

ALUMNI BULLETIN

Indiana University School of Dentistry

VOL. VI

JULY, 1944

No. 4

Indiana Men in the Armed Forces

This issue of the Alumni Bulletin is published with special reference to those of our alumni who are now serving in the Armed Forces. The significance of their services cannot be measured and the faculty of the School extends to them every wish for a safe and speedy return.

Listed below are the addresses of the alumni which we had in our files and taken from responses to our last notice in the Bulletin. Some of these addresses will, of course, be incorrect due to recent assignments to other posts. Unfortunately it is by no means a complete list but is the best that we have been able to do. They have been arranged according to classes, for the purpose of informing both the men in service and civilians as to the location of their class members.

May we suggest that our alumni write to the members of their classes who are in the service. Also, will the service men please write to the school occasionally and tell us where they are and what they are doing as far as they are permitted to do so?

1910

Burris, Harrison L., Station Hospital No. 1, Ft. Bragg, N. C.

1913

Rodkey, Ora B., Col., Fort Knox, Ky.

1917

Percival, Harold C., Col., Camp Breckenridge, Ky.

1922

Hirsh, Elliott, Station Hospital, Midland, Texas.

Richison, Frank, U.S.N.R., Naval Hospital, Philadelphia, Pa.

1924

Shroyer, Watt, Camp Atterbury, Columbus, Indiana.

1925

Healey, Maurice J., Major, Camp Campbell, Ky.

Shazer, D. C., Lt., U.S.N.R., Transport A.P.A. 70, Wilmington, Cal.

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I.U. Faculty Member Writes From England

The school was very happy to receive a letter from Dr. Glen J. Pell, Major in the dental Corps of the United States Army, who is in charge of dentistry in the 32nd Base Hospital. Dr. Pell's letter, which was dated July 26th, was from "somewhere in England" but since that date the hospital has been moved to France.

The 32nd Base Hospital was about the fifth to arrive in England, and members of the unit were pioneers so to speak as was determined from the first assignments described by Dr. Pell as follows:

"We helped finish the buildings and ran a station hospital for several months. We eventually, like the other early outfits, had to give way to new units coming over so that they could learn to function. We are on priority for new fields of activity."

Captain Charles Everitt, who is a member of the Base Hospital, has received a course in the technique of constructing acrylic eyes, and Dr. Pell reports that two practical cases had been made.

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Students on Honor Roll

Nine students of the Indiana University School of Dentistry were on the University's scholastic honor roll for the second semester of the past school year. The following ranked in the highest one per cent of their respective classes: Harold L. Blackburn, Bloomington; Charles A. Rhodes, Indianapolis; Edgar K. DeJean, New Philadelphia; Edward A. Bromm, Evansville; Arthur E. Gustavson, LaPorte. Those ranking in the next highest nine per cent were: Norman Becker, Chelsea, Mass.; Richard D. Butler, Indianapolis; Lamar F. Radmacher, North Manchester; Donald R. Smith, Mishawaka.

The Control of Tooth Decay

Research Efforts and Tooth Decay.

Many American mothers are disturbed because they do not get direct answers to the question, "Why does my child have tooth decay?" These mothers will insist that their child has been getting all of the vitamins and correct foods recommended.

During recent years, the public has been bombarded by radio and press with propaganda for the use of vitamin concentrates, with the result that great quantities of these food accessories are being consumed. Milk has supplanted coffee or has been added to the diet in many homes. Green vegetables are considered essential for a balanced diet by most housewives in planning their daily menus. These improvements in the daily dietary regimes of millions of people, in the middle and upper income brackets at least, have not resulted in a reduced incidence of tooth decay. In fact, while the general health has been improved, the incidence of tooth cavities has increased.

From the University of Iowa we have some ten years proof that diabetic children who have a diet rich in vitamins, calcium, and phosphorous in a properly balanced diet had far less tooth decay than the average child. The experts at the University of Michigan say the very illness (diabetes) of these children forced a reduction of sugar and starchy foods to about one-third to one-fifth of the amount of those substances.

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NOTICE

There is still an urgent need for waste paper and scrap tin. We have been asked to call this to your attention. Please see that your scrap gets into the proper channels for salvage.

Letters From Alumni in the U.S. Service

July 26, 1944

The following is my tour of duty which my fellow colleagues will be interested in. As a reserve officer of an Evacuation Hospital (62nd Inactive during peace time) since April, 1931, I was called to active duty January 15, 1942, as a Captain and was assigned to Fort Sill, Oklahoma, at the dental clinic of that service unit. Transferred to the 10th Field Hospital on September 10, 1942, and trained at Camp Bowie, Texas, until February 18, 1943. Transferred to 1853 Service Unit, Camp Bowie on that same date and have been here ever since. Am now Examining Officer in charge of periodontia. I graduated in 1926 with the first class of the I. U. S. of D. Have practiced at one location ever since until reporting to the army. The address at Springfield, Illinois, (713½ North Grand Avenue East) is correct and I still maintain my office with an assistant carrying on for me.

Anton Gerster, 1926

Somewhere in France
June 15, 1944

At present I'm practicing open air dentistry. I have my chair set up under an apple tree, and have plenty of light and fresh air. The only trouble is I don't have any patients. Man, I have never slept so much in my life as I have the last couple of weeks. There just isn't anything to do, which I imagine sounds very funny what with a battle going on, but it's true. Don't think I'll ever be able to do a hard day's work again. I wore so many blisters on my hands digging a fox hole that I haven't been able to do anything since. I have certainly had lucky breaks since I've been in the army, especially over here. I'm having a hard time writing

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ALUMNI BULLETIN

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RALPH W. PHILLIPS

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School of Dentistry Library

Selected list of New Books August 1, 1944

- Appleton: Bacterial infection. 2nd ed., 1944.
- Beveridge: Social insurance and allied services. 1942.
- Columbia University School of Dental and Oral Surgery: Differential diagnosis of mouth diseases. 1943.
- Cowdry: Microscopic technique in biology and medicine. 1943.
- Davison: Synopsis of materia medica, toxicology and pharmacology. 3rd ed., 1944.
- Durbeck: Impacted lower third molar. 1943.
- Erich & Austin: Traumatic injuries of facial bones. 1944.
- Garber: Stedman's practical medical dictionary. 15th ed., 1943.
- Gradwohl: Clinical laboratory methods and diagnosis. 3rd ed., 1943.
- Hemley: Fundamentals of occlusion. 1944.
- Hirsehorn: Denture base readjustment. 1943.
- Hoyt: Metals and alloys data book. 1943.
- Kazis: Planning and treatment for bite raising. 1943.
- Kennedy: Partial denture construction. 2nd ed., 1943.
- McGehee & Walker: Dental practice management. 1944.
- Massler & Schour: Atlas of the mouth and adjacent parts in health and disease. 1944.
- Miller: Textbook of periodontia. 2nd ed., 1943.
- National Research Council: Fundamentals of anesthesia, an outline. 1942.
- Orban (ed.): Oral histology and embryology. 1944.

- Osborne: Acrylic resins in dentistry. 1943.
- Regan: Medical malpractice. 1943.
- Strang: Textbook of orthodontia. 2nd ed., 1943.
- Thoma: Oral diagnosis. 2nd ed., 1943.
- Thoma: Oral pathology. 2nd ed., 1944.
- Winter: Operative oral surgery. 2nd ed., 1943.
- Winter: Textbook of exodontia. 5th ed., 1943.
- Yearbook of dentistry, 1943.
- Ziskin: Handbook of pulp symptomatology and diagnosis. 1943.

Control of

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stances consumed by the average child. The Michigan group have shown this to be true since they have demonstrated repeatedly a marked reduction in tooth decay among children who consumed low sugar diets but who did not have enough of the vitamins, calcium and phosphorous.

Two Trends of Thought Prevail

One group of scientists is sure that the first point, that having the child eat enough vitamins, lime and phosphorous, will control tooth decay. The other group is just as sure that having the child eat less sugar and starches will do the same. Both of these groups are seeking the same answer; namely, "what is it about our food that causes decay?" The only difference between them is in the way they work. The mother of your child patient is, of course, interested in the way diet works but she is primarily interested in the prevention of tooth decay. Combining the interests of those two groups of investigators with respect to dental caries, we have the following:

First, reduce the amount of sugar and starch in the individual's diet to the necessary minimum; and second, provide a complete and adequate diet from natural sources as far as is possible.

For the mother who wants help in controlling excessive tooth decay in her child, all of use can agree that properly supervised training of the child to less sugar and more balanced natural foods are wise procedures.

Caries Control Laboratory Effective Aid

At the present time mouth hygiene or cleaning of the teeth (so-called prophylaxis) by the dentist combined with a reduction of sweets and fermentable carbohydrates in the diet or the use of fluorine in the drinking water constitute the only measures of prevention of known value. With

the help of the laboratory at the University Dental School, two things can be added to the dentists' effectiveness in carrying out such a plan. First, this laboratory can make dietary recommendations and second, it can study the bacteria in the saliva to determine the need for or the effectiveness of the dietary recommendations made for each patient.

Of all the mouth bacteria capable of producing, from carbohydrate foods, the acids necessary to cause dental decay of teeth, only one has been found which is always associated with the disease. This bacteria is known as lactobacillus acidophilus. Although complete and satisfactory proof that this organism is the sole cause has not been established, the degree of its correlation with the disease is so definite that a knowledge of the number of L. acidophilus bacteria in a mouth tells us immediately whether or not tooth decay is active. Ordinarily it is six months to a year after control methods have been instituted before the dentist can tell by inspection of the mouth whether or not he has stopped tooth decay. Counting the lactobacillus acidophilus organisms in the saliva may be employed to determine within a few days, the value and degree of effectiveness of any method of tooth decay control such as dietary restrictions or sugar or the use of fluorine in the drinking water.

Definite Plan Outlined

It is, of course, impossible to accomplish good among all patients who have a great deal of caries activity by prescribing a diet calculated to lower the lactobacillus acidophilus activity and the incidence of tooth decay. One does not always find cooperative patients. No one gets 100% cooperation of patients in any field of dentistry. However, for the young patient who has the interest, who is unfortunate in having been afflicted with rampant tooth decay there is available a definite systematized plan. This plan is exact, it is understandable and can be carried on with the help of three individuals as follows:

1. The dentist who must educate and point out to the patient the need for the plan.
2. The patient who must feel the need for such a plan and sacrifice some of the joys of eating for the comforts of a healthy mouth.
3. The laboratory of your state university dental school whose staff will measure and check periodically the patient's need for control service and keep both the dentist and the pa-

tient advised of the systematic plan for caries control.

How to Determine Who Needs the Control Plan

The Indiana University Dental School, upon recommendation of the dentist, will send to the patient bottles for the collection of at least two small samples of saliva. When these are returned, the laboratory will analyze these samples for the number of lactobacillus bacteria therein. If the results of the examinations of the first two salivary samples show that there are many (over 150) lactobacilli in each cubic centimeter of this fluid, diet plan I is prescribed through the dentist for a two week period. At the end of this two week period the patient will change to diet plan II and send two more samples of saliva to this laboratory. This laboratory will send collection kits to the patient. At the end of the two week period on diet plan II, the patient will change to diet plan III and again send two salivary samples to this laboratory. Thereafter, periodic cultures will be taken, dependent upon the reaction of the patient.

Since the carbohydrate intake is the only dietary factor thus far proved to be related to tooth decay activity, it is necessary to reduce this food element at least temporarily. At the same time, a diet must be provided which is nutritionally adequate for the patient in order to insure normal growth and development and the maintenance of good health.

PLAN I. Preliminary dietary period (two weeks). This diet provides for approximately 100 grams of carbohydrate daily with protein and calories adequate for the age and activity of the patient. These dietary recommendations are sent to the dentist upon request. Please state age and sex of individual for whom you wish dietary recommendations.

PLAN II. Add to diet Plan I whole wheat bread not to exceed 6 slices daily. Also increase fruits and vegetables (including potato) to desirable amounts, being certain the none have been prepared with sugar. That is, all fruits and vegetables eaten must be

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Letters From

(Continued from page 1)

this, keeping one eye on the airplanes and one on the paper.

Combs is supposed to be in England someplace, but I was never able to locate him. Went up to London for a day a couple of weeks ago, and like it very much. It is much easier to get around in than New York or Chicago as it seems everyone knows where the main streets are. Didn't have time to see any of the big sights there, but saw quite a bit of the place. Everyone over here refers to it as the city. Guess that is about all I can say for right now.

James Zimmerman, 1943

August 2, 1944

On entering the Regular Navy Dental Corps, I was on duty at Navy Medical Center for an indoctrination course after which I had duty at Navy Yard, Washington, D. C. From there I joined the Fleet Marine Force at Quantico, Virginia, just in time to go to Guantanamo Bay, Cuba, with them. We later came back to the states for further training then went to the South Pacific, which included New Zealand, Fiji Islands, landings and defense of Guadalcanal, and then to Australia for a rest. From there I was transferred to Naval Air Technical Training Center (N. A. T. T. C.), Memphis, Tennessee, as executive of a dental clinic.

April of this year I was transferred to Washington, D. C. We have a swell set-up here compared to the make-shift and portable units we used in the field with the Fleet Marine Force.

I am to speak in New York this November for the Annual Meeting of the Society of Military Surgeons on my experiences as a Dental Surgeon with the Marines.

Pardon the personal touch. I hope the whole affair works out. I'd like to know where lots of the other guys are.

F. K. Etter, 1940

(Reprinted from the Journal of the Indiana State Dental Association)

Here are a few news items with a fellow dentist who is somewhere in New Guinea at present and who has been in the SWPA for some 20 months. The climate has always been entirely too warm for yours truly since he prefers the "Old Hoosier Weather." While in Australia I was in a number of cities such as: Sydney, Brisbane, Rockhampton, Townsville, Bundaberg, and Gladstone. Since that

time we have gone north of Australia and recently in "News-week" etc., you have no doubt read of our landing somewhere in New Guinea.

It seems like a lifetime since arriving overseas, yet others have been over longer, so I guess I can stand it for a while longer, but I would like to get back to the good old U. S. sometime in the near future. The Atarbrine we take has turned most of us as yellow as a pumpkin. During these months overseas we have had various types of rations, from turkey and chicken to canned stew, dog biscuits, and "Red Heart," but have always managed to get the proper nourishment to stay in condition for this jungle life. It is rather warm in our present area and is the hottest area I've been in, since the equator isn't so far away. I've seen shorts of this area in the movies, heard about it on the radio, studied it in geography and on the maps—it really isn't the most desirable spot in the world. This area was really evacuated in a hurry by the "Sons of Heaven," known as the "Stinking Japs," and they do smell, regardless whether they are dead or alive. We have treated injured and sick Japs in our dispensary and their body odor, etc., is unbearable. Places where they live and have lived are nothing but a mess. Words couldn't describe the filth. In their hurried evacuation they left abundant supplies, such as: trucks, motors of all types, from one-quarter horsepower to airplane generators (which now furnish us light out here in the jungle, push carts, medical supplies (and their gauze bandages are of excellent quality). Since our bombardment, which was very thorough, the Japs have surrendered willingly. These don't seem to want to die for "Their Dear Old Tojo." One hospital found large quantities of medical supplies along with surgical instruments and dental instruments. Many of the dental instruments were made in the U. S. (S. S. W.—Clev. Dent.). These have all been put to good use.

You have probably realized by now that this stationery was also left behind by the Japs. In our dispensary, so far, we have treated several races and creeds, among them Indians (soldiers who were captured at the time of Singapore, consisting of both Moslems and Hindus), Dutch, natives, Australians, and Chinese along with wounded Japs. All of these were very grateful for the treatment received and were very happy to be in American hands. The Japs who were treated were very ap-

preciative and bowed so gracefully and gave us snappy salutes prior to their departure from the Aid Station.

One most interesting group treated was a party of five Chinese, all prisoners of the Japs. There was an old man (the grandfather) the daughter and her husband with their two children. The boy was about 2 years old, the little girl only 10 days old. This small girl had a broken right arm and her right leg, which resulted when her mother fell with her during our bombardment. It was born only a few days prior to this. The birth took place out in the jungle, "the bush," and had no medical aid for several days, until these five Chinese were taken to our aid station by American soldiers. The above was the nearest story we could get from these people with the aid of an interpreter. The patients were evacuated.

In many nearby villages inhabited by the Japs, silk clothing was found. Some being women's. As is known they do have women with the troops.

Our surgeon, Major Henry T. Earhart, and I have been together for 3 years in the same organization, which is a record, because in the Army, personnel is switched around often. Doc graduated in the class of 1939 I. U. Medical School, and myself in the class 1939, just across the street on W. Michigan. We have seen training maneuvers and overseas duty together since June, 1941.

Dental work is plentiful along with medical and one doesn't have too much trouble keeping busy. While in Australia I did work for 27 different organizations at different times, yet always assigned to this one. I'm getting all the practical experience necessary for operative dentistry and impactions. I've additional equipment, such as: a motor, head light of Peep for use while working. It throws a good spot—almost as good as a Castle, extra forceps and elevators and chisels for the impactions, which I have done including each of the groups classified by Drs. Pell and Gregory.

I've seen three fellows, all graduates of I. U. S. D., since being overseas. George S. Hoffman, class of '38, S. Danbenheyer, class of '38, and Dale Harvey, class of '39.

One interesting patient treated at our Aid Station was an Indian Doctor of Medicine—specialty in civilian life, Gynecology. He was in the Indian Army at the time of Singapore and had been in Jap hands until we freed him. He

gave many accounts of his experiences with the Japs. He spoke good English until he got excited about the cruelties and brutalities of the Japs toward men, women, and children, mainly the women. So we kept away from that subject and continued to listen on other incidents. He graduated from Medical School in India in 1938, was a man of 30, seemingly very intelligent and the most courteous person I've ever known. He told us of Indian customs, such as women don't wear skirts or blouses, but robes, which extend down to their ankles. Men don't show pictures of their wives to anyone (but he claimed to be modern and so he let us see the picture of his very attractive wife). The Indian Medical and Dental schools have similar requirements to ours, in years especially.

These places in the Southwest Pacific are practically all jungle and after one has lived in them, civilization will certainly be a treat on returning to the States. The mosquitoes are about like Bob Hope claims, they come in with fighter squadrons.

This is about all for the present.
Walter H. Vendes, 1939

Control of

(Continued from page 2)

fresh or canned without sugar. Commercially canned vegetables (except peas and corn) may be used.

PLAN III. Continue diet Plan II, adding as much sugar as is desirable at one meal during the day. This sugar is to be taken with the meal—not between meals.

If the examination of the saliva shows that the lactobacillus counts drop significantly after diet No. 1 and remain low through and after diet plan No. 2 and No. 3, the diet is then unrestricted.

With the advice and help of your State Dental College, any dental office may organize for the individual patient a systematized plan to assist in the control of dental decay. In the final analysis, it is the patient who must discipline himself. The dentist can, however, encourage, advise and stimulate the patient's will to maintain a healthy mouth by following the plan made available by the Indiana University Dental School.

Indiana Men

(Continued from page 1)

1926

Gerster, Anton, Capt., Dental Clinic No. 1-A, Camp Bowie, Texas.

1927

Freund, Dave, Capt., Camp Polk, Louisiana.
Hanson, Warren, Comdr., Philadelphia Naval Hospital, Philadelphia, Pa.
Uranker, William, Port Dispensary, Marine Barracks, Quantico, Va.

1928

Clark, Lewis, Lt., U.S. Naval Hospital, Jacksonville, Florida.
Kincaid, Clement J., Fort McClellan, Ala.
Trueblood, Roger L., Station Hospital, Camp Atterbury, Indiana.
Shonkwiler, Virgil, 35th General Hospital, Ft. Benning, Georgia.

1929

Allen, Paul, Sheppard Field, Wichita Falls, Texas.

1933

Smith, Roscoe R., Capt. O-484433, 144 C.A. Group, A.P.O. 956, c-o Postmaster, San Francisco, Calif.

1934

Cohen, Cecil S., 351 Inf. Reg., Camp Bruber, Oklahoma.

1935

Favorite, J. F., Major, O-333945, Div. Surg. Office, Hq. 38th Division, A.P.O. No. 38, c-o Postmaster, San Francisco, Cal.
Fields, Eugene, Camp Beale, Auburn, Cal.

Kuhns, Hoyt S., c-o Post Hospital, Camp Claibourne, La.
Peacock, William F., Major, O-334458, 105th Station Hospital, A.P.O. 427, c-o Postmaster, New York, New York (Stationed in Italy.)

1936

Loskot, F. L., Capt., O-345271, Med. Sect. Hqs., U.S.A.F.I.M.E., A.P.O. 787, c-o Postmaster, New York, New York.
Peden, Robert L., Capt., A.P.O. 635, 10th A.D.G., Postmaster, New York, N.Y.

1937

Avery, Kingdon, Lt., Walter Reed Hospital, Washington, D.C.
Brant, B. W., Lt., Naval Training School, Oxford, Ohio.
Nicoloi, J. F., Station Hospital, Fort Knox, Ky.

1938

Abdon, Horace G., Capt., D. C., O-369086, Med. Det. Hq. Div. Art., A.P.O. 32, c-o Postmaster, San Francisco, Cal. (Stationed in New Guinea.)
Blythe, James O., Marine Hospital, Baltimore, Md.

King, Paul, Camp Croft, Spartanburg, S. C.
Maury, W. F., Major, Ft. Benning, Georgia.

McCullough, John, Capt., Green Free Manor, Louisville, Ky.

1939

Forney, Vernon J., National Institute of Health, Bethesda 14, Maryland.
Livingston, Wilson, 12th Air Service Base A.S.C., Santa Marie, Cal.
Lonsbury, Louis F., Station Hospital, Camp Carson, Colorado Springs, Colorado.
Prentice, Wilson, Capt., 46th Med. Bn., Pine Camp, New York.
Vendes, Walter H., Capt., O-398036, Dental Surgeon, 58th Sig. Bn., A.P.O. No. 361, c-o Postmaster, San Francisco, Cal.

1940

Baker, J. Eugene, Capt., Fort Canby, Washington.
Etter, F. K., Lt. Comdr., D.C., U.S.N., Naval Dispensary, Navy Dept., Washington, D.C.
Fraser, John E., Lt., c-o Station Hospital, Camp Barkeley, Texas.
Greene, M.E., Lt., Med. Detachment, 209th C.A., Camp Stewart, Ga.

Koss, William F., Capt., Aberdeen Proving Grounds, Aberdeen, Md.

Metaxes, Gus G., Receiving Ward, F.N.T.S., Farragut, Idaho.
Porter, Ernest N., Capt., O-474133, A.P.O. 638, c-o Postmaster, New York, New York, AQ-309, Serv. C.P.

1941

Mosson, L., Lt. Comdr., Naval Training Center, Bainbridge, Md.
Rosenstein, Maurice E., Lt., Comdt. 5th Navy Dist., NOB, Norfolk, Virginia.

May 1942

Baldwin, Fred, Capt., Station Hospital, 1550 S.U., Fort Knox, Kentucky.

Burks, Ally, Lt. (jg), Dental Dispensary, Camp Elliott, San Diego, 44, California.

Feldman, Martin, Lt. (jg), Port Hueneme, California.

Gromer, Roscoe, Capt., 143 Station Hospital, Camp Boure, Texas.
Hall, Sheldon, Lt. (jg), H & S Btry., 7th AAC Bn., c-o Fleet P. O., San Francisco.

Michener, Richard, Capt., Med. Det., 342nd Inf., APO 450, Camp Livingston, La.

Stock, Darrell, Capt., Station Hospital, Sheppard Field, Texas.
Stoner, Morris, Lt. (jg), Great Lakes, Illinois.

Stout, Eldred, Lt., Dental Clinic IB, Camp Swift, Texas.

Stragand, George, Lt. (jg), Dental Dispensary, Camp Elliott, San Diego, 44, California.

Welp, Dennis, Lt., (O-487000), 90th Station Hospital, APO 113, c-o Postmaster, San Francisco, Cal.
Wurtz, Robert, Lt., 115288, Navy 116, Frontier Base, Fleet Post Office, New York City, New York.

December 1942

Borman, William, Capt., O-1745364, Med. Detach. 198th AAA Auto. Wpns. Bn (Serv), APO-5224, c-o Postmaster, San Francisco, California.

Bronstein, Edward, Capt., O-1705205, 309 Quartermaster Bn. APO 187, Los Angeles.

Good, Wesley, Lt., Station Hospital, MAAF, Malden, Missouri.

Gwinn, George, Lt., Med. Det. Dental Clinic, Station Hospital, Wendoner Field, Utah.

Pickard, Robert, Lt. (jg), Naval Training Station, Bainbridge, Maryland.

Schaffer, Frederick, Lt., Navy 116, U. S. Naval Hospital, Fleet P. O., New York City, N.Y.

Shaw, John, Lt., 122 Med. Bn. 42nd Div., Camp Gruher, Oklahoma.

Shumaker, Marsh, Capt., 325 AAA s/1 Bn. Camp Haan, Cal.
Weatherford, Floyd Lt., Dental Clinic, 1-B, Camp McCoy, Wisconsin.

Yoder, Eugene, Lt. (jg), USNTS, House 39, Apt.—D, Farragut Village, Farragut, Idaho.

Young, Richard, Capt., Med. Det. Spec. Troops, APO 454, Camp Rucker, Alabama.

April 1943

Epstein, Stanley, Lt., Charleston AA Base Hospital, Charleston, South Carolina.

August 1943

Aitken, William, Lt. (jg), Dental Dispensary, Parris Island, South Carolina.

Berman, Robert, Lt. (jg), U.S.N.T.S., Great Lake, Illinois.

Combs, William, Capt., O-1745721 Hdqtrs. 9th Army Air Force, APO-696, c-o Postmaster, New York City, New York.

Eads, Lee, Lt., Station Hospital, Fort Bliss, Texas.

Ferrell, David, Lt. (jg), Box 425, Lake Bluff, Illinois.

Fitzpatrick, William, Lt., 1570 S. U. Med. Section, Camp Breckenridge, Kentucky.

Garcia, Rafael, Lt., 297th Station Hospital, APO-846, c-o Postmaster, New York City, N. Y.

Heltzel, Arthur, Lt., Dental Clinic, No. 2, 1580 SU, Camp Campbell, Kentucky.

Hollar, Horace, Lt., Borden General Hospital, Chickaska, Oklahoma.

Kaufman, Joseph, Lt., Co. B, Hg. 31st Bn. 7th Regt., Camp Grant, Illinois.

Kirchoff, Wayne, Lt., Dental Corps, Camp Campbell, Kentucky.

Kixmiller, Roy, Lt., Dental Corps, Camp Campbell, Kentucky.
Klotz, Melvin, Lt., Dental Corps, Camp Campbell, Kentucky.

Lindborg, Daniel, Lt. (jg) Naval Operating Base, B.O.Q. 52-A, Norfolk, Virginia.

Matlock, James, Lt. (jg), Great Lakes, Illinois.

Mellion, Gilbert, Lt., Station Hospital, Aberdeen Proving Grounds, Maryland.

Micheli, William, Lt., 1580th Serv. Unit Dental Clinic No. 2, Camp Campbell, Kentucky.

Raibley, Walter Lt., 1570 SU Med. Det., Camp Breckinridge, Kentucky.

Sevier, Noble, Lt., 1570 SU Med. Det., Camp Breckinridge, Kentucky.

Spear, Jean, Lt. (jg), Parris Island, South Carolina.

Walker, Charles, 1570 SU Med. Camp Breckinridge, Kentucky.

Zimmerman, James, Lt., O-1745640 U.S. Army, Hg. 1171th Eng. "C" Grp., A.P.O.-230, New York City, New York.

I.U. Faculty

(Continued from page 1)

He further states that the acrylic eye is destined to replace the glass eye and that they appear very good.

The dental conditions and treatments are described as follows:

"By thorough prophylaxis we have succeeded in keeping Vincent's Infection at a minimum in our outfit. There seems to be a lowering of resistance in the oral mucosa here, and it is probably due to a lack of vitamins. We have very complete equipment, electric and foot engines, lights, suction machines, sterilizers, lathes, and complete laboratory equipment. We are able to make acrylic jacket crowns and bridges, partial and full dentures, and amalgam fillings. In surgery we have everything we need for fracture fixation, even external pin and screw sets.

"The dental department had the honor of doing the first surgery. We had a bilateral compound fracture of the mandible posterior to the third molars with displacement of over-lapping of fragments. I chose to operate it externally and reduced and wired interosseously and closed the wound. I also used intra-maxillary fixation with rubber bands. The consultant was up in no time flat and concurred in the diagnosis and treatment and was back in a few days to see how things were going. We were lucky as we did not have to do anything more to the case and did not have even a stitch abscess."