Also, these roots are smaller in diameter and therefore more liable to break off.

In the course of the examination of the edentulous patients, 21 unerupted teeth were found which were either third molars or upper

cuspid. Their distributions were as follows: two upper left third molars, two upper right third molars, one lower right third molar, seven lower left third molars, seven upper right cuspids, and two upper left cuspids. In two cases both upper cuspids were unerupted and in one case the lower third molars were both unerupted but in no patients did a combination of unerupted cuspids and molar teeth occur. One supernumerary tooth was found in the region of the upper central incisors.

The x-rays submitted for examination by the private practitioner were of patients who came into this man's office for full mouth x-rays. This group of patients could be considered as better than the average type entering a dental office, who probably would not come to a public clinic. These cases had had an average of 7.4 teeth extracted.

Since the patients examined at the dental school were edentulous and the patients from the private practitioner were partially edentulous, the survey could not be made on the basis of the percentage of patients having retained roots. It was therefore necessary to consider the total of all extractions in each group and then determine the percentage of retained roots.

Third Molars Discarded

As the third molar is frequently congenitally absent, it was decided to discard this tooth and to consider the remaining 28 teeth when looking for root tips in the edentulous patients. A total of 14,000 edentulous areas were thus examined radiographically revealing 243 retained roots. This is a failure of 1.7 per cent in complete removal of the tooth in those patients entering the dental school clinic.

For the evaluation of partially edentulous patients 3208 edentulous spaces were studied in 432 patients. Twenty-eight of these edentulous spaces revealed unerupted teeth, some of which were normal for the age of the individual. One hundred and nine retained roots were discovered in the course of examination of these edentulous areas, which is a failure of 3.1 per cent of complete extraction.

A record was also kept of the number of root tips showing radiographic evidence of bone absorption around them. Of all retained roots examined, 46.8 per cent exhibited some bony change. Also ten areas of residual infection in the alveolar bone were present.

Summary

There was a failure in complete removal of teeth in the partially

edentulous patients of 3.1 per cent as compared with the edentulous patients of 1.7 per cent. This is to be expected since many of the edentulous patients probably had had periodontoclasia which reduced the possibility of fracture. The survey does show that a great number of root tips are present in many mouths which are frequently missed unless x-rays are taken. It was found that 46.8 per cent of these retained roots had some pathologic change around them as shown by the x-ray. One cannot predict whether all retained roots will ever cause any disturbance such as foci of infection or destruction of the surrounding bone. Therefore, the only safe procedure is their elimination. Other conditions such as unerupted teeth, residual infection, and supernumerary teeth are sometimes equally as dangerous. The importance of x-raying these edentulous spaces cannot be over emphasized in order that the operator may have a complete knowledge of conditions existing below the mucous membrane.

(Contributed by Dr. Henry M. Swenson and Dr. Lewis B. Spear)

HONOR STUDENTS IN DENTISTRY

The registrar's office announced in March a list of 319 students at Indiana University who were on the honor roll for the last semester of school. Those listed for the School of Dentistry are as follows: (Highest 1 per cent)—John J. Booth, New Orleans, La.; Daniel M. Laskin, Ellenville, New Jersey; Edgar K. DeJean, New Philadelphia. (Next highest 9 per cent)—Irvin L. Burack, Millburn, N. J.;

William F. Castle, Lynbrook, N. Y.; Hudson G. Kelley, Raleigh, N. C.; Leonard J. Robinson, New York; Ralph E. McDonald, Indianapolis, Ind.; Richard E. Wulff, Evansville, Ind.

These students are to be congratulated for their outstanding scholastic record during that period.

6000 Volumes

(Continued from page 1)

with our record of growth, our light and comfortable reading room, and our open shelves where the patrons are free to browse, we are plunging on toward the 7000 mark, with our ultimate goal the ability to supply any needed information when it is requested.