

Alumni Bulletin

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SCHOOL OF DENTISTRY

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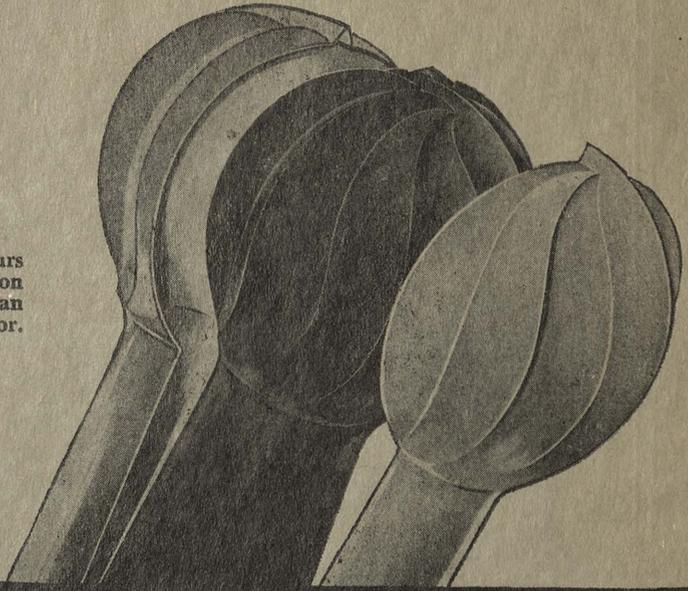
MAY, 1948

INDIANAPOLIS, INDIANA

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ALUMNI BULLETIN

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R. W. PHILLIPS

RUHAMAH HANNAH

EDITOR

ASSISTANT EDITOR

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

Indiana University School of Dentistry ALUMNI BULLETIN

May, 1948

Indianapolis, Indiana

School of Dentistry Given Grant From National Cancer Institute

Dean Hine was recently notified that the School of Dentistry of Indiana University had been granted \$14,250 by the National Cancer Institute.

For the first time in the history of the National Cancer Institute of the U.S. Public Health Service, money has been given to dental schools to finance the study of oral cancer by dental students. The award of nearly \$50,000 in grants to nine of the major dental colleges was made by the National Advisory Cancer Council of the National Cancer Institute, and was announced recently by Oscar R. Ewing, Federal Security Administrator.

According to Mr. Ewing, "in a large percentage of mouth cancer cases, medical authorities agree it is the dentist who is in the best position to recognize the disease when it is in its earliest stages."

Most recent figures on cancer of the oral cavity indicate that nearly 4,000 people die of that type of cancer annually. Present cure rate is an estimated 15%. It is estimated that if such cancer were recognized sooner, cure rate would be upped to around 50%.

"Cancer of the mouth in its early stages is not usually painful," according to Dr. Leonard A. Scheele, Director of

the National Cancer Institute. "As a result most people are inclined to let early signs such as small ulcers, warty lesions, chronic abscesses, or a thickening or swelling of the mouth tissue, go uncared for. It is easy to mistake such early signs for simple bruises from ill-fitting dental plates, or equally unimportant ailments. It is important to train dentists in cancer diagnosis, because in an estimate 60 per cent of mouth cancer cases, the afflicted person goes to his dentist first."

"The 'old wives' medical maxim, 'Let the thing alone and it will get well' is a dangerous precept when applied to early cancer," Dr. Scheele said. "Early recognition and treatment are imperative if a cure is to be effected. While a small growth in the mouth can be removed or treated with X-ray easily and effectively at its beginning, if it is neglected for a few months, or even for a week or so, it can spread to the lymph nodes and widely through the body. This can happen and the patient becomes an incurable while the afflicted person is 'waiting to see what happens.' The fact that mouth cancer is one of the most curable types of cancer if found sufficiently early, indicates the importance of training dentists in the recognition of this disease."

The Dentist and Tuberculosis Control

(Presented at dental school seminar, January, 1948.)

Outside of the personnel of our hospitals, including our tuberculosis sanatoria, there is no group of professional people who are more exposed unknowingly to cases of tuberculosis than dentists. By the nature of his professional skill the dentist is exposed a number of times each day by his patients. It will be the purpose of this paper to bring to you certain points for your consideration that I think will be most helpful in meeting the problem that exists today.

What Should You Look For in Your Patient in Order to Protect Yourself?

The problem of extra-pulmonary tuberculosis is not nearly so great as it has been in the years past. The improvement of our milk supply has been probably the largest single factor responsible for the reduction in the extra-pulmonary tuberculosis problem. Nevertheless, the dentist will be confronted with certain manifestations and he can aid materially in the control of tuberculosis as well as rendering a service to his patient.

Should he find certain conditions, then by all means the patient should be referred to his family physician in order that treatment may be instituted as early as possible in order to give the best chances of recovery. By observation of the patient as he comes into your office, you will be able to notice certain of the extra-pulmonary tuberculous manifestations. Detailed description of these diseases will not be made; however, they will be mentioned so as to tie up the extra-pulmonary manifestations that may be encountered.

Certainly the presence of swollen lymph nodes of the neck can be detected. Chronic tuberculous infection of the face and nose will need further work-up for the establishment of a diagnosis. Should perforation of the septum be present it will usually involve the cartilaginous portion in counterdistinction to the usual bony

perforation of lues. Tuberculosis of the tongue usually toward the lateral aspect of the tongue can be noted. In the inspection of the pharynx and larynx, tuberculosis of the tonsils and of the larynx can often be noted.

Should abnormalities be noted, I think it is the responsibility of the dentist to refer these cases to the patient's family physician in order that further diagnostic procedures be undertaken to confirm the diagnosis, and treatment instituted.

Pulmonary tuberculosis of your patient is by far your most dangerous source of exposure. Unfortunately, a great number of your patients may have pulmonary tuberculosis in an infectious state and be unaware of the disease. Pulmonary tuberculosis may be present for as long as 18 months to 24 months before symptoms of sufficient import are present that would make the individual aware that there was trouble in his chest. Certainly, patients with a chronic cough, gradual weight loss, and those running an afternoon temperature should be advised to consult their family physicians.

How Can You Insure Your Patients Against Exposure?

Only a few words need be said on this matter because I think that we are all aware of the importance of having an annual physical examination, including a chest X-ray. This procedure is a protection to your own health and at the same time protects your patients against an unsuspected pulmonary lesion in your own chest.

The Dentist Should Know the Principles of Tuberculosis Control So That He May Demand That His Community Assume Its Responsibilities.

Tuberculosis is a contagious and communicable disease about which the community can do something.

In our state, tuberculosis kills slightly less than 1,100 persons each year. It

is our 6th leading cause of death, yet in the age groups, 15 through 35, it is the leading cause of death. Because the presence of reinfection-type pulmonary tuberculosis is usually seen in the age groups above 15, our efforts had best be directed to these age groups. It is the adult who gives the child tuberculosis. Let us eliminate tuberculosis in the adult and our children will be free from exposure.

There are four principles which if intelligently applied can control the disease, tuberculosis.

1. *Case Finding.* The recognition of early pulmonary tuberculosis is essential because the individuals are often found in a non-contagious state and thus, will reduce the number of individuals being exposed. Likewise, the length of time required for treatment is much less. By utilizing our miniature X-ray surveys as a screening process, we can reduce to a relatively small number, not more than 12 per 1,000, who will need further study for a diagnosis. We can then concentrate on these few cases rather than try to spread our efforts equally over the entire population. Miniature X-ray does not require disrobing and therefore can reach a large segment of our population in a relatively short time at a rather small cost.

Certain groups lend themselves to survey work. Industrial workers, food handlers, patients in our hospitals, rural groups through the farmers' organizations, civic groups, the general population, and children in our schools can be reached easily. Those children under 15 can best be screened by utilizing tuberculin testing and X-ray reactors. The tuberculin testing program provides an excellent medium for the education of our youngsters—they will be the adults of tomorrow.

2. *Isolation and Treatment.* It is essential that as the cases are detected they be isolated so as to prevent the spread of the tubercle bacilli to their close contacts and to the community.

It goes without saying that these individuals should be placed under medical treatment immediately.

3. *After Care and Rehabilitation.* It is essential that successfully treated cases be followed up in order to prevent breakdowns. We know that should a breakdown occur, it usually requires twice as long to effect a cure as it did the first time the patient received treatment. It is essential then that along with this follow-up, vocational rehabilitation keep abreast of the mental and physical rehabilitation that is essential for the cure of that patient. It may be necessary that the individual change his occupation and this may start in some instances long before the patient is discharged as an arrested case.

4. *The Relief of the Family from Economic Distress.* By the chronic nature of tuberculosis, it often requires a considerable period of time, varying from one to five years or longer, to effect a complete cure. Too often this period of time necessitates the patient's continuing to work in order to provide for his family. This person will often die at an early age and then the maintenance of the family is the responsibility of the community. Being able to accept and remain under treatment will reduce the length of time required and at the same time will reduce the cost of hospitalization and wage loss. How much better it would be to provide for the family during the period of the breadwinner's treatment so that he may accept treatment earlier and return to his responsible position in society. It is money saved by both the patient and the community. Our efforts today in helping solve this problem can best be directed to improving the co-operation and understanding of all our existing agencies that might be concerned in any one community.

By the intelligent application of these four principles, we will be able to control tuberculosis. —*Dr. Merle Bundy, Director, Division of Tuberculosis Control, State Board of Health.*

The Department of Oral Diagnosis

(This is the first of a series of articles concerning activities and future plans of various departments in the school.)

The Department of Oral Diagnosis at Indiana University School of Dentistry has been set up primarily as an admissions department for incoming patients and serves to integrate the various departments and specialities of dentistry. Here the patients are examined and referred to the different departments of the school.

By reason of the present trend toward specialization in private practice and the recognized necessity for it in a teaching institution, every effort is made to avoid confinement to one definite circumscribed area or to one aspect of the dental problem, depending upon the diagnostician's previous training or special interests. One dentist, upon examining a mouth, will find an operative problem while another will find a periodontal problem or some other condition often related to the operator's particular talents.

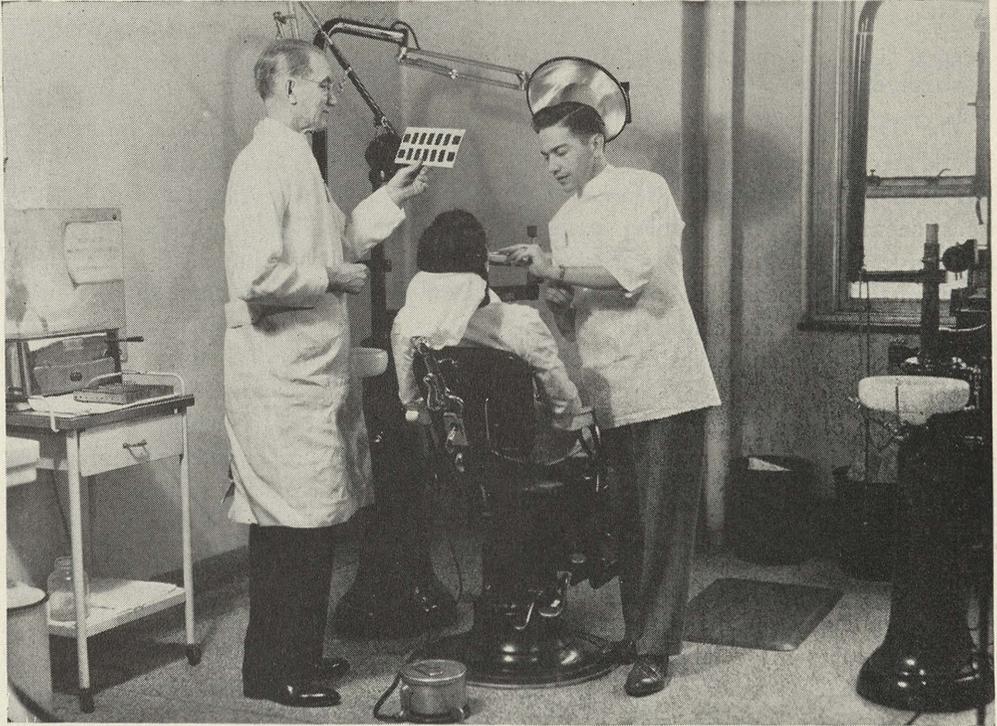
By definition and precedent, dentistry is concerned primarily with the teeth themselves and their supporting structures. However, the past few years have shown the close relationship of the structures and tissues of the oral cavity and body function. Dentistry has clearly proved itself to be a health service and the diagnostician must keep this goal in mind as he makes the diagnosis, treatment plan, and ascertains the prognosis of the immediate local problem. An effort is made to analyze and correlate any apparent or suspected systematic condition that should be considered in the treatment. This inquiry into the patient's medical history is not meant to encroach upon the field of the physician but attempts to bridge the gap between that which is strictly a medical problem and that which is entirely dental.

First impressions are often the most enduring. Thus the patient's first experi-

ence with the dental school should be entirely favorable and congenial. This is a particularly important phase of a patient's first visit for dental treatment, especially the child patient. Here many of these child patients come into contact with a dentist for the first time and their treatment in this department will be reflected in their conduct in the children's clinic. Many adults neglect returning to the dentist at proper intervals because of previous unpleasant experiences. This fear can be largely overcome by the patient's contact with the examining staff in oral diagnosis, thereby preparing the patient for specific treatment in the various other departments.

Serving as a teaching clinic, oral diagnosis affords students an opportunity to learn charting procedures and the importance of recording all pertinent information that may be used as guides and aids in treatment. Particular emphasis is placed on thoroughness in recording missing teeth, carious teeth and teeth which are necessary to extract; also, they are taught to recognize the various mouth lesions.

The value of radiographs as diagnostic aids cannot be over-emphasized and it is with this thought in mind that the Oral Diagnosis Department obtains radiographs of as many patients as possible. In this manner the student receives valuable training in radiographic interpretation. At this time in the examination, any deviation from the normal is noted, such as cysts, abscesses, amount of alveolar resorption, impactions, supernumerary teeth, additional caries not apparent in the visual examination, retained roots, periodontal lesions, devitalized teeth, etc. Also, teeth designated before for extraction are further checked to confirm our previous diagnosis.



Dr. Rogers, director of oral diagnosis, and Dr. Standish, assistant director, examine patient in oral diagnosis clinic.

From oral diagnosis, the patients are assigned to the various other departments, where consultations are frequently held with department heads for treatment planning.

The number of patients reporting to the dental school for treatment has been considered by many as a barometer of the university's good will and also as a check on the economic status of the community. Due to steadily increasing waiting lists in several departments and notwithstanding the fewer number of junior and senior students, it has been the opinion of several people that there has been a marked increase in the number of patients desiring treatment at the university. However, statistics kept by this department show, remarkably enough, that there has been no significant increase or decrease of patients seeking treatment here over last year.

Last year, 7,017 patients were examined by this department from July 1,

1946, to June 30, 1947. From July 1, 1947, up to March 1, 1948, 5,004 patients were examined and assigned to the different departments of the school. By March 1, 1947, 5,129 had been seen by this department over the same period, showing a difference of only 125 patients. At this rate it is possible that the number admitted last year will be equalled.

From July 1, 1947, to March 1, 1948, 1,711 were assigned new numbers without re-examination; 478 were assigned to the children's clinic; 1,950 to the radiology department; 1,228 to surgery; 2,051 to the main clinic for various phases of operative work; 397 to periodontia; 764 to the prosthetics department; 275 to the crown and bridge department and 78 were assigned for examination and consultation in the orthodontic department.

In an effort to evaluate better the student's ability to recognize and chart

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Phillips Honored by Chicago Dental Society

by M. K. Hine, Dean

Professor Ralph W. Phillips and Indiana University School of Dentistry were honored recently when Mr. Phillips' paper was awarded the first prize of \$500 for the best essay entered in the Chicago Dental Society's 7th Annual Contest. Mr. Phillips' paper, which was read at a general session of the Chicago Dental Society's Midwinter meeting on February 11, 1948, was entitled "Hardness of Enamel as Affected by Fluorides". The particular study which won the award was one phase of a comprehensive research program on the effects of fluoride which is being carried on at I.U.S.D. by Dr. Grant Van Huysen, Mr. J. C. Muhler and Mr. Tom Boyd as well as Mr. Phillips, who was assisted in his studies by Miss Marjorie Swartz, research assistant in dental materials.

After making innumerable tests on

more than 2000 teeth, Mr. Phillips drew the following conclusions: It was found that certain compounds do increase the hardness of enamel and likewise tend to protect the enamel from the softening of acid. Tin fluoride is the most effective in maintaining enamel hardness and is followed in order by lead fluoride, uranyl nitrate, and sodium fluoride. Various other compounds were tested (zinc fluoride, copper fluoride, lead nitrate, silver nitrate, and sodium acetate), but none of these showed a protective action in regard to hardness which, in our opinion, was definitely beyond experimental error. Maximum hardness was obtained after 25 minutes of treatment, with swabbing being the best method of application on the accessible areas. Mr. Phillips employed three methods in applying the

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Professor Phillips and Miss Swartz using Knoop Hardness Indenter to study the effect of fluorides on the hardness of enamel.

Alumni Notes

by Mrs. Cleona Harvey

I am sorry to have to report that Dr. A. O. Humphreys' heart acted up again and he has been in the hospital for several weeks. It is gratifying to be able to report that his condition is improving.

Dr. Ally Burks of the operative department had an acute appendix removed early in March. His convalescence was so uneventful he was back on the job in less than two weeks.

Dr. J. A. Ropski, resident in oral surgery, took a week-end trip to Hammond that he will remember for some time. While up there his appendix flared up and had to be removed. He returned after a short convalescence.

The faculty has had more than their share of colds and "flu". Dr. Boesinger was the only one down for many days although Doctors Derry, Wilson, Micheli, and several others were absent for a short time.

Since last writing our "Guest Book" boasts of the following: Dr. R. M. Griswold, '24, Madison, Indiana; Dr. M. D. Tatlock, '39, East Gary, Indiana; Dr. R. L. Moss, '47, attending I.U. on Bloomington Campus preparatory to entering Medical School!; R. W. Moss, '48, Culver, Indiana; Dr. Gordon Abbott, '47, 110 W. Maple Road, Indianapolis, Indiana; Dr. William E. Smith, '35, 1426 E. Main, Richmond, Indiana; Dr. Dudley Smith, '44, 812 Life Building, LaFayette, Indiana; Dr. Raymond L. Hayes, '35, 3107 14th St., N.E., Washington, D.C.; Dr. Lewis V. Sheek, '38, Madison Avenue, Greenwood, Indiana; Dr. E. Keiser, '26, Plymouth, Indiana; Dr. J. E. Baker, '40, Odon, Indiana; Dr. Kent C. Dawson, '45, 113½ W. Main Street, Greenfield, Indiana; Dr. H. W. Harrison, '23, Middletown, Indiana; Dr. Winston Warren, '45, Rockville, Indiana; Dr. E. M.

Lipetska, '27, 2125 S. Michigan, South Bend, Indiana; Dr. Melvin M. Klotz, '43, Indianapolis, Indiana.

Dr. Norman Becker, '46, gets in our column again this time by announcing the opening of his offices at 56 Shirley Avenue, Revere, Massachusetts, and 29 Commonwealth Avenue, Boston, Mass., and besides this he tells us he is planning to spend his mornings at Forsyth! He does indeed speak highly of the value of internships. Dr. Rocco P. Nazzaro, '47, announces the opening of his office at 896 East 28th Street, Paterson, New Jersey; Dr. William Glazer, '46, is opening his office at 42 West Avenue, South Norwalk, Connecticut; Dr. Fred H. Isaacs, '47, is now located at 641 Ohio Street, Terre Haute, Indiana. We feel sure there are many more such announcements that should be made—hope you remember to send us yours!

We received an announcement of the marriage of Claire Marcus to Dr. Marvin Tuckman, '47, on January 25. We are pleased to extend to them our very best wishes.

An interesting letter (dated 12-10-47) from Dr. Robert Sturm, '46, tells among other things "you asked for the state of affairs from Parris Island in your last letter. I have to confess that things have been quite progressive. I have two beneficiaries now as of November 2nd . . . a five pound boy, who must take after his mother as he is quite tiny. I must say my chest has gained inches. As for life on Parris Island, it has been pleasant. The Marines are a happy lot these days. We live comfortably in one of the new quarters furnished modernly and handsomely. We do, however, miss the Midwest. As for dentistry, it has

(Continued on page 15)

Odd-dentities

by ruhamah hannah

dr. gilbert parfitt, head of the preventive dentistry department, guys hospital, london, england, spent several days here observing american methods in dentistry . . . mr. dickey, head janitor, has resigned after fifteen years with the dental school. mr. delbert skaggs has taken over his duties . . . richard moss, '47, is practicing at culver, indiana . . . hubert seller, '45, was a visitor recently. he is still in uniform, but expects to be out in march . . . mary ann eback, clinic, is now mrs. herbert morley . . . dr. edith davis, periodontia, and betty graves, senior, were initiated into upsilon alpha, national dental sorority for women, during the chicago meeting . . . in my column last time i said that charlie watkins was practicing in landon, west virginia, but now i find that it is logan, west virginia. at least, i got the state right . . . plans are going forward for remodelling the building. work is expected to be started soon and should be completed, all except the elevator, by september . . . john dawson, who was in charge of the v-12 program here, was in the other day. he is living in lafayette and travelling for parke-davis . . . dr. robert derry, prosthetics, is now the proud owner of a new hudson. and speaking of "proud", there are three new proud papas around here—dr. william adams, dr. rolenzo hanes, and eugene sheppard, junior. also, dr. doyle pierce is distributing cigars for the second time . . . the euchre tournament was the main topic of conversation for two weeks. twenty-four teams were entered, including two girl teams. final winners were drs. compton and hughes, the two prizes being supplied by crutchers and ransom and randolph . . . art gustavson, '44, came in today. he's still in the navy, sta-

tioned at jacksonville, florida . . . marcos dones, '46, spent a few days in indianapolis, on his way to chicago to take a post graduate course . . . dr. max sherman from temple university is doing some work here, preparatory to taking the indiana board . . . inquiries for next year's freshman class are still coming in. already over 2,000 have been received . . . congratulations to dr. henry swenson, periodontia, on his new addition to the family—another girl. did i ever mention that it was dr. swenson who originated the title for this column? i can't take all the blame . . . the university is giving the medical center assisting staff a refresher course in secretarial training this semester. mrs. marjorie baran from the bloomington campus is the instructor . . . and that's all for this time.

New Format

With this issue of the Alumni Bulletin, we are inaugurating a new format. We believe that this redesigning of the cover and general make-up will be more attractive. Your comments and criticisms will be appreciated.

Notice

For the continuation of the school's fluorine research program and for use in the dental anatomy course, we are desperately in need of extracted teeth. For this use, the teeth must not be allowed to dry out. We would appreciate your saving any sound teeth, placing them in a bottle of tap water immediately after extraction and after forty or fifty have been accumulated, sending the bottle C.O.D. to the dental school. We appreciate your cooperation.

Library

by Rita Lee Downing

(Abstracts of publications by members of the faculty and staff of the Indiana University School of Dentistry in 1947.)

Warner, G. R., Orban, B., Hine, M. K., Ritchey, B. T. *Internal resorption of teeth: interpretation of histologic findings.* J.A.D.A., 34:468-483. Apr. 1, 1947.

Loss of cementum and dentin from the roots of teeth is a common pathologic occurrence. Almost every adult tooth that is carefully examined under the microscope shows at least minute regions of resorption of the root, usually with repair. In most instances this resorption is of no significance, but occasionally the process becomes so extreme that the tooth attachment is severely damaged.

Root resorption is most commonly found in the apical region, although it may begin at any point where the tooth is covered by connective tissue. Occasionally the resorption begins within the tooth, resulting in so-called "internal resorption". If the resorption extends into the crown, it might produce "pink spots".

Internal resorption of teeth occasionally occurs, with osteoclasts developing from differentiated mesenchymal cells, which are present in the pulp. These osteoclasts are formed as a result of toxic influences, and resorb the dentin cementum and occasionally enamel. Sometimes these resorbed areas are repaired by a bone-like substance but dentin can be repaired by formation of new dentin. It is believed that the new odontoblasts differentiate from undifferentiated connective tissue elements.

Hughes, F. C. *Immediate denture service: advantages, disadvantages and technical procedures.* J.A.D.A., 34:20-26. Jan. 1, 1947.

The advantages of immediate denture

service outweigh the disadvantages to such an extent that this procedure has become routine. It is necessary for the dentist to educate the patient regarding the possibilities and limitations of the service. Surgery should be limited to removal of the teeth, elimination of pathologic areas and such trimming of the alveolar process as is necessary for a pleasing esthetic result. Immediate dentures should be replaced by secondary restorations within from three to twelve months. This service affords greater remuneration to the dentist, but the greatest reward comes from association with enthusiastic and appreciative patients and the knowledge that a major contribution has been made toward their health and comfort.

Muhler, J. C. and Van Huysen, G. *Solubility of enamel protected by sodium fluoride and other compounds.* J.D.Res., 26:119-127. Apr. 1947.

When a 1/500 solution of sodium fluoride in aqueous solution is used to protect powdered enamel, 7 per cent of its weight is lost by decalcifications; in contrast to this, when stannous fluoride is used, a weight gain instead of a loss is encountered. It was proved that a 1/20,000 concentration of sodium fluoride reduced the solubility of saliva-covered powdered enamel and that stannous fluoride is more effective in the above effect. Attempts to wash the saliva from the enamel prior to applying the protecting solution in no way favors the protection of the enamel.

Attempting to translate this *in vitro* study to a *in vivo* study, one would predict that a 1/20,000 solution of stannous flu-

oride would be effective in reducing the solubility of dental tissues in a weak organic acid.

Phillips, R. W. and Boyd, D. A. Importance of the mercury-alloy ratio to the amalgam filling. J.A.D.A., 34:451-458. Apr. 1, 1947.

Chemical analysis shows that as the mercury-alloy ratio is increased, the per cent of residual mercury also increases proportionally. If more mercury is used in the mix, regardless of the method of packing, more mercury will remain in the restoration. Tests on crushing strength and flow indicate lowered strength with use of excess mercury in the original mix. This study emphasizes the importance of maintaining the proper ratio.

Phillips, R. W. Relative merits of vacuum investing of small castings as compared to conventional methods. J.D.Res., 26: 343-352. Oct. 1947.

On the basis of some 1,000 experimental castings, it can be said that smooth small castings can routinely be produced either by use of vacuum equipment or by careful hand technique. However, for an inexperienced operator such results are easier to obtain with vacuum apparatus since the human element is reduced. Vacuum investing produces a denser mass of investment, which results in slightly greater crushing strength. The water-investment ratio and setting time are not altered appreciably by the use of vacuum. The temperature change in the wax pattern is only -2°F under normal operating conditions.

Phillips, R. W. and Muhler, J. C. Solubility of enamel as affected by fluorides of varying pH. J.D.Res., 26:109-117. Apr. 1947.

By the use of both powdered enamel and whole tooth sections it was found that the lower the pH of the sodium fluoride solution, the more effective is the protective mechanism in reducing enamel

solubility. These tests show a pH of 2.6 not to be injurious to the tooth surface during the time of topical application.

Phillips, R. W. Studies on the density of castings as related to their position in the ring. J.A.D.A., 35:329-342. Sept. 1947.

Results based upon over 1,000 experimental castings indicate that the position of the wax pattern in the ring must be given consideration in the casting procedure. With an air-pressure casting machine at a minimum pressure of 10 pounds, either long or short sprues can be used. With a centrifugal machine, complete dense castings can be made with fewer number of turns when a longer sprue is used. Photo-micrographs and air-flow measurements illustrate the presence and effect of back pressure. Results also indicate that the gold in the mold does not solidify completely for several seconds after the air pressure has been applied.

Swenson, H. M. Experimental periodontal pockets in dogs. J.D.Res., 26:273-275. Jly. 1947.

A sharp instrument was passed down the labial root surface to sever the periodontal membrane of the canine teeth in young, healthy dogs. A copper band, fitting the cervical portion of the tooth and having a tongue or a projection extending to the base of the pocket, occupied the periodontal membrane space and served as a mechanical barrier to prevent re-attachment. The band was removed in 2 weeks and the dogs were sacrificed 150 days later. Histological sections at this time showed periodontal pockets, averaging 6 mm. in depth, lined by epithelium.

Swenson, H. M. and Muhler, J. C. Induced fuso-spirochetal infection in dogs. J.D. Res., 26:161-165. Apr. 1947.

Normal healthy dogs with good oral hygiene were given daily intravenous in-

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Fraternity Notes

PSI OMEGA

The senior Psi O's, along with the rest of the "big head" crowd, are eager to get the rest of this grind under our belts and shake hands with the cruel, hard world. It will be good to be a freshman for once in our lives in something besides some kind of school. They tell us the hard knocks are yet to come, but, brother, we're waiting. There's one big hurdle we still have to jump though, so, friend, say a prayer, will ya?

We Psi O's are quite enthusiastic about our big rushing party coming off March 12. The freshmen from the campus will be our guests for a buffet supper and pictures by Mr. Herman Dupree and Dr. J. T. Waldo. Mr. Dupree is from the Indianapolis Motor Speedway and will show sound movies on the history and highlights of the 500 Mile race. Dr. Waldo will show pictures and talk about "External Fixation of the Mandible". Our Deputy Councilor, Dr. William Adams, will give a short talk on the value of membership in a professional fraternity, with closing comments from our president, Cal Christensen. The program will wind up with refreshments and good friendly socializing.

The house looks forward to a prosperous future with good men coming along to handle affairs and hopes to extend the good name of Omega Chapter.

Joe Nolan

DELTA SIGMA DELTA

The calendar tells us that spring is here, cold weather notwithstanding, so the Delta Sigs have begun their spring housecleaning. On Saturday, February 21, and again on March 6, the chapter spent the afternoon washing walls, woodwork, etc.

The chapter has purchased a cord engine to install in the lab, and we plan to make several other improvements in our laboratory facilities.

Our last dance was the Christmas party. The gift exchange produced some odd Christmas presents including a pair of handcuffs, rubber dolls, toy auto, and a set of vulcanite dentures. We danced to some of the best band music in the country, canned that is, and everyone had a wonderful time.

We now have our ping pong table set up in the third floor dorm and the guys who hit the sack early are serenaded to sleep by the soothing rhythm of a ping pong ball rapping back and forth across the table.

On March 20, we are having the freshmen up for a Delta Sig weekend. On Saturday morning, we plan to take them out to see the dental school, and Saturday evening, we are having our spring dance. The wives of the married students will entertain the freshmen wives at the house on Saturday afternoon.

Everyone is looking forward to having a big picnic as soon as the weather will permit.

Philip C. Giltner

ALPHA OMEGA

May 15 marks the 20th anniversary of the founding of Alpha Gamma Chapter of Alpha Omega Fraternity at Indiana University. The occasion will be celebrated with a dinner-dance at the Hotel Warren in Indianapolis.

Many alumni have already signified their intentions of attending the affair. Dr. Allen Brown of New York City is the contact man for his area, while Dr. Louis Doben of Newark, New Jersey, is willing to take care of New Jersey and vicinity.

Alumni in the midwest should write to Dr. Philip Fogle, president of the Indianapolis alumni chapter, at 3201½ Central Avenue, Indianapolis, or Frank Mandel, the undergraduate representative, c/o Indiana University School of Dentistry.

Our next monthly dinner meeting takes place March 11 at the Frogpond with Dr. Frank C. Hughes as guest speaker. Manuel Sposeep, the efficient chairman of the social committee, is making the arrangements.

Five members of the freshman class were pledged at Bloomington. They are Robert Fleishman, Charles Hamer, Jack Prost, Sidney Schwimer, and Charles Redish.

We received word that Marvin Tuckman, '47, was married January 15 and also heard from Norman Becker, '46. He announced the opening of two offices, one in Boston and the other in Revere, Massachusetts.

Frank Mandel

ORAL DIAGNOSIS

(Continued from page 8)

pathological changes in the mouth, and to take medical and dental histories, this department is requiring of each senior student a detailed diagnostic survey of a carefully selected patient. The student may consult with department heads, if necessary, to determine treatment plan.

The Department of Oral Diagnosis contemplates several improvements upon completion of the proposed remodeling plans for the dental school building. A more efficiently working arrangement of clinic equipment and better facilities for storage of both active and inactive charts of patients are expected. The radiology department is expected to be moved, adjoining this department to allow closer co-operation. Arrangements have been made for obtaining a dark-field microscope as an aid in the diagnosis of fuso spirochetal infections and study of other flora of the mouth. (Dr. Ert J. Rogers and Dr. Miles Standish)

PHILLIPS

(Continued from page 9)

fluoride solution to the teeth; spraying with an atomizer, immersion, and swabbing with cotton applicator. He found the most effective method of prophylactically applying fluorides is by swabbing the tooth surface with the fluorine solution. In terms of hardness protection, results indicate swabbing to be approximately three times more effective than either immersion or spraying. This may possibly be due to friction bringing the solution into more intimate contact with the enamel surface. It should be kept in mind, of course, that this comparison is valid on the accessible tooth surfaces only. Undoubtedly the use of a spray can be a valuable adjunct in reaching those areas which are not readily accessible to swabbing. He pointed out that with the effectiveness of fluorine compounds in reducing enamel solubility and inhibiting dental decay established, recent research has been concerned with the exact mechanism by which it can

be determined how much fluorine does protect tooth surface.

Because of his excellent paper and splendid method of presentation, Mr. Phillips has had far more requests to read his paper than he can possibly accept. His schedule for the next few months includes three state meetings and several component society meetings. Mr. Phillips is well known to alumni of I.U.S.D. because of his active teaching and research program and his many friends have been gratified to learn of the honor he has earned and wish him continued success.

ALUMNI

(Continued from page 10)

been 99% operative and the remainder surgery. At present I am in surgery. I believe my career has gained quite a bit in that I've seen a lot of dentistry and have been able to do a lot." Thank you for the news, Dr. Sturm, and congratulations on the new son.

From Puerto Rico comes the announcement of the marriage of Miss Ana H. Umpierre to Dr. Manuel Garcia Fortuno '46. While I am quite sure that Professor Ralph Phillips on his recent visit to Puerto Rico expressed to them our best wishes, we are happy they remembered to send us an announcement.

Dr. R. E. Jennings, '45, is now in his new office at 5324 W. 16th Street, Indianapolis, Ind. He is spending some time each week visiting our Children's Clinic.

Dr. J. William Hohe, '45, is now located at 18 W. Market Street, Huntington, Indiana.

Next issue of the bulletin we plan to list the 1947 Class and give the address we have for them. If you members of the 1947 Class haven't written in recently, won't you do so and help us make this list correct? We have had so many requests for addresses. Then we shall work backward and publish a class list each issue of the bulletin and in that way perhaps we can get our alumni files up to date.

LIBRARY

(Continued from page 13)

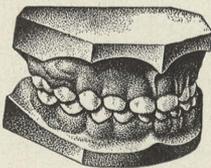
jections of 1/20 mgm. scillaren B. During the course of the experiment photographs and smears for Vincent's organisms were taken, and samples of saliva were analyzed for their carbonate content to determine if a correlation existed between the carbonate and the Vincent's infection.

Most of the food ingested was regurgitated. After three injections an increase in fusiform and spirilla organisms was observed. In eight to ten days ulcerative lesions from which Vincent's organisms were isolated occurred on the buccal mucosa, gingiva and tongue.

British Dentist Visits Indiana

Dr. Gilbert Parfitt, Director of the Department of Preventive Dentistry, Ministry of Health, London, England recently visited Indiana University School of Dentistry. Dr. Parfitt had visited many dental schools before coming to Indianapolis. He spent considerable time with various faculty members, studying the research projects and the preventive dentistry methods. He also investigated the State Board of Health Dental Division's participation in the general health program.

After leaving, Dr. Parfitt wrote Dean Hine a note stating that he felt his stay was very valuable and that he had a good impression of dentistry in Indiana.



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