

ALUMNI BULLETIN

Indiana University School of Dentistry

VOL. V

MAY, 1943

No. 3

State Meeting Well Attended

Excellent Program Marks 86th Annual Meeting.

Despite the flood conditions prevailing and the loss of dentists to the armed forces, the annual meeting of the Indiana State Dental Association held May 17, 18, 19 in Indianapolis was one of the best attended in history. The program, streamlined to make the very most of the time available, proved to be both interesting and pertinent to problems and demands being made upon dentistry at this time.

Dean Crawford Appears

The Monday morning session consisted of 38 table clinics held at the Claypool Hotel. At the afternoon program Mr. James Robinson spoke on "Today's Problems of Practice Management" and Dean William H. Crawford presented a paper on a "Survey of Current Amalgam Alloys, Their Physical Properties and Peculiarities."

Tuesday morning papers were given by: Dr. G. T. Gregory on "The Prevention and Alleviation of Pain in Dental Operations," Dr. J. Ben Robinson discussed the activities of the American Dental Association in the war effort, and Dr. LaMar Harris spoke on "Acrylic Resins in Restorative Dentistry."

In the afternoon, Major Kenneth Cofield talked on "Dentistry Meeting the Emergency" and in the evening Dr. Harry Oberhelman on "The Treatment of Injuries In An All-Out War."

The program for Wednesday morning was: Dr. James Pearce—"The Role of Prosthetics in Private Practice," Dr. R. W. Bunting—"Is Pyorrhea A Preventable Disease?", and Lt. R. H. Stearns—"Indirect Inlay and Bridge Technique, Hydro-colloid Method."

Dental Corps Gives Demonstration

Following the custom of other years, the Wednesday afternoon session was held at the Dental School with special lectures and

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Faculty Appears On Programs

Many members on the faculty of the school of dentistry have appeared at various meetings during the past three months. We feel that it is somewhat a measure of the progress of the school to be called upon in this capacity. A list of meetings with the papers and clinics presented are listed and may possibly aid component societies in planning their winter programs.

Chicago Meetings

International Association for Dental Research—

Dr. Speidel—"Rate of Vertical Change Induced by Anterior Bite Plates."

Mr. Phillips—"Clinical Observations On Amalgams With Known Physical Properties."

American Association of

Dental Schools—

Dean Crawford—Report of Committee on Graduate Study, "Part Time and Full Time Teaching Problem."

Dr. Boyd—"Recognition of Dental Caries in Pre-Clinical and Clinical Years."

Dr. Speidel—Report on Journal of Dental Education, chairman of Orthodontic Group Conference.

Chicago Dental Society—

Dean Crawford—Small castings.

Dr. Gregory—"Repair of Bone."

State Societies

Fort Wayne—

Dean Crawford—clinic on small castings.

Dr. Van Huysen—"Gingivitis."

Dr. Rogers—"Esthetics in Crown and Bridge Prosthesis" and clinic on non-rigid bridge connectors.

Mr. Phillips—clinic on amalgam contamination and manipulation.

Lafayette

Dr. Hall—"Preparation of the Oral Cavity for Subsequent Denture Construction."

Dr. Van Huysen—"Gingivitis."

Dr. Hughes—"Problems in Full Denture Construction."

Dean Crawford—"I. U. School

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New Facilities In Dental School

Auditorium and Laboratory Will Aid in Teaching

Anticipating the need in perhaps the near future of facilities for teaching postgraduate and refresher courses rather extensively, the dental school is preparing its lecture, laboratory, and clinical facilities toward this end.

The south side of the first floor of the dental building will be so arranged and equipped that refresher courses can be offered under ideal circumstances. The plan includes facilities for lectures and demonstrations, a laboratory, and clinic. Of these the lecture hall and the laboratory have already been completed. The lecture hall is equipped with chair demonstration facilities, laboratory bench for demonstration, and projection apparatus. This room may also be used for an assembly room for the student body since it is large enough to seat the entire student body.

Laboratory Fully Equipped

The laboratory has work benches for twenty-four and is also equipped with a dental chair and unit to be used for small class demonstrations. Such items as casting machines, inlay and porcelain furnaces are part of the equipment of this laboratory.

It is hoped that when conditions

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Pell-Gregory Film Translated

The film by Drs. Pell and Gregory on the classification of impacted mandibular third molars and tooth division technique for removal of impacted teeth is in Washington, D. C. being translated into Spanish and Portuguese for distribution to our South American neighbors. This is being financed and sponsored by the American Dental Association.

Drs. Pell and Gregory are to be congratulated upon this distinct honor.

Military Status of Dental Students

Will Soon Go on Active Duty in Army or Navy

Most of the dental students now enrolled in dentistry are expecting to be in uniform and on active duty as privates in the Army or apprentice seamen in the Navy within the next month.

Since Indiana University School of Dentistry was one of the dental schools chosen officially for training of dentists by both the Army and Navy, no students in training here will be sent to other dental schools. During most of their training to date our students have held Reserve Commissions in the Army or Navy. For the most part these commissions have been resigned, and the status of the students has been changed to the rank of private in the Enlisted Reserve Corps of the Army and Apprentice Seamen in the Navy.

Uniforms and Board to be Furnished

It is anticipated that the students will be on active duty on or near July 1st, 1943. Under these programs the students will be in uniform provided by the Army or Navy and will also be furnished board and lodging, tuition and fees, instruments or rental for same, and base pay through contracts negotiated with the University.

Students entering the dental school are eligible for these programs if physically qualified for military service. Entering student supply is anticipated to come from Army and Navy sources almost entirely after the class entering next May. However, some students who are now on active military duty in camps will be allowed to study dentistry if they so desire. Our school has accepted its first student from this source, and he will begin the study of dentistry in September. He is a graduate of Purdue University, has passed the qualifying examina-

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ALUMNI BULLETIN

School of Dentistry
Indiana University
Indianapolis, Indiana

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

Editor-in-Chief
RALPH W. PHILLIPS

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Vol. V May, 1943 No. 3

The Library

INDIANA UNIVERSITY SCHOOL OF DENTISTRY

Selected List of New Books May 12, 1943

- Bernier: Atlas of dental and oral pathology. 2nd ed., 1942.
- Brotman: Let's look at your teeth. 1940
- James & Fickling: Injuries of the jaw and face. 1940
- King: Dental disease in the Island of Lewis. 1940
- MacEachern: Medical records in the hospital. 1937
- Macintosh & Bannister: Essentials of general anesthesia, with special reference to dentistry. 3rd ed., 1943
- Major: Fractures of the jaws. 1943
- Maximow & Bloom: Textbook of histology. 4th ed., 1942
- Miller: Synopsis of full and partial dentures. 1942
- National Research Council: Manual of standard practice of plastic and maxillofacial surgery. 1942
- Neil: A simplified full denture impression procedure. 1941
- Osborn: Men of the old stone age. 3rd ed.
- Osborne: Dental mechanics. 1940
- Pancoast and others: Head and neck in Roentgen diagnosis. 1940
- Parker: Synopsis of traumatic injuries of the face and jaws. 1942
- Pearl: Medical biometry and statistics. 1940, 3rd ed.
- Raney & Shands: Primer on the prevention of deformity in childhood. 1941
- Stern: Enameloid acrylics. 1942
- Thoma: Traumatic surgery of the jaws. 1942
- Wesson: Outline of the chemistry of dental materials. 1942
- Widdowson: Special or dental anatomy and physiology and dental histology. 2 vols., 6th ed., 1939

"It Is Up To Us"

Wendell D. Postle, D.D.S.
Columbus, Ohio

(Reprinted by permission of the author from the Journal of the American College of Dentists, March, 1943)

A great deal of consideration has been given to the problem of who should study dentistry. Most of us will agree as to the type of individual we would like to see choose dentistry as a career, but unfortunately many dental schools, because of the small number making application, have been forced to accept students who are not particularly qualified. We are not so fortunate as medicine, since the pool they have to draw from is much larger, hence they can be more selective. Most medical schools accept very few students below a B average, while in dentistry we accept students with a C average.

Dentistry does not seem to be so appealing to young people, for which there may be several reasons. First, medicine being a broad field made up of its many specialties is more attractive than dentistry which confines students to a rather narrow subject, as it is a specialty within itself. Second, dentistry has not enjoyed the same type of publicity, such as being glamorized over the radio and in the movies. In fact, in most instances, since dentistry is so closely related to medicine and is considered by some as one of its specialties, it is included in the general term of medicine and too often unintentionally omitted altogether. So, in considering a vocation, many times dentistry is left out because it is included in the general classification of medicine and for this reason many students do not even consider it in planning their life work. Third the fact that many students have associated dentistry with unpleasant experiences in the dental office adds to the lack of interest.

Dental schools are constantly criticized for the type of students they are accepting. This is unjust criticism for all dental schools would be only too glad to improve the caliber of their student body if they had the opportunity that is afforded the medical schools. But we need not be in the least discouraged, for the quality of dental students has gradually improved over a period of years and will continue to do so. However, there are some definite things we can do to help this along. It is not a problem for the dental schools alone, but a responsibility of the dental profession to encourage the right kind

of young men in the study of dentistry. There are many ways in which this can be done. Probably the most effective is for individual dentists in the various communities throughout the country to take on the obligation and interest young men to follow in their footsteps. A very successful minister in my community once remarked to me that he felt he was unsuccessful in his work if he did not interest at least one boy a year to take up the study of the ministry. I might say that he has done this very thing and he tells me that nothing in his life's work has given him more pleasure than watching the development of these young men whom he has interested in following in his footsteps.

Just think what would happen if every dentist would interest some good young boy in the study of dentistry. Our schools would be flooded with applications and I am sure the quality of the students selected would immediately rise. In the past three years we have been appealing to the dentists in Ohio to do this very thing and already we are beginning to see the results. We have two dental schools in this state and from 125 to 150 new students a year is all that we could possibly handle between us. There are thirty-eight accredited colleges in Ohio offering pre-dental work and we have found that in most of these schools the personnel men, those who were advising students, were entirely unfamiliar with dental college requirements. In many cases boys who were headed for dentistry were wrongly advised, making it necessary for them to continue in the Arts College another year in order to qualify. It seems almost unbelievable that in a state where we have so many colleges, and over 4000 dentists, we do not have at least 150 young men of the highest caliber apply for dentistry every year.

I think that we, as dentists must realize that the future of our profession depends entirely upon the men who are entering the field and that we, as individuals, should accept some of that responsibility and encourage young men to become dentists. We have entirely too many pessimists in our profession. Young men are constantly being discouraged from entering this field. Young people are interested in getting into a vocation which will make them economically secure. Dentistry offers this opportunity. There is an abundance of work to be done with a limited number of people to do it. A dentist has a fine opportunity to render a real service to his fellow men and at the same time gain a good livelihood for

himself. Many dentists have made the remark, in talking to young people, "If you want to make money, don't go into dentistry." I think this is entirely the wrong psychology for statistics show that dentists, as a group, fare well. They live on a comparatively high standard, and are respected, reliable citizens of their communities. It is possible for every dentist, during his earning period, to make himself secure for his old age. What more could anyone ask?

If the dentists and the dental schools will cooperate on this important problem, we would be surprised at the results obtained. "It is up to us."

Dean Crawford Appears in Canada

Dr. William H. Crawford, dean of Indiana University School of Dentistry, was again honored this year by being asked to present several papers before various component societies of the Ontario Dental Association. Dean Crawford appeared in Canada last year and his presentations on "Small Castings" were so well received that he was asked to return this February and devote his discussions to Amalgam research and manipulation.

The societies before which Dean Crawford appeared and the papers presented are listed:

Dental Assistants of Hamilton—"Helpful Suggestions for Dental Nurses and Assistants," Feb. 16th.

Toronto Academy of Dentistry—"Amalgam," Feb. 17th.

Hamilton Dental Society—"Amalgam as a Restorative Material," Feb. 18th.

Pell and Pierce Called to Service

Upon the activation of Base Hospital Unit No. 32 during the latter part of February, Drs. Glenn Pell and Doyle Pierce, members of the faculty of the School of Dentistry, were ordered to active duty in the Army. This unit was organized last summer but had not received definite orders until that time. The entire group of medical men, dentists, and nurses was sent to Camp Bowie in Texas to begin their training before being sent on foreign duty.

Shortly after their arrival in Texas it was found that the unit was somewhat overstaffed, and hence several men were transferred into other camps throughout the country. Of this group, the only dentist to be transferred was Dr. Pierce who is now stationed at Camp Mackall, North Carolina.

Roentgenographic Exhibit of Orthodontic Treatment Valuable Teaching Adjunct

During the past year the orthodontic department has been accumulating serial, standardized, lateral and anteroposterior roentgenograms of patients at various stages of treatment. Recently a number of the series were installed in a 32-panel viewing cabinet in the orthodontic room. This exhibit is proving to be extremely useful in demonstrating the structural relationships at the beginning of treatment and the progressive changes which are obtained throughout the course of treatment.

The roentgenograms made for this purpose are standardized and hence comparable. Standardization is effected by using an immobile roentgen tube and a mechanical device for obtaining the same position of the subject's head and the cassette relative to the tube for each exposure. The tube-subject distance is 60 inches in order to minimize enlargement and distortion of the roentgenographic image. Thus, with all controllable variables eliminated or reduced, the images on successive roentgenograms of a person provide accurate records of the person's status at the times the roentgenogram are made.

Roentgenograms of this type are variously named teleroentgenograms, orthophoric roentgenograms, orthodiagraphic roentgenograms, and cephalometric roentgenograms, terminology intended to emphasize the precision techniques employed to obtain standardized, undistorted roentgenographic images.

Roentgenograms Chart Progress

Serial roentgenography is an especially advantageous method of quickly and easily recording progressive changes during treatment because they show the relationships of the teeth to their supporting structures, the roentgenograms can be made at any stage, and no special preparation of the patient and his appliances is required. These series not only offer information as to the nature of the original deformity and the location and extent of change during treatment, but likewise permit the observer to determine rates of change.

Comparison between roentgenograms is accomplished by superimposition of tracings of the images. The tracings are made on

thin cellophane sheets. When several tracings of the various stages of treatment are properly oriented and superimposed, the changes from stage to stage are immediately evident.

Examples of these records are shown in Figures 1 and 2, profile roentgenograms at the beginning and end of a treatment for excessive overbite. The definite change

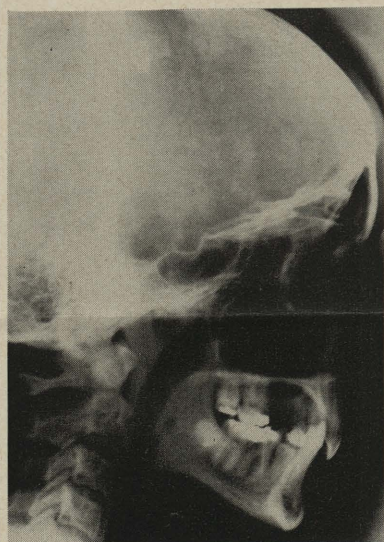


Figure 1. Profile roentgenogram of 16 year old boy with excessive overbite.

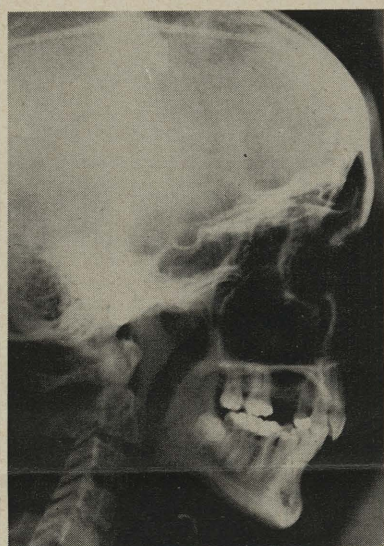


Figure 2. Profile roentgenogram showing reduction of overbite after eight months of treatment.

in the relationship of the upper and lower incisors is immediately evident. A composite tracing showing progress during the first three months of the treatment is presented in Figure 3. The changes in position of the occlusal plane, overbite, and mandibular position relative to the cranium are clear. When the tracings are reoriented on the mandibular outline, as shown in Figure 4, it can be seen that no appreciable change occurred in the mandibular contour but the lower incisors tipped labially a very small amount and the occlusal plane rose slightly relative

to the lower border of the mandible.

The usefulness of this method of helping the undergraduate student build his concepts of ortho-

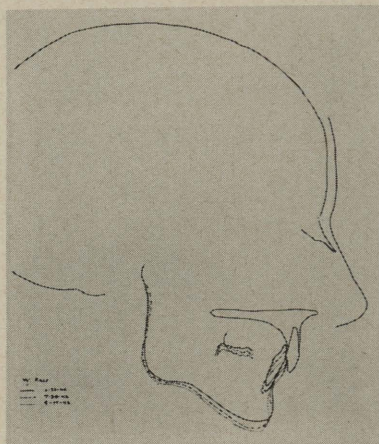


Figure 3. Composite of tracings showing changes obtained during first three months of treatment. For comparison the successive tracings were oriented on the cranial outline.

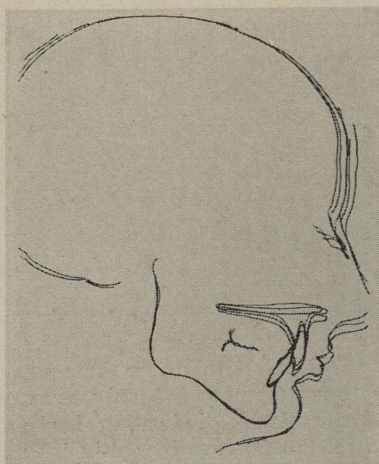


Figure 4. Tracings during the first three months of treatment superimposed on mandibular outline to determine changes in that area.

odontics is particularly apparent during the present accelerated curriculum. The reduction in total elapsed time for dental courses means that students now are not in school long enough to follow the entire treatment of extensive cases. Consequently, the method of providing frequent, visual records of treatment stages materially assists students to understand phases of treatment which they may not have personally observed.

New Facilities

(Continued from page 1)

resume a more or less normal status that there will be a real demand for the use of these facilities by the profession. The dental school recognizes its obligation in providing facilities and courses whereby the profession may have an opportunity to keep abreast of the developments made by the profession.

Faculty Appears

(Continued from page 1)

of Dentistry's Role in the Present War."

Logansport—

Dr. Hughes—"Problems in Full Denture Construction."

Dean Crawford—"I. U. School of Dentistry's Role in the War." Richmond—

Dr. Hughes—"Check Bites in Full Denture Construction."

Dr. Van Huysen—"Effect of Operative Procedure on the Dental Pulp."

Dr. Hall—"Treatment of Fractures of Maxilla and Mandible."

Dean Crawford—"I. U. School of Dentistry's Role in the War."

Gary and Crawfordsville—

Dr. Hall—"Treatment of Fractures of Maxilla and Mandible."

Other Groups

Dental Corps, Camp Atterbury—

Dr. Van Huysen—"Gingivitis."

Dr. Hall—"Preparation of Oral Cavity for Subsequent Dentures."

Mr. Phillips—Movie on amalgam.

Missouri State Meeting—

Dr. Gregory—"Radiography in Oral Surgery."

Canadian Dental Society—

Dean Crawford—Amalgam.

Dr. Wilson Returns After Accident

We are glad to welcome Dr. J. L. Wilson back after his long absence. Dr. Wilson suffered a bad fall on the ice in January and broke his left leg. Since that time he has been forced to remain at home and only recently has returned to his position here as Superintendent of the Clinic. He has held that post since July, 1927.

Although Dr. Wilson is still forced to use a cane, he is at the school now almost full time. The Alumni and faculty were indeed sorry to have lost his service for the past few months and extend our best wishes for a continued speedy recovery.

Military Status

(Continued from page 1)

tions with high ratings, and has all the requirements for entrance to the dental school.

Class Near Capacity

The class entering in September, limited to fifty-five, has now only a few vacancies, and many students now enrolled in pre-dental courses have matriculated for the class entering in May, 1944.

Closed Bite and Fissuring of the Labial Commissures

Once in a great while if one examines a relatively large number of edentulous patients one may on occasion see a peculiar type of affection. In a few instances there may be found pathology made manifest by the formation of fissures, scars or ragged and even malignancy of the corners of the mouth. This kind of pathological change is relatively infrequent in its occurrence and is found in edentulous persons whose bite has been over closed for a long period of time. These changes do not, of course, occur in all edentulous mouths but only in those individuals who have a peculiar susceptibility. The factor which contributes to this fissuring of the labial commissures is a collapse of the mouth corners with continuous close approximation of the lips in these areas. Continued close approximation of the lips at the corners maintains small amounts of moisture therein. This moisture seeps ever so slightly but continuously over from between the approximated corners onto the adjacent skin just outside of the vermillion border. This ever-present moisture does two things. It provides for the growth of injurious organisms on the lips and causes continuous wetting and drying of the nearby skin. Both of these factors, the growth of organisms and the wetting and drying of the skin, constitute an irritation. This irritation results in thickening with loss of natural elasticity of the epithelium. This thickening and loss of elasticity results in chapping, cracking and fissuring of the lips.

These constantly moist areas harbor unnatural numbers of monilia albicans, streptococci and staphalococci. Their growth on the lips and the chapping affect of the drying moisture which seeps out onto the skin causes thickening and cracking of the parts. The constant repetition of fissuring, healing and repeated irritation and fissuring provides a vicious circle of increasing irritation until the long suffering epithelium develops malignant tendencies.

Figure No. 1 shows the face and mouth of a woman who had been wearing the same dentures for 10 years. There is obvious loss of intermaxillary space. The upper and lower lips at both corners are collapsed and hold constantly between them a film of moisture. When the lips were separated and

the commissures examined, a small red fissure was present on each side. These fissures, about 2-3 mm

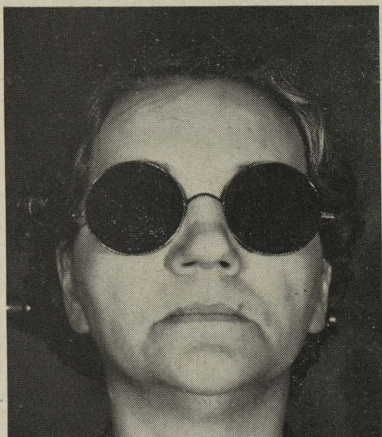


Fig. 1. Old dentures permitting closure of bite with continuous approximation of buccal commissures. This patient showed open and healed fissures at the mouth corners.

in length, running across the width of the lip commissure were shallow and stained with bright red blood. There were also 2 or 3 silvery streaks of healed, slightly thickened epithelium, showing evidence of previous fissuring. These fissures are not as a rule deep. They may involve the papillary layer but little or no actual connective tissue scarring is present. The epithelium, however, thickens producing silvery white streaks. The patient was seen again 7 weeks later when the photograph was taken. At this time there were no open fissures but only several silvery streaks indicating healing of all the fissures by epithelialization. The patient had new dentures made in correct occlusion. Greater intermaxillary distance was provided by opening of the bite. This prevented the previous slight drooling at the corners of the mouth and made for dry skin margins with no more thickening and cracking.

The second illustration shows the corner of a mouth of an 82 year old man who had been without adequate intermaxillary space for 15-20 years. This man's labial commissures show fissuring, moisture, and the presence of several papilloma and old scars.

This fissuring of the labial commissures is often called per leche or angulus infection, a contraction of the French words "pour lecher," literally meaning "licking of the lips." Per leche occurs as a fissuring of other parts of the lips in younger individuals, particularly children who are undernourished and dirty. In these cases it may be caused by riboflavin deficiencies. In these cases of vitamin deficiencies the tissue of the vermillion borders are lowered in resistance and subject to the infec-

tious organisms always present in these areas.

The type of cheliosis or "per leche" emphasized in this account, however, has as an exciting factor certain organisms which are always present there in small numbers. The important contributing factor is the collapse of the corners of the mouth, the faulty hygiene that is the constant moisture in areas that are usually dry, and the excessive growth of organisms in this favorable moist unnatural environment. Vitamin therapy when avitaminosis is the predisposing cause, as it may well

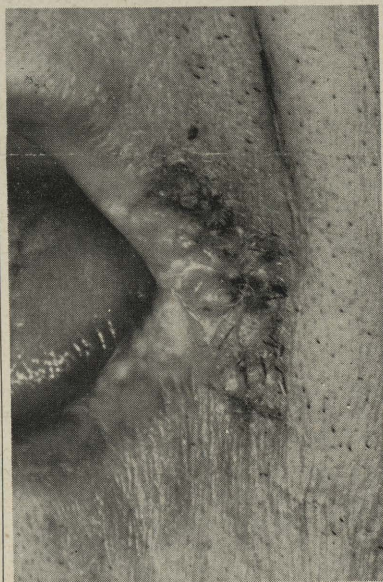


Fig. 2. Edentulous mouth with bite closure for 20 odd years. Left commissure shows silvery thickened epithelium of vermillion border with papillomatous warty growths of skin.

be in some cases, is of course essential. However, in these cases of older individuals where there is a closed bite, excessive moisture in the collapsed labial commissures and fissuring, one can treat the disease only by correcting the cause, that is, by opening the closed bite. On the other hand, persons with defective dentures may possibly be undernourished so that a possibility of dietary deficiency must always be considered.

State Meetings

(Continued from page 1)

chair clinics. The Dental Division at Fort Benjamin Harrison gave a demonstration of field equipment and training school technique which proved to be very interesting. There was also presented during the three days two limited short refresher courses, one on Oral Surgery and one on Complete Denture Construction.

Faculty Participates.

Other men on the faculty who appeared on the program in ad-

dition to Dean Crawford and Dr. Gregory were:

Drs. Frank Hughes, S. X. Pallardy, Frank Denny, and Bernard Martin—Refresher course in prosthetics.

Drs. E. D. Cofield and Frank Hall—Refresher course in Oral Surgery.

Dr. Ert Rogers—table clinic on Bridge Work.

Mr. R. W. Phillips—table clinic on Amalgam.

The administration and faculty of the Dental School again were glad to welcome back the alumni and their friends. It is sincerely hoped that their visit with us was both interesting and gratifying.

Dental Assistants Hold Annual Meeting

The Twenty-Third annual meeting of the Indiana State Association of Dental Assistants was held May 17-19th. Dr. William H. Crawford, Dean of I. U. School of Dentistry, presented a very educational lecture on Amalgam alloys. He supplemented his lecture with lantern slides showing the necessity for correct manipulation of amalgam alloy. Dr. J. Ben Robinson, President of the American Dental Association, also appeared on the program. Dr. Robinson presented his views upon the ideal type of a dental assistant and how she can aid her dentist.

Delegates to Meet in Cincinnati

The American Dental Assistants Association house of delegates meeting will be held in Cincinnati, Ohio, during the week of October 11. The delegates and alternates to this meeting will be: Maryalice Carney, Monon, Indiana, and Mrs. Kay Short, Indianapolis; alternates, Mrs. Rosalyn Berg, and Alice Krick, both of Indianapolis.

Officers elected for 1943-44:

President—Miss Maryalice Carney, c/o Dr. Border, Monon, Indiana.

1st Vice Pres.—Mrs. Rosalyn Berg, c/o Dr. Leonard, Indianapolis, Indiana.

2nd Vice Pres.—Miss Leona Kunkel, c/o Dr. Kennedy, Elkhart, Indiana

Secretary—Miss Alice Krick, c/o Dr. Boyd, I.U.S.D., Indianapolis, Indiana

Treasurer—Miss Margaret Magnuson, c/o Dr. Magnuson, La Porte, Indiana

At the present time there are 62 active members and 4 associate members in the association. Out of this group 12 guests and 55 members registered which is an excellent percentage.