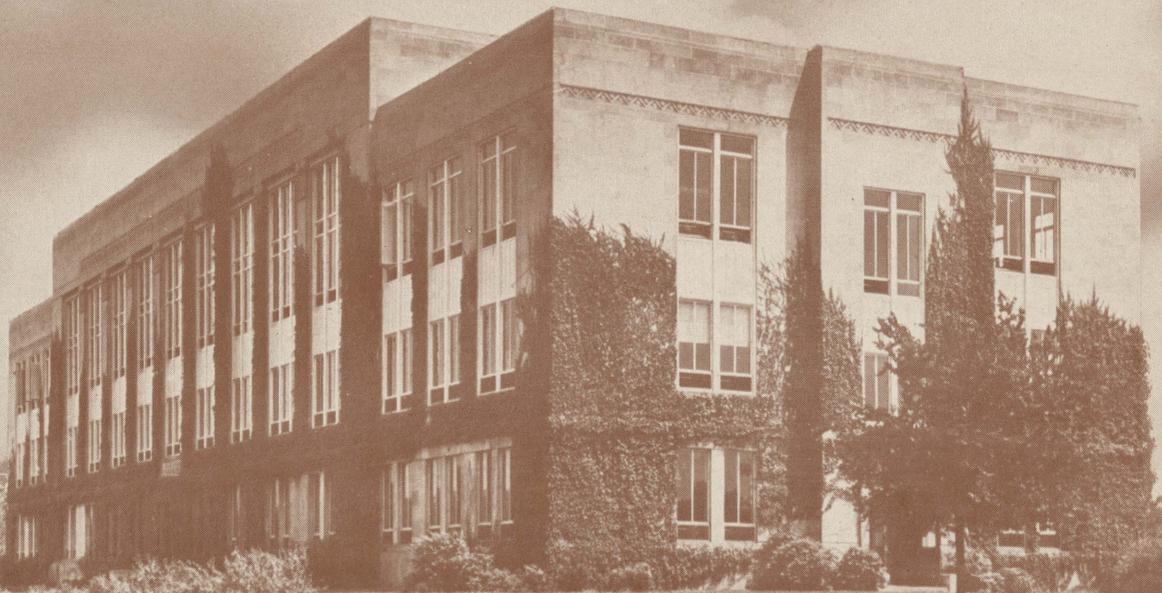


Alumni Bulletin

INDIANA UNIVERSITY SCHOOL OF DENTISTRY



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Alumni Bulletin
Indiana University School of Dentistry

Volume 12, No. 2

January, 1947

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Officers of the School of Dentistry Alumni Association for 1946-47 are:

John W. Geller—President

James Healey*—Secretary

* A. O. Humphreys resigned December, 1946



John W. Geller, D.D.S., President, Indianapolis

● **To the Members of the Dental Alumni Association:**

THE Indiana University Dental Alumni Association 1946 meeting at the University was most gratifying.

The annual home coming of the Dentists of the state at Bloomington can and will become one of the most important meetings of the year; it gives us the opportunity to demonstrate our interest in the University and in the Dental educational program of our school.

Plans for the 1947 home coming will be made by the executive committee consisting of ten men. It is hoped that a simple set of By Laws will be presented and passed on.

This organization needs the support of all local and state Dental organizations—its success depends upon that support.

The officers of 1947 hope to make plans that will be entertaining and educational to our graduates. Our goal—

1. To promote more interest among the Dentists of the state in dental education.
2. To develop more interest in the University and in Dental Alumni Association.
3. To feature a bigger and better home coming.

We would appreciate hearing from our members. If you have suggestions please write to Dr. James Healey, Secretary, Indiana University School of Dentistry.

Student Reports

● Idiosyncrasy and Toxic Reactions to the Sulphonamides

THE therapeutic value of the sulphonamide compounds has long been established clinically, and all are familiar with the use and value of these drugs. In recent years, especially during the war, important clinical observations have been made of the dangers as well as the benefits of sulphonamide therapy.

Recent reports show increasing numbers of cases of hypersensitivity and toxic reactions to these drugs. A few writers go so far as to predict that the day will come when the sulphonamides will have little or no therapeutic value. Spink, in his book on the subject has the following to say. "One feature is becoming more apparent, and that is that an increasing number of persons are acquiring sulphonamide hypersensitivity. Failure to recognize this factor in drug therapy has and will result in disasters."¹

Prinz-Rickert, and Dobbs' state that, ". . . about 10% of the patients cannot tolerate these drugs; this group should be discovered early and other forms of treatment instituted."²

The toxic reactions to sulphonamide therapy are numerous and varied. Garvin³ summarizes them: "Toxic reactions of importance include nausea and vomiting, cyanosis, acidosis, drug fever, skin eruptions, leucopenia, jaundice, cerebral complications, and urinary tract complications."³

There is no need to avoid these drugs just because toxic reactions may occur; however, it is very important to realize that they do occur. Long and Bliss have the following to say in their book on the sulphonamide compounds. "There is little question that the fear of the toxic reactions attendant upon the administration

of sulfanilamide and its derivatives has had a great deal to do with the hesitant attitude of many physicians toward the use of these drugs."⁴

There is no rule as to when a patient may receive toxic manifestations. A small group of patients react upon their first contact. Another larger group show toxic manifestations upon their second or subsequent contact with these drugs. By far the greatest majority never receive an idiosyncrasy of any kind. Long and Bliss point out one extremely important point that should always be kept in mind. ". . . the patient who has suffered a toxic reaction from sulfanilamide or its derivatives may develop another more severe reaction if the drug is administered a second time."⁵

The importance of the above statement is clearly shown by Pine and Popov.⁶

Summary of Case History:

A 35 year old private presented with a complaint of pain and suppuration from his left ear which was caused by a chronic condition. The left ear began to suppurate on the day of admission.

Summary of Courses of treatment:

The patient received oral sulfadiazene (15 grains) every four hours, day and night, and sulfanilamide powder was used locally in the left external auditory canal. The dosage was later reduced and recovery was normal.

Summary of Course of Healing:

The tympanic membrane and normal landmarks returned. A few days later a little sulfanilamide was placed in the left ear and a profuse dermatitis occurred. To prove that this was caused by the topical application of the sulfa drug, another application was given and the same hyper-

sensitivity occurred. The patient was warned of his condition and dismissed. A month later, the patient had a tooth extracted and did not mention his idiosyncrasy to sulfanilamide. A routine 3 grain dose of suffanilamide was placed in the socket. Six hours later, the patient developed a violent reaction. The auditory canal became edemic and his hands and elbows had developed an erythema and after a month and the patient was dis- were edematous. The condition subsided after a month, and the patient was dismissed.

Conclusion:

A history of the patient's reaction to the sulphonamides should routinely be taken prior to the use of these drugs. Whenever a sensitivity is discovered, the fact should be stressed to the patient so

that he will always mention the fact before receiving medication. It appears that routine use of the sulphonamides in minor conditions such as following tooth extraction is not justified.

J. T. Lindquist, '47

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4. Long, P. H. and Bljss, E. T., The Clinical and Experimental Use of Sulfanilamide, Sulfapyridine and Allied Compounds, New York, The MacMillan Co. 1939, p. 266.
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6. Pine, B. and Popov, N. P., Idiosyncrasy to Sulfanilamide: Report of a Case. J.A.D.A. vol. 33, Oct. 1946.

● Erosion Due to Continued Exposure to Lemon Juice Plus Vigorous Massage with Sodium Perborate—Case Report

THE patient, a 17 yr. old white female, was referred for an examination. The maxillary anterior teeth of the patient showed an unusual pattern of erosion, giving the appearance of half-completed jacket crown preparations, including sharply defined cervical shoulders, with the labial surfaces slightly more involved than the lingual surfaces. The lower anteriors did not show the same picture as the upper but tapered at the incisal third to a rather sharp edge, labio-lingually. In addition to the erosion there was a generalized gingivitis due to heavy deposits of subgingival calculus. There was no sensitivity in the teeth involved, nor did the patient recall any sensitivity during the initial stages of the erosion. The eroded surfaces appeared very smoothly polished

Upon questioning, the patient revealed that she had first gone to a physician because of inflamed, bleeding gingivae. The physician apparently diagnosed the condi-

tion as due to a Vitamin C deficient diet, for he told the patient to eat as many lemons a day as she could and to massage her gingivae briskly with sodium perborate. The patient followed the prescribed treatment—eating at least two lemons a day—for a period of two months, during which time she noticed the dissolution of enamel. The physician did not think her findings important, resulting in continued use of lemons and sodium perborate until the patient finally sought the advice of a dentist. The dentist recommended that the patient present herself at the School of Dentistry for further consultation.

The teeth were first thoroughly scaled and polished. The patient was then advised not to return to the treatment plan recommended by the physician. She was then taught the Stillman toothbrushing method, in conjunction with the Charters method in certain areas for a two week period, to allow the gingivae to return to

(Continued on page 13)

● Pulpal Exposure as the Portal of Entry of the Anterior Poliomyelitis Virus

ONE of the major problems which has confronted scientists in the etiology of anterior poliomyelitis has been the determination of the portal of entry of the virus in humans. In 1945 Aisenberg and Grubb published a report covering both experimental work on monkeys and the results of a field survey of the teeth of children with and without poliomyelitis. Epidemics in North Carolina and Baltimore in 1944 suggest strongly that exposed pulps of teeth could act as portals of entry for the virus.

Anterior poliomyelitis is believed to be caused by a neurotropic virus which gains entrance to the body through exposed nerve endings somewhere along the alimentary tract. It then spreads intraneurally to the central nervous system, there causing varying degrees of degeneration and necrosis of nerve cells. It has been proved by the work of Bodian and Howe that living, untraumatized, and unimpaired nerve fibers are necessary for the transmission of this virus along the nerve.

Work done by Sabin shows that monkeys injected into the tonsillopharyngeal region with the virus produces a high incidence of bulbar paralysis. He points out that a high incidence of the bulbar form of the disease among cases of human post-tonsillectomy poliomyelitis is what one would expect if the infection occurred from the throat with the virus being present in the oro-pharyngeal secretions during the operation. The virus has been demonstrated in the upper respiratory secretions and tonsils of apparently healthy as well as poliomyelitis sufferers.

Upon the basis of the information postulated one could speculate upon the possibility of pulp exposures acting as a portal of entry. Faber and Silverberg have reported histological evidence of the virus

in the semilunar ganglion of experimentally infected monkeys which suggests that the trigeminal nerve may be the pathway along which the virus travels to the C.N.S.

Aisenberg and Grubb in the field of survey of the epidemic in North Carolina examined the teeth of 272 poliomyelitis patients and 280 controls—approximately in the same age group. In 69% of the poliomyelitis cases they found pulpal exposure as to 27% in the control group. Again, in the Baltimore epidemic, 65% out of 103 poliomyelitis cases showed evidence of pulpal exposures as to 24% out of 108 of the control group. (The previous percentages are approximate.)

What is the availability of nervous tissue in the oral cavity to act as transportation for the virus? First, in the oral mucosa naked nerve endings will avail themselves only when there is a loss of the superficial cells of the stratified squamous epithelium itself which would expose large nerve loops and a subepithelial plexus. These conditions could only occur during the mastication of coarse foods, when inflammatory processes cause extensive desquamation, or when any other destructive process is present.

Second, in acute or chronic inflammation of the gingival tissue damage or loss of the epithelial attachment exposes the connective tissue to the toxins from the microorganisms. However this tissue is not plentifully enclosed with nerve fibres, and—even if the virus gains admission to the connective tissue—nerve axons may not be available for it to proceed to the central nervous system.

Third, in pulpal exposures—as a result of caries—there is an exudation of lymph and an accumulation of polymorphonuclear leucocytes through which the virus must pass to invade the nervous tissue.

(Continued on page 14)

Alumni Notes

from the Dean's Office

We have received a recent announcement that Gilbert Mellion, '43 has opened an office for the general practice of dentistry in Rocky Hill, Connecticut. His address is 217 Main Street.

Cole Biggs '07 of Shelbyville, Illinois, who was practicing dentistry in Chicago, died last fall after an illness of 5 months.

Alumni will be interested to learn that Dr. Wayne Hill '17 died suddenly October 6, 1946.

We had an interesting visit with Frederick Logan, December '44, recently and he gave us some welcome news concerning recent graduates: Gannon '46 is practicing in Monticello; Huff '45 is in South Bend; is in Plymouth and Zimmerman '43 is in Warsaw. Incidentally, Logan is practicing in Kentland, Indiana.

A note from Sidney Robertson '45 tells us that he is enjoying (?) has activities in Colorado Springs in the Station Hospital there. Since December 1, he has been with a mobile unit, a dispensary for mountain and ski troupe. He reports that Nevel '46 is at Fort Leavenworth.

We have just learned of the unfortunate death of Thomas T. Arthur '43, last year at Treasure Island Naval Hospital, San Francisco, California.

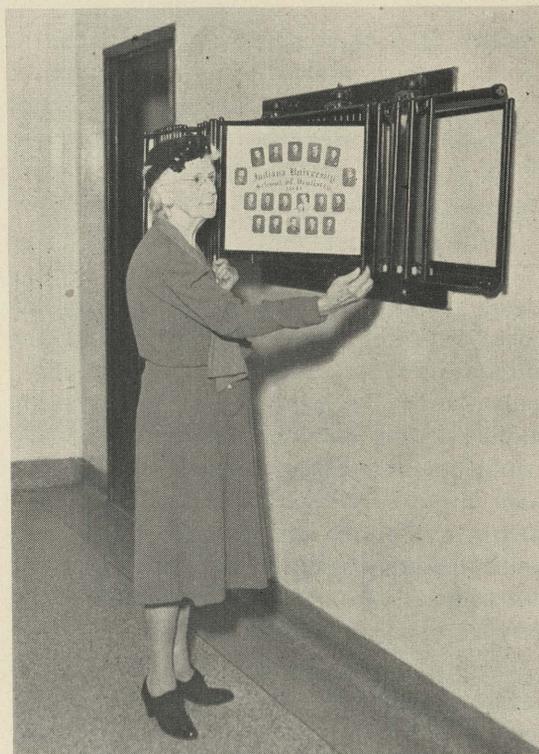
We are pleased to hear from our Puerto Rican representatives. Dones '46 recently wrote us an interesting letter in which he reports that both the Garcia brothers are doing fine and I hope that A. P. Garcia is also doing his best. We understand also that Sturm '46 is in Puerto Rico as a guest of Uncle Sam.

Worster came in the office recently and gave us the following news: he and Schoenherr just returned from Germany and awaiting their discharge papers; Dec. '44 Standish, December '44 is working in a dental dispensary at Frankfort, Germany, and Glazer '46 is in air corps located near

Frankfort; Morris Weiner is also being discharged; and last and maybe least (in pounds) the Paul Worster's have a new baby girl, Paula Jean.

Mrs. Cleona Harvey, Recorder

● "Ma" Sanford



We were very happy to have as our guest recently, Mrs. Laura Sanford, better known to most graduates as "Ma" Sanford. Mrs. Sanford was with the school many years and worked as Surgery Assistant and Assistant Cashier. She needs no further introduction as most alumni knew and loved her. She is still talking about and corresponding with "my boys," as they were known to her. "Ma" is still as young and peppy as ever.

Her present address is: 64 Fenway Road, Worthington, Ohio and we are sure she would be glad to hear from you.

Gertrude "Katz"

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—R. W. PHILLIPS ● ASSISTANT TO THE EDITOR—R. HANNAH

- STAFF—A. O. HUMPHREYS, R. A. MISSELHORN, W. B. CURRIE

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Volume VIII

January, 1947

No. 2

Editorial

● Greetings

WITH this issue, the Alumni Bulletin has inaugurated a change in its physical make-up. The Bulletin has been enlarged from four pages to sixteen pages in order to not only accommodate more news from the school and its alumni, but also to make possible the publication of a greater number of original papers. The change in general make-up and outside cover have been designed with the hope of easier reading and more esthetic appearance. The policy of the Bulletin will not be altered and still maintains as its primary objective the desire to keep its Alumni informed of the activities of the Dental School and to serve as a medium for the expression of their thoughts and opinions. The Alumni Bulletin welcomes news items and letters from its readers and, in particular, their reaction to the change in its style. Incidentally, did you note the errors on the cover?

R.P.

● Future Need for Dentists

EVERY applicant for admission to dental school—and there have been hundreds this year—quite properly ask about the need of dentists for the future. This question can be answered quickly and easily. Dozens of studies have been made which show that dental caries is by far the most prevalent ailment among children and that few adults escape dental defects or dental diseases. The widespread prevalence of dental ills was shown at the beginning of the war by the fact that one out of every five men rejected for physical reasons by Selective Service was rejected because of dental defects. These widely known conditions, coupled with the fact that not more than 22 per cent of our entire population receives dental care in a given year, furnishes ample proof that there will be a need for dental treatments.

However, it is important for us to distinguish between the *need* for dental care and the *demand* for dental care. Obviously the *demand* will vary with economic conditions, with the patient's desire for dental service,

and with the competition. By competition we do not mean between dentists, of course, but with new automobiles, radios, refrigerators and vacation trips. During the war this form of competition was at a low ebb but now most people find more places for their money than money to spend.

For the past several years dentists have enjoyed (?) an unprecedented period of prosperity. Specialists as well as general practitioners have been overwhelmed by patients who were willing, eager, and capable of paying for dental services. This has been going on for so long that it seems some dentists are assuming that the demand for their services will continue to be great.

Some dentists have been taking a lackadaisical attitude toward their patients recently, and are neglecting to impress them with the importance of dentistry.

We are optimistic enough to believe that dentistry will be in much demand for several generations, but the time is past when dentists can take for granted that everyone wants good dentistry. To protect the dental health of the public and, incidentally, to insure continued patient supply, every dentist must become a dental educator for his patients.

M.K.H.

Odd-Dentities

by

ruhamah hannah

it seems to me that the deadline on this column rolls around mighty fast . . . the new make-up of the bulletin is dean hine's idea, and i must confess that he has done much of it himself. so if you like it, praise him . . . irvin goldenberg, '44, dropped in the other day. and it seems that he is now in uniform, the army deciding at last to take him . . . bob brown, '44, was also here. he is now practicing in oakland city, indiana . . . tom beavers, '44, and oscar segal, '44, are both out of the army and are practicing . . . dean hine and dr. wilson went down to atterbury the other day and bought some army surplus equipment, mostly units and chairs, which are being installed in the prosthetics department . . . welcome to wanda toms, who is now working in the dean's office . . . the medical center has arranged a three day watch repair service with r. g. martin, jeweler. he picks up watches and delivers them and it's really very convenient . . .

mr. ralph phillips, dental materials, has just finished a colored movie on amalgam. those who know say it's very good . . . a received a christmas card from manual garcia-fortuno, '46, puerto rico. he hasn't been able to get equipment yet to start his practice down there . . . dr. alvo o. humphreys, crown and bridge, has been in the hospital but is recovering now . . . and that's all for this time.

Faculty Notes

Several members of the faculty have read papers before dental societies this season. Notable are: Drex Boyd and Ralph Phillips were in Boston, October 16, and read papers before the Metropolitan District Dental Society; Mr. Phillips was on the program of the Minnesota Postgraduate Committee, January 8, Frank Hughes represented Indiana University at the Cincinnati Dentist-boy Banquet, December 9; Dean Hine has been on the program of the Greater New York Meeting and the Montreal District Dental Society.

Class and Fraternity Notes

● Sophomore Class

The Sophomore Class was organized on October 1, 1946, for the purpose of gaining a higher unity among all the members. The class also welcomed new members who are with us this year and feel very happy to have them. The following officers were elected to serve the class throughout the year 1946 and 1947. President, Walter Dean; Vice President, John Bach; Secretary, Gene Sheppard; and Treasurer, Hayward Flickner.

The class has planned in the near future to have a guest speaker to speak to us during a free period in regard to practical dentistry.

Since the sophomore year has more of the learnings of practical dentistry in its curriculum, the members of the class find it very challenging, for they know they are taking another step closer to the work they will be doing throughout life.

● Junior Class

The Junior Class has acquired two new members this year—William Winer of Detroit, Michigan, and Joe Karpinski of Auburn, New York. That makes twenty-two of us now. At class election this fall, the following officers were elected: President, Dick Edwards; Vice President, Cal Christensen; Treasurer, Phil Giltner; Secretary, Betty Graves.

Joe Muhler and Tom Boyd are doing research on fluorine and its effect on caries. Joe Muhler recently had an article on fluorine published in the "Dental Students' Magazine." Ten out of twenty-two of our class are married. Six of them are papas, and one more will join the ranks soon. Bob Marlette can tell you all you want to know about the housing situation. After looking all semester for a house, he has finally given up and bought a trailer.

Tommy Harmon's radio program had a contest for the best letter of 100 words or less on "Should Colleges Subsidize Football." Naturally he had a great many interesting letters, but the greatest of them all was written by Mr. Gilbert!

He was given a football autographed by Tommy Harmon and a greeting "Nice going, Bert" from Harmon over the radio program announcing the winner of the contest.

The Junior Class extends wishes for a Happy New Year to you all.

Betty Graves, Secretary

● Senior Class

Forty-four seniors returned from summer vacation to their long awaited last year of dental school. Class elections were held in October, and the following officers were elected: President, Jack Singer; Vice President, Bill Temple; Secretary, Ed Flynn; Treasurer, Albert Kazwell.

Every noon one will find Tom Adams, Bill Kunkel, Jim Compton, Lloyd "Cast Iron" Nevel, and Larry "Money Bags" Lang, the exponents of "buck euchre," in the student lounge advancing their various theories on the fine points of the game.

The class as a whole are well on their way to completing their counts in the various departments. The majority have already their requirements for periodontia (Dean Hine's department) and are going strong in prosthetics.

Ed Flynn, Secretary

● Alpha Omega Fraternity

Alpha Gamma Chapter of Alpha Omega Fraternity has held three informal dinner meetings during the present semester. Dr. J. William Adams, Mr. Ralph W. Phillips, and Dr. R. T. Hill wert the guests of the fraternity at these dinners. In the activity to date the chapter has worked in close alliance with the newly reorganized Indianapolis Alumni Club, whose membership amply supplements the ten active members at Indianapolis in holding affairs.

At a smoker held recently in the Union Building in Bloomington, seven freshmen and one sophomore were pledged by Alpha Omega. The pledges are the following: Jack Alexander, Seymour Fay, Jack Light, Howard Stein, William Vogel, Arthur Wolin, and Isadore Zarin, all freshmen, and Manuel Sposeep, a sophomore. Dr. Ben Davidson, Chicago, national fraternity regent, was in Bloomington for this meeting.

Chapter officers for the school year are the following: Irwin L. Burack, president; Jerome Schindel, vice president; Jack Singer, treasurer; Murray Shuser, secretary; and Bert W. Gilbert, editor.

I. L. Burack, president

● Psi Omega Fraternity

Psi Omega extends hearty greetings to alumni everywhere.

One announcement which the fraternity considers quite significant is the acceptance of the

duties of Deputy Councilorship by Dr. J. William Adams, Professor of Orthodontia.

Officers elected for the present year are: William F. Castle, Grand Master; Rocco P. Nazzaro, Junior Grand Master; Peter P. Ferrini, Secretary; and Calvin C. Christensen, Treasurer.

Psi Omega is happy to welcome back in school Daniel Strapon, who spent many months overseas in both the European and Pacific theatres.

Notables among social activities was the semi-annual dance given in honor of the sophomore class at the house, 3710 North Meridian Street, on November 16. Many members of the student body, faculty, and alumni attended the affair and the informal hilarious party was hailed as a huge success.

On December 11, a banquet was held at the Graham Hotel in Bloomington for the freshmen students. Members of the faculty and alumni were guests of the evening. Very educational and entertaining talks were given by Dr. J. Frank Hall and Dr. J. William Adams, guest speakers of the evening.

Wedding bells rang merrily for Martin Walton and also Robert Denny as Cupid triumphed. Congratulations are extended to these men and also to Rocco P. Nazzaro upon his engagement to Miss Pearlina Toppetta of Paterson, N.J.

Dr. William Jeffries has been discharged from the Navy and will set up practice in Indianapolis. Dr. John Stenger is with the Navy at Charlestown, S.C., Paul Yingling has joined the regular Navy. Dr. William Michieli is practicing at the Odd Fellow Building in Indianapolis after being separated from the Army. Another alumnus recently discharged from the Army is W. Wayne Dunlop, who is located in Michigan City, Indiana. Aboard the U.S.S. Noble is Dr. John Calland, who recently visited this city. Dr. Gordon Abbott is in Michigan also with the Navy. Dr. Al Tapia has set up his office in Waynetown, Indiana, and Dr. Robert Louis Anderson is practicing in Seymour, Indiana. After completing an internship at City Hospital, Dr. Arthur Mullins has opened his office at 3756 North Illinois Street. Dr. Sidney Robertson has entered the Army. The office of Dr. Melvin Klotz, formerly of the Army, is at 83 West Westfield Boulevard.

The chapter house has undergone redecoration and will be in good form for the next large dance to be held in the middle of February. Invitation is extended to all.

W. F. Castle

● Delta Sigma Fraternity

Outstanding activity for the Xi chapter of Delta Sigma Delta during the fall semester was

the "Delta Sig Week-end" planned for the freshman dental class December 6, 7 and 8. During the "Week-end" there were such activities as a stag party, bridge for the wives and girls, a student executed clinic and inspection of the school. A dance was enjoyed by some 30 freshmen as well as the active chapter. Bill Lawrence, Harold Smiley, Paul Narcowish and Norman Alley were in charge of the arrangements.

Initiation of the sophomores took place Thursday, December 19, with the Indianapolis Delta Sig Club present. The annual banquet was held preceding the ceremonies. Those initiated were Thomas Boardman, Hoopston, Illinois; Hayward Flickner, Evansville; Charles Gish, Delphi; Lee Hill, Mansfield; and Darwin Reed, Toulon, Illinois.

Alumni returning to Indianapolis and the vicinity to practice are Drs. Robert Stone, Lowell Renshaw and Thomas Beavers. Lt. Raleigh Phillips, Brazil, is the army's most recent casualty. "Ral," it seems, has taken to skiing on the slopes in Washington state after office hours. He is mending a fractured leg as a result of his indefatigable efforts. He can be reached at Camp Lawton, Washington.

Xi chapter plans for the remainder of the year include alumni-sponsored clinic on meeting nights; an informal dance for our friends and our continued effort to support the drive for materials for Delta Sigs in countries abroad.

Norman Alley

● Xi Psi Phi

The holiday season has come and gone. The members of Theta Chapter are now priming themselves for that final rush which put them "over the top" in their final examinations and into the next semester.

For your information, the officers of the active chapter are as follows:

President J. Robert McKay
 Vice President Arthur Stine
 Secretary Robert Marlette
 Treasurer Vernon Crosswhite

We are going to open our next semester celebrating Founder's Day. Remember, members of our alumni, February 8th, is the day of the founding of X. Psi Phi.

All alumni and actives are invited to this stag party. We here at the house are putting forth much effort to make this "get together" a success.

Those of you who want to come February 8th, contact President J. R. McKay at the Theta Chapter house, 1627 North Meridian Street, Indianapolis, or the alumni secretary, Dr. K. C. Dawson at Greenfield, Indiana, for more complete details.

J. R. McKay

● Erosion Due

(Continued from page 6)

a healthy condition. No treatment was instituted for the eroded areas, and the patient was advised to return in one month.

When the patient returned, all of the full-mouth radiographs were taken. The radiographs showed no noticeable reduction in the size of the pulp chamber, testifying to the validity of the case history. If the process were not a rapid one, one would expect to find much deposition of secondary dentin.

Discussion

This case is particularly interesting because it presents a case of erosion for which the etiology can be determined. It has long been known that acids dissolve normal enamel. Many cases of decalcification are seen which are the result of long-continued regurgitation, of drinking dilute hydrochloric acid in cases of achlorhydria, and more recently—because attention is being directed in that direction—of cases due to the acids of certain fruits and carbonated beverages and of cases due to a local acid condition of the gingival crevice.

Two other questions must be considered. First, why do some persons who consume large quantities of citrus fruits show no appreciable erosion? Second, why were the anterior teeth the only ones involved and by the lowers to a lesser degree than the uppers,

In regard to the persons involved, this may be explained by the difference in the makeup of the enamel. Persons whose enamel is more acid resistant due to a high fluorine content or other constitutional peculiarities are persons in which one does not expect to find much erosion—if any. Faulty tooth-brushing must also be considered as a contributing factor since erosion is so affected by a great deal of abrasive action on the teeth that the

process is sometimes referred to as erosion-abrasion.

In regard to the location of the eroded area, it should be noted that erosion is—for the most part—a lesion of the oral vestibule which is principally exposed to the thin, serous saliva from the parotid gland. H. K. Box says that the surfaces of the teeth are seldom subject to a salivary pH representing a thoroughly mixed saliva and that parotid secretions are, for the most part, acid in nature. Thus an acid remains in the oral vestibule without being neutralized for a longer time than in any other region of the oral cavity. The action of the tongue would help neutralize the acid coming in contact with the lower anteriors, and the lowers would be protected from a great deal of abrasion by the uppers.

Treatments for erosion include the local application of remineralizing powders, formalin, silver nitrate, zinc chloride, or sodium fluoride; the placing of horizontally notched restorations; making porcelain jackets for badly advanced cases; keeping petroleum jelly on the involved surfaces; teaching of a modified tooth brush technique using a non-abrasive dentifrice or none at all or a combination of these. In this particular case it would probably be best to restore the affected maxillary teeth with jacket crowns (as soon as pulp recession permits) and teach the patient the importance of following a modified tooth brush technique.

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M. A. Tuckman, '47.

RYKER DENTAL DEPOT

Indianapolis

—

Fort Wayne

*May we take this opportunity to wish you and yours
a most Happy and Joyous New Year.*

RYKER DENTAL DEPOT

● Pulpal Exposure

(Continued from page 7)

Whether this zone acts as a barrier will depend largely on the presence of specific antibodies.

When pulpal tissues becomes exposed, it is apparent that the naked nerve fibers are in close proximity to the exposure. However, these fibers may be in a state of degeneration in their peripheral extremities and would be more refractory to the transmission of the virus.

Fourth, in tooth extractions many nerve fibres become available as a pathway for the virus. This is an analogous condition to that which occurs in the pharyngeal region after a tonsillectomy.

On the other hand, in the great majority of cases, the rapid formation of a blood clot in the socket occurs shortly after the removal of the tooth, and this clot would tend to insulate the exposed nerve endings from the oral field.

In another survey¹ in the 1945-46 epidemic in Victoria, 196 poliomyelitis patients were examined, and teeth with pulpal exposures were found in the mouths of 28%. As controls, 1,183 children were examined and 24% were found to have pulpal exposures.

During a January epidemic in Brisbane and Toowoomba, 128 poliomyelitis cases were examined; of these 27% had exposures. In the control group of 236 there were 30% with pulpal exposures.

From the information available it seems unlikely that there is definite correlation between pulpal exposures and poliomyelitis. Further studies should be made to determine the role of pulpal exposures in the etiology of poliomyelitis.

R. P. Nazzaro, '47

1. Radden, H. G. and Sandy, C. E.: The Role of Teeth with Exposed Pupls in the Aetiology of Anterior Poliimyelitis. The Australian Journal of Dentistry, September, 1946.

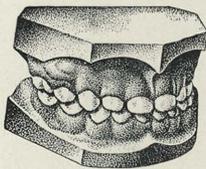
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