

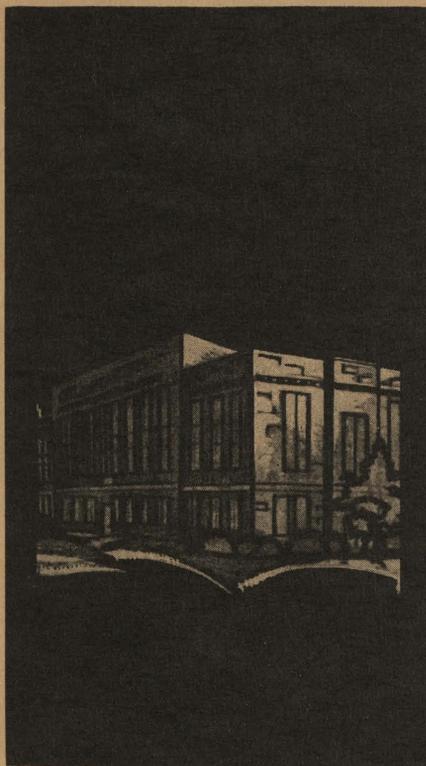
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**Alumni Bulletin**

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**INDIANA UNIVERSITY**

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**SCHOOL OF DENTISTRY**

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**SPRING ISSUE / 1967**

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**Indianapolis, Indiana**

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Indiana University  
School of Dentistry  
**ALUMNI BULLETIN**

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# Profile of the Pedodontic Intern-Residency Program at James Whitcomb Riley Hospital for Children

*W. Bailey Davis, Assistant Professor of Pedodontics*

From its early existence in the 1930's with several members of the faculty contributing a few hours each week, the James Whitcomb Riley Hospital for Children's internship and residency program has steadily grown to one of the largest pedodontic hospital programs in the world. It was with the "complete child care concept" and emphasizing the care of the handicapped child that the dental service and intern-residency program were developed at Riley Hospital.

The single internship, approved by the American Dental Association's Council on Education in 1957, has grown to three internships, three residencies, and four fellowships today. The two-year program offers an outstanding opportunity in applied clinical pedodontics and satisfies the educational requirements for the American Board of Pedodontics.

Upon completion of the internship and residency program, the dentist receives a Certificate from the Indiana University School of Medicine and Hospitals and fulfills the American Dental Association's requirements for the announcement of a practice limited to pedodontics.

## **Admission to the Internship and Residency Program**

The prospective applicant should request an application form from the Director of the Internship-Residency Program of the Secretary of the Indiana University School of Dentistry Graduate Dental Education Program. The applicant must be a citizen of the United States and a graduate of an accredited dental school. Transcripts of undergraduate dental courses and two letters of recommendation are required. In addition, a personal interview with members

of the faculty of the Department of Pedodontics is encouraged. Only students who have an accumulative grade average of "B" have been considered by the faculty. Exceptions to this standard have only been made when additional evidence shows a candidate to be capable of completing the internship-residency program successfully.

After reviewing the applicants, the faculty of the Department of Pedodontics will recommend to the Indiana University Hospital Directors Office those candidates that are acceptable for admission. The internship and residency each require a full year beginning July 1 and ending June 30.

Every attempt is made to notify successful applicants in early February; therefore, all applications should be completed and on file with the Director of the Internship-Residency Program by the first of January of the year in which they wish to apply. The Indiana University Medical Center Medical Director's Office will supply the applicant with current information regarding stipend and house staff benefits.

## **The Program**

The intern and resident become members of the house staff of Indiana University Medical Center Hospitals upon acceptance of their appointment and are expected to provide complete dental care for the children in the state of Indiana who are referred to Riley Hospital.

The specific duties of the intern and resident, in addition to the clinical management of pedodontic problems, include completing dental consultations from the pediatric and other medical services, ex-

aming and discussing with the parents the dental needs for all new prediagnostic patients that are referred to the hospital pediatric department, and conducting regular ward rounds. The intern and resident are assigned to multidiscipline pediatric clinics on a prearranged schedule to represent the dental service. These special areas include cerebral palsy, cleft lip and palate, orthopedic, and multiple-handicapped clinics. The intern staff maintains a twenty-four-hour emergency dental service and covers all pedodontic emergencies referred by the Indiana University School of Dentistry Department of Pedodontics when their clinics are not in session.

The intern is assigned to the Department of Anesthesiology during the first phase of his program for a period of one month. He is excused from all dental responsibilities and is expected to gain a fundamental of general anesthesia. It is not intended that the pedodontist be trained to be competent in the administration of general anesthesia, but he is encouraged to develop a keen understanding of its use as an adjunct to the treatment of children and to appreciate the complications that may be encountered with its misuse.

The intern and resident are asked to complete treatment categories as outlined in the requirements of the American Board of Pedodontics during the two-year period. (It is hoped that this requirement will encourage each student to prepare in advance and take the American Board Examination.)

Two papers on pediatric/pedodontic subjects are required (one during the internship and one during the residency). The student is encouraged to select a subject related to a problem which he may encounter during his clinical treatment.

Interns and residents are given sufficient time, free of hospital responsibilities, to enroll in five hours of graduate studies

each semester. Thus during the internship-residency program, it is possible to earn 20 hours of credit. Occasionally the resident, upon completion of the two-year hospital program, makes application for admission to graduate school. In one year, the student can take additional graduate courses to complete the 30-hour minimal requirement, conduct an original research project, write a thesis, and be eligible for the Master of Science in Dentistry degree.

The following is a description of the recommended graduate courses the intern and resident may take during the two-year hospital appointment.

*Advanced Pedodontics* (2-4 hours). This lecture-seminar course is designed for the dentist who intends to practice pedodontics as a specialty. During a two-semester period, material is presented that relates to the study of diagnostic, restorative, and preventive phases of pedodontics. Special emphasis is given to literature evaluation and application of new knowledge in pedodontics.

*Dental Pediatrics* (1-2 hours). The course is developed to acquaint the student with the dental problems of the chronically ill and handicapped child. Lectures, discussions, and ward rounds are included in order to cover the normal and abnormal physical and emotional growth of the child. The second semester includes a block clinical assignment in the children's hospital dental clinic.

*Seminar on Pedodontics* (1 hour). The course is for the second-year student and the resident. The purpose is to acquaint them with literature, research design, and advance case analysis and diagnosis. Prerequisites are advanced clinical pedodontics, advanced pedodontics, and dental pediatrics.

*Cephalometrics* (2 hours). This course deals with the technique of procuring films of the patient, tracing important landmarks and planes, taking significant

angular and linear readings, and transporting the measurements to graphs from which conclusions can be derived. The use of cephalometry as an aid in phases of dentistry other than orthodontics is taught.

*Fundamentals of Occlusion* (2-4 hours). The course emphasizes basic normal and abnormal processes that influence the occlusion of the human, and makes comparisons with the occlusions of herbivores, carnivores, and rodents so that the principles of occlusion are understood to better advantage. The effects of unsatisfactory occlusion are stressed to show the need for an understanding of facial form and function.

*Advanced Oral Pathology* (1-6 hours). This course is designed to acquaint the student with phases of disease of the oral cavity and adjacent structures. Oral manifestations of systemic conditions are stressed, as well as disturbances of growth and development, infections, and neoplasms. Study of microscopic tissue sections forms an important part of the course.

*Oral Surgery Pathology Conference* ( $\frac{1}{2}$  hour). This conference consists of the presentation of interesting cases, many of which are diagnostic problems. The student is expected to prepare several cases for presentation.

The activities of the intern and resident staff are supervised by the senior resident (a responsibility which is shared by each of the three residents for a four-month period). The senior resident is required to coordinate and preside over all intern-residency activities. He is responsible for scheduling and conducting the weekly treatment planning sessions, for assigning and coordinating the activities of the journal club, and for examination and treatment of all children referred to the pediatric psychiatric section of LaRue Carter Hospital. The senior resident is also responsible for de-

velopment and conducting the operating schedule for all child patients treated under general anesthesia. In conjunction with the dental staff, the senior resident makes assignments and helps supervise the undergraduate dental students and dental hygiene students on their regularly scheduled assignments to Riley Dental Clinic. Each undergraduate student is supervised by an intern, resident, or staff member during his assignment to the hospital.

The intern and resident are given the opportunity of practice teaching in the undergraduate pedodontic basic technique course and for supervising the students in the clinics. The intern and resident are encouraged to attend all dental, medical, and paramedical meetings in the Indianapolis area which are related to pedodontics. They are customarily asked to participate in the programs of the Indianapolis District Dental Society and Indiana State Dental Association during their annual meetings by giving clinical presentations.

### Facilities and Faculty

The dental clinic is located in the James Whitcomb Riley Hospital for Children and represents the pedodontic hospital service for the Indiana University Medical Center. This clinic is supported jointly by the Indiana University School of Dentistry, Indiana University Medical Center, Indiana State Board of Health, United Cerebral Palsy Foundation, and philanthropic organizations and is a component of the Indiana University School of Dentistry, Department of Pedodontics.

In 1965 the facilities were remodeled and enlarged to include seven fully equipped dental operatories, a complete dental laboratory, business office, waiting room, darkroom, cephalometric room, central sterilization and supply room. The auxiliary staff includes six chairside dental assistants, a laboratory technician, recep-

tionist, and a secretary all of whom are responsible for the basic operation and maintenance of the clinic.

In addition to the dental clinic, complete facilities were provided in the new surgical addition to the hospital for dental treatment of patients under general anesthesia. The dental assistants have been trained in operating room procedures and assist the staff during all scheduled pedodontic cases.

A two-chair dental clinic is also available at LaRue Carter Hospital on the Medical Center campus for the routine treatment of the children on the psychiatric service.

The interns and residents accompany the hospital staff on periodic visits to two state mental hospitals for the purpose of consultation and treatment of the pedodontic problems.

The hospital dental faculty includes one full-time director, one half-time instructor, three part-time instructors who spend one full day a week in the program, one orthodontic consultant who spends one day a week, two part-time consultants in orthodontics, and one pedodontic clinical assistant. Consultants in oral surgery, prosthetics, periodontics, and maxillofacial prosthodontics are available on call. We are very fortunate in having these dedicated men interested in

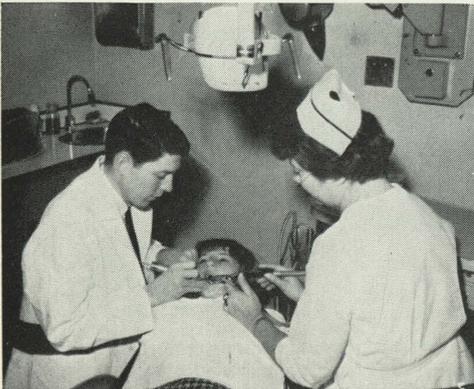
the hospital program. In addition to the hospital dental staff, members of the faculty of Indiana University School of Dentistry are available for consultation upon request.

The staff divide their responsibilities so that at least one staff member is present during all regularly scheduled clinics. They meet as a group once a week with the interns and residents for the purpose of discussing the management of new patients and reviewing progress of cases under treatment. One grand staff meeting per month is held which includes consultants as well as the staff for the purpose of reviewing cases that require the multiple disciplines of the dental specialties.

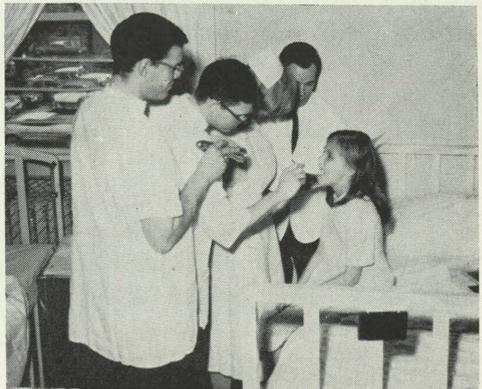
Members of the staff accompany the senior residence to weekly cleft lip and palate, cerebral palsy, and special clinics called by the pediatric service.

Staff members are encouraged to attend the weekly pedodontic journal club and to spend a portion of their time in a special field of interest. They are further encouraged to motivate the student in these special interest areas.

A pilot program is to be undertaken this year to encourage the practicing pedodontists in the state of Indiana to participate in seminars at Riley Hospital on a voluntary invitation basis. This will



Dr. Robert Musselman demonstrating the four hands of dentistry with Joanne Moore and a cleft palate patient.



Dr. David Morgan conducting routine ward rounds with the dental students and a hygienist.

be designed to enable the intern and resident to have the benefit of the private practitioner's experience, and the practicing pedodontist the opportunity to remain familiar with current concepts in hospital dentistry.

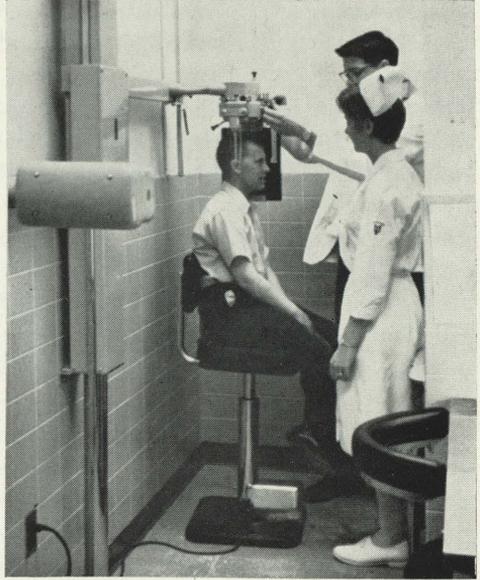
### The Hospital Dental Service

A close liaison between the medical and dental staff has continued to promote more thorough treatment of the medical and dental problems. The experience at Riley Hospital has certainly demonstrated that total child care must include this close interaction between pediatrics and pedodontics. It is gratifying that the dental service is taking its active part in this total care.

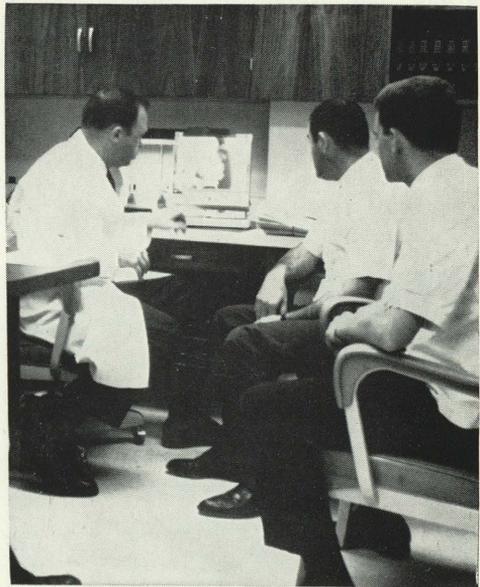
Considerable progress has been made in providing dental treatment for children with cleft lip and palate, cerebral palsy, and multiple-handicapping conditions. These patients have a complete dental evaluation consisting of intraoral radiographs, cephalometric radiographs, and diagnostic models.

Each child is then evaluated and presented to the dental hospital staff for review and the approval of a treatment outline. The coordination of this treatment is then carried out by the hospital dental staff. Progress records are taken at appropriate intervals to evaluate the patient's growth and treatment. Cerebral palsy patients are given the opportunity of having dental consultations on every visit to the hospital in an attempt to maintain a sound preventive dental program.

Any child in the state of Indiana may be referred to Riley Hospital Dental Clinic by the family physician or dentist. Children qualifying under the crippled children's assistance and state welfare program are also eligible for dental care. Emphasis has been placed on dental treatment of children with specific handi-



Dr. Robert Musselman demonstrating the use of the cephalometer on a cleft palate patient. One of the seven identical operatories in the recently remodeled dental clinic.



Dr. W. B. Davis demonstrating the cephalometric findings on a patient wearing a Milwaukee brace with two members of the senior class during their routine assignment to Riley Hospital.

capping pediatric or pedodontic problems; but in recent years with the increase in the facilities and expanded dental house staff, it has been possible to provide dental care for additional children in and around the Indianapolis area who have been referred to the hospital by the Indiana University School of Dentistry, public school nurses, and various other health agencies.

During consultations with the parents in the hospital outpatient department, the intern or resident encourages complete dental care for the children in their local communities where this service is available. Specific pedodontic problems are referred to pedodontists, orthodontists, or general practitioners who have expressed a specific desire to help in the treatment of the handicapped child. If the necessary treatment cannot be provided in private practice, then the parent is encouraged to have the child treated at Riley Hospital Dental Clinic.

The dental clinic also offers pedodontic and orthodontic diagnostic consultation services. Any patient can be referred to Riley Hospital for a complete medical-dental work-up and treatment analysis. The analysis and recommendations are then returned with the patient to the referring dentist for treatment.

The dental clinic had the hospital's third largest out-patient services in 1965. Following is a census of the out-patients examined and treated since 1961 (Table I) and an analysis of the active patients as tabulated in February, 1966 (Table II).

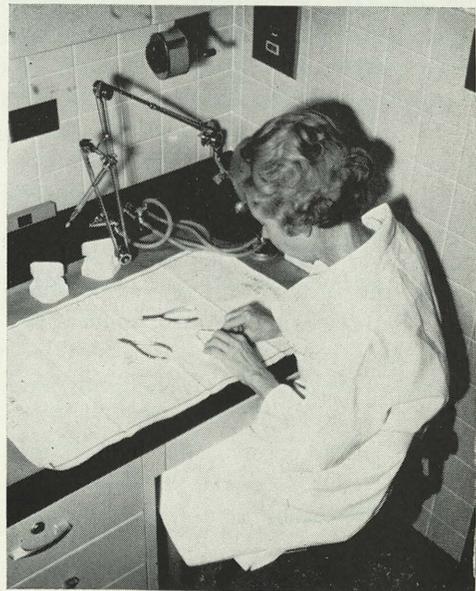
TABLE I

1961-1962	3626
1962-1963	3823
1963-1964	2926
1964-1965	3525
1965-1966	5517

TABLE II

Type	Number	Percent
1. Cleft lip and palate	246	22
2. Cerebral palsy	167	15
3. Cardiac	121	11
4. Mental retardation	81	7.5
5. Convulsive disorders	61	5.5
6. Nervous system	52	4.8
7. Mongoloid	33	3.0
8. Blood disorders	26	2.3
9. Orthopedic	23	2.0
10. Intestinal disorders	19	1.8
11. Ear	17	1.5
12. Eye	16	1.5
13. Metabolic	16	1.5
14. Syndromes	15	1.3
15. Congenital anomalies	14	1.3
16. Infections	14	1.3
17. Skin	8	.8
18. Allergy	6	.5
19. Speech	6	.5
20. Dental only	11	1.0
21. Diagnosis unknown	73	6.6
22. Past medical history noncontributory	41	3.8
23. Miscellaneous medical	36	3.3
Total	1105	

Continued progress in service, teaching, and research in dental care for the pediatric patient will continue to be the goal of the dental service at Riley Hospital.



The fabrication of occlusion guidance appliances by the laboratory technician.

# Emergency Treatment and Prevention of Eye Injuries in Dental Practice

Dominick C. Larato, D.D.S.\*

Many routine procedures performed in the practice of dentistry expose both the dentist and patient to serious eye injuries. When high speed handpieces and dental lathes are used, particles of debris are propelled into the air. During excavating procedures with ultrasonic drills, fragments of decayed tooth structure, amalgam, calculus and droplets of saliva can contact the face and eyes of the dentist and patient.<sup>1</sup> These particles are contaminated with microorganisms normally found in the oral cavity,<sup>2</sup> many of which are pathogenic in nature.<sup>3</sup> The pressure of the air emitted from the working head of an ultrasonic drill is of sufficient magnitude to propel particles directly to the face and eyes of the operator.<sup>4-7</sup> Polishing dentures with pumice also creates a hazard to the dentist's eyes. High speed lathes will propel particles of pumice directly to the face, as the rag wheel rotates over the denture surface. Since a denture is not sterile, the particles of pumice become contaminated with organisms. Pumice particles are shaped with fine cutting edges and can abrade the surface of the eye. Polishing gold castings with abrasive stones can cause gold filings to fly into the face and eyes. Various caustic chemicals used in dental practice, such as silver nitrate, phenol, trichloroacetic and hydrochloric acids, may be carried to the eye either by direct contact or the spattering of droplets.

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Each dentist should be acquainted with simple first aid measures to treat eye injuries which might occur to him or his patient as he operates. This paper will outline briefly, emergency treatment and methods of preventing injuries to the eyes in dental practice.

## Anatomy of the eye (Fig. 1)

In order to render first-aid treatment of eye injuries the dentist should review the anatomy of the structures involved. Each eye has six muscles attached to it which move in many directions. As you look into the front of the eyeball, you see the sclera, a white coating which covers the eyeball. At the center of the

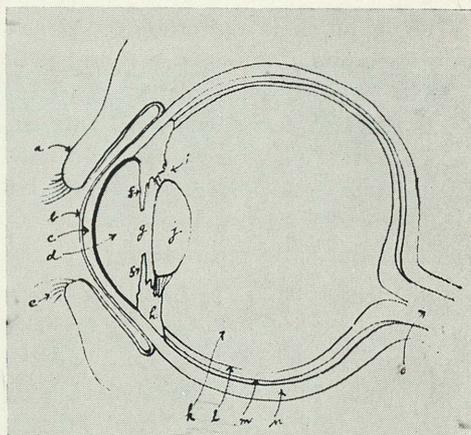


Fig. 1. Anatomy of the eye (sagittal view).

- a—eyelid
- b—conjunctiva
- c—cornea
- d—aqueous humor
- e—eyelash
- f—iris
- g—pupil
- h—ciliary muscle
- i—ligaments supporting the lens
- j—lens
- k—vitreous humor
- l—retina
- m—choroid coat (nerves and blood vessels)
- n—sclera
- o—optic nerve

front of the eye is the colored iris and the black opening of the pupil. A transparent membrane called the conjunctiva covers the front of the eyeball and the inner aspects of the upper and lower eyelids. The conjunctiva contains many nerve endings which respond to foreign bodies that enter the eye, with the sensation of pain, until the body is removed. The iris, which surrounds the pupil, either expands or contracts, depending on the amount of light present. Beneath the sclera lies the choroid coat which contains blood vessels and nerves. In front of the pupil is the rounded cornea. Behind it is a cavity filled with fluid called the aqueous humor. The crystalline lens is behind the aqueous humor and in the center of the pupil. The lens allows light to pass through it and focuses light rays by changing its shape as the result of muscle action. Located between the conjunctiva and muscle of the upper lid, is the tear gland which secretes fluid on the outer surface of the eye. When a person blinks, the eyelids wipe the surface of the eye. Light that enters the eye through the lens is focused on the retina which covers the rear wall of the eyeball. The retina records the image of the object seen.

### Foreign bodies

A small surface scratch or the lodging of a foreign body in the eye is the most common form of eye injury.<sup>8</sup> This type of injury usually hurts and is annoying. A surface scratch and foreign body produce the same type of localized pain. Foreign bodies which locate on the conjunctiva can be removed by a clean facial tissue or a fine pointed spindle of clean cotton, and usually are not of a serious nature.

In many instances merely blinking will work the foreign body out of the eye. Infections seldom occur in the conjunctiva since the membrane has a marked natural resistance to infection.<sup>9</sup>

Rubbing the eye should be avoided whenever a small foreign body lies on the eye surface since the pressure of rubbing can cause a sharp particle, such as a piece of calculus or amalgam, to abrade the cornea and embed within it. Corneal injuries are serious since the resistance of the cornea to infection is poor.<sup>10</sup> If a small scar forms in the central portion of the cornea, vision may be seriously impaired. Foreign bodies which are lodged in the cornea should be removed only by a qualified physician under local anesthesia. In most instances, application of a topical antibiotic is indicated.<sup>11</sup> Corneal foreign bodies cause a more severe form of pain than those which are located on the conjunctiva. Often the foreign body or surface abrasion is so small that it escapes detection by visual examination. Highly specialized medical equipment may be needed to locate the particle or abrasion.<sup>12</sup>

Foreign bodies will often lodge in the inner surface of the upper lid (tarsal plate) where they cause painful irritation of the cornea. Removal of the particle is accomplished by everting the upper lid. Because eversion of the lid requires both hands, it is necessary for someone to assist in removing the particle.

### Method of everting the lid<sup>13</sup>

1. Look down, to relax the levator muscle which is attached to the upper border of the tarsal plate. If you look up the lid can not be everted.
2. Do not squeeze the lids together since this causes contraction of the orbicularis muscle and prevents eversion. Lift the lid by grasping the upper eyelashes and then gently pull the lid forward and down (Fig. 2A).
3. Push down on the outer part of the lid with a cotton applicator about 1 cm. above the edge of the lid and expose its inner surface.
4. As the lid is everted, place the finger holding the eyelashes against the

brow, while holding the applicator (Fig. 2B). The conjunctiva may be inspected now and the foreign particle located and removed with a fine spindle of clean cotton.

### Penetrating injuries

When a penetrating injury occurs to the eye, immediate first-aid treatment must be rendered to prevent further damage to the eye from pressure.<sup>14</sup> Never wipe, press or rub the eye since the foreign body may be pushed deeper into the tissues. A stiff clean perforated plastic shield can be taped over the eye to protect it from pressure (Fig. 3). The edge of the shield should lie on the bony ridge of the orbit, with its central portion standing away from the eyeball to avoid contact. An ophthalmologist should examine the eye as early as possible since treatment of a penetrating eye injury includes antibiotic therapy, tetanus prophylaxis, removal of the particle, suturing, and medication for pain.<sup>15</sup>

### Chemical burns

Caustic chemicals can destroy the delicate tissues of the eye. Chemicals, such as silver nitrate, phenol, trichloroacetic acid and hydrochloric acid, can accidentally splash in the eyes if caution is not exercised and can cause serious

injury. If a toxic chemical contacts the eyes, time is of the essence. Do not call a physician. Wash the eyes immediately with plain water to dilute the chemical and prevent permanent scarring. Pull the eyelids away from the eye, so that water makes direct contact with the eyeball. Emergency treatment is the same for all chemical burns of the eye.<sup>16</sup> Time should not be wasted in searching for a specific antidote, since each second is precious, to preserve the delicate cornea. Even after 10 minutes of vigorous washing of the eye, traces of chemical may remain on the eyeball, and therefore washing should be continued for 15-20 minutes as a safety precaution before medical attention is sought.<sup>17</sup>

### Contusions to the eye

This type of injury is usually the result of a blow from a fist, an explosion or from being hit by a blunt object. Explosions may occur as the result of careless handling of certain general anesthetics during oral surgical procedures. Contusions can cause injuries of a seri-

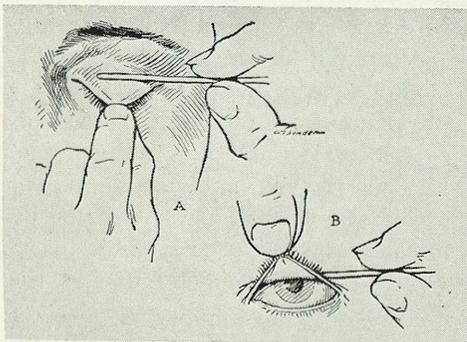


Fig. 2A, B. Method of everting the lid. From—*First Aid: Diagnosis and Management* by Warren H. Cole and Charles B. Puestow, 6th Edition, 1965. By permission of Appleton-Century Crofts.

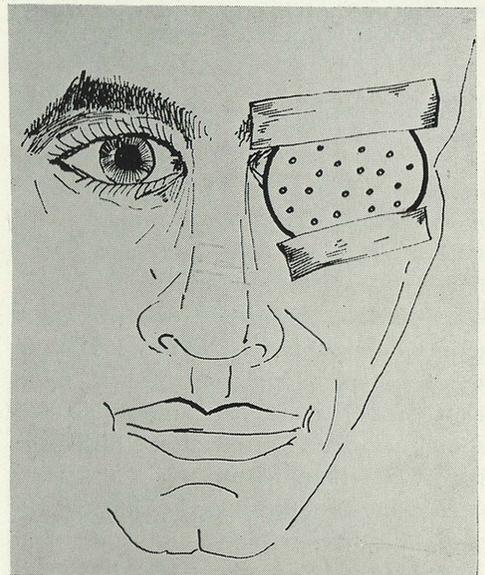


Fig. 3. A perforated plastic shield is taped over the eye to protect it from further damage in penetrating injuries.

ous nature. Rupture of the sclera, detachment of the retina, lens dislocation and internal damage may occur immediately or months later. Any injury which causes a black eye, should be examined by a physician to rule out internal damage.<sup>18</sup>

### Keratitis

The herpes simplex virus is a common cause of corneal inflammation.<sup>19</sup> It is also the etiological agent of cold sores frequently observed around the lips of dental patients.<sup>20</sup> Water spray droplets emitted from high speed dental handpieces under air pressure contact the patient's lips during operative procedures and may be deflected into the dentist's eyes. In such cases the dentist should immediately wash his eyes with water. Corneal infections must always be considered serious, since blindness may occur. An infection of the cornea usually feels like a foreign body in the eye and may cause pain. Some viral diseases destroy nerve endings and cause anesthesia of the cornea; therefore absence of pain does not exclude infection. Infectious keratitis causes reddening of the eye and may lead to loss of transparency of the cornea. Medical attention is required to treat the condition.

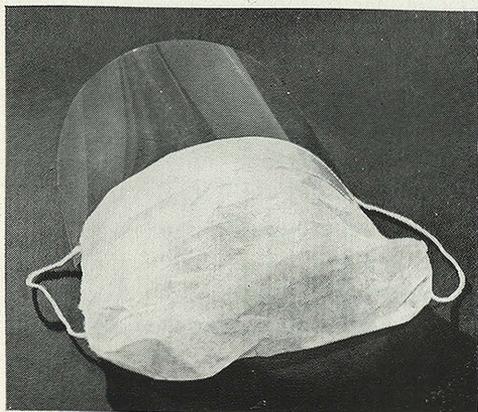


Fig. 4A. The face mask, designed by D. C. Larato.

### Prevention of eye injuries in dental practice

A protective face mask with a clear plastic eye shield<sup>21</sup> (Fig. 4A, B) or safety glasses<sup>22</sup> should be worn by the dentist and patient whenever operative or polishing procedures are performed. A dental face mask with a clear plastic

(Continued on page 43)

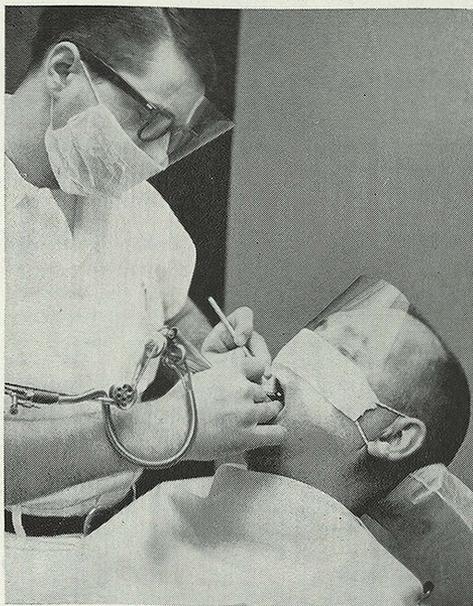


Fig. 4B. The dentist and patient are wearing disposable dental face masks with clear plastic eye shields. Face masks, either of the disposable or laundered type, shield only the nose and mouth. By sewing or stapling a clear flexible plastic sheet .004 inch thick to the upper border of a disposable paper or foam rubber face mask, protection of the eyes is achieved while maintaining excellent visibility. The plastic eye shield is cut large enough to cover the eyes and forehead. The same type mask may be used to protect the patient's eyes during operative procedures. When used on the patient, the porous paper or foam rubber part of the mask is tucked loosely under the lower part of the nose to allow a free passage of air into the nasal openings for breathing while blocking the entry of the aerosol emitted from the working head of the handpiece, into the nasal passages. The mouth of the patient remains uncovered during operative procedures with high speed handpieces. The dentist's mouth and nose remain covered, for protection against the aerosol. Each mask is discarded after the operation.

From—Travaglini and Larato: *The Journal of Prosthetic Dentistry* 15: 525, 1965, The C. V. Mosby Co., St. Louis

# Notes from the Dean's Desk . . .

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I must again express my appreciation of the friendship and unusual support all have given me during the past two years. These have been strenuous—at times trying—days, but certainly most interesting, challenging, inspiring, and have allowed me to bring back to school a renewed spirit for the challenging times in which we are living. In the past two years I have seen many schools, many dental society groups, but none with a finer reputation, spirit or personnel than our own I.U.S.D. and I.S.D.A. It has been my privilege to “wave the flag” not only for dentistry—but for our own Hoosier Dental School.

One of our most recent projects has been to attempt to protect the citizens of Indiana against the possibility of a drastic shortage of dentists in the years in the not too far distant future, by planning another addition to the Dental School. This of course not only means more students, but more work and worry for those of us on the faculty. We solicit the moral support of every one of you!

As reported previously, Indiana University was given an appropriation of \$300,000 by the State Legislature in 1965 to plan an addition to the Dental School. Careful studies of the dental manpower problems in Indiana indicate that beginning in the early seventies there will be an increasingly unfavorable ratio between dentists and population. Also there will be increased demands for dental treatments, brought on by improved prepayment programs and perhaps dental care programs under Title XIX. The planning for this addition is now practically complete and all that remains is to find methods of funding this building. The estimated cost is slightly over \$4,500,000.

This addition would make it possible to increase all phases of our dental educational program. The undergraduate dental and dental hygiene classes could be increased by at least 20 percent, graduate programs could be expanded; the addition would also include additional and improved facilities for postgraduate education and research.

Plans are also completed for a new building to house our preventive dentistry research program. Under the direction of Dr. Joseph C. Muhler, research in this field has mushroomed so that now the quarters that are available are totally inadequate. This building will be approximately 20,000 square feet in size and will be located about 100 yards from the Dental School.

We are sorry to inform you of the death of an ex-faculty member whom many of you will remember—Dr. R. Frank Denny, who was buried in Indianapolis in January, 1967.

It is time to remind you once again of the Indiana State Dental Association May Meeting, the Fall Dental Alumni Conference, and attendant reunions. We hope to see many of you at the Fall Conference in Bloomington on September 21, 22 and 23, 1967. Is there anything we can do to help YOUR class with its plans? This year reunions will be of most interest to the classes of 1917, 1942, 1947, 1957 and 1962, but all classes are encouraged to meet. If we may be of any assistance, please let us know.

Remember that *your* attendance will add much to the success of the meeting. Our Alumni Association needs YOU, and you will miss a fine meeting, and splendid opportunity to greet your colleagues, if you fail to come.



THE  
OHIO STATE DENTAL ASSOCIATION

CONFERS THIS  
CENTENNIAL  
AWARD

AS AN EXPRESSION  
OF APPRECIATION TO

**MAYNARD K. HINE**  
D.D.S.

President, the American Dental Association

LEADER IN DENTAL EDUCATION  
DEAN — AUTHOR — ADMINISTRATOR



**MAYNARD K. HINE, D.D.S.**  
President, the American Dental Association  
Member in Good Standing, American Dental Association

Dr. Maynard K. Hine earned his dental degree and his Ph.D. from the University of Kentucky, followed by his service in the U.S. Army during World War II. He then spent several years in the U.S. Navy, where he served as a dental officer. He returned to the U.S. and joined the faculty of the University of Kentucky School of Dentistry in 1946. He served as Dean of the School of Dentistry from 1951 to 1956. He then moved to Indiana University, where he served as Dean of the School of Dentistry from 1956 to 1961. He was elected President of the American Dental Association in 1961. He has authored or co-authored numerous articles and books on dental education and administration. He is a past President of the American Dental Association and a past Chairman of the Executive Committee of the American Dental Association.

in recognition of his many and varied outstanding  
contributions to the Profession of Dentistry  
Given in token of admiration and respect on this Third Day of  
October, Nineteen Hundred Sixty-Six.

*Harold C. Barlow, D.S.S.*  
President, Ohio State  
Dental Association

*Carl O. Brucher, Jr., D.S.S.*  
General Chairman, Ohio Centennial  
Observance Committee

Dr. Maynard K. Hine, Dean, Indiana University School of Dentistry and past President, American Dental Association, received the Centennial Award shown above from the Ohio State Dental Association on the occasion of the Association's 100th Anniversary celebration, October 3.

# Alumni Association News

*Joseph C. Muhler, President*

The officers and committee members of the Indiana University Dental Alumni Association have been spending a busy past several months in an attempt to formalize not only committee assignments and functions, but to build into the Association's activities renewed interest in several vital Association and University projects. For your information, the various committee appointments and the appropriate chairmen for 1967 are included in this report.

Service and Projects Committee—Dr. John Magnusen

Alumni Bulletin Editorial Board—Professor Ralph W. Phillips

Nominating Committee—Dr. Joseph C. Muhler

Promotions Committee—Dr. Robert Bogan

Auditing Committee—Dr. Glen Sagraves

Fall Program Advertising Committee—Dr. H. William Gilmore

Mid-Winter Meeting Program Committee—Dr. Ralph McDonald

Fall Conference Program Committee—Dr. Joseph Muhler

Varsity Club Project Committee—Dr. Joseph Muhler

Golf Committee—Dr. John Steele

Alumni of the Year Award Committee—Dr. Joseph Muhler

Comity Committee—Dr. Malcolm Boone

Several of the committees have met already on 4 or 5 occasions and all have met at least twice. We call specific attention to the New Project Committee headed by past president John Magnusen whose committee this year will design a package project for fund donation to the University. The exact format of this is not completed as yet, but Dr. Magnusen

and his committee assure me that this material will be ready for presentation to the Alumni within the next month.

A new committee on membership and liaison with state dentists is chaired by Dr. McClure. Possibly by this time each reader has been contacted by a member of Dr. McClure's committee in order to not only develop new interest in the Dental Alumni Association, but for the fall program in Bloomington. The declining attendance at the fall conference is disturbing not only to the officers, but to the Alumni Association and Dental School in general. Literally hundreds of hours are devoted to the planning of the fall conference. This year, much more time than ever has been given to this program in order to provide each society member with not only an intriguing scientific program, but a relaxing week-end on the beautiful Bloomington Campus. We certainly hope that each of you will mark-off on your calendar *now* the appropriate



**NEW DENTISTRY ALUMNI OFFICERS**—Newly elected officers of the Indiana University School of Dentistry Alumni Association, who were inducted during the Association's annual conference on the Bloomington campus last fall, are, from left: Dr. Robert Bogan, assistant professor in the I.U. School of Dentistry, secretary-treasurer; Dr. David McClure, Anderson, vice-president; Dr. Joseph C. Muhler, I.U. research professor of basic sciences in the School of Dentistry, president, and Dr. Thomas Boyd, president-elect.

dates and plan to be in Bloomington with your wife to enjoy these activities.

Dick Bishop reports that we had the largest attendance (and certainly the most enthusiastic in many years) at the hospitality room at the Mid-Winter Chicago meeting. Plans are in progress to have a hospitality room for the state meeting, and more details for you will be available concerning this very soon.

The format for the fall conference from a scientific viewpoint is not completed as yet, so there is still time for the state dentists to write or call me concerning their wishes. It is definite, however, that we plan to have some time devoted to table clinics this year, a new intervention for the fall conference. Please give us your reaction to this.

This has been an intriguing position as president of this Alumni Association. The warmth, kindness, and cooperation that each of you have given me is very much appreciated. Time will show that this is the greatest Alumni Association of any member organization in the University.



**DISTINGUISHED ALUMNUS**—Dr. Joseph Volker (right), Indiana University School of Dentistry alumnus of 1936 and current vice-president and director of the University of Alabama Medical Center, received the "Distinguished Alumni of the Year" Award last weekend from Dean Maynard K. Hine of the I.U. School of Dentistry. The presentation was part of the annual fall conference of the Dentistry Alumni Association at Bloomington. From left are Dean Hine; Dr. Joseph Muhler, I.U. research professor of basic sciences, and new resident of the Association; Dr. Malcolm Boone, Terre Haute, immediate past president of the Association, and Dr. Volker.



Informal pictures taken during fall meeting, courtesy Dr. Jack Carr (as always).

# Library

Helen Campbell, Librarian

## *Spotlighting the written word—*

Two beautifully bound volumes, entitled *IN THE BEGINNING—ORGANIZATIONAL HISTORY, AMERICAN SOCIETY OF DENTISTRY FOR CHILDREN*, have recently been given to the Library. These books were presented to Dr. Ralph E. McDonald, Dr. Paul Starkey and the Pedodontics Department, for the Library, by Dr. Samuel D. Harris. They comprise reproductions of historical papers “assembled and first written in preparation for the silver anniversary convention of the American Society of Dentistry for Children in 1952 . . . reviewed and rebound in 1965 for the thirty-eighth anniversary meeting . . .” The title page tells a story in itself:

“The  
American Society  
of

Dentistry for Children

Conceived in Boston—Fall of 1925

Founded in Detroit—October 26, 1927

A treatise presenting the history, plans  
and much of the correspondence  
which led to the formation  
of this Society.”

We are grateful to Dr. Harris for this historical record and for the care with which it was created. We are pleased to “Spotlight” this addition to our Library.

While we are writing of historical materials, mention should be made of the reprint editions which are appearing on the book market these days. In November, 1966, we received a communication from Dawsons in London announcing a facsimile edition of Joseph A. Hurlock's *A PRACTICAL TREATISE ON DEN-*

*TITION, OR THE BREEDING OF TEETH IN CHILDREN, 1742*. Weinberger's *DENTAL BIBLIOGRAPHY* lists this as “The first book devoted to children's teeth and the second book to be published in the English language on dentistry.” Even the limited edition of this reprint will not classify it as a “rare” book, but we feel its historical content will make it both useful and interesting to our faculty and students.

Another addition of historical value to our Library is a typewritten manuscript, in two volumes, by Ivan A. Welborn, entitled *BIRTH AND GROWTH OF DENTAL ARTICULATORS; THE M. M. HOUSE MEMORIAL EXHIBIT*. The text is liberally illustrated with photographs and the volumes provide a record of the developments in this important area. We are deeply grateful for this gift.

Our Library has copies of the 180 theses written by candidates for the M.S. or M.S.D. degree since the first advanced degree was granted in 1947. The fourteen abstracts which follow are from Master's theses submitted within the last year:

Jack W. Adams  
G. Richard Baker  
Ronald B. Blackman  
James H. Greeley  
Burton Allan Horwitz  
Simon Katz  
Ramesh Kumar Kuba  
James Page  
Ernest Alvin Peterson II  
Raymond C. Terhune  
Rita Virmani  
Eugene Darwin Voth  
J. B. Whitten, Jr.  
John W. Williford

## ELECTROPHORETIC STUDIES OF PAROTID SALIVA PROTEINS

Jack W. Adams  
1966

The purpose of this study was to investigate the problems and potentials of the polyacrylamide disc electrophoresis system for characterizing saliva proteins. A modification of the original system described by Ornstein was developed in which unconcentrated fresh or fresh-frozen parotid saliva could be used as the sample. Saliva from over one hundred individuals was examined. In this system over 30 protein fractions in human parotid saliva were observed.

Densitometric tracings of the stained, protein bands in the disc gels were made using a photometer connected to a varicord recorder. The migration distance of each protein from the gel origin was obtained from these tracings.

The relative rate of migration ( $R'm$ ) for each protein using a constantly occurring midband as the point of reference was determined. Each band was then identifiable by an  $R'm$  value.

Once the technique for disc electrophoresis was reproducible, these protein fractions were further characterized by embedding the unfixed, unstained disc gels in a sheet of polyacrylamide gel and electrophoresing them in a second dimension. More than forty fractions were observed using a combination of the uni- and bi-dimensional electrophoretic technique indicating the complexity of parotid fluid.

## TOPICAL ANTIBIOTIC TREATMENT OF INFECTED DENTAL PULPS OF MONKEYS

G. Richard Baker  
1966

A modified double-blind method of investigation was used in which the pulps of 52 monkey teeth were surgically exposed and left open to the oral environment for a period of 24 hours.

One-half of the exposed pulps were treated with an antibiotic preparation and one-half with a pure starch control. The antibiotic compound consisted of erythromycin estolate 10 percent, streptomycin sulfate 10 percent, and starch q. s. as the vehicle.

The teeth were extracted at 30 and 90 day intervals after treatment and histologically evaluated. Inflammation of a varying degree was observed in all of the teeth treated with either the antibiotic preparation or the starch

control. However, those teeth treated with the antibiotic capping material exhibited much less inflammation than did the great majority of teeth treated with the starch control, in which abscess formation and necrosis were frequently observed. The pulps of those teeth treated with the antibiotic capping material demonstrated a decidedly more favorable reaction than did those pulps treated with the starch capping material.

Calcific repair at the exposure site was not observed to be complete in any instance.

The histologic findings for the antibiotic treated teeth were encouraging and warrant additional investigations of longer duration.

## FULL CROWN RESTORATIONS—A HISTOLOGICAL STUDY OF CEMENTATION

Ronald B. Blackman  
1966

Extensive histological study has been accomplished in the evaluation of dental pulp response to restorative procedures as they relate to small restorations; but few investigations have related this wealth of information to the extensive full crown restoration. For this study, teeth of monkeys were treated in strict clinical manner with full crown restorations. The pulps of these teeth were histologically studied to determine the nature of pulpal responses to zinc phosphate cement used for cementation. Also, an evaluation was made of a delay in the terminal cementation procedure.

Zinc phosphate cement as used in this study was observed to be a pupil irritant; and evidence indicated that restorative methods and materials used prior to final cementation caused little pulp damage. A delay in terminal cementation proved to be a biological advantage. An appraisal of pulp injury attributable to zinc phosphate cement places the observed changes in a mild category. Delay in the use of this cement significantly reduced the magnitude of pulp damage. Repair dentin formation in moderate to heavy amounts was characteristic in teeth of the delay phase, very little was observed in the immediately treated phase.

A delay in the final cementation of full crown restorations could not be promoted as a routine procedure on the basis of the histologic material studied. Other considerations for a delay would certainly be supported. The characteristic mild pulp response to zinc phosphate cement does not in itself seem clinically hazardous to pulp tissue when used in the manner prescribed.

## HISTOLOGY OF THE SUPPORTING STRUCTURES OF TEETH WITH INCISAL CONTACT REMOVED

James H. Greeley  
1966

The histologic changes in the supporting structure of teeth were investigated when occlusal contact was removed. The right maxillary incisor teeth of eight dogs were relieved of incisal contact by grinding the edges. At intervals of one, two, four, and eight weeks, the animals were sacrificed and the teeth removed in block sections. The tissue was fixed, decalcified and cut into seven micron thick sections. These were mounted on glass slides and stained with hemotoxylin and eosin.

The early sections showed that the supporting structures rapidly underwent changes. Both the unopposed teeth and the adjacent functioning teeth showed rapid bone loss in pressure areas and apposition in tension. The periodontal fibers became reoriented. These changes were similar to those seen in orthodontic movement. The later sections showed repair of bone resorption and new orientation of the periodontal ligament. Cementum changes were less marked but cementoblast organization and formation of cementoid was observed in the later sections.

Alteration of occlusion was shown to produce rapid histologic changes as the teeth moved into new functional positions. As a more harmonious incisal relationship was attained, the supporting structures repaired and reoriented to maintain the teeth in the new relationship.

The desirability of early restoration of occlusion is indicated.

## THE INTRAORAL TELEVISION MICROMEASUREMENT OF CAVITY MARGIN DETERIORATION

Burton Allan Horwitz  
1966

The purpose of this study was to demonstrate the clinical application of the television microscope for direct intraoral micromasurement of cavity margin deterioration. Mesi-occlusal alloy restorations were placed in fifty-one maxillary second deciduous molars. A cast gold overlay with two proximal margin observation holes, one hole in the occlusal one-third and one hole in the gingival one-third, was fabricated for each restored tooth. The mesiobuccal proximal margins of the restora-

tions were observed by the television microscope, and the marginal deterioration was electronically measured at intervals of one week, two weeks, four weeks, 12 weeks, 24 weeks, and 36 weeks postoperatively. The average gingival marginal deterioration ranged from 4.9 microns at one week to 37.8 microns at 36 weeks; the average occlusal marginal deterioration ranged from 5.4 microns at one week to 60.1 microns at 36 weeks. The data indicated that the gingival area of the proximal margin deteriorated at a faster rate during the first 12 weeks postoperatively, and the occlusal area of the gingival margin deteriorated at a faster rate during the last 24 weeks. Greater marginal alloy flash in the gingival area was believed to be responsible for the initial gingival deterioration, and repeated masticatory stresses was believed to be major causative factor for the occlusal deterioration during the last 24 weeks of the study.

## CLINICAL EVALUATION OF THE USE OF FLUORIDATED WATER ON THE DECIDUOUS DENTITION

Simon Katz  
1966

In order to determine the effect of water-borne fluoride on dental caries in deciduous teeth, a total of 2124 children from 2 to 8 years of age and varied socio-economic background were examined in five Indiana cities: one with practically fluoride-free drinking water, three with water fluoridated to 1.0 ppm., and the last one having about 0.8 ppm. natural fluoride in its water supply. This study presents data of only the 4 to 7-year-old groups, composed of 2004 children.

Comparisons between children born and living in the non-fluoride and fluoride cities demonstrated that water-borne fluoride reduces dental caries in deciduous teeth from 35 to 65 per cent.

Comparisons between children born and living in the cities where fluoridation began at different times, whose mothers lived in the same city since at least the beginning of fluoridation, suggested that prenatal fluoride not only reduces the caries susceptibility of the deciduous teeth, but also that this effect is progressive and cumulative.

On the other hand, comparisons between children exposed pre- and post-natally to fluoride in the same city suggested that the favorable effect of water-borne fluoride on deciduous teeth is mainly post-natal.

Finally, comparisons between children born and living in the city having 0.8 ppm. fluoride in its water and in one of the fluoridated cities (1.0 ppm. fluoride in the drinking water) showed more caries in deciduous teeth in the former than in the latter.

Evidence is also presented suggesting a difference in the response to fluoride of deciduous as compared to permanent teeth. On the basis of that evidence, it is speculated that the reaction of deciduous enamel with fluoride may be topical rather than systemic.

### **RADIATION DOSIMETRY IN PANOREX ROENTGENOGRAPHIC EXAMINATION**

**Ramesh Kumar Kuba**  
1966

The purpose of this investigation was to obtain a thorough understanding of radiation dosimetry in connection with the Panorex roentgenographic examination. A tissue-equivalent phantom was used as a patient substitute. Radiation doses delivered to different sites within the head, skin entrance air dose and scatter and leakage radiation to the gonads and the operator were determined. The pattern of radiation distribution within the phantom head was studied roentgenographically.

The highest level of radiation was found to be at the center of rotation; the skin dose lateral to the center of rotation and the parotid gland dose were next in order. The maximum dose at any site within the head was less than one roentgen. The skin entrance air dose was calculated as 13.363 roentgens. The use of a half millimeter of added aluminum filter did not change the diagnostic quality of the roentgenogram appreciably. However, it resulted in a roentgen dose reduction ranging from 11 to 47 per cent. The leakage and scatter radiation was extremely low, being 0.01 milliroentgen to the male gonads and 0.03 milliroentgen to the operator.

The use of a leaded rubber apron for the protection of gonads and a lead shield for the operator were considered unnecessary. It was estimated that an operator could make over 3000 films per week without exceeding the limits set by current radiation protection guides.

It was concluded that the Panorex roentgenographic examination results in desirably low radiation exposure to the patient and the operator.

### **A METHOD FOR STUDYING THE PERMEABILITY OF THE BLOOD VESSELS OF THE DENTAL PULP DURING ACUTE INFLAMMATION**

**James Page**  
1966

A study was made to develop a method for investigating the quantity and location of vascular leakage during acute inflammation of the dental pulp. Use was made of the method of "vascular labelling" by which carbon particles placed in the blood are deposited in the walls of leaking vessels. Three dogs were used, with cavities of varying depth being cut in their permanent teeth. Vascular leakage was induced in the skin and in some of the teeth by applying histamine phosphate solution. The tissues were studied in normal histologic sections and as cleared specimens. It was found that the number of leaking vessels was much less in the dental pulp than in the skin and that leakage was confined to the area immediately below the cavity preparation unless histamine had been applied to the cavity, when the labelled vessels were found further apically. The number of leaking vessels depended on the depth of the cavity, becoming greater as the cavity depth increased. These findings would support the common finding that the degree of inflammation beneath cavity preparations increases with cavity depth. The conclusion was that the method developed held promise as a tool in investigating vascular changes in the dental pulp.

### **A COMPARATIVE STUDY OF CERTAIN PHYSICAL PROPERTIES AND MARGINAL ADAPTATION OF SELECTED SELF-CURING RESIN FILLING MATERIALS**

**Ernest Alvin Peterson, II**  
1966

Various physical properties and the marginal adaptation of four commercially available resin filling materials were studied. The properties evaluated were: (1) indentation hardness, (2) resistance to abrasion, (3) yield point, (4) solubility, (5) water sorption, (6) color stability, (7) staining characteristics, (8) adhesion, and (9) marginal leakage.

One of the materials exhibited comparatively greater hardness, greater resistance to abrasion, and higher yield point under compression. This same material was not color stable and was particularly susceptible to certain staining

procedures. Although this resin exhibited low initial sorption of water, it steadily increased in weight and had not reached equilibrium at the end of the 200 day test.

The hardness, abrasion, and yield point testing of the remaining resins provided data that is characteristic of acrylic resin. The sorption of water by these materials was relatively rapid, and equilibrium was soon reached. These three resins were color stable and exhibited moderate staining characteristics.

All the resin materials tested in this study demonstrated low water solubility. Although comparative differences did exist, no material gave evidence of long-lasting adhesive properties.

Marginal leakage, as assessed by  $Ca^{45}$ , was found to increase during a three month storage in water. Leakage was also studied in relation to temperature variations. This leakage was found to be related to both the temperature range used and the number of cycles employed.

### **THE INFLUENCE OF COMMUNAL FLUORIDATION UPON DENTAL PRACTICE**

**Raymond C. Terhune**  
1966

The purpose of this study was to determine: (1) the effect of preventive dental practices upon a general practitioner's overall practice, (2) the effects of communal fluoridation upon the amount and nature of dental treatment performed in a community, and, (3) the effects of communal fluoridation upon a general practitioner's practice.

Quantitative data about their practices were obtained by personal interviews with 92 per cent of the dentists practicing in four similar communities with fluoride histories ranging from 3 months to 14 years of controlled fluoridation and with natural fluoridation.

No consistent effect of preventive dental practices upon the general practitioner's overall practice could be determined. The preventive levels of the dental practices in all the communities were low. This was largely attributable to the general lack of knowledge by the dentists and the patients of their value in conjunction with ingested fluoride.

Natural fluoridation significantly lowered the number of almost all dental procedures performed in a community, while controlled fluoridation of 8 and 14 years duration lowered only the number of most pedodontic procedures. Neither controlled nor natural fluoridation appeared to have any marked effect upon the general practitioner's practices.

### **THE COLOR CHANGE OF SILICATE CEMENT AS INFLUENCED BY CAVITY VARNISHES AND BASES**

**Rita Virmani**  
1966

An investigation was conducted to evaluate the effect of bases, varnishes and combinations of bases and varnishes on the color change of silicate cements. Bases tested were a calcium hydroxide, Dycal; two zinc oxide-eugenol bases, Cavitec and Temrex; and a zinc phosphate cement, Tenacin. The cavity varnishes selected were Copalite, S. S. White Cavity Lining and Varnish, and Caulk varnish. The specimens of silicate and lining agents were prepared in clear transparent plastic molds and stored in the humidior. A Hunter Color and Color Difference Meter was used to obtain the color readings taken over a period of 90 days.

These experiments indicated that the total color change of silicate cement underlaid with bases, varnishes or combinations of bases and varnishes was no greater than for silicate alone. The bases and a base-varnish combination, even when slightly colored, did not effect the color of silicate cement. However, the readings did indicate that these specimens increased in yellowness to a greater degree than the controls.

### **A STUDY OF THE THERMAL DIFFUSION THROUGH AMALGAM AND VARIOUS LINERS**

**Eugene Darwin Voth**  
1966

This study was designed to determine the thermal diffusion through amalgam and through amalgam with various base materials upon the application of both heat and cold. Iron-constantan thermo-couples were utilized with a recording potentiometer. Instrumentation was devised to provide constant sources of both heat and cold. The rate and degree of thermal diffusion through amalgam under both application of constant heat and cold sources was determined. Bases of varying thickness, ranging from 0.16 mm. to 1.4 mm., were placed under the amalgam specimens and the change in thermal diffusion measured. The bases were zinc phosphate, zinc oxide-eugenol and calcium hydroxide. Cavity varnishes were also studied. Results indicate that cavity varnishes, at the thickness normally employed, produce no significant thermal insulation. A difference in thermal diffusion was noted with the various cement bases.

## DIAGNOSTIC CYTOLOGY OF THE ORAL MUCOUS MEMBRANES

J. B. Whitten, Jr.  
1966

This study deals with the application of exfoliative cytologic examination of lesions of the oral cavity. The study encompasses 200 normal patients and 652 patients with diseases manifesting themselves in the oral cavity. The lesions examined were divided into the following classification: 1) benign lesions, 2) malignant lesions, 3) specific inflammatory lesions, 4) non-specific inflammatory lesions, 5) chemical and physical injuries and 6) metabolic diseases. The cytologic findings in each are described. A comprehensive review of the literature of diagnostic cytology includes separate sections on: 1) historic papers, 2) uterine cytology, 3) respiratory cytology, 4) urinary cytology, 5) dermatologic cytology, 6) lymph node cytology, 7) fluid cytology, 8) oral cytology and 9) additional uses of cytology. A number of lesions have been found which lend themselves to definite diagnosis by cytologic examination. Suggestions as to causation of some of the atypicalities of epithelial cells are discussed and additional uses of diagnostic cytology are proposed.

## ORAL HYGIENE IMPROVEMENT THROUGH DENTAL HEALTH EDUCATION

John W. Williford  
1966

While it has been suggested repeatedly that dental health, in general, may be improved through proper oral hygiene there have been no attempts to correlate the effectiveness of various educational procedures in improving oral health. Also, no practical method of accomplishing and measuring improved dental health has been demonstrated.

A series of studies were designed in order to evaluate the hypothesis that dental health education (as the only factor) would influence high school students to improve their oral health.

The results of these studies suggest that the students were motivated to improve their knowledge of dentistry (Dental I.Q.) and to improve their oral hygiene habits. The data obtained showed an improved Oral Hygiene Index Score Simplified (Greene-Vermillion) and improved Periodontal Index Score (Rus-

sell) following a series of dental health education lectures conducted by a dentist. The *t* value for this data showed it to be highly significant.

The final results of the dental health education program showed the study group of 151 high school students, when compared to a balanced control of 75, to have an improvement of 39.8 per cent in the debris Index, a 54.5 per cent improvement in the calculus Index, a 42.2 per cent improvement in the OHIS Index, and a 77.8 per cent improvement in the periodontal Index.

## THE EFFECTIVENESS OF A FUNGICIDE IN COMBINATION WITH OXYTETRACYCLINE AS A PULP CAPPING AGENT

Franklin S. Weine  
1966

This investigation was undertaken in order to evaluate the effectiveness of a fungicide (nystatin) in combination with oxytetracycline as a pulp capping agent. The two anti-microbial agents, commercially available as Terrastatin, were mixed with zinc oxide and eugenol and compared to a mixture containing no fungicide, Terramycin plus zinc oxide and eugenol.

In the clinical study, 57 teeth pulp capped with one of the medications were evaluated postoperatively at approximately six-month and one-year periods. These evaluations consisted of electrical pulp testing, radiographs and recording of clinical symptoms. Treatment was considered successful if the pulp capped tooth postoperatively displayed a normal radiographic appearance, was comfortable and responded to electrical vitality testing within a normal range as compared to the preoperative reading.

Using these criteria, 89.3 per cent (25 of 28 cases) of the teeth treated with the fungicide-containing medication were considered successful as compared to 96.0 per cent success (24 of 25 cases) in teeth treated with the control in the first observation period. The difference was determined to be statistically clinically significant.

Both medications indicated increased failures after a one-year period, but due to the small sampling, no attempt was made to compare the groups.

In addition, a laboratory study, consisting of histologic examination of human and monkey teeth extracted 10 weeks after experimental pulp capping, was undertaken. In general, the pulpal responses were considered poor, regardless which medication was used.

# Dental Hygiene

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*A. Rebekah Fisk, Director*

## 1952

It doesn't seem possible but it has been fifteen years since we graduated this our first class of dental hygienists. Jane (Hiatt) Johnson included pictures of David who is 10 and Beth who is five, with her Christmas card. She has reason to be proud of these good looking children. Gloria (Horn) Huxoll we see frequently when we get together to coordinate the program at Fort Wayne with the one in the School of Dentistry. Pauline Revers still practicing and enthusiastic about her profession. Barbara Mann is busy with her four children and her husband, and says she will not be able to practice for another three years. She is very active in the activities of the Womens Auxiliary to the Indianapolis Dental Society. I talked to Charlotte (Havens) Verbarg and tried to interest her in returning to practice. Her two daughters are in school but her son who is three and one-half has a penchant for getting into trouble and she doesn't think a baby sitter would be able to cope with him very long. Nina Phillips still combines practice with family responsibilities. According to the register Mary Dreher is now living at R. R. #4, Box 258, Excelsior, Minnesota. Why don't you all get together for lunch or something during state meeting in May.

## 1953

Since July, Betty (Gilchrist) Keck and family have been living in a lovely new home at 11003 Jordon Road, R. R. #1, Carmel, Indiana. A P.S. on her change of address card—"Did you know that the McDonalds (Anne Keenan) have adopted two babies seven months and four months old?" No doubt Anne has

found many uses for her left hand. In order to make room for their animals the Huitemas' moved to a larger house. Their son has a German shepherd dog and their daughter has a cat who has earned the name of Madame Ovary because she is so prolific. Medeline (Stanley) Ilcus writes that she was married to a physician in Roumania. She is living in Florida with their daughter Lidia Stana. Dr. Ilcus is still in Roumania but she hopes that he can join them soon. Ruth (Cleveland) Wirtz was in an automobile accident last fall and has not completely recovered from a necklash.

## 1954

This is a busy year for Marlene (Bleeke) Christmas as she is President of the Indiana State Dental Hygienists' Association and has many responsibilities in addition to her family and her office. Last year Jerry Bailey said their New Years' resolution was to "get organized." Evidently, this one went the way of most resolutions because the usual Christmas letter did not arrive. However, she did call one evening when she had a few minutes in Indianapolis on her way back to Texas. Joan Kline is really hitting the books and will receive a B.S. degree in June. Season's Greetings but no note from Pat Boone. We processed an application for the California State Board for Marcella (Mitchell) Keefe. Donna (Way) Dodd, Carol (Ottinger) Rosebrock and Barbara (Rambo) Herrold combine family responsibilities with practice. Has anybody heard from Lenore Clark?

## 1955

Doris (Rock) Klitzke and family are now living at 1421 Josephine #C, Wau-

kesha, Wisconsin. Her husband is on the faculty of the law school at Marquette; Doris is taking some courses at Marquette. We have a lovely series of pictures of the Rolando children. This year Mary Ann (Penn) and her husband were also in the picture. No note, but we could tell that everything is going well for them. Carolyn (Tucker) Reighley has had a busy year. Due to a change in her husband's position, her new address is 1035 Fairview, Arcadia, California. Since arriving in California, they have moved from a rented house to one they bought and Carolyn made numerous trips back to Iowa due to the serious illness of her mother whom she lost in October. She is also working part time—lucky she took that California Board. Mary Ann (Huneck) Batcho sent a card announcing the birth of a boy after having had five daughters.

#### 1956

Judy (Patterson) Hodge writes that the count now stands at three boys and one girl. Jan Andrew arrived March 14th, and is a dandy. The Fryars (Jan Clinton) have been remodeling their house and building a tree house for their three children and an A-frame house to store what was in the garage. On June 6th, Priscilla Robards was married to Captain Paul Veatch in Truth Lutheran Church, Hong Kong. After a wedding trip, Captain Veatch returned to Korea and Priscilla returned to Indianapolis. She has now joined Captain Veatch in Alabama. Betty Jo (Kelham) Knafel and family are now living at R. R. #2, Box 61X, LaPorte, Indiana. Christmas greetings but no message from Phyllis (Wolf) Rhodes.

#### 1957

This class has been out of school for ten years. On checking the class roster we note that there are quite a few that we have not heard from either directly

or indirectly, for years. Betty (Barr) McKee was in this group but this year she sent a card and note. Their new son Kelly Lee, born November 25th, rounds out the family with two boys and two girls. Peggy (Fixel) Hensley and family which now includes a second son Robby are living at 808 West 4th Street, Marion, Indiana. We always welcome the annual report from the Patton family. Corinne (Nowinski) wrote that she had re-read their Christmas letters sent out over the past nine years and every once in awhile they announced a new baby—so keeping true to form she says they are hoping for another boy the end of April. George was reelected Justice of Peace for another four years. Jan (Miller) Compton and family moved into a new home in October. A big Christmas present for the whole family was a five day old baby girl, Janna. She has two brothers Eric and Adam. Nancy Remley and family spend a lot of time on their farm in Wisconsin. They have their own plane and Nancy is taking flying lessons. Sylvia (Baldwin) Mills, Belva (Whaley) Burch and Jacquelyn (Muehlbauer) French manage to combine practice with family responsibilities and attend meetings too. Nancy Dudding is a freshman dental student. Jaclyn (Hite) Gray entertained the local group at Christmas. Jeanne (Wright) Collins is still devoting her time to her family but her husband says he is going to buy a right handed unit for her one of these days. Since it has been ten years since you graduated, why don't you plan to get together during the state meeting and bring us up to date.

#### 1958

From the Far East, we received an oriental card from Donna (Doss) Hales. Her husband received his Ph.D. degree and now has a teaching position on a Fullbright scholarship. Their address is No. 1, Lane 73, Chao Choa Street, Taipei, Taiwan, Republic of China. Donna

writes that their Japanese house is complete with a coal burning hot water heater and a maid. She would like to practice but has not been able to make a satisfactory arrangement so is trying to learn Mandarin. Betty (Hoehn) Plantz and family are now living at 714 First Street, LaPorte, Indiana. Since September 29, the Plantz team has had a new all star yell leader, Jane Elizabeth. Carol (Gutherie) Fitch and her family have moved from Virginia to Lafayette, Indiana where her husband has a teaching assistantship in the history department at Purdue. Carol is practicing and Kimberly is in kindergarten. Sue (Kaiser) Kraybill still in New York. No new additions. Grace (McCarty) Langley has a new address—3914 Brandeis Avenue, Orlando, Florida. Her husband is with the Martin Company, defense plant. Angie welcomed her adopted baby brother in October. Judy (Haag) Carichoff participates in career conferences and programs for Children's Dental Health Week. She has two children, Steven five and Kimberly three, and practices part time.

### 1959

Myrtle (Starr) Austin just settled in Somerset, Kentucky and licensed, now writes that they are moving to Schnectady, New York—definitely to be there for three years. After that she hopes that they will live in a state where she is already licensed. Nancy (Porter) Blackburn is extra busy this year as she is President of the Central Indiana Dental Hygienists' Association which has developed into quite an active group. Her children Joey and twin girls Jenny and Joni are growing like weeds—she also practices five days a week. The Myers (Kay Camp) moved to 3015 McGee, Apt. 28, Kansas City, Missouri in June. They have a new apartment complete with swimming pool and sauna bath, within walking distance of her husband's office at Hallmark. Kay has been busy

boning up for the National Board which she passed in December and preparing for the publication of Stork News which was circulated February 10th, announcing the arrival of Cynthia Kay. Dr. and Mrs. George von Mohr (Linda Swihart) announce the arrival of a brother for Eric, Karl Fredrick in May. During the summer Edna May Railey was married to Charles M. Hensey who is a staff attorney in the office of the Attorney General of North Carolina. They live at 4135 Camelot Drive, Apt. C-4, Raleigh, North Carolina. Carol (Arnold) Roberts was matron of honor for Edna. Dr. and Mrs. William Leyda (Jean Bushong) are now living at 217 Westmorland Drive Kokomo, Indiana. From time to time mail comes to school addressed to Carol Gutwein which we forward to her home. In April, we asked her mother to send us some news of Carol. Her address is c/o New Tribes Mission, Goroka P. O., Territory of New Guinea. She is a linguist and is breaking down the Yagaria language which is called Kammi. We would like to learn about Carol and her work.

### 1960

Announcing a brand-new All-American boy—Anthony Harris, Ron and Joyce (Schenck) Schultz, July 15, 1966. His mama received her B.S. degree in June. Greetings from Marilyn (Lorenz) Peterson—still practicing 3½ days a week. After a year in Palo Alto, California where her husband completed requirements for a Masters' degree at Stanford. Carolyn (Gill) Hayes is now living at 1814 N. 56th Street, Omaha, Nebraska. They live close to Roberta (Polson) Maddock who now has two children. As soon as her husband terminates his service in the Air Force they will return to Indiana or Michigan to practice. Marilyn (Gill) Simpson is living in Peoria, Illinois but expects to move to Atlanta, Georgia soon. Thanks to the State Board,

we have new addresses for Judith (Cunningham) Hall—1507 E. Rovey #4, Phoenix, Arizona; Norma Laviola—31203 Huntley Square, E., Birmingham, Michigan; Joyce (Perkins) Lavengood—2227 Payne, Evanston, Illinois; Patricia (Barker) Strunk—2415 College Avenue #27, Berkeley, California; Salley (Alcott) Pfafflin—813 Bellemead Avenue, Evansville, Indiana. We see Betty (Boyd) Graffis at meetings and all is well with her family.

### 1961

We really had to scratch to find any news of this class. Christmas cards but no messages were received from Charlotte (Levan) Gross and Carol (Mager) Hurst. Sharon (Wegner) Born is now living at 1706 Bundy Avenue, New Castle and comes to meetings of our local group occasionally. We gleaned a few new addresses from State Board list. Linda Munyon is now Mrs. Kenneth Galloway and lives at 2304 Hazelwood Avenue, Fort Wayne. Sarah (Perkins) Sheller—4009 Greendale, Fort Wayne; Ruth (Hacker) Soetje—1513 Scott Street, Midland, Michigan; Mary (Odom) Yager—9068 Devils Lake Highway, Manitou Beach, Michigan. A repeat performance Charlotte (Levan) and Michael Gross—a girl, Jessica Ann, January 13th, 1967.

### 1962

Lots of news from this class which is the way we like it. Lorna Bonnet received her Masters' degree from the University of Iowa in August and now has a teaching position in the Dental Hygiene Department, University of Idaho in Pocatello. Barbara (Cohen) Solomon has two daughters but still has time to practice with her husband a few hours a week. Hila (Draper) Walker is doing a lot of travelling during the last six months on their stay in Japan. The Gotsch's are living at 3247 E. Enos, Lot 1-A, Springfield, Illinois. Audrey received

her Masters' degree from the University of Michigan and is now a health educator for the Division of Dental Health, Illinois Department of Public Health. Her husband will finish seminary in May and then start graduate school at Princeton University, Princeton, New Jersey. Karen (Masbaum) Yoder is a clinical supervisor at the Fort Wayne school one day a week. Kay (Robertson) Weston is now living at 514 Scott Road, Rt. #6, Fort Wayne, 36 acres of rolling farm and just right for horseback riding. She is still practicing. Clarellen Simon is associated in practice with her brother-in-law in Greenwood and lives at R. R. #1, Franklin, Indiana. Judith (Spivey) Kight is living at 4123 Fifth Avenue, Apt. #14, San Diego, California. Sarah arrived August 2nd and rules the roost. Her husband is interning at Mercy Hospital. After three years in the Army he expects to specialize in anesthesiology. We were surprised to receive a card and note from Marybeth (Lamble) Woehler from Germany. Her husband is stationed with the Army in Bad Kessingen, Germany. They are delighted with their assignment and expect to tour Europe while they are there. She has a daughter two and a half and a son 13 months who are adorable most of the time. Her address is c/o Captain Thomas R. Woehler, D5540663—2nd Squadron, 14th Armored Cavalry Regiment, APO, New York 09330. We are looking forward to seeing Susan (Wills) Polydorff at the Seminar in March. She is president of the Maryland State Dental Hygienists' Association and practices part time. Wanda Lew has two children and practices part time. Dr. Lew is on the faculty at school.

### 1963

During the Chicago meeting we saw Kay Conaway, Carol Heinie, Dee Stine and Pat Wade. Dee invited us to come to her apartment but the weather was so bad that we were afraid to venture

very far from the hotel. Kay Conaway is still dividing her time between the State Board of Health and private practice. She also has charge of the field work for the school in Fort Wayne. The Morrell's (Ellen Jones) announce the arrival of a new Democrat, Cheryl Ellen on January 27th, 1967. The Parmer's (Sonja Ellis) "a new little twig on the family tree," Paul Kivett III. The Becherer's (Pamela Pershing) will return to Indianapolis in March with a son Jeffrey Lee. Carol Bond is living at 8225 Shafer Drive, Orlando, Florida. Her husband is in Guam. Greetings from the Stropko's who are living on Western Heights Drive, R. R. #5, Monticello. Their son Scott is a real charmer. Carmine (Griffis) McDonald is practicing and making music with her flute in her spare time. If all goes well her husband will receive his Ph.D. in Preventive Dentistry in September. Nancy (Bitter) Boren is very busy organizing field work for our degree candidates and the second year dental hygiene students. As her husband has accepted residency in oral surgery in Boston, Massachusetts, they will be leaving Indianapolis this summer. Connie Hamilton at this moment is engrossed in second semester schedules. Her husband will complete his graduate work in orthodontics in June. On April 22nd, Paula Weaver will be married to John Lapoco, —tall, dark and handsome.

### 1964

On August 27, 1966, Vivian Walton was married to Lieutenant James T. Dills, U.S. Air Force and life since then has been full of surprises. In October they were sent to Tehran, Iran. Vivian writes that Tehran is a fascinating place full of Persian culture. Persian rugs, and fine art work in silver and brass is readily available. The Moslem women wear the long veils which cover the entire body with the exception of an eye peaking out and maybe a crooked front tooth. The

attire of the men is more Western. The bazaar is mostly underground and unheated. The livestock run around on the loose and almost anything can be found in the booth-type shops if you care to stomp around through the masses of people.

The primitive life shows everywhere, but being Public Health oriented, what disturbs Vivian most is the jube—an open water canal—where the poor people drink, wash dishes, clothes, perform their daily function and even brush their teeth. Camels, donkeys and sheep walk by their apartment which is in the center of the city overlooking the mountains.

The University of Tehran has a dental school and a new two-year dental hygiene program with fifty students enrolled in each class. They have a vacancy for a clinical instructor for which Vivian has applied and been accepted, but there is some problem about their paying a salary to a foreigner which she hopes can be straightened out. In the meantime she is doing prophylaxes for an oral surgeon two mornings a week and taking Persian to keep busy since her husband is away most of the time checking radar sights along the Iraq, Turkey and Russian borders. When he is home they ski quite a lot. Iran is not Switzerland, but I guess it was in the cards that Vivian would ski someplace in Europe. After arriving in Iran, Vivian completed her last requirement for her B.S. degree by correspondence.

Ann (Cooper) Fox came in to see us in August. She had been to Japan to see her husband and was in the process of arranging the details incident to the home and practice Dr. Fox was buying. She expected her husband to return in time to start practicing in September. Her address is 3502 Washington, Evansville, Indiana. Carolyn Humphreys was married in August. Her surname is now Lucas and her address is 689 "H" Street, N.E., Linton, Indiana.

The Landrums (Dina Eckelbarger) returned to Indianapolis in the Fall. Dr. Landrum is completing graduate work in Oral Surgery; Dina has been practicing part time. I saw Katherine (Goldman) Higgins at a wedding in November. Her husband is in the service and they live at 317 Ivy Street, New Llano, Louisiana. Gay Gossard was married to William C. Winslow in April and has been living in Enterprise, Alabama. They expect to return to Muncie in a few months. Kathy (Heath) Bryn stopped in when she was home for Christmas. She is most enthusiastic about her work in the schools in Islip, New York. Suzanne Ireland was married to John Miller in the Spring. Sandra Henderson was one of her bridesmaids. We hear that Sandra is also married but know none of the details. On July 2nd, Marilou Monfort was married to Robert J. Rerick. The Puntillos (Madolyn Myers) have a son, Anthony, born in July. Linda (Olson) Monroe and her husband have returned from Europe and are living at 3708 Williamsburg Ct. #7B, Columbus, Indiana. Leslie Smith had emergency surgery in the Fall but has returned to work. Sue (Starkey) Morris had to pack up and move again when her husband was transferred to Fort Wayne, her address is 1220 Tecumseh Street, Fort Wayne. We see Joann (Campbell) Leetmae, Sandra Stamper and Nancy McClain at local meetings.

### 1965

Merilynn Williams is now living at 2635 East Second Street, #9, Bloomington, Indiana. Judy Dolton is working in Indianapolis and Bloomington. When in Bloomington she stays with Merilynn. Carolyn (Brown) Robbins and her husband are delighted with their assignment in Germany because it affords an opportunity for travel. Carolyn hopes to work as a school dental hygienist. Their address is 122 Medical Detachment (P.S.)

APO, New York, 09757. Marilyn (Brown) Noble's husband is in the service and they are living at 1302 Avenue "P", Apt. #4, Del Rio, Texas. She says it is a little town but she is able to practice. Mila Dailey is living at 1405-A Breckenridge Apartments, Lake Austin Blvd., Austin, Texas. Her husband is attending the University of Texas and was on campus during the shooting incident. Close call. Mila is working at the state hospital. Rosemary Edge came in to see us when she was in town in the Fall. Julia (Heaton) O'Hara is living at 121 Kentucky, Travis Air Force Base, California. Sharla (Klahr) Hickman comes in to see us frequently. Dr. Hickman will complete his graduate work in Orthodontia in June. Martha (McClure) Lieberenz is living at 8301-16½ Mile Road, Apt. #231, Utica, Michigan. Nancy McGaughey and Sara Wilson are living at 4123 Yorktown Drive, Indianapolis. Sue (Pfeifer) Pierce will be leaving Lafayette when her husband receives his degree in June. Sandra (Schwartz) Krebs came in to see us recently. As her husband has accepted a residency at Michael Reese Hospital in Chicago, they will be moving during the summer. Katie (Wade) Polizotto is now living at 3022 Guion Road, #9 Indianapolis, and practicing full time. Kathye (Ziegler) Payne is living at 827 Thorndale Street, Indianapolis and combining practice and school. Leni Zucker is completing a degree in education at Ohio State University. Sandra McWilliams and her family are back in Indianapolis. Carol (Cudek) Pieters and her husband will be leaving Lafayette in June when he completes his degree in pharmacy.

### 1966

Susan Brown, Joyce Hudson, Connie Nicholson and Marcia Wilks are very busy completing degree requirements. Jean Musselman and Gloria Hurwitz are  
(Continued on page 43)

# Fort Wayne Regional Campus News

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## Dental Hygiene Program

*Gloria Huxoll, Clinical Supervisor*

The beginning of the second semester of each year is honored by the Capping Ceremony for the first year Dental Hygiene students. This year the Ceremony for the Dental Hygiene students at the Indiana University Fort Wayne Regional Campus was held on January 29, 1967 at 2:30 p.m. in the Student Lounge. There were nineteen students who received their caps. The caps were presented to the students by their "Big Sister." Though many hours were spent on the telephone and ironing boards set up awaiting the last minute arrival of the uniforms, the Capping Ceremony was a success in spite of not having the uniforms and a slight disappointment to all.

Dr. Robert Bogan, Assistant to the Dean, Indiana University School of Dentistry gave the students many kind words of advice and encouragement. Following the Ceremonies the reception was held in the cafeteria and parents and friends were given tours of the Dental Hygiene facilities by the proud student.

Thirteen Second Year students received their second lavender band for the ceremonies. They are busy completing their educational aids in readiness for their Community Dental Health Program in the Wabash Community Schools. This project is sponsored by the Minneapolis-Honeywell Foundation, the Wabash Community School System, the Wabash Valley District Dental Society, and the Wabash Kiwanas Club. The program is continuous for twelve weeks starting on March 7, 1967. All those that worked with the students and also participated with them during the program last year were pleased with everything and we here at the Fort

Wayne Campus were very pleased and very appreciative for the opportunity to be of service to their community. The Second Year students have been participating in various Dental Health Educational programs throughout our area.

The second semester always brings forth many Clinic hours and Mrs. Donna Moeller, our class '66 and Mrs. Karen Mossbaum Yoder '63 are again assisting Mrs. Gloria Horn Huxoll '52 with the supervision of the Clinic.

Mrs. Carolyn Snyder, Mrs. Donna Moeller, Mrs. Myrna Sowards, Miss Jacque Nusbaumer, Melinda Leer, and Lynda Brandt all from the class of '66 have been furthering their educational goals by taking courses here at the Regional Campus during the past semester as well as working a full dental hygiene schedule in private offices. Carolyn Noftzinger and Wanda Klus Bell both of '66 are also employed in Fort Wayne.

The Junior American Dental Hygienist Association had prepared a special display in their usual glass case for the arrival of the Accreditation Committee from the Council on Dental Education. The five member committee came to Fort Wayne on November 2, 1966 and inspected our facilities for the final approval to become an accredited program. Final approval was received in December, 1966 for which we are very pleased.

## Dental Assisting Program

*Bernice Rummel, Assistant to the  
Director of Dental Assisting*

On September 14, we began our second year in the Dental Assisting Program at the Fort Wayne Regional Campus. Eighteen girls were selected for the pro-

gram from a group of 30 who had applied. This represented an increase of four students when compared to the student enrollment of the previous year.

The student body is composed primarily of girls from throughout the State of Indiana, and we can boast of having interstate recognition due to the fact that four students hail from the State of Ohio. Our Indiana girls represent the following areas: Indianapolis, Francesville, Gaston, Urbana, Bluffton, Angola, Decatur, Auburn, and five who are residents of metropolitan Fort Wayne area.

We are gratified with the progress that has been made by our students during the first semester, and as we enter into the second semester, we are looking forward to a busy schedule that includes additional laboratory projects and more clinical application time, which is spent in the offices of practicing dentists in this area.

Our program has been granted preliminary provisional approval for accreditation by the American Dental Association, Council on Dental Education. We will have a site visitation on April 19 for the purpose of accreditation by the members of the Council on Dental Education, who are yet to be named.

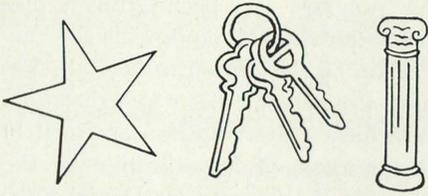
Many changes have been made in our curriculum since the first year of operation of this particular program, and we can anticipate additional changes as time goes on.

It is our goal to improve the educational opportunities of the student, and in this way, better fulfill our responsibility to dentistry as a profession and the dental practitioners of Indiana more specifically.

Our graduation ceremonies for our students have tentatively been scheduled for June 4 at the regional campus here in Fort Wayne.



Senior dental hygiene students visited the Eli Lilly Research Laboratories in December, 1966.



*Dr. Paul Starkey*

Have you ever had a young patient or friend tell you of his interest in studying dentistry, ask you what steps he should take to gain admission to the freshman class and then find yourself feeling rather uninformed because you just didn't really know these details? Perhaps you found it necessary to simply tell him to write to the Dental School.

It occurred to me that you might appreciate having information regarding admission to dental school placed in this column so that you might file it for ready reference. It is a fine compliment to a dentist to have a patient or friend decide upon dentistry as his life's service, and certainly a credit to the dentist if he can elicit a knowledge of the steps to be taken to gain admission to the school.

The Freshman Class is enrolled at Indiana University School of Dentistry each September. The candidates should make a formal application at least a year before they wish to be admitted. It is often beneficial for the candidate to have his prerequisite course of study reviewed by the Recorder of the Dental School early in his preparatory study. Application blanks are obtainable from the Dental School and must be accompanied by an official transcript from each college attended, along with a \$10.00 processing fee.

All applicants for the Indiana University School of Dentistry are required to take the American Dental Association Aptitude Test. It is given at the Dental School in October, January and April of each year. In effect, there are four testing periods for each entering class. An applicant for the fall of 1968 may take the exam as early as April 1967 or as late as

April 1968. However, students are strongly advised to take this test no later than January of the year they wish to enter dental school. There is a \$15.00 fee for the battery of tests given and for this the results will be sent to five different dental schools, as long as the request for sending them is received prior to the examination. There is an additional fee of \$1.00 for each school over the minimum five and also a \$1.00 fee for those sent after the test has been given. The testing program requires one full day at the testing center and most dental schools are designated as testing centers and, if so, give the test at each designated and required time of the year, as earlier indicated.

If you graduated from Dental School some time prior to around 1950, you probably have little knowledge of what the Aptitude Testing Program is all about. Even if you were required to take the test for admission, perhaps you will find the following information regarding the program interesting and informative.

The use of aptitude tests stems from the desire to do several things. Some of these objectives are:

1. To place students in certain classifications related to their ability to profit from different types of school instruction.
2. To diagnose academic failures.
3. To aid in the counselling of students.
4. To aid in the selection of candidates for professional schools.

The Dental Aptitude Testing Program is conducted by the Council on Dental

Education in cooperation with the American Association of Dental Schools. It has been in operation since 1950. Over 80,000 applicants have taken the test since that time. The main objective of using the test is, of course, to reduce the number of students who are unable to complete the course as a result of scholastic deficiency. In 1960 there were less than 5 per cent of those enrolled in dental schools that failed to complete the training as compared to 15 per cent prior to the administration of the test. Of course, this improvement cannot be entirely credited to the use of the test, but most certainly the test has had a significant impact.

The present battery of tests includes (1) Carving Dexterity Test, (2) Space Relations Test, (3) Survey of the Natural Sciences Examination, (4) Reading Comprehension in Natural Sciences, (5) School and College Ability Test and (6) an experimental test, the Opinion, Attitude, and Interest Survey. In general, the five predictive tests are designed to measure (1) mental level, (2) reading comprehension, (3) science comprehension, (4) visualization of space conception, and (5) carving dexterity.

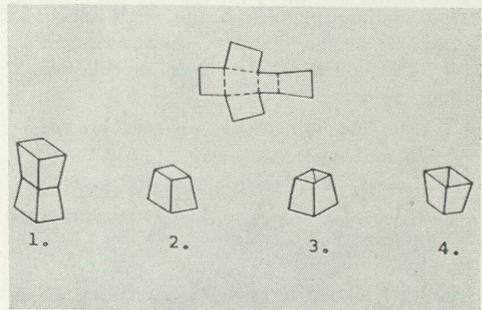
Here are examples of the test items:

1. INDELIBLE most nearly means:  
(1) black (2) permanent (3) improper (4) clear
2. FLUCTUATE most nearly means:  
(1) vary (2) flow (3) intensify (4) wave
3. 15% of 10 is:  
(1) 1.5 (2) 15 (3) 150 (4) 1500
4. If  $ab=x$ , then  $a=$   
(1)  $bx$  (2)  $b/x$  (3)  $x/b$  (4)  $b-x$
5. How many hours is  $1/21$  of a week?  
(1) 6 (2) 8 (3) 12 (4) 20 (5) 72
6. Circle is to square, as sphere is to  
(1) cube (2) triangle (3) cone (4) cylinder
7. Time is to clock, as ..... is to a compass.  
(1) needle (2) distance (3) East (4) direction

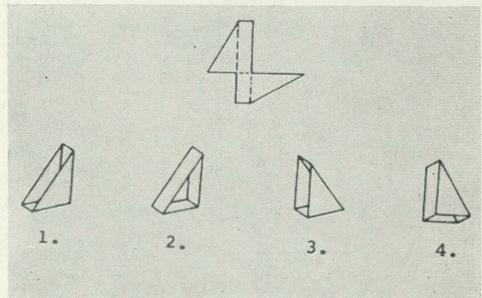
8. The basic principle governing the propulsion of rockets was first formulated by  
(1) Werner Von Braun  
(2) Albert Einstein  
(3) Sir Isaac Newton  
(4) Enrico Fermi  
(5) Marie Curie
9. What color does litmus turn in an alkaline solution?  
(1) write (2) blue (3) red (4) green (5) yellow
10. Which of the following conversions is produced by the primary step in photosynthesis?  
(1) Sugar into starch  
(2) Starch into sugar  
(3) Water and carbon dioxide into sugar and oxygen  
(4) Sugar into water and carbon dioxide  
(5) Sugar and starch into carbon dioxide and oxygen

The space relations test is one which usually solicits great interest from the participants. The next three examples are taken from this test.

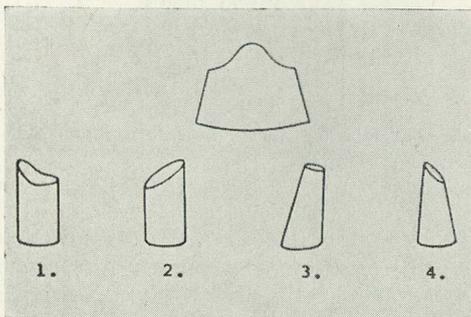
11. If the following pattern is folded on the dotted lines, to which of the folded forms will it be most similar?



12. If the following pattern is folded on the dotted lines, to which of the folded forms will it be most similar?



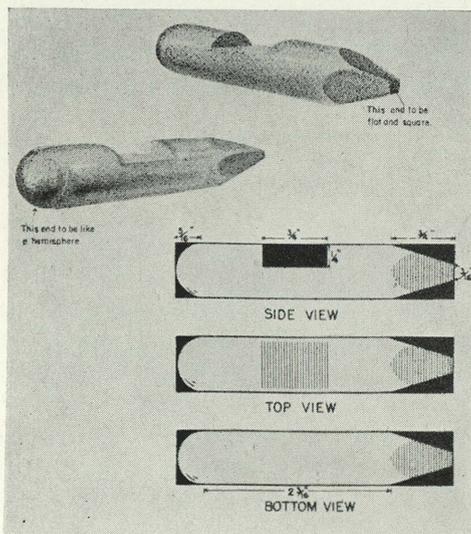
13. If the following pattern is rolled, to which of the folded forms will it be most similar?



The carving dexterity test is also a very fascinating and challenging portion of the Dental Aptitude Test. The students are assigned a laboratory space which has available all of the necessary armamentarium for taking this portion of the test. An example of the description given to the participants for executing a carving follows:

By using only a knife, a ruler, and a pencil, carve a piece of chalk which measures approximately  $3/4$ " in length and  $5/8$ " in diameter into the figure which has been illustrated below. You must neither use sandpaper nor rub the chalk on the table or in your hands to shape or smooth it. You will be graded upon the following four points:

1. degree to which surfaces are flat and smooth
2. degree to which angles are clean-cut



3. degree to which the carving is symmetrical
4. similarity of finished object to the drawing and description, or in other words, the accuracy of reproduction

Results of the tests are provided the dental schools within the five-week period after each examination. In order to minimize the difficulties of admissions committees in reviewing credentials of prospective applicants, the Council on Dental Education authorized the Division of Educational Measurements to reproduce for each dental school, a list of names and addresses, and test scores of all applicants participating in the program during each testing period. On occasion, a student may apply to a dental school but fail to request that the results of his aptitude test be sent to the particular school. By having the results of all those who took the tests available, it is possible for the admissions committee to proceed with the evaluation of the candidate. The admissions committee usually meets shortly after the results of each testing is obtained.

In a paper published in the June 1966 issue of the Journal of Dental Education, Thomas J. Ginley, M.A., Assistant Secretary, Council on Dental Education, and Director, Division of Education Measurements, ADA, presented some interesting statistics. On the basis of prior distributions of test scores on the School and College Ability Test, it appeared that this examination's difficulty level was below that of the current candidates. The normative data available indicated that this test has an upper range of second year college and since approximately 70 percent of the applicants participating in the Aptitude Testing Program have three or more years of pre-dental education, it appeared that the level of the examination was not currently appropriate. It should be noted that the continued evaluation of the program coupled with research is an important aspect of

(Continued on page 41)

# Notes from the Recorder's Desk

Mrs. Cleona Harvey, Recorder

Once again the time has come to bring you greetings from the Recorder's Desk. When Prof. Phillips reminded me that "it's that time again," I remarked, "Not already—time just can't fly THAT fast!" It does have a way of slipping by quickly, doesn't it? And is that perhaps the reason YOU have not sent us that note you promised yourself you'd send "soon"? Many of you have heeded my plea and have sent in news of yourself, your families and your activities—but come on, let's see more, more, more letters!

It hardly seems possible that it has been six months since I last worried over what to write in this column—nevertheless, the semester DID get started, we DID have a Christmas vacation, a first-semester end, and here we are well into the second semester already, with the usual flurry and worry over a student or two, pride and joy in the accomplishments of most of them. We are now busy considering students for next fall's class—transcripts, aptitude tests, averages—all contribute to a most hectic existence for yours truly.

Please remember that we would like to have news of you—at least send us your current address, and preferably bring us up to date also on your activities, families, etc. You know your classmates are eager to hear of you.

So now, without further ado, here is news of the

## Class of 1907

We are sorry to report the death of Dr. Cyrus C. Wright, who passed away on April 28, 1966.

## Class of 1913

We received a Christmas card from Dr. Raul Montero,  
3rd A #8810  
Miramer, Marianas,  
Havana, Cuba

## Class of 1917

Dr. Carl A. Frech  
1515 Cherry Chase Drive  
Sun City, Florida 33571  
sent us Christmas greeting with a note included saying "*Cannot say enough nice things about this wonderful spot. It is a rare day when the sun is not shining. Will think of you when I read about the snow and blizzards this winter.*" He must have thought of this area often this winter, what with snowstorms, etc.!

## Class of 1926

Dr. H. W. Maesaka  
115 Makani Avenue  
Wahiawa, Hawaii  
sent Christmas greetings.

## Class of 1928

Received a lovely Christmas greeting from  
Drs. Evelyn and Leon Berger  
723 Main Street  
Beech Grove, Indiana 46107

## Class of 1929

Dr. and Mrs. James Sakurai  
2715 Tantalus Drive  
Honolulu, Hawaii  
sent Christmas greetings.

### Class of 1935

Dr. and Mrs. M. J. Bean  
224 Elm Drive  
Hackensack, New Jersey  
sent a Christmas greeting.

### Class of 1946

Dr. and Mrs. Malcolm Boone  
2700 Crawford  
Terre Haute, Indiana 47803  
sent Season's Greetings.

### Class of 1947

Dr. and Mrs. Marvin Tuckman  
599 Broadway  
Paterson, New Jersey  
sent Season's Greetings.

### Class of 1952

We have recently heard from Dr. William D. McGriff Box 267 Pago Pago, American Samoa 96920 who reports, "*I have been here in American Samoa for a little over a year working in public health dentistry for the Government of American Samoa. I am chiefly occupied with administration of the American Samoan Hospital Dental Clinic. I supervise four Samoan Dental Practitioners and six Samoan Dental Assistants. I give help to the practitioners in learning and reviewing various dental techniques and give on the job training to the dental assistants. I assist the Public Health Department in the planning and implementation of topical, oral, and public water supply fluoride programs. I am assisting in the planning and operation of our satellite clinics (one here on the main island of Tutuila and two in the Manua Group which are sixty miles away). I also do considerable chairside work in the main clinic in the various phases of dentistry for Samoan people and Government contract employees. I have found it a very rewarding experience after a number of years in private practice in Indiana and Arkansas. Due to the fact*

*that I have enjoyed the work so much and also realize my inadequacies, I have decided to return to school and earn my Master's Degree in Public Health."*

### Class of 1954

Dr. and Mrs. Robert Johns and family  
25 Monitor Place  
Tucson, Arizona 85710  
sent Christmas greetings.

### Class of 1955

Received Christmas Greetings from Drs. Ursula and Werner Bleifuss  
18786 San Quentin  
Lathrup Village, Michigan

### Class of 1956

Received Christmas greetings from Dr. and Mrs. Louis D'Angelo  
512 Farmington Avenue  
Bristol, Connecticut 06010  
with a little note (if you all only knew how just these 'little notes' mean to us! C. H.)—telling us of their move from Seattle, and that things are o.k. with them; Dr. D'Angelo pursuing a practice of general dentistry while Mrs. D'Angelo is working as counselor in a local high school.  
Dr. Young O. K. Lee, Dean  
College of Dentistry  
Seoul National University  
Seoul, Korea  
sent Season's Greetings.

### Class of 1957

Dr. and Mrs. Pedro G. Colon  
Caguas, Puerto Rico  
sent us Season's greetings as well as an announcement of the opening of his dental office at Carretera Caguas-Cayey—Entrada Villa Turabo, Caguas, Puerto Rico.  
Dr. W. S. Scales and family  
411 Exchange Bank Building  
St. Augustine, Florida  
sent us a delightful Christmas Greeting

letter which we are pleased to share with you:

*"Billy is in kindergarten this year; he is at that age where he is the center of his own universe . . . at times he is delightful and then there are times when he seems at war with himself and the world. . . ."*

*"James Raymond is three years old—he is a busy body, running, jumping, climbing, tricycle riding and into everything. . . ."*

*"This year we added 123 a. ranch to our estate. It is only five miles from the front door of our house so it is convenient to get to . . . it has a rent house, trailer and unfinished apartment which we plan to finish as soon as we can. The rest consists mainly of pine trees. We did buy the boys a pony which they love and are learning to ride."*

*"We have added the third operatory to the West Side Office, which makes us have six operatories altogether in both of his offices. He and his brother Kenneth returned to Walter Reed Medical Center, Washington, D.C., for a week of intensive postgraduate study; He and I took a course by Dr. Waller in Jacksonville and both took the surgery course given by the Southern Academy of Oral Surgery in Atlanta, which was very enlightening. . . ."*

*"I keep busy being mommy, housewife, bookkeeper, part time Dental Assistant, and substitute teaching in Bill's kindergarten."*

Dr. and Mrs. Pedro G. Colon  
Caguas, Puerto Rico

sent us season's greetings as well as an announcement of the opening of Dr. Colon's dental office at Carretera Caguas-Cayey—Entradia Villa Turabo, Caguas, Puerto Rico.

Dr. and Mrs. George vonMohr  
421 N. 9th

Blythe, California 92225

sent Best Wishes for a Merry Christmas.

#### Class of 1958

Dr. Govind Shankwalker  
Professor of Periodontia  
Governmenta Dental College and Hospital  
Bombay 1, India  
sent Greetings.

Dr. Alegria C. Zita  
1357 Felina, Paco  
Manila, Philippines  
sent a Christmas card with a note to share with you all—*"Please extend my best wishes to all my friends. . . ."*

*"I miss your white Christmas and hope to be able to visit I.U. in the near future, I am still teaching at the College of Dentistry, University of the East, and also in private practice."*

#### Class of 1959

Dr. Hala Zawawi Henderson  
P. O. Box 849  
Kuwait, Arabia  
and her husband sent us greetings as well as a note, *"We enjoyed our trip to I.U. School of Dentistry last summer but were sorry to find that most of our friends were on vacation. Hope we can plan better when we make our trip in the summer of 1968. Please convey our Christmas greetings to all our friends at I.U."*

*"We had an addition to our family this year . . . it hardly seems possible that one little baby boy can wear out two adults, but he makes a pretty good job of it!"*

#### Class of 1960

Dr. and Mrs. Z. Kasloff  
592 Elm Street  
Winnipeg, Manitoba, Canada  
sent Christmas greetings.

Dr. Dilia Rieser  
3719 South East  
Indianapolis, Indiana  
sent Season's Greetings.

### Class of 1961

Dr. James Hornberger  
606 Ulumu Street  
Kailua, Hawaii 96734

wrote us quite some time ago, but his letter is so interesting we want to share it with you:

*"Greetings to all. . . . A short time ago I had the good fortunate of discovering an issue of the Alumni Bulletin, Fall 1965, which had been addressed to Dr. McDowell at this address. It apparently had been drifting around District Office for quite some time. Having read it with great pleasure and being somewhat ashamed at my failure to keep in contact with the school these past three years, I had planned to write sooner than this. . . . I did manage to mail a change of address notice but was too busy to send a letter with it. . . ."*

*"My first assignment in the Public Health Service was at Coast Guard Recruit Training Center, Alameda, California. Needless to say the two years spent there were quite busy but interesting.*

*"We thoroughly enjoyed California. We spent a majority of our leisure time either taking advantage of the abundant outdoor activities or sightseeing or enjoying the entertainment available in the San Francisco area. It was with considerable regret that we left the state and shall always have hopes of returning.*

*"Presently I am in charge of the 14th Coast Guard dental clinic here on Oahu. This clinic is responsible for the dental care of all the personnel of this district which isn't as big a job as one might assume. Although the Coast Guard is responsible for navigation aids from here to the Phillipines and Japan, we do not routinely treat the personnel on the small isolated stations throughout the Pacific. Our primary responsibility is the dental care of the personnel aboard the weather cutters, buoy tenders and rescue vessels that are stationed here on Oahu. This means we only have about 2500 men*

*to treat which is enough for the two dentists and five technicians in the clinic.*

*"The dentistry we do here is very similar to general practice with all types of prosthodontics, crown and bridge, endodontics, periodontics, and surgical extractions. We have one technician doing full time prophylaxis and SNF2 treatments. With our recall system we make certain that every man receives B. W. Xrays and exam at least once a year.*

*"At times there is considerable difficulty keeping patients scheduled because of unexpected movements of ships on search and rescue missions. However we fill in these voids by treating some of the Coast Guard dependents, thereby keeping up experience in handling children."*

*"Before closing I want to say that I am very appreciative of the training I received at I.U.S.D. I've had the opportunity to meet many dentists in various service facilities these past three years and I am convinced that the academic background and the training in developing various dental skills that I have received is superior to that provided by a large majority of the dental schools."*

Dr. and Mrs. R. J. Schoeps  
457 James Street  
Spencer, Indiana 47460  
sent greetings from "Ron, Liz, Geri, Doug and Bobby Schoeps.

Dr. and Mrs. Merlin Wuebbenhorst  
and family  
2021 N.W. Third Avenue  
Delray Beach, Florida 33444  
sent best wishes for Christmas and the New Year.

### Class of 1962

Dr. and Mrs. Michael Gross  
River Park Apts. 16B  
Virginia Road  
No. White Plains, New York 10603  
announce "a repeat performance"—Jessica Ann Gross arrived on January 13, 1967 weight 6 lbs. 7 oz.!

Dr. Ed. Sakurai  
Davis Clinic  
Marion, Indiana  
sent Greetings of the Season:

Dr. C. Wentz  
Bldg. 1014, Apt. 5  
Fort Wainwright  
Fairbanks, Alaska  
sent Christmas greetings with a note,  
*"We love Alaska and will hate to leave  
come August of 1967. If anyone has an  
opportunity to travel this summer I  
would recommend traveling north for the  
Alaskan Centennial Celebration."*

#### Class of 1963

Dr. Walter W. Y. Ching  
4328 Papu Circle  
Honolulu, Hawaii  
sent Seasons greetings and best wishes.  
Dr. Ching also was in the Dental  
School around the first of February, look-  
ing very well and telling us all about the  
beauties of Hawaii!

#### Class of 1964

Dr. Jan Schiff  
NAF  
Navy Box DE  
FPO, San Francisco, California 96670  
wrote us a long letter which we'll let  
you read, also:

*"I just got back from two weeks of  
traveling; I left last month from here on  
a Navy patrol plane; we flew to Bangkok,  
Thailand where I spent a very enjoyable  
week of sightseeing, shopping and every-  
thing else I could cram into one week.  
The sights, colors, sounds and smells were  
all so unique I find them hard to describe.  
Bangkok is noted as the city of jeweled-  
temples and orange-robed monks—it's a  
city of great contrast, as is Hong Kong,  
wherein there is much poverty as well as  
much wealth. Upon leaving Bangkok I  
caught a ride with a Navy patrol plane  
headed for the Philippines by way of  
Vietnam. We flew an all-night patrol  
flight up the coast line and headed for*

*Manila the next morning. It was a very  
interesting experience.*

*"One of my patients from Okinawa  
(a Filipino) was visiting her family in  
Manila and between her and the family  
I was given the grand tour. I traveled to  
the northern part of the island for a  
look at Baquio, the mountain resort town;  
it was a very beautiful place nestled high  
up in the mountains, the temperature is  
in the 60's even during summer; each  
room has a fire place (a far cry from  
the heat and humidity of Manila). I  
returned to Manila via Sangley Point  
(where Mike O'Halloran was stationed)  
on a Marine flight.*

*"I'll probably be stationed here on  
Okinawa until next summer. It's an ideal  
duty station.*

*"For now it's back to the old 'grind' at  
our little clinic. It's quite a busy place  
for we take care of all Navy, Marines and  
their dependents on the island (there are  
three of us)."*

#### Class of 1965

Dr. Rodney P. Swantko  
Cleveland Metropolitan General Hos-  
pital  
3395 Scranton Road  
Cleveland, Ohio 44109

wrote us in February that he has accepted  
a position in the oral surgery didactic  
program at Boston University, School of  
Graduate Dentistry for the completion of  
his training. We wish him well!

Dr. James D. Weillhammer  
Cincinnati General Hospital  
3231 Burnet Avenue  
Cincinnati, Ohio

wrote to us last summer that he was en-  
tering a three year program in Oral Sur-  
gery at Cincinnati General Hospital. He  
also sent his best wishes and said he would  
be most happy to guide his friends around  
the hospital there!

Please continue to send us news items  
and your change of address as I mentioned  
earlier.

# Class and Fraternity News

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## FRESHMAN CLASS

Beginning in September, the Freshman Class of one hundred students (including four females) and three special students entered Dental School, and, we are happy to report, are all continuing the second semester.

The second semester finds us battling Physiology, Head and Neck Anatomy, Oral Histology and Embryology, Oral Anatomy, Basic Technic, Preventive Dentistry Seminar, and a new comer, Oral Biology.

President Jim Douglas has appointed numerous hard working committees who plan class functions, including an Employment Committee whose function is to work with the local Chamber of Commerce and the class regarding summer employment for class members.

The class seems to be progressing satisfactorily—with the usual frustrations of Basic Technic—but perhaps it is the inherent ability of dental classes to release these frustrations that gives them the long-standing reputation for such fine parties!

*Nancy Dudding*

## SOPHOMORE CLASS

The students of the Class of 1969 are in the midst of one of their most challenging years at Indiana University's Dental School. Thus far, everybody seems to be enjoying the more technical side of their studies including partial denture, crown and bridge, operative, prosthetic and endodontic areas. Oral pathology and microbiology are the two interesting and challenging lecture courses of the second semester.

During the Christmas season our class also was feeling the holiday spirit and celebrated with a Christmas class party and a Christmas party for the children at Christamore House. The plans for the party were made by the freshmen dental hygienists and the officers of the sophomore dental class.

Now that the Sophomores have their new dental coats, the class is looking forward to clinic which for most will begin this summer.

*Judy Fry*

## JUNIOR CLASS REPORT

The summer of 1966 found a large majority of the Juniors utilizing the summer clinics. The students seemed more anxious to start ap-

plying their past two years' of instruction to live patients than taking a vacation.

Two new students joined our class this fall: Anatoly Lubarsky, who took a years' absence from dental school in pursuit of a master's degree in physiology; and Virginia Wiesjahn, who transferred from Northwestern University Dental School.

Junior Class Officers were elected at the beginning of the fall semester. Mike Langenfeld was voted President; Phil Pate, Vice-president; Hank Feinburg, Treasurer; Virginia Wiesjahn, Secretary; Mike Feltman and Joe Grider, Student Council Representatives; and Tom Lapp, as A.D.A. Representative. Our faculty advisor is Dr. Mumford, of the Crown and Bridge Department.

The Juniors held their annual Christmas Dance at the Slovenian National Home, which was well attended. A group of students teamed up and presented a skit involving the Christmas theme and the Crown and Bridge Department. The skit was concluded when "Santa Stein" (Hank Feinburg) presented certain students and instructors "gifts" of good humor.

1967 will be a busy year for the Juniors with only one month off from the clinics. This is the time in which we will do the majority of our clinical work, and start forming our own opinions on techniques, materials, and specialization or post-graduate work. This is also the time when we develop the patience and habits we will follow the rest of our practicing lives.

*V. L. Wiesjahn*

## SENIOR CLASS

The senior year will soon be drawing to a close. Most seniors are finalizing their plans for the future and completing what few requirements have yet to be completed. A quick survey of the class shows that upon graduation approximately thirty-five will be serving in a branch of the Armed Forces, twenty will be establishing a private practice or associating with another dentist, seventeen will be working for a specialty degree either in an internship or graduate school, and thirteen reveal they are still undecided about what course they will pursue in the future.

The senior class has been feted on several occasions by the various pharmaceutical com-

panies and dental supply houses and even more are planned for the immediate future. The week-end trip to the Upjohn Company in Kalamazoo, Michigan, was postponed due to the bad weather at that time but is to be rescheduled in the near future.

Other activities being planned are the Faculty Razz Banquet, and a banquet honoring the wise. With these activities and National Board exams coming up, our calendar is nearly full up to that long awaited day—June 12th.

*John R. Barbour*

## DELTA SIGMA DELTA

Delta Sigma Delta has been active since the last issue. The house has been repainted entirely. Rush is complete for this year, and we would like to welcome J. Niles Falkenstein, Stephen Guidone, Bailey Hinton, Richard Houston, Richard Janzaruk, Steven Nelson, John Little, Richard Kitchell, Rupert Knierim, Thomas Wunder, and Ronald Yaros to our membership roles.

Other milestones are: Richard and Luci Bianco are the parents of a baby boy, Richard John. Mr. and Mrs. Phil Pate also had a boy named Matthew Douglas born December 9. A girl, Caren Lynn was born September 19 to Mr. and Mrs. William Clarida. Mr. and Mrs. Mike McDougall also had a girl, Kelly Colleen born October 7.

Delts who are graduate school bound at this early point in the year are: Butch Boren, John Steel, and Jim Booth in oral surgery. Also, Mike Marcotte in orthodontics. John will marry Miss Anita McCrackin June 17. Jim married Dee Whobrey in March.

Our Valentine Party was held February 11 with everyone having an enjoyable time. We are now looking forward and planning our big Hawaiian Dance in May.

*Charles Miller*

## PSI OMEGA

Psi Omega continues its success. On the social scene the fraternity sponsored its annual casino night which once again held much intrigue for its patrons. Psi Omega is preparing itself and its new members for the spring initiation toward which all those concerned enthusiastically look forward. A costume party will prove to be the major spring event.

Psi Omega continues to consider, this year in particular, just what the image and purpose of a professional fraternity should be. Ours is a sincere attempt to answer these questions in view of their meanings for each individual member. The social environment reveals a

different and very important facet of other members' personalities thus providing a better working relationship within the profession. Movies, lectures, and conferences given by faculty and guests supplement the students' formalized education. Alumni contribute to our experience by presenting a practical viewpoint and by helping us to establish ethical goals.

The fraternity is happy that two of its members, Mike Langenfeld and Chuck Simons, are serving as junior class president and student A.D.A. editor, respectively. Our congratulations are extended to Dr. Mike Tilka of Hammond, for winning the color television raffled at the casino night.

Omega Chapter looks forward to seeing the alumni in its hospitality room at the State Dental Convention in May.

*Charles M. Simons*

## STARKEY'S COLUMN

*(Continued from page 34)*

the entire Dental Aptitude Testing Program. A study recently completed by the National Board of Dental Examiners, using National Board scores as criteria, suggests several interesting results. On the basis of the scores obtained by 3,173 students, grade correlations were significant. It appears that the academic areas of the Aptitude Program were definitely related to subsequent performance on Part I of the National Board Examinations.

Also there have been studies reported showing a significant relation between scores obtained on the carving examination of the Aptitude Test with the technic performance of the student in Dental School.

It is also interesting to note some of the statistics reported by Ginley related to the number of years of preparation for dental school spent by students recently and in the past. In 1942, of all the dental students in the United States, 49 per cent had only two years of preprofessional training, 20 per cent 3 years, 4 per cent 4 years with no degree and 26 per cent had a bachelor's degree. One

per cent had a master's degree. Compare these figures to 1963, in which only 20 per cent had only two years of preprofessional training, 29 per cent three years, 7 per cent four years without a degree and 42 per cent had a bachelor's degree. Two per cent had master's.

Certainly the service rendered by the Council on Dental Education of the American Dental Association, in cooperation with the American Association of Dental Schools, through the Dental Aptitude Testing Program, to the Admission Committees of the Dental Schools of the United States is invaluable. The profession can be proud of such a service to the schools and to the students. There is little question that the students entering our dental schools today are better prepared than ever before. They hold the future of our profession in their hands. They represent an increasing challenge to the faculty of the dental schools and these faculties are constantly at work improving their ability to provide an improved learning environment. The future of dentistry looks bright!

As I mentioned earlier, it is a fine compliment to you when one of your patients or friends is motivated to study dentistry. Most often this has occurred because of your influence through conducting a health service with an aura of prestige surrounding it, bringing respect of the aspiring youth. More and more men are interested in studying dentistry and the way in which you obtain their admiration is largely responsible. Yes, the future of dentistry looks bright!

A booklet describing the details of the procedures to follow in applying for admission to Indiana University School of Dentistry entitled DENTISTRY—AN EXCELLENT CAREER, and a booklet, with details of the Aptitude Testing Program, entitled DENTAL APTITUDE TESTING PROGRAM 1966-67, are available by writing the Dental School and requesting them.

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## DENTAL HYGIENE

(Continued from page 29)

combining school and practice. Donna Zimmerman is living with her parents in Derby, England this year but expects to return to complete degree requirements in the Fall. She felt very much at home when she attended the dental hygiene meetings in Manchester. She found that the English dental hygienists remarkably resemble their American counterpart and were very interested in her educational program. Donna investigated the possibility of becoming licensed in England and was advised to take a refresher course and take the Board. Since she had just been over that road and time and salary were not conducive to her following this suggestion she enrolled in an English Literature course in Nottingham University and Derby Art School. The art course is more fun and the lectures are providing a link to the art and architecture of Europe which she hopes to see before leaving Europe. On November 24th, Jeri Bly was married to Troy Wallace Scott III, in December Nancy Travis was married to Douglas Allen Koehn, Jean Braumbach is now living at 511 Beechlawn Drive, Jeffersonville, Indiana and practicing in that area. The new address for Marian George is 1809 E. 49th Street, Indianapolis. Barbara (Bergman) Goldstein is now living at 830-A Selfridge Field in Duluth, Minnesota. Sally (Walker) Harris is working three days a week and is enrolled at the University of California. She hopes to receive a B.A. in English in three years. When her husband receives his Ph.D. she hopes that he will be on the faculty of a school where she can secure a Master's degree in Dental Hygiene Education. Members of this class who are in the Indianapolis area have been attending the meetings of the local group regularly. We are always glad to see our graduates participating in the activities of their professional organization.

## EYE TREATMENT

(Continued from page 13)

eye shield allows the dentist to see clearly while operating and protects the eyes of both the patient and dentist from foreign particles and droplets of saliva. Safety glasses should be shatterproof and constructed with shields positioned underneath and at the side of the main protective lens in order to block particles propelled to the eyes from different directions.

### Summary

A protective eye device such as a dental face mask with a clear plastic eye guard or safety glasses, should be worn by both the patient and dentist whenever a dental procedure creates a hazard to the eyes.

### References

- 1, 17, 20. Burket, L. W.: *Oral Medicine Diagnosis and Treatment*, Ed. 3, Philadelphia, J. B. Lippincott Co., 1957.
- 2, 3, 21. Travaglini, E. A., Larato, D. C.: *Dissemination of Organism—Bearing Droplets by High-Speed Dental Drills*, *J. Prosth. Dent.* 16: 132-139, 1966.
4. Travaglini, E. A., Larato, D. C.: *A Disposable Dental Face Mask with a Plastic Eye Shield for Operating with the Air Turbine Drill*, *J. Prosth. Dent.* 15: 525-527 (May-June) 1965.
5. Belting, C. M., Haberfelde, G. C., and Juhl, L. K.: *Spread of Organisms From Dental Air Rotor*, *J.A.D.A.* 68: 648-651, 1964.
6. Mohammed, C. I., Manhold J. H. and Manhold, B. S.: *Efficacy of Preoperative Oral Rinsing to Reduce Air Contamination During Use of Air Turbine Handpieces*, *J.A.D.A.* 69: 715-718, 1964.
7. Stevens, R. E., Jr.: *Preliminary Study—Air Contamination With Microorganisms During Use of Air Turbine Handpieces*, *J.A.D.A.* 66: 237-239, 1963.
- 8, 9, 10, 11, 16. Ochsner, A., Debakey, M. E.: *Christopher's Minor Surgery*, Ed. 8, Philadelphia, W. B. Saunders Co., pp. 460—472, 1959.
13. Cole, W. H., Puestow, C. B.: *First Aid—Diagnosis And Management*, New York, Appleton-Century Crofts Inc., Ed. 6, pp. 76—80.
- 12, 14, 15, 17, 18, 19. Havener, W. H., Saunders, W. H., Bergersen, B. S.: *Nursing Care in Eye, Ear, Nose and Throat Disorders*, St. Louis, C. V. Mosby Co., pp. 59—67, 1964.
22. Kuhn, H. S.: *Eyes and Industry*, Ed. 2, St. Louis, C. V. Mosby Co., 1950.



Group picture taken during dinner honoring Dr. and Mrs. Maynard K. Hine during their visit to Egypt last year. The men in the picture, with Dean Hine, are all alumni of Indiana University, having received their M.S.D. degrees from Indiana University School of Dentistry.

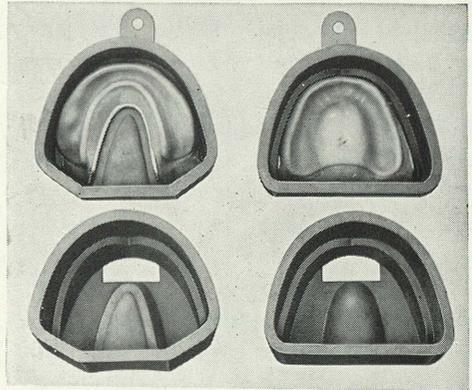
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