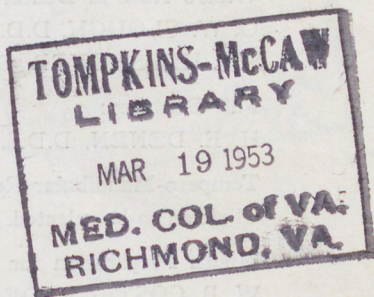


THE *Bulletin* OF THE

VIRGINIA STATE DENTAL ASSOCIATION

VOLUME XXIX

No. 34



FEBRUARY, 1953



Preliminary Program
of
VIRGINIA STATE DENTAL ASSOCIATION
HOTEL ROANOKE — ROANOKE, VIRGINIA
Monday, Tuesday, Wednesday
May 4, 5, 6, 1953



Restorative Dentistry:

C. R. BAKER, D.D.S. Chapel Hill, N.C.

Root Canal Therapy:

R. F. SOMMER, D.D.S. Ann Arbor, Mich.

Veterans Administration:

J. E. FAUBER, D.D.S. Washington, D. C.

What's New in Dental Research:

O. W. CLOUGH, D.D.S., and

S. J. KRESHOVER, D.D.S. Richmond, Va.

Full Dentures:

H. E. DENEN, D.D.S. Parris Island, S.C.

Temporo-Mandibular Relations:

Clinician to be selected.

Mouth Preparation for Immediate Dentures:

W. B. COSTENBADER, D.D.S. Norfolk, Va.



CLINICS

GOLF

BANQUET

DANCE

ENTERTAINMENT FOR LADIES



THE
BULLETIN
OF THE
VIRGINIA STATE
DENTAL
ASSOCIATION

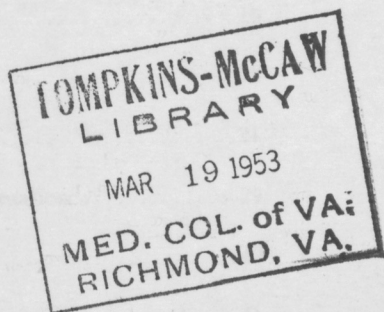


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PRESIDENT'S MESSAGE

Have you made your reservation for the State Meeting?

You will find the preliminary program in this issue of the Bulletin. There are a variety of subjects covered by some of the best men in their respective fields. Everyone should be able to find some subject of special interest, with a general interest in all the subjects presented.

You will notice that the program is not crowded. It was the idea of the Program Committee to allow you plenty of time to enjoy the program and return to your practice enlightened and refreshed.

Your Program Committee has carefully selected the program. The Clinic Committee has succeeded in arranging an interesting selection of clinics, and the exhibits will be well worth your time.

As you know, the Roanoke men are old hands at putting on a meeting. You may be assured that their "know-how" will work to your advantage in seeing that things are well run.

Mark off the first three days in the week and don't plan to get back in your office until Thursday.

Be sure and bring your wife. Every effort will be made to see that the ladies have a nice time.

Let me assure you that the officers and committees have worked hard this year, and as a result of their efforts, many issues shall be brought up which will be of interest to you.

Don't delay! Make your arrangements now for the 3rd, 4th, 5th and 6th of May, in Roanoke, the Magic City.

R. P. STICKLEY, President

Virginia State Dental Association

THE PRESIDENT'S MESSAGE

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Let us detail. Make your arrangements now for the 1934-35 session of May in Roanoke, the Magic City.

R. P. STECKLEY, President

MAR 19 1953

THE BULLETIN
OF THE

MED. COL. of VA.
RICHMOND, VA.

Virginia State Dental Association

VOLUME XXIX

OCTOBER, 1952

NUMBER 3

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EDITORIAL

M. C. V. SCHOOL OF DENTISTRY STAGES

HOMECOMING

The second annual homecoming exercises of the Dental School in Richmond on February 2-3 were successful in every possible way. The program as shown below was excellent; the fellowship at the luncheons, reception and banquet was heartwarming; and, the spirit of the alumni, faculty and students was a good example of what these meetings can do for the school and for those who attend.

There were 501 persons registered and of this number 360 were dentists and 141 were ladies. The number swelled to overflowing the auditorium in the Library, so it is a grand thought that the new Dental School Building will be completed well in time for the homecoming exercises next year.

With those attributes mentioned above it is easy to predict that the School of Dentistry of the Medical College of Virginia will shortly become one of the foremost Dental Schools in the United States.

SECOND ANNUAL ALUMNI HOMECOMING PROGRAM**Monday, February 2, 1953**

8:00 a.m. Registration.

Essay Program

9:00 a.m. Removable Partial Dentures for Fit and Function. Victor L. Steffel, Professor of Dentistry, Ohio State University, Columbus, Ohio.

11:00 a.m. Recent Advances in Operative Dentistry. Herbert D. Coy, Professor of Operative Dentistry and Director of Dental Clinic, Medical College of Virginia, Richmond, Virginia.

12:00 noon Alumni Luncheon.

Essay Program

2:00 p.m. Atomic Energy and Its Relationship to Dentistry. James A. English, Captain D.C., U.S.N., U. S. Naval Dental School, Bethesda, Maryland.

3:00 p.m. Preoperative Sedation in Dental Practice. William J. Longan, Assistant Professor of Oral Surgery, Medical College of Virginia, Richmond, Virginia.

4:00 Crown and Bridge Prosthesis. Richard L. Simpson, Professor of Crown and Bridge Prosthesis, Medical College of Virginia, Richmond, Virginia.

Reception

6:30 p.m. Mezzanine, Hotel John Marshall.

Banquet Session

7:30 p.m. Virginia Room, Hotel John Marshall. Guest Speaker: Lloyd E. Blauch, Chief for Education in Health Professions, U. S. Office of Education, Washington, D. C. The Professional Man in Our Times.

Tuesday, February 3, 1953**Essay Program**

9:00 a.m. Intraoral and Pharyngeal Movements—Motion Picture in Sound and Color. Harold M. Syrop, Associate Professor of Oral Diagnosis, Medical College of Virginia, Richmond, Virginia.

9:30 a.m. Modern Endodontics—Principles and Practice. Victor H. Dietz, Endodontist, St. Louis, Missouri.

11:00 a.m. The Uses of Antibiotics in Dentistry. F. D. Ostrander, Professor of Dentistry, University of Michigan, Ann Arbor, Michigan.

12:30 p.m. Alumni Luncheon

2:00 p.m. Panel Discussion.

LEST WE FORGET

Members of the State Association are well aware of many of the accomplishments of the four past presidents who are subjects of this article. We cannot be unmindful of the fine services they gave the Association and profession, and their respective communities, but an unusual coincidence prompts this review.

R. P. Stickley, J. H. Cocks, J. M. Hughes, and J. E. John have all been identified both as line officers and medical officers with a distinguished Military Command, the 116th Infantry Regiment of the 29th Division. This Regiment, one of Virginia's own, is said to have sustained a higher rate of casualties than any other similar outfit, which attests to the severity of its engagements. (W.W.I.) It is pleasing to note that the service of these dental officers was consistent with the best traditions of this famous regiment.

* * *

John Mortimer Hughes came to Richmond via Rappahannock County, Randolph-Macon Academy, Richmond College, and the University College of Medicine. (now part MCV). We first knew him as a Professor of Crown and Bridge work in 1914 and if all other accomplishments were forgotten, the Class of '15 would recall gratefully his new and simplified soldering technique; revolutionary at the time.*

He was Secretary of the Faculty 1913-16.

Further record: President Richmond Dental Society 1916 and 1926; State Board Dental Examiners 1926 (also Secretary) 1926; American Association of Dental Examiners 1932 and President 1952; Past President Apollonia Dental Study Club; Past President Civitan Club; American College of Dentists; quite well known as Master of Fox Hounds Deep Run Hunt Club; member State Fox Hunting Assn.; Westhampton Citizens Assn.

The accurate system of records which he maintains, and which has attracted so much comment in other states, is perhaps indicative of a meticulous trait observed both in professional and civic activities. The state and the National Assn. of Examiners have recognized the excellence of his work in deserved tributes.

Military: Private Richmond Blues 1911; 1st Lt. D. C. 1916; Capt. D. C. 1917; Major 1919; Divisional Dental Surg. 1918-1919 (France). Mexican Border Service 1916-17. 29th Division Engagements 1918. ****

* * *

John Hugh Cocks favored Farmville with his presence after graduating from MCV and he has made no little impact on his town, community, and state. His premedical education was secured in public schools and private institutions; his post-graduate work in Northwestern University.

Participation in many worthwhile community activities deserves special comment. We note that he headed the South Side Dental Society, and the State Dental Association, Past President Lions Club; Past Commander American Legion Post No. 32; member of Masonic Order; and he found time to teach a Bible Class and serve as a Baptist Deacon.

His Army service was no less interesting. He was a 1st. Lt. of Infantry on the Mexican Border and France, 1916-17, 116th Infantry, transferring to the Dental Corps in September 1918. Promoted to Captain D. C. (On his return home he reorganized the Farmville National Guard Company and was Captain of Infantry)

He was in the following engagements: St. Mihiel, Argonne, and Defensive Sector, and was wounded while treating a casualty in a Battalion Aid Station in the St. Mihiel Drive.

He gave to the State Association the same standard of excellence which characterized his civic and military endeavors.

Quite a citizen, dentist, and soldier, this man from Prince Edward.

* * *

Robert Palmer Stickley came to us by way of North Carolina after being educated in Concord High and college in North Carolina; professional training at Atlanta Dental College, now Emory University.

Lynchburg has reason to be extremely pleased with his decision to locate there as he has been prominently identified with Kiwanis, the Episcopal Church, and he has been Secretary and twice President of the Lynchburg Dental Society. His worth was further recognized by elevation to President of the State Dental Association and member of the House of Delegates; to both offices he made an outstanding contribution. Also member of Psi Omega.

This man has contributed with papers and clinics, and in many ways shown that he is keenly alive to the problems of the profession and the Association, giving it the same degree of devotion noted in his military career.

Military Record: 1st Lt. D. C. 116th Infantry—29th Division 1917, Capt. D. C. 1919. Military engagements—*** Silver Star Decoration.

A good insight into the character of our present head of the State Association is furnished by army friends who relate how he turned down a safe berth on the eve of an offensive in France, explaining that a man who had trained with an outfit and had become an integral part, couldn't just pack and leave when action was imminent. This trait was not unappreciated by the line officers of the Regiment.

The Hill City and Virginia may comment on his worth with understandable pride.

* * *

James Edward John has also demonstrated by example what a professional man can contribute to community, state and nation. Roanoke can evaluate him as a citizen in terms of: 1) Past President Rotary Club; 2) Past President Area Council, Boy Scouts of America and his Silver Beaver award; 3) Past Commander American Legion; 4) 33rd Degree Mason; 5) Potentate of Shrine Temple.

Professional: Past President Roanoke Dental Society, District Dental Society, past President State Dental Association, former Secretary and President State Officers Conference; past Chairman National Board of Examiners; American College Dentists; Secretary State Dental Association 18 years; Trustee 5th District ADA 6 years.

J. E. John was born in Roanoke County and was educated in public schools and Virginia Polytechnic Institute. Graduate of Baltimore College of Dental Surgery 1913.

Army record: Infantry Officer 1916-1918—116th Infantry. Lt. D. C. 1918-19. Chief Dental Officer Tank Corps. Battles and Engagements: ****

The efficiency and dignity always apparent in his office or while directing the activities of a State Meeting tends to confirm a universal opinion that organized dentistry owes much to this S. W. Virginian.

* * *

So we strike our Lyre, strum it deeply, and sing of Virginia's Four Musketeers. Gentlemen all. Each has kindled a shining light.

F.A.T.

* Minimal amount investment; asbestos block; soft flame; positive narrow solder joint.

*** Battle of Malbrouck Hill ***** Battle of Grand Montagne
Battle of Molleville Farm Capture of Etraye Ridge
Attack on Bois d'Ormont Attack on Bois Belleu
Defense Sector, Haute Alsace.

GIVE NOW!

Only a Small Contribution Will Suffice

Wyoming exceeded its quota during the second half of December to become the sixth state in the nation to pass the 100 per cent mark in the current A.D.A. Relief Fund campaign. Additional contributions received from Wyoming dentists sent their total to 104.1 per cent of the quota for the state. Alaska continued to lead the entire nation with contributions of 300 per cent of its quota. Alabama was second with 223.9 per cent. Others already over their quotas are Montana, North Dakota and Oklahoma. Six constituent societies were over the 90 per cent mark on Dec. 31. They are Florida, Hawaii, Nebraska, Nevada, Washington and West Virginia. At the year's end, the total contributions were \$71,311.28, a gain of \$1,377 over the total for the same date a year ago. The mailing of a second appeal for contributions is expected to boost contributions to campaign quota of \$100,000. Contributions by constituent societies follow:

	1952-53 Quotas	Contri- butions	PCT
Air Force	\$ 560.00	\$ 287.00	51.3
Alabama	770.00	1,723.89	233.9
Alaska	50.00	150.00	300.0
Arizona	270.00	83.00	30.7
Arkansas	530.00	433.65	81.8
Army	540.00	326.22	60.4
California	3,620.00	2,830.50	78.2
California So.	4,460.00	2,807.40	62.9
Colorado	960.00	500.00	52.1
Connecticut	1,950.00	1,504.00	77.1
Delaware	150.00	111.00	74.0
District of Col.	860.00	690.00	80.2
Florida	1,220.00	1,162.00	95.2
Georgia	1,070.00	667.50	62.4
Hawaii	370.00	335.00	90.5
Idaho	260.00	216.00	83.1
Illinois	7,570.00	5,982.50	79.0
Indiana	2,240.00	1,955.00	87.3
Iowa	1,880.00	1,183.50	63.0
Kansas	990.00	789.46	79.7
Kentucky	1,080.00	459.50	42.5
Louisiana	990.00	580.60	58.6

Maine	450.00	294.00	65.3
Maryland	1,080.00	824.00	76.3
Massachusetts	3,810.00	2,857.67	75.0
Michigan	3,990.00	3,172.65	79.5
Minnesota	2,970.00	2,139.00	72.0
Mississippi	520.00	379.70	73.0
Missouri	2,590.00	2,164.00	83.6
Montana	380.00	456.50	120.1
Navy	790.00	354.50	44.9
Nebraska	1,090.00	1,047.50	96.1
Nevada	100.00	93.00	93.0
New Hampshire	290.00	251.00	86.6
New Jersey	4,140.00	3,200.00	77.3
New Mexico	220.00	197.50	89.8
New York	15,220.00	8,123.50	53.4
North Carolina	1,240.00	721.25	58.2
North Dakota	350.00	452.55	129.3
Ohio	4,970.00	3,666.30	73.8
Oklahoma	900.00	1,007.00	111.9
Oregon	1,180.00	1,031.00	87.4
Panama C. Z.	30.00	5.00	16.7
Pennsylvania	6,970.00	4,363.94	62.6
P. H. Service	270.00	119.00	44.1
Puerto Rico	190.00	103.00	54.2
Rhode Island	570.00	297.00	52.1
South Carolina	400.00	239.00	59.8
South Dakota	340.00	187.00	55.0
Tennessee	1,150.00	455.50	39.6
Texas	3,050.00	1,580.50	51.8
Utah	480.00	301.00	62.7
Vermont	190.00	115.00	60.5
Vet. Admin.	960.00	298.00	31.0
Virginia	1,140.00	822.50	72.1
Washington	1,780.00	1,634.00	91.8
West Virginia	720.00	648.50	90.1
Wisconsin	2,930.00	1,986.50	67.8
Wyoming	160.00	166.50	104.1
Students		765.00	
Miscellaneous		14.00	
	<hr/>	<hr/>	<hr/>
	\$100,000.00	\$71,311.28	71.3

THE FLUORIDATION QUESTION

The concrete value of fluoridation is well established now and an ever increasing number of communities are providing themselves with this service. We of the Dental Profession should exert ourselves in an effort to provide this service to every person who lives in an area large enough to have a communal water supply. It is encouraging that Virginia communities, amounting to 20 percent of the total population, have now or will shortly have this service. We should continue our efforts on a state and local level until every community is provided with fluoridation.

Below are some news items from A.D.A. on the subject.

LARGE FLUORIDATION PROGRAM STARTED AT BALTIMORE

Baltimore, sixth largest city in the U.S., has started a fluoridation program serving 1,180,000 persons. The largest project yet initiated, it will provide more than 200 million gallons of water daily to some 958,000 persons in Baltimore and an additional 222,000 persons in the three surrounding counties. The annual cost of the hydrofluosilicic acid, the fluoride agent being used, will be \$60,000, according to Dr. H. B. McCauley, city dental director. The average yearly cost per person will be five cents. The action followed a ruling in favor of fluoridation by Judge Michael J. Manley, of the Superior Court of Baltimore (A.D.A. News Letter, Nov. 15, 1952). Complainants in the action who objected to fluoridation on religious grounds decided against an appeal.

NOT MEDICATION, NOT ILLEGAL JUDGE RULES IN CHEHALIS CASE

In another court decision at Chehalis, Wash., Judge John E. Murray, of Superior Court, ruled in favor of the city fluoridation project. The specific charges and the judge's answers were: Mass medication: "The contemplated program does not constitute the practice of medicine, dentistry or pharmacy." Illegal use of police power: "The city is engaged in the business of furnishing water and the addition of fluoride is not an extraterritorial use of that power." Illegal use of water department funds: "The city has authority to maintain and operate the water system and to do whatever may be proper in the promotion of public health." In Virginia, meanwhile, it was announced that Norfolk, South Norfolk, and Virginia Beach now have fluoridated water supplies. The three communities, with a combined population of 300,000 persons, are served by the same system. More than 630,000 persons, one-fifth of the state's population, are now receiving fluoridated water.

FLUORIDATION STARTED IN PITTSBURGH

At the start of 1953, the fluoridation of public water supplies was in operation in a total of 586 communities throughout the nation. Newest among the larger cities now fluoridating their water supplies is Pittsburgh, the nation's 12th largest city, where the public health measure was started in late December. Meanwhile, the fluoridation process received new endorsements. The National Congress of Parents and Teachers has announced the launching of a nation-wide campaign in support of fluoridation as a means of preventing dental decay among children. The health measure was also "strongly endorsed" by the dental section of the American Association for the Advancement of Science.

PITTSBURGH COVERS 700,000 PERSONS

In the Pittsburgh area, more than 700,000 persons are being served in the new fluoridation program. These include about 500,000 of the 700,000 residents of the city and about 200,000 residents of its suburbs. Operation of the fluoridation program was formally announced by Major David L. Lawrence of Pittsburgh on Dec. 27, a week after the addition of fluoride ions to local water supplies had been started. Fluoridation of Pittsburgh water was authorized by the city council initially in 1950. Placing of the program in operation climaxed a long campaign carried out by the Odontological Society of Western Pennsylvania. The society urged the appointment of a five-man advisory committee on the measure to the department of health. The members, all dentists, included Dr. Lawrence E. Van Kirk, dean of the School of Dentistry, University of Pittsburgh, as chairman, and Dr. W. Earle Craig, A.D.A. trustee; Dr. W. D. McClelland, Dr. Milton E. Nicholson and Dr. Isaac Sissman. Serving as advisor to the committee was Dr. Gerald Cox of the University of Pittsburgh. It was this committee that spearheaded the campaign and was responsible later for the appointment of a citizens' committee of civic leaders. Pittsburgh is the third largest urban area where fluoridation is now in operation. The largest area now fluoridating its water supplies is Baltimore with a population of 1,180,000. The Washington, D.C., area, with a population of approximately 1,000,000, is second.

P.T.A.'s URGED TO SEEK DENTAL COOPERATION

The action of the National Congress of Parents and Teachers followed a resolution to encourage local P.T.A. groups "to interest themselves in making this health measure available to children in their communities." Dr. Henry F. Helmholz, national chairman of the organization's committee on health, has called upon constituent and component dental societies to cooperate with P.T.A. groups in supporting cam-

paigms for the measure. In furtherance of the program, the National Congress has prepared a packet of material on the subject, including A.D.A. pamphlets, an article by Dr. Helmholz on "The Facts About Fluoridated Water and Tooth Decay" reprinted from the December issue of the National Parent-Teacher Magazine and suggestions for carrying out a campaign on a local level. Meanwhile, at the meeting of the American Association for the Advance of Science, the dental section adopted a resolution which "strongly endorsed the fluoridation of city water supplies as a partial preventive of decay of the teeth of children and recommended that all cities and communities having a central water supply adopt this health measure." The secretary of the section is Dr. Russell W. Bunting, of Ann Arbor, Mich.

OPERATIVE DENTISTRY'S RESPONSIBILITIES

By Herbert D. Coy

The eminent Scotch philosopher, Henry W. Drummond, has told us that the greatest thing in the world is love. Still others believe it is power, others maintain that it is money, for they assert that money will buy everything including love and power.

It is my contention that the greatest thing in the world is curiosity. That desire which is manifest even in the smallest child to know, what makes the wheels go round? What's in Pandora's box? The eternal question from the cradle to the grave is "why"?

The chemist wants to know what will happen if he combines certain elements; the biologist if he crosses certain species; the astronomer sees in the sky a constant incentive to research. Man has wanted to know what lies at the poles of the earth, beneath the sea, in the depths of the mountains and in the currents of the air. He has wanted to learn the effects of the elements, the force of electricity. He has wanted to know how far a machine gun bullet, a jet plane, a sight or sound could travel. He has found the answer to all these questions, these answers and many more which have revolutionized the world and have given to mankind all those inventions which have brought progress in their wake. The picture of the civilized world has been changed in the last fifty years to a greater degree than during any other time in history. It is curiosity which has brought this about. In the lives of children the questions are numberless. It is the striving of a workman to find a way to do the job better and the incentive to do it better each time.

During this fifty years of world progress, dentistry has assumed its rightful place as a full equivalent of the other specialties of medical practice. We have spent much time in perfecting technics and studying the physical properties of the materials used by our profession. Our advantages as a free nation have permitted us to do this; otherwise, our curiosity would not have been satisfied.

This precious quality, unless it is continually fed with enthusiasm, is very likely to be satiated when we have established ourselves in lucrative practices after graduation from dental school. Perhaps while still in school you have already been discouraged by some well meaning instructor as to the necessity for using the rubber dam or in doing some other like operation which distinguishes the ultimate from the mediocre who says, "That's all well and good but you can't make a living practicing dentistry that way."

Are we in dentistry to make a living or by a conscientious practice

of a healing art helping to make the world a happier and better place in which to live? We should never lose sight of the fact that the recipient of our efforts is a human being and we should never stand accused, even by our own consciences of having done less than our best and our best should always be the result of continuous study and acquisition of knowledge.

We spend much time teaching dental students the importance of operating in a dry cavity only to have this effort neutralized by the dental profession, many of whom refuse to do the best that they know and continue to practice less than quality dentistry by denying the patient the use of the rubber dam.

It is my purpose today to speak of the importance of operative dentistry sometimes known as bread and butter dentistry.

Someone has said, "That people have become so specialized and differentiated that they are like a jig-saw puzzle. By some force they are shaken apart until they do not know any more how they should fit into each other. They begin to wonder what on earth the picture was they used to form together. They are in danger of becoming little objects with no purpose." This must not become true of our particular field and each branch of it must continue to strive for perfection, each specialty correlating itself with the other to form the whole.

In an article entitled, "Trivial Dentistry" Oral Hygiene, September 1949, Howard Raper tells of the answer he received from a young dentist who two years before had graduated from dental college with honors. When asked by Dr. Raper how he was getting along, he replied, "I have just had my best month, all good work, nothing trivial, no fillings, no prophylaxis, no periodontal treatments."

Within the past fifty years amalgam as a restorative material has become first in importance in operative dentistry. Credit for the improved understanding of the handling of this material as well as improvement in the material itself should be given to Dr. G. V. Black. Later Black's work was verified and specifications set up by the Research Council of the American Dental Association in cooperation with the National Bureau of Standards.

In addition to Black and the A.D.A. Research Council many dentists in the field of operative dentistry have given unselfishly of their time and effort to promote a better understanding of this material.

A cavity for amalgam should be so prepared that the enamel rods are in line at cleavage at the cavity surface, this means a more box-like cavity than for a gold inlay. Practically all authorities will agree upon this, yet, Healy and Phillips studying 1521 faulty amalgam fillings

at the University of Indiana, School of Dentistry found that over 60% of them revealed faulty cavity preparation and were not worthy to be called a restoration.

One of the most important qualities in a single restoration posterior of the cuspid is tooth form and contact and yet almost every full mouth roentgenogram reveals pathological conditions developing as a result of the neglect of this important feature.

It is very difficult to obtain contour and contact in an amalgam restoration with the ready made matrix bands available. It cannot be done with any type of matrix band without properly contouring it and maintaining it in contour with modeling compound.

Another great source of tissue irritation resulting finally in oral pathology is overhanging gingival margins. This condition is so universal that I fear some members of the profession have come to look upon it as normal, but no mouth can be healthy that is afflicted with this great source of periodontal irritation and no treatment of periodontia can be successful until it is removed. It is true that to trim these overhangs off with a sharp gold knife causes some irritation but this is an acute irritation from which the tissue readily recovers while an irritation from an overhanging margin is permanent, continuous, and progressive and will eventually lead to the loss of the tooth.

To improve this situation is not alone the responsibility of dental educational institutions but it must have the enthusiastic response of the entire dental profession. Although dental students are taught to execute the proper type of operative dentistry they soon revert to the level of dentistry being done in the community.

The development of the cast gold inlay in 1907 by Dr. W. H. Taggart almost revolutionized the practice of dentistry. A technic for casting inlays that are dimensionally accurate was not available until after the cooperative research program of the A.D.A. and the National Bureau of Standards beginning in 1930 which developed certain specifications for materials used in the process. It was discovered that to cast an accurate small casting it was necessary to use a specific powder-water ratio of investment. It was necessary to spatulate the investment with a mechanical device to make it smooth and free from any bubbles. It was necessary to eliminate the wax in a pyrometer controlled oven. These steps are just as necessary today as they were when discovered in 1930 and to attempt to make castings without following these fundamentals is to be satisfied with ill fitting fillings when perfection is at hand.

Although over twenty years have passed since these facts were established by the National Bureau of Standards, it is well known that only a small percentage of the profession use this knowledge.

Every phase of dental research has had my enthusiastic support and I believe that every dental school should have a well organized dental research program as we have at the Medical College of Virginia at the present time, but such a program should not cause us to minimize our efforts in teaching our students the highest type of manual dexterity until that time when we have solved the problem of dental caries.

Dean Ford at the Graduate School, University of Minnesota recently said, "When you face a dentist you expect him to have some basic training but above all to combine with it certain skills and mastery of manual procedures that will leave you a happier and no less aesthetically presentable citizen."

Dr. Harold Hillenbrand, Secretary of the American Dental Association stated at our last years homecoming that 92% of all practicing dentists in the U.S.A. are in general practice which means that although many millions of dollars have been spent in research for the cause of dental caries, we have not yet reached our goal and the efforts of most dentists are still to be directed to removing and restoring carious lesions with some type of filling.

It is, therefore, important that we continue to develop skill and talent in restoring lost tooth structure so that we may do it in a manner



Figure 1

that will help create a healthy mouth and prevent the spread of disease, continuing to work to acquire perfection after learning the fundamentals in dental school.

Figure 1 shows two restorations placed by one of our graduates while he was a senior dental student.

Figure 2 shows two restorations placed by the same individual two years after graduation, in the mouth of the wife of one of our junior dental students.

This young man graduated from dental school with the highest of ideals and yet a few years later has slipped to a lower level. He is a very intelligent individual and knows the type of dentistry he should do but he found himself surrounded with fellow practitioners satisfied with less than the best from whom he received no encouragement to excel in each operation performed until finally his senses became deadened and he joined the ranks of his fellow practitioners who were satisfied in giving less than the best using the hackneyed excuse that you can't make a living doing it the right way.

ACRYLIC RESINS

Not since silicate cement was introduced fifty years ago has any

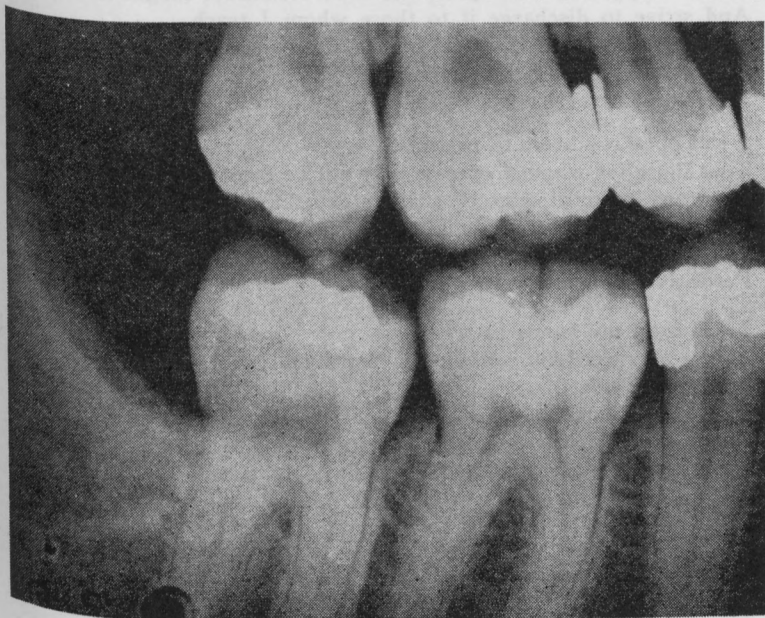


Figure 2

material made such an impact on operative dentistry as have the acrylic filling resins which harden at mouth temperature.

While this material has several advantages over silicate cements such as insolubility in the fluids of the mouth and better color matching qualities and ease of manipulation, it has two qualities that place it at a distinct disadvantage when compared to silicate; namely, a coefficient of expansion eight times greater than tooth structure and no anticariogenic properties such as seem to be present in the silicate cements.

Clinical evidence indicates that the resins are not comparable to gold foil and amalgam as a restorative material but they have enough merit to continue their use where a cosmetic effect is important, if continued clinical observation does not show leakage and caries recurrence to be too prevalent.

I ran across a statement of ideals which is a contribution toward the recognition of the planning function of an architect. I shall change it and abbreviate it in a few places to fit the dentist.

I will open my mind to Humility
That I may remember my debt to those who have taught me,
And strive to discharge it to those whom I teach.
Let me be always aware that my days are short, my work is long,
My talent endures not forever
In Humility may I always build.

I will open my heart to patience,
That those for whom I operate may not be denied value received
Thru any haste of mine or shallow expediency.
As my art grows in the building of man's dentistry,
So may my heart grow in the building of man's happiness
Patiently may I always build.

I will open my hands to artistry,
That I may skillfully work to the health and protection
of man's body,
To the nourishment of his hope, to the preservation of his culture.
Let my instruments be adroit and ready weapons in his
resistance to decay and his struggle to survive
With artistry may I always build.

With such high ideals for workers in sand, stone and steel, how much more important our aims and aspirations as professional men working for humanity should be.

The next fifty years? The measure of our progress in the dental

profession will depend upon the curiosity and vitality with which we assume our tasks. There are many things to find out, with our increased knowledge and unlimited facilities there should be no limit to our achievements.

Read before the Second Annual Alumni Homecoming, February 2, 1953, Medical College of Virginia School of Dentistry.

A REPORT ON THE CURRENT DRAFT SITUATION: PRESENT, FUTURE NEEDS OF ARMED SERVICES

This Information Bulletin from the ADA, dated January, 1953 is reprinted here for the benefit of those who did not receive it from the ADA or for those who inadvertently lost their copy.

The dental profession in the United States has always given priority attention to providing health services for military personnel, even in the days before the establishment of regular dental corps in the armed services. During World War II the value of this health service to the fighting strength of the nation was attested by the fact that nearly one-third of all the dentists in the United States served as dental officers. The uncertain postwar period, climaxed by the police action in Korea, has made imperative a continuing supply of dental officers for the armed services at a level higher than at any other time in the history of this country short of total war.

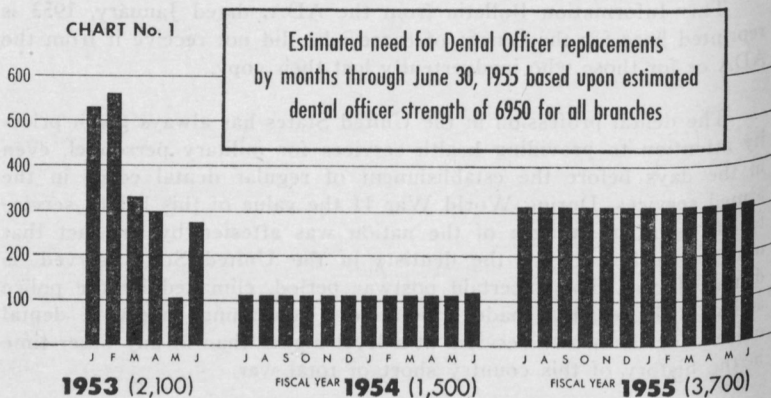
This Information Bulletin is being sent to all members of the American Dental Association as a report on the present and future needs of the armed services so that each dentist can evaluate for himself the contribution he may be asked to make to his country in his professional capacity. Obviously, it is impossible to make an estimate of needs so firm that it will not be influenced by many factors in the world situation in the months that lie ahead. The data presented, then, are the latest available but are always subject to further military review and planning.

The American Dental Association has given generously of its resources to aid the military in developing an adequate program of needed dental health services. The Association is not a recruiting agency for the armed services, and all final decisions about military service must be taken by official governmental agencies and the individual dentist himself. In its continuing appraisal of the military situation, the Association will endeavor to attain the following objectives: meet all legitimate needs of the armed forces; safeguard the dental health of the civilian population, and distribute as equitably as possible the burdens of semi-permanent mobilization.

The Armed Forces will need approximately 7,300 new dental officers during the next two and one-half years as replacements for those scheduled to complete their present tours of duty between January 1, 1953, and June 30, 1955, according to the latest available estimates of the Department of Defense.

Of these, 2,100 will be required during the first six months of

1953. An additional 1,500 replacements will be needed during the twelve months period from July 1, 1953, to June 30, 1954. The balance of 3,700 will be required in the year extending from July 1, 1954, through June 30, 1955. (See Chart No. 1 below.)



Source: Department of Defense

These estimates are based on the assumption that the strength of the Air Force, Army, Navy and Marine Corps will remain approximately at its present total of 3,600,000 and that about 6,950 dental officers will be required to be on active duty constantly to maintain the present ratio of approximately two dentists per one thousand of armed forces personnel.

How these needs of the armed forces for new dental officers are to be met constitutes a serious and complex problem for both the profession and the military. A majority of the new dental officers required during the next several months will have to be recruited from among dentists with established practices who have not had previous military service, thus disrupting to some extent present dental health services for the civilian population. It is probable, because of the previously demonstrated inability of the armed forces to secure sufficient volunteers, that some form of compulsory recruitment of dental officers will be necessary for the next several years.

The Four Priorities of Public Law 779

At present, dental manpower needs of the armed forces are being filled through the special dentist--physician draft act, Public Law 779, which was enacted by the Congress in September, 1950. The law, as most dentists well know, established four orders of priority for the compulsory induction of dentists, physicians and veterinarians up to age 51. The four priorities are:

First priority. Those persons who participated as students in the Army Specialized Training Program or similar programs of the Navy and those persons who were deferred from service during World War II for the purpose of pursuing a course of instruction leading to education in the fields of medicine, dentistry or allied specialties who have had less than 90 days of active duty with the armed forces subsequent to the completion of or release from the program or course of instruction.

Second priority. Those persons who were similarly trained or deferred as those in priority I but who have had 90 days or more but less than 21 months of subsequent active duty in the armed forces.

Third priority. Those who have not had active service in the Army, Air Force, Navy, Marine Corps, Coast Guard or Public Health Service since September 16, 1940.

Fourth priority. Those not included in the first and second priorities who have had active service in the Army, Air Force, Navy, Marine Corps, Coast Guard or Public Health Service subsequent to September 16, 1940.

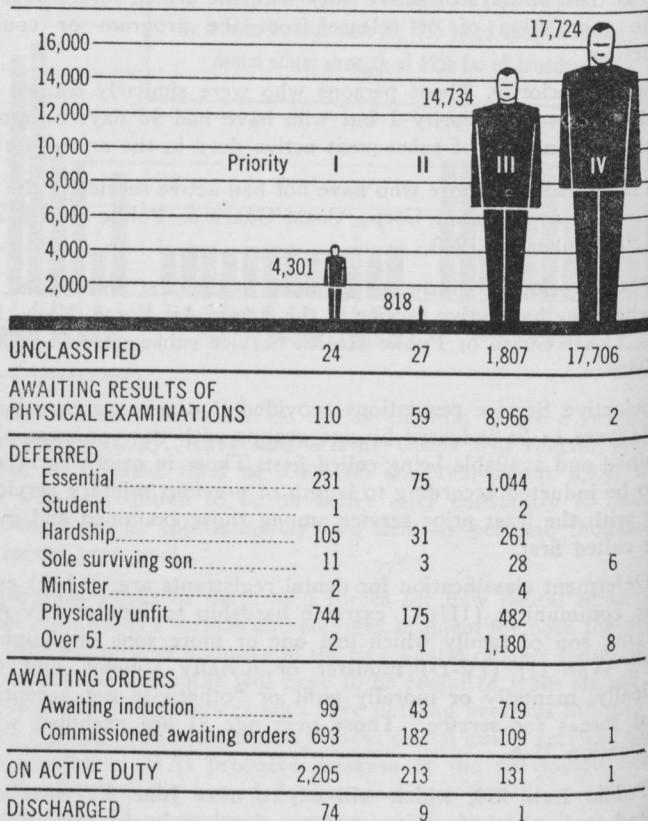
Selective Service regulations provided that persons in priorities I and III are to be inducted by age groups with the youngest of those examined and available being called first. Those in priorities II and IV are to be inducted according to length of previous military service with those with the least prior service among those examined and available being called first.

Deferment classification for dental registrants are: (II-A) essential to the community; (III-A) extreme hardship to family; (IV-A) sole surviving son of family which lost one or more sons or daughters in World War II; (IV-D) minister or divinity student, and (IV-F) physically, mentally or morally unfit or "otherwise not acceptable to armed forces for service." Those over age 51 are excluded with the classification V-A.

Public Law 779, which will expire next June 30, was basically directed at dentists, physicians and veterinarians in the first and second priorities; that is, those who received part of their professional training at government expense or who were deferred to continue their professional education during World War II. Insofar as dentistry is concerned, most of the eligible men in priorities I and II have already been processed (see Chart No. 2) and calls are now being made for men in priority III.

Inducements to Volunteers

The authority given the Selective Service System to draft members

CHART No. 2**Distribution of registrants by Selective
Service classification (AS OF OCTOBER, 1952)**

Source: Selective Service System

of the health professions as enlisted men has been used to force dentists and physicians to "volunteer" for two-year tours of duty as commissioned officers. As an additional inducement, separate legislation enacted by the Congress provided that dentists and physicians who volunteered would be eligible for an equalization or bonus pay of \$100 a month above the regular salary and allowances for their commissioned rank. Those who did not volunteer and had to be inducted are ineligible for the \$100-a-month extra pay.

As could be expected, virtually all dentists given induction notices subsequently "volunteered" for commissions prior to the date established for their actual induction. Up to last October, only 11 dentists had actually been drafted as enlisted men out of more than 3,600 dental registrants who had received induction notices. All of the others voluntarily accepted commissions as dental officers.

Priorities I and II Nearly Exhausted

According to the latest available report of the Selective Service System, that for October, 1952, only 24 out of the total of 4,301 dentists registered under priority I have not yet been classified. Of those classified, 2,205, or slightly more than one-half of all priority I registrants, are already on active duty. An additional 792 have been either commissioned and are awaiting orders or are awaiting induction. Another 110 have been classified as 1-A (available for immediate induction) and are awaiting results of their physical examinations and 74 others have completed their tours of duty and have been discharged. A total of 1,096, or about 25 per cent of all priority I registrants, has been deferred. Of these, 744 were declared to be physically unfit, 231 were found to be essential in their communities and given temporary deferments, 105 were deferred for hardship and 16 others were deferred for miscellaneous reasons.

In priority II, in which there were only 818 dental registrants, all but 27 have been classified. The October report showed that 213 priority II dentists were on active duty and 225 others were either commissioned and awaiting orders or were awaiting induction. Fifty-nine more were listed as 1-A and awaiting results of their physical examinations. Of the priority II registrants, 285, or about 30 per cent, had been deferred. Of these, 175 were deferred for physical reasons, 75 because they were essential to their communities, 31 because of hardship and four for miscellaneous reasons. Nine other priority II registrants have been discharged.

In late December, the Department of Defense announced that it had lowered its physical standards for dentists, physicians and veterinarians on active duty and asked the Selective Service System to re-examine a number of priority I and II men who have been deferred on the grounds they were not physically qualified. The Selective Service System has also announced that it will review all deferments granted to priority I and II men on the grounds that they are essential to their communities. As a result, it is expected that a limited number of priority I and II men now deferred may be ordered to report for induction in the immediate future.

Priority III Men Now Being Called

The comparatively few priority I and II dentists available to fill future calls means that a considerable number of priority III men will be called to active duty between now and next June 30 when Public Law 779 expires. Just exactly how many face induction calls within the next six months cannot be predicted with any close degree of accuracy. There are some men still in priorities I and II who will be called, and there is still a small number of reserve officers who received part of their training at government expense or who were deferred during World War II and thus are theoretically supposed to be called before priority III men receive induction notices. These groups are believed to be of insufficient size to relieve the immediate obligations of any large number of priority III dentists.

A study of the October figures of the Selective Service System (see Chart No. 2) indicates that only about one out of each four men in priority III, that is, those under age 51 with no military service since 1940, might be found eligible for active military duty.

The Selective Service report listed 14,734 dentist registrants in priority III. As of October, a total of 3,961 had been processed. Of these, 3,001 had been deferred and only 960 had been classified as available for active duty. Of those eligible for active duty 719 had already been given induction notices, 109 had been commissioned and were awaiting orders for active duty and 131 were already on active duty. One priority III dentist had been discharged from military service.

Of the remaining 10,773 dentists in priority III, 8,966 were awaiting results of physical examinations and the balance of 1,807 had not yet been classified.

It is interesting to note that of the 3,001 priority III dentists listed as deferred, the largest group consisted of 1,180 men who had passed the 51st anniversary of their birth, thus automatically being excluded from the provisions of the special draft act. The second largest number of deferments, 1,044, was granted on grounds that these dentists were essential to the health and welfare of their local communities. The totals for other deferments were: physically unfit, 482; hardship, 261, and miscellaneous, 34.

Because of the large number of priority III men who will be available to fill calls between now and June 30, when Public Law 779 expires, it is not expected that any priority IV men, that is, those who have served in the armed forces since 1940, will be called under the present law. According to Selective Service System reports, there is a

total of 17,724 men in priority IV of whom only 20 have been classified. Of this entire group, one dentist is now on active duty and one has been commissioned and is awaiting orders.

Age Limit of 35 is Temporary

So far, priority III dentists given induction notices have been under 36 years of age. An order instructing local boards not to issue draft orders to priority III dentists over 35 years of age was issued last October after the American Dental Association had protested to the Department of Defense and the National Advisory Committee to the Selective Service System that the drafting of older men was in conflict with regulations specifying that younger men be called first. At that time, Selective Service had issued induction notices to men up to age 45 to fill its October quota. These orders were cancelled after A.D.A. protests were heeded in Washington.

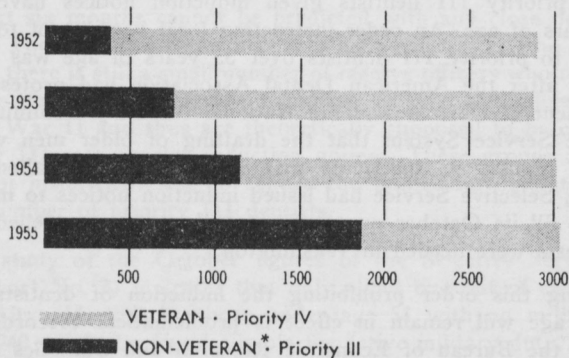
How long this order prohibiting the induction of dentists over 35 years of age will remain in effect is problematical. According to estimates of the Bureau of Economic Research and Statistics of the American Dental Association, about 3,500 of the 14,700 priority III registrants are under 36 years of age. Selective Service records, however, as of October 9, listed only 1,359 priority III dentists of 35 years of age or younger.

When this temporary age limit of 35 will be raised apparently depends upon the results of physical examinations of men in the younger age group. It also depends upon how many dentists other than priority III can be made available to provide the 2,100 replacement dental officers that the Department of Defense has estimated it will need by June 30. The armed forces, however, are not eager to call up older men since they must be given rank in proportion to their professional experience and the induction of many older men would upset present grade structure tables. Department of Defense officials also believe that their higher age would, in general, make them unsuitable for assignment to field units.

Despite this announced reluctance to draft older men in priority III, the armed forces, by their own figures, seemingly have nowhere else to turn to meet immediate needs for dental officers.

Early Induction for Non-Veteran Graduates

New graduates who are non-veterans are automatically classed in priority III and those who are physically-fit are available for immediate induction. It will be 1955 and probably 1956, however, before there will be enough of these non-veteran dental graduates to provide the replacement dental officers the Department of Defense estimates

CHART No. 3**Estimated number of veteran and non-veteran graduates by year of graduation**

*Includes women and foreign students amounting to approximately 1.5% of total

Source: Council on Dental Education, American Dental Association

that it will need each year. (See Chart No. 3.) The Council on Dental Education of the American Dental Association estimates that there were only 410 non-veteran dental graduates, including a small number of women and foreign students, during 1952. For 1953, the Council estimates that there will be 789 non-veterans among the anticipated 2,809 new graduates. The total of non-veteran graduates is expected to be 1,160 in 1954 and 1,890 in 1955.

New graduates pose a special problem in that they are available only for "general dentistry." There still will be a need for experienced men and specialists far beyond the strength of the regular or permanent officers of the various dental corps. Roughly, the armed forces estimate that about 30 per cent of all dental officers on duty should be specialists or experienced dentists.

For the next six months, until Public Law 779 expires, the outlook is that virtually every priority III dentist 35 years of age or younger who is physically qualified and is not eligible for deferment on grounds of essentiality, hardship or other acceptable reasons, can reasonably expect to be drafted by June 30. Men up to 40 years of age may expect to be called if the reservoir of those under 36 is insufficient to meet draft calls.

To date, Public Law 779 has fulfilled its original purpose of pro-

viding dental manpower for the armed forces. The mechanism to be provided the armed forces for compulsory recruitment of replacement dental officers needed after June 30, 1953 when Public Law 779 expires, must be determined by the new Congress which convenes January 5. While it is generally agreed by the health professions that the draft mechanism should be allowed to expire as soon as possible, it is also generally agreed that some form of compulsory recruitment of dentists, physicians and veterinarians will be necessary for the next several years.

Proposals of American Dental Association

At its annual session at St. Louis last September, the House of Delegates of the American Dental Association voted unanimously "to oppose the continuance of Public Law 779 only if a substitute program which seems to be practicable has been proposed to the American Dental Association." Attempts to draft a satisfactory substitute measure are now underway in conferences between federal officials and representatives of the American Dental Association, the American Medical Association and the American Veterinary Medical Association.

In these conferences, spokesmen for the American Dental Association have proposed that any new draft act covering dentists include the following general provisions, many of which are not now part of Public Law 779;

1. The period of time a dental officer must serve as a reserve officer should be limited to a period not exceeding the actual time on active duty.
2. Officers who have had active duty during the Korean war should be exempted from recall to service except in the case of national emergency.
3. The age limit for those subject to induction should be lowered from 51 to a "reasonable age." (When Public Law 779 was first under consideration the Association recommended a 45-year age limit.)
4. Adequate provisions should be included for the deferment of dentists on grounds of essentiality, hardship and other legitimate reasons.
5. Dentists should be given military assignments as dentists or be released from service.
6. Dentists commissioned as dental officers should be guaranteed military or naval rank commensurate with their professional experience and veterans recalled should be given promotions on a similar basis.

7. A uniform system of promotion for dental officers should be established.

8. The present system of national, state and local Selective Service advisory committees, including representatives of the dental profession, should be retained.

9. The \$100-a-month equalization pay above regular salary and allowances should be continued.

10. Dentists should receive credit, in determining their priority classifications, for all World War II service including that with the armed forces of allied nations.

11. Consideration should be given to reducing the required length of Korean service in relation to time served in the armed forces in World War II.

12. Records for all those in priority IV should be compiled by age and amount of service, by months. The same information should be compiled for all reserve officers.

Proposals made thus far in tentative drafts of a substitute measure for Public Law 779 are that the present age limit of 51 be reduced to the mid or lower 40's and that there be only two instead of four priorities under which professional men could be inducted. These suggested new priorities are:

First group. Those persons who have not served on active duty. Inductions of persons classified in this group shall be in the order of their dates of birth with the youngest being selected first.

Second group. Those persons who have served on active duty. Inductions of persons classified in this group shall be according to the length of previous active duty, those with the least number of full months of active duty being selected first.

The proposed replacement would also extend the liability for service of all men who had been classified in priorities I or II of Public Law 779, and who, for one reason or another, had not been inducted prior to the expiration of this law.

These proposals, of course, are yet tentative. If approved they would automatically exclude older men now in priority III but would keep younger men in priority III in virtually their present situation; that is, subject to induction as needed.

The Outlook for 1954 and 1955

During the 12 months starting next July, the Department of

Defense estimates that it will need 1,500 replacement dental officers to maintain its present strength of 6,950. It is estimated that 590 of the required 1,500 replacements will come from physically-fit, 1953 non-veteran graduates, most of whom are now subject to the regular draft applicable to all males under 27 years of age. There will still be a need for an additional 910 replacement dental officers (see Chart No. 1). From July 1, 1954, through June 30, 1955, the need for replacements for dentists to be called to duty will skyrocket to 3,700. Since only 700 to 800 physically-fit, non-veteran graduates are expected to be available from the 1954 graduating class, an estimated 2,900 to 3,000 practicing dentists will be needed for active duty.

If the Congress approves the present proposal of the Department of Defense to place all eligible dentists in two new priority classifications, most dentists now in priority III would be placed in the first new priority and would be called to meet the quotas for replacement which are listed in the preceding paragraph.

Details of the new legislation remain to be worked out, and the Department of Defense plans to send a revision of the present draft act to the Congress in February, 1953. In defining its attitudes toward the proposed legislation, the Association will give weight to the following policies: (1) every legitimate need of the armed services should be met as promptly and efficiently as possible; (2) the civilian population should be safeguarded in its ability to secure essential dental health services; (3) military needs must be related realistically to the total available resources of the dental profession; (4) the recruitment of dental officers should be conducted under an orderly and equitable program; (5) dental officers on duty should have a full opportunity of carrying out their professional duties in a professional manner.

It has not been traditional in this country to establish a program of compulsory military service for selected groups of the population. But it has also not been traditional in this country to remain on a footing of subtotal mobilization because of persisting threats to the national security. The dental profession recognizes this situation as both critical and essential and will respond, as it always has in the past, with complete dedication to the national interest. Only in this way can a free people and a free profession be safeguarded in a free country.

COMPONENT SOCIETIES

Component No. 1—Tidewater Dental Society

The annual banquet and election of officers of the Virginia Tidewater Dental Association was held at the Norfolk Yacht and Country Club on Wednesday evening, January 14th, 1953.

The following officers were elected for the coming year:

DR. W. J. NORFLEET, Suffolk	<i>President-Elect</i>
DR. J. P. CROSS, Suffolk	<i>Component Executive Committee</i>
DR. A. C. VIPOND, Norfolk	<i>State Association Executive Council</i>
DR. PHIL LASTING, Portsmouth	<i>"Good-Will" (Grievance) Committee</i>

Dr. Carl Pierce, of Norfolk, Va. was installed as President for the coming year. Dr. Millard P. Doyle, of Norfolk, Va. will serve the second year of a two-year term as Secretary-Treasurer.

Guest speaker for the evening was Dr. Robert P. Stickley, President of the Virginia State Dental Association. He spoke, in general, on two subjects:

1. Those issues facing the dental profession today that may be called "urgent."

2. A short review of dental organization: national, state, and local.

Dr. Stickley's interesting and instructive talk was closely attended and well enjoyed by those present.

Respectfully submitted,

MILLARD P. DOYLE, Secretary-Treasurer.

ADA BRIEFS AND NEWS RELEASES

**"FLAMBOYANT" CLAIMS FOR CHLOROPHYLL
CRITICIZED**

The chlorophyll industry last week received what one publication termed "another black eye" as dental and chemical scientists joined in criticizing the "flamboyant" anti-odor, anti-decay advertising claims. Dr. Thomas J. Hill, of Cleveland, chairman of the A. D. A. Council on Dental Therapeutics, declared there is no conclusive evidence that either chlorophyll-derivative or amoniated dentifrices help to fight tooth decay. Speaking at the Greater New York Dental Meeting, Dr. Hill pointed out that results of scientific tests did not substantiate "cleverly prepared advertising copy" Meanwhile, Dr. J. Roy Doty, council secretary, speaking at the University of Illinois telephone extension course, emphasized that there is no "green wonder" or "white miracle" toothpaste that will magically prevent dental caries. No such dentifrice will do anything that a suitable toothbrush won't accomplish alone, he said, and despite all advertising claims, there has been no therapeutic dentifrice yet accepted by the council.

Also highly critical of chlorophyll products were members of the chemical industry. Commenting on the A.D.A. criticism of Chlorodent advertising (A.D.A. News Letter, Nov. 1, 1952), Chemical Industries Week called it "another black" for the industry and said: "It's almost certain that the big, flamboyant ad has been read by more people than the A.D.A.'s cautious, meticulous statement. On the other hand, the message criticizing the ad has gone to nearly every dentist in the nation, and they can be counted on to relay that information to all their patients who ask about Chlorodent." The article concluded that "what the country's dentists tell their patients may add to the apathy, or worse, with which many people are coming to view advertisements of products containing chlorophyll." Still another chemist, Professor Al-soph H. Corwin, of Johns Hopkins University, lashed out at chlorophyll industry claims. Addressing the American Chemical Society meeting in New York, he said the anti-odor claims of oral chlorophyll compounds have no basis in fact. He pointed out that the commercial product called "chlorophyll" is not the chlorophyll of nature but a chemically different substance which may have a harmful effect on the human liver if taken in large quantities. An immediate investigation into the possible damaging effects of the commercial compound should be made, he said.

A.D.A. URGES CONTINUANCE OF \$100-A-MONTH SPECIAL PAY FOR DENTAL OFFICERS

Continuance of the \$100-a-month special pay for dental and medical officers in the armed forces was urged by an A.D.A. representative last week. The Association statement was presented to a special civilian commission set up by Secretary of Defense Lovett at the request of the Senate Committee on the Armed Services. The commission, headed by Mr. Lewis L. Strauss, is considering the field of "incentive-hazardous duty and special pays" as a forerunner to review of the law by the next Congress. In the Association statement, Dr. Rudolph H. Friedrich, of Plainfield, N. J., chairman of the council on Federal Dental Services, said "the position of the Association has been that such pay was not only desirable, but also necessary, both long and short-term, if dental officers were to be placed upon a comparable basis with other line and staff officers in terms of real income throughout their careers." He pointed out that the liabilities accrued by dental and medical officers prior to service are different from those of the general registrant in the 18-26 age bracket. He also noted that dental and medical officers were being called for service in numbers proportionally greater than those for any other reserve group in comparable age brackets.

PROFESSIONAL GROUPS URGE REED-KEOGH BILL

Representatives of professional organizations, including the A.D.A., last week agreed to urge Congress to consider a bill that would allow individuals to provide for their own old age by deferring payment of income taxes on earnings set aside for their own retirement or pension plan. Similar bills were introduced in the last session of Congress by Rep. Reed (R., N.Y.) and Rep. Keogh (D., N.Y.). (See A.D.A. News Letter, May 15, 1952.) Rep. Reed as senior Republican member of the House Ways and Means Committee is expected to be its chairman in the new Congress. The meeting to discuss the measure was called by George Roberts, chairman of a special committee on taxation of the American Bar Association and head of a coordinating committee for the bill. Representing the A.D.A. was Mr. Francis J. Garvey, of Chicago, secretary of the Council on Legislation. Others were representatives of the American Medical Association, and organizations of architects, accountants, veteranarians and other professional groups. The measure would permit individuals not covered by the Social Security program to deduct from their adjusted gross income each year a sum equal to 10 per cent of the income or \$7,500, whichever was the lesser, for payment into a special fund. The money would then be paid

back to them after the age of 60 either in a lump sum or in 15 annual installments or in a single premium annuity, taxable at time of receipt. The A.D.A. has gone on record in favor of the measure.

NEW AMERICAN DENTAL DIRECTORY AVAILABLE

The first annual edition of the American Dental Directory is now available at a new, low price of only \$7.50. Previously, the Directory had been published at three-year intervals and sold at \$12.50 per copy. An estimated 91,000 dentists are listed in the 1953 edition, an increase of nearly 5,000 over the number listed in the 1950 publication. In addition to the names and addresses of all dentists in the United States and its territories, the new Directory contains information about the character of each dentist's practice (general or specialized); the school from which he received his dental degree; year of his graduation, and his membership or non-membership in the A.D.A. Names are listed both alphabetically and geographically. In addition there is a separate geographical listing of specialists. Also included in the new publication are the names and addresses of the 42 dental schools, the 27 dental hygiene schools, the 11 dental assistants schools approved by the American Dental Assistants Association, and the four dental laboratory technicians schools. Other information included are names and addresses of key dental personnel in each state, requirements of state examining boards, names of U.S. dental organizations, and names and addresses of 52 national dental organizations of the world. Copies of the Directory can be purchased for \$7.50 each from the Order Department, American Dental Association, 222 East Superior Street, Chicago, 11, Illinois.

TOTAL MEMBERSHIP REACHES HIGH OF 77,447

Total membership in the A.D.A. reached a record high of 77,447 on November 30. The total was more than 300 higher than the previous record set in September of 1950, and more than 1,400 higher than last year's corresponding figure. A total of 34 constituent societies reported gains over their 1951 memberships. In the federal services, the Air Force, Army and Navy reported gains, and the Public Health Service and Veterans Administration showed minor decreases. The number of fully-privileged members was 67,680, an increase of 991 over last year. Membership in other categories was; student, 9,527 (up 439); affiliate, 222 (down 29); associate, 9 (up 3), and honorary, 9 (up 1).

5,500 EXPECTED AT PHILADELPHIA MEETING

A topic discussion of oral infection and a symposium on general health of the dentist will be two of the highlights of the Greater Philadelphia annual meeting Feb.4-6 in the Bellevue-Stratford Hotel. An attendance of 5,500 is expected for the three-day meeting, according to Dr. John P. Looby, society president. The local Children's Dental Health Day observance will be held in conjunction with the annual session. The scientific program of the meeting will consist of seven registered clinics, including two two-hour sessions, five topic discussions, the symposium, table clinics and exhibits. Dr. Lester W. Burket, of Philadelphia, vice- chairman of the A.D.A. Council on Dental Therapeutics, will moderate the oral infection panel.

CALL OR 286 DENTISTS FOR FEBRUARY

The Department of Defense last Monday directed Selective Service to fill a February call for 286 dentists and 537 physicians. The February request follows a January order for 383 dentists and a December call for 204 dentists. In the February call, 241 dental officers are scheduled for assignment to the Army and 45 to the Air Force. The Defense Department said the February call raises to 1,923 the number of dentists requested from Selective Service since July, 1951. As in the January call, the February order is expected to be filled principally by Priority III dentists. Selective Service figures as of Oct. 30 showed a total of 14,734 dentists in Priority III of which 12,927 had been classified by local boards. However, the figures indicated that 8,961 Priority III dentists classified as 1-A, or acceptable for military service, were still awaiting physical examination.

DELEGATES BASED ON MEMBERSHIP FOR 1952

The number of delegates to which a constituent society is entitled for the 1953 annual session can now be determined by the status of the society's membership at the end of 1952. Under an amendment to the By-laws adopted at the St. Louis meeting, the total of delegates depends upon the number of fully-privileged members in a state society at the end of the calendar year. Hitherto, the number of delegates has been based on the number of members in good standing at the opening of the annual sessions. It was pointed out that under the new provision, societies will be enabled to choose all their delegates and alternate delegates soon after the first of the year. The new total for the House of Delegates in 1953 will be 394 as compared

with 383 for 1952. Societies will be officially notified shortly of the number of delegates to which each is entitled under the 1952 membership figures. All societies are urged to name their delegates as soon as possible.

BRIEF IN THE NEWS

The New Jersey State Dental Society has adopted a resolution proposing that the dental services given to schools by the Bureau of Dental Health of the State Department of Health be limited to those schools "which do not sell or make available refined carbohydrates to their children, and to those schools which indicate willingness to discontinue to do so." . . . "Underwater Agent H2O" is the title of a newly-issued comic book in the "Daredevil Davey" series. Single copies may be obtained free upon request from the A.D.A. Order Department . . . Under the auspices of the dental service of the Veterans Administration hospital at Tuskegee, Ala., a seminar on postgraduate professional education and research in the dental, medical and allied sciences will be held Jan. 30.

FIRST AID AND CIVIL DEFENSE

How often have you come upon a serious automobile accident soon after it had occurred? Or, it may have been your own car that was wrecked. People were hurt and you wished that you knew what to do for them. You knew that they needed immediate attention but you were afraid to offer your services for fear that you would do the wrong thing. So, you waited for help to come.

If you had first-aid training you would have known what to do. You would know how to stop bleeding, minimize shock, and prevent further injury while waiting for the ambulance to come. You would know what to do in those first few minutes that sometimes mean the difference between life or death, a temporary injury or a permanent disability.

If an atomic attack comes, involving thousands of casualties, or any major peacetime disaster, the need for such training and knowledge on your part will be even greater. Then you, as a dentist, will be expected to move into the scene of action and actively care for all types of injuries. Are you prepared to meet these responsibilities?

The American Red Cross will provide this initial training for you. All you need to do is to ask for it. Arrangements have been made with

the American National Red Cross for entire local dental societies to enroll in Red Cross first-aid training courses specially designed for them. Only dentists will be included and the instruction will be given by professionally-trained teachers. Whenever possible they will be medical men.

The instruction will be given on a professional level and will not include the elementary material required for those who have little or no knowledge of the anatomy and physiology of the human body. It will require two evenings per week for one month, or once a week for two months.

At the completion of the course those who qualify will receive a card or certificate certifying that they are qualified first-aid workers. This is the first and most important step in the preparation of dentists for Civil Defense.

With a short additional instructor training course, dentists may be qualified as teachers of first aid. Then they may conduct Red Cross training classes for both professional and non-professional people. In the preparation for an emergency, such teaching personnel will be very valuable.

All that is required is for the Civil Defense committee of each local dental society to apply to the local Red Cross headquarters asking for such instruction. There they will find ready cooperation, and every facility for organizing classes for dentists will be provided. In case there should be any difficulty in making these arrangements you may contact the undersigned at 1930 Columbia Road, N.W., Washington, D.C. He will be glad to assist in working out the details.

R. W. BUNTING, D.D.S.

Dental Consultant

Federal Civil Defense Administration

CHILD'S FIRST PERMANENT MOLAR OF VITAL IMPORTANCE

The child's first permanent molar is the keystone of the dental arch and every means possible should be used to save the tooth, a dental educator recommended today in *The Journal of the American Dental Association*.

Dr. A. I. Klaffenbach, of Iowa City, professor emeritus of the College of Dentistry, State University of Iowa, said many parents do

not realize the first permanent molar is not a "baby" tooth because it erupts when first teeth are present.

He also pointed out that it was the first permanent tooth to erupt in a child's mouth.

Dr. Klaffenbach explained that the tooth was vital because of its influence on the alignment of the permanent teeth, the closure of the jaws and on the facial contour.

If the tooth is lost without some restoration being made or the space maintained, the other permanent teeth may "drift" and become badly aligned, he said.

"Preventive dentistry and research have provided new and effective methods for reducing the incidence of dental caries (decay) which will greatly reduce the early loss of these teeth," he said.

NEW ULTRA-VIOLET EXAMINATION TECHNIQUE DESCRIBED

A new method for examining a tooth's structure under the ultra-violet rays was described today by four dental scientists in The Journal of the American Dental Association.

When teeth are exposed to ultra-violet rays, details in structure show up that are not visible by any other means, the report said, and every tooth is found to have an individuality of its own.

The teeth fluoresce—or give out visible light—revealing details that may provide additional information about the mechanism of tooth decay, the dental scientists said.

The report was made by Dr. I. C. Schoonover, chief of the dental research laboratory at the National Bureau of Standards; George Dickson, physicist with the laboratory, and Dr. A. F. Forziati and M. E. Lawson, Jr. research associates of the American Dental Association at the National Bureau of Standards.

The scientists said that the color and intensity of the fluorescence not only show variances between teeth of one person and those of another but between one tooth and another in the same mouth.

They explained that since the fluorescence of a substance is sensitive to small differences in structure or composition, they believed that a thorough investigation of the fluorescence of the teeth will reveal details of structure not disclosed by other methods.

They said a study is now being made to determine the fluorescent colors of extremely small portions of teeth.

CAUSES OF DEATH OF DENTISTS BY AGE GROUPS, 1951, AS REPORTED BY 31 STATE DEPARTMENTS OF HEALTH

CAUSE OF DEATH	Under 40	40- 44	45- 49	50- 54	55- 59	60- 64	65- 69	70- 74	75- 79	80- 84	85 AND OVER	PER CENT	
Infective and parasitic diseases	1		1	1		3	1	2	2		11	1.5	
Neoplasms	4	3	5	9	13	12	15	19	19	6	2	107	14.8
Allergic, endocrine system, metabolic and nutritional diseases													
Disease of blood and blood-forming organs	1		1	1	1		1	2	3	2	1	12	1.7
Mental, psycho-neurotic and personality disorders		1			1							2	0.3
Diseases of nervous system and sense organs	1	1	2	1	6	12	7	11	12	10	5	68	9.4
Diseases of the circulatory system	2	8	19	35	45	44	25	70	69	51	22	417	57.7
Diseases of the respiratory system				3	2	2	2	1	3	2	2	17	2.4
Diseases of the digestive system		1	2	3	3	5	3	5	2	1	2	27	3.7
Diseases of the genito-urinary system	1	1				2	1	1	4	3	2	15	2.1
Diseases of the skin and cellular tissue							1				1	0.1	
Diseases of bones and organs of movement									1		1	0.1	
Congenital malformations				1		1		1			3	0.4	
Symptoms, senility and ill-defined conditions							1				1	2	0.3
Accidents, poisonings and violence	4	3	2	2	3	4	2	3	6	1	5	35	4.9
TOTAL	14	18	32	56	74	85	86	115	124	76	42	722*	
Per cent	1.9	2.5	4.4	7.8	10.3	11.8	11.9	15.9	17.2	10.5	5.8	100.0	

Mean age at death: 67.4 } *This number represents approximately
Median age at death: 69.3 } 45% of all dentists who died in 1951

STUDY ON TOOTHPASTE ADVERTISING CLAIMS

The prevalence of "distorted claims" in toothpaste advertising was sharply criticized today in *The Journal of the American Dental Association*.

In a report issued by the Association's Council on Dental Therapeutics, a "skeptical attitude" was urged toward all dentifrice advertising which makes claims beyond that of conventional cleansing properties.

The council, which evaluates and classifies dental products, to date has not recognized the claims of special protective or curative qualities made for any dentifrice now on the market on the grounds that no adequate evidence exists to substantiate such claims.

The report pointed out that proper use of the tooth brush is more important in oral hygiene than any particular kind of dentifrice and added that advertising claims for many toothpastes and powders are "exaggerated and misleading."

"The firms marketing some dentifrices apparently resort to these forms of 'puffery' in their efforts to compete successfully in a field crowded with articles whose questionable values are misrepresented daily in advertising," the council said, adding:

"The council deplores the current distorted claims in dentifrice advertising, and urges that a skeptical attitude be maintained toward all dentifrice advertising which implies that such products have a demonstrated usefulness beyond their ability to assist the tooth brush in cleansing the accessible surfaces of the teeth."

CHILD'S FIRST TEETH IMPORTANT TO PHYSICAL DEVELOPMENT

The erroneous belief that a child's first teeth are unimportant "because they fall out anyway" has added immeasurably to the staggering toll of adult dental disease in the United States, the president of the American Dental Association said today.

In a statement issued on the eve of the fifth annual National Children's Dental Health Day to be observed throughout the nation next Monday (Feb. 2), Dr. Otto W. Brandhorst, of St. Louis, said the care that teeth receive during childhood determines to a substantial degree the state of the individual's dental health throughout his adult life.

"More than 90 per cent of boys and girls have an advanced case of tooth decay by the age of 16 with an average of seven affected teeth each and more teeth are lost as the result of dental decay than from any other cause," Dr. Brandhorst said.

Loss of teeth prematurely in children can lead to poor mastication, diseased second teeth and facial disfiguration as remaining teeth shift and crowd out of position the erupting second teeth, he said.

"The future dental health of our children lies in the hands of today's adults," Dr. Brandhorst said. "Prevention is the key to dental health."

Dr. Brandhorst listed four rules of dental health for children:

1. Proper use of the toothbrush immediately after eating is one of the most effective weapons against dental decay. By the age of three, the child should be taught to brush his teeth, or at least rinse out his mouth with water, within 10 minutes after eating.

2. The diet should be well-balanced with sugar intake kept as low as possible. America's sweet tooth is the No. One enemy of dental health and the prime cause of tooth decay.

3. Early detection and treatment of dental disease will prevent more serious dental ills later.

4. The fluoridation of community water supplies to give children in the community the prospect of two-thirds less tooth decay throughout their lives than children living in areas where water supplies are fluoride-deficient.

Dr. Brandhorst described fluoridation of public water supplies as "the most effective large-scale means ever devised for the prevention of dental decay." He reported that nearly 600 communities throughout the United States have placed the program in operation.

He called for the development and expansion of community health programs to make dental health education and care available to all children as the most practical way of raising the level of the nation's dental health.

COMPARISON OF DENTAL HEALTH OF MEN AND WOMEN

Although women have about the same amount of dental disease as men, women as a group have lost fewer teeth because they visit their

dentists more often, The Journal of the American Dental Association reported today.

In a nation-wide survey of needs of dental patients, the Association's Bureau of Economic Research and Statistics found that half again as many males are in need of complete artificial dentures as are women.

The Bureau reported that one out of each ten adult males in the cross-section of dental patients had lost all his teeth. For women, the figure was one out of each 15.

In the survey, more than 4,000 family dentists submitted reports on 39,679 patients.

Mr. B. Duane Moen, Bureau director, said that his study indicated that women are more conscientious about dental treatment than men. His figures showed that women were more apt to have missing teeth replaced by bridges and partial dentures than were men.

Tooth decay was found to be the principal reason for the loss of teeth up to the age of 39 for women and 34 for men. After these ages, periodontal diseases (ailments of the gums and other tooth-supporting tissues) were primarily responsible for loss of teeth. Almost 50 per cent more men than women were found to be in need of extractions because of diseased gums, further indicating more dental neglect by males, Mr. Moen said.

Other facts uncovered by Mr. Moen in his survey were:

Teen-agers between the ages of 15 and 19 were most in need of dental fillings. Dental patients in this age group were found to have an average of five decayed teeth each.

About one-fourth of all boys and girls between the ages of 10 and 14 were in need of orthodontic (realignment of teeth) treatment.

One out of each ten adult dental patients needed immediate treatment for diseases of the gums.

Only about one dental patient out of each twelve examined had almost perfect dental health, requiring no dental treatment other than cleaning and scaling of the teeth.

ANNOUNCEMENTS

SPECIAL NOTICE TO COMMITTEE CHAIRMAN

Please have your Committee reports in the mail so that they will reach me before April 1.

Copies must be prepared for members of the Executive Council in order that they may have time to study these reports before the pre-convention meeting of this body on May 3.

If a supplemental report is necessary, this may be made on the floor of the Executive Council.

Members of the Association are invited and should feel free to present matters pertaining to the business of the Association to the Council. In order to save time and prevent confusion, please make your presentation in writing.

R. P. STICKLEY, President

Virginia State Dental Association

INFORMATION ON THE ADA INSURANCE PLAN

A number of our members have had their insurance applications returned unaccepted by the Underwriter, the National Casualty Company. Here is an excerpt from a letter addressed to Dr. Stickley and written by Dr. Paul W. Zillman, Chairman of the Council ADA Insurance Plan. This may clarify the conception that all applicants would be accepted unconditionally:

"The enrollment finally ended on December 31st but, unfortunately, sufficient applications were not received nationally to qualify the entire plan. We needed about 17,000 applications to qualify the nation, but received approximately 10,500. At the present time, we estimate that 6,500 of this 10,500 are physically unimpaired risks and policy certificates have been issued to approximately 5,300. The balance of the 1,200 are being processed at the present time and will be delivered shortly.

"On the other hand, about 4,000 applications and checks have been returned to members who applied indicating to them that due to the fact we did not attain the qualification percentage their checks were

being returned and they would have to await the next re-enrollment period when we are reasonably certain that the plan will qualify so as to insure members with physical impairments.

"As respects the State of Virginia the quota was 330 applications but we received only 240 and were shy 90..

"Please remember that if you wish any further information on any cases that develop in Virginia, I will be only too happy to furnish it to you."

VIRGINIA DENTIST NAMED MEMBER OF FEDERAL CIVIL DEFENSE ADMINISTRATION

Dr. Franklin A. Tyler of Richmond has been appointed to serve as a member of the Federal Civil Defense Administration. This body meets annually as the national situation indicates. We congratulate Dr. Tyler on receiving this honor and bringing the distinction to our state association gives us a feeling of pride.

UNIVERSITY OF PENNSYLVANIA ANNOUNCES 75TH ANNIVERSARY

Dr. Lester W. Burket, Dean of the School of Dentistry, University of Pennsylvania, has announced the appointment of Dr. LeRoy M. Ennis as Chairman of the 75th Anniversary Celebration Committee.

Dr. Ennis, Professor of Roentgenology, and past president of the American Dental Association, has named a committee of 12 men to assist him in arranging plans for the celebration. The members of this committee are: Drs. Harrison M. Berry, Jr., Paul E. Bomberger, Arthur E. Corby, Thomas P. Fox, Fred H. Herbine, Z. T. Jackaway, Leon Levy, John P. Looby, Joseph V. Masino, Harry A. Mesjian, Charles H. Patton and Ned B. Williams.

The School of Dentistry will celebrate the Diamond Jubilee of its founding in June of 1953. An extensive program is being planned by the committee and the largest assemblage of alumni in the school's history is expected to return during the week of June 8th—13th to take part in the celebration.

Founded on March 6, 1878 the Dental School was the third university Dental School in the country. The first class of 53 matriculates

were graduated with the degree of D.D.S. on March 1, 1879. Since that date 7,922 graduates have become members of the dental profession to practice in every state in the union and in nearly every foreign country.

All of the classes have graduated from the School of Dentistry University of Pennsylvania will hold reunions during the week of June 13, 1953 when the Diamond Jubilee of the founding of the Dental School will be celebrated.

Dr. J. Stanley Jordan has been selected by the Executive Committee of the Pennsylvania Dental Alumni Society to organize the class reunions. Dr. Jordan, a graduate of the class of 1932 is now planning meetings of the class chairmen and requests that all graduates who are not contacted by their class chairmen to write to him at the Dental School, 4001 Spruce, c/o the Dental Alumni Society.

Dr. Lester W. Burket, Dean of the Dental School, will attend the Alumni Luncheon meeting at the Greater New York meeting on Wednesday, December 10. All members of the Penn Alumni are urged to attend where plans for the coming year will be discussed.

ACADEMY FOR ORAL REHABILITATION

Announcement is made of the formation of the Academy For Oral Rehabilitation of Handicapped Persons.

The purposes of the Academy are to promote and maintain high standards of dental care and treatment of the physically and mentally handicapped persons. To encourage and assist dental practitioners to prepare and qualify themselves to treat physically and mentally handicapped persons. To promote research in all branches of dental care and treatment of the physically and mentally handicapped persons and to publish the results thereof.

The first meeting of the Academy For Oral Rehabilitation of Handicapped Persons will be held in conjunction with the annual meeting of the American Dental Association in Cleveland during the fall of 1953. *

Information as to details concerning the Academy may be obtained by writing to: Dr. Manuel M. Album, 1930 Chestnut Street, Philadelphia 3, Pa.

OFFICIAL ANNOUNCEMENT OF A POSTGRADUATE COURSE IN ORAL PEDIATRICS

Five Consecutive Days 9 a.m. — 5 p.m. June 15, to 19, 1953

Tuition \$125.00

Class limited to 12

Dr. Kenneth A. Easlick

This course will be conducted by Dr. Kenneth A. Easlick, Professor of Dentistry, University of Michigan. It will consist of lectures, didactic instruction, and clinical work by the participants under the supervision of Dr. Easlick assisted by the Staff of the Department of Oral Pediatrics of Tufts Dental School. The curriculum will include:

Management of the Child Patient

The Morphology of the Primary Dentition

Cavity Preparation and Restoration of Primary Teeth

Restoration of Fractured Incisors

Pulp Therapy for Primary and Young Permanent Teeth

Development of the Teeth and Jaws

Treatment of Developmental Problems

X-Ray Diagnosis

Office Management and Economics in a Childrens Practice

For application write the Director of Graduate and Postgraduate Studies, Tufts College Dental School, 136 Harrison Ave., Boston, Mass.

Tufts College Dental School announces its full-time graduate program for the academic year of 1953-54. Courses are offered at a graduate level which lead either to a Certificate of Accomplishment or to the degree of Master of Science or Master of Dental Science. Courses leading to a Certificate give special emphasis to clinical training. Such courses require a minimum of one year of study but may be continued over a greater period of time in order to meet the requirements of specialty boards. Courses leading to the Master's degree stress background material at the basic science level, and in addition provide clinical experience. A minimum of 18 months in residence is required for the Master's degree. The following is a list of the courses offered under the above program and the teachers responsible for the training in each course:

Oral Pathology—Dr. Irving Glickman

Oral Pediatrics—Dr. Frederic Shiere

Oral Prosthetics—Dr. Irving R. Hardy

Oral Surgery—Dr. Daniel J. Holland

Orthodontics—Dr. Herbert I. Margolis

Periodontology—Dr. Irving Glickman

Applications for the academic year which begins Oct. 1, 1953 are now being considered. For further information and application please contact the Director of Graduate and Postgraduate Studies, Tufts College Dental School, 136 Harrison Ave., Boston, Mass.

The College of Dentistry, The Ohio State University, will present the following post graduate courses in dentistry during the spring of 1953:

- Mar. 30-Apr. 3—CROWN AND BRIDGEDr. Frank C. Starr
- April 6-10— GENERAL ANESTHESIA .Dr. Morgan L. Allison
- April 13 17 —ORAL PATHOLOGY AND DIAGNOSIS
Dr. H. B. G. Robinson
- April 22-23 —POST COLLEGE ASSEMBLY Dr. John N. Bowers
- April 27-May 1—AIRBRASIVE TECHNIC and Dr. Robert T. Trippy
- May 4-8 —ORAL SURGERYDr. D. P. Snyder
- May 11-16 —PERIODONTICSDr. John R. Wilson
- May 11-15 —PARTIAL DENTURE PROSTHESIS
Dr. Victor L. Steffel
- May 18-22 —FULL DENTURE PROSTHESIS
Dr. Carl O. Boucher
- June 15-19 —ANATOMY OF THE HEAD AND NECK
Dr. Linden F. Edwards
- May 18-22 —ENDODONTICSDr. J. Henry Kaiser

Each course is given for five consecutive days—Monday through Friday—and the enrollment is limited to approximately ten per class. The fee is \$50 per course with the exception of Oral Surgery and Airbrasive Technic for which a fee of \$100 is charged.

Further information and application may be secured from the Post-graduate Division, College of Dentistry, Ohio State University, Columbus 10, Ohio.

COLUMBUS, O., Jan. 20—Latest advances in dental procedures and materials will be among topics for consideration at the 9th annual Post-College Assembly, April 22-23, of the College of Dentistry at Ohio State University. In addition to members of the college faculty, other authorities in various phases of dentistry will participate as speakers on the two-day program. Dr. John R. Wilson of the college faculty is general chairman for the event.

AMERICAN ACADEMY OF DENTAL MEDICINE ANNOUNCES ANNUAL MEETING

The Seventh Annual Meeting of the American Academy of Dental Medicine will be held at the Shoreham Hotel in Washington, D. C., on Friday, Saturday and Sunday, June 26, 27 and 28, 1953. NUTRITION will be the theme of the meeting.

A program of sightseeing and entertainment is also being arranged. All members and interested dentists and physicians are cordially invited to attend. Full details as well as reservations are available through the National Secretary, Dr. William M. Greenhut, 124 East 8th Street, New York 28, New York.

The Academy was organized in 1945 "to promote the study and dissemination of knowledge of the cause, prevention and control of disease of the teeth, their supporting structures and appendage parts, and related subjects; and to foster and promote a better scientific understanding between the fields of dentistry and medicine." It has an international membership of over 600.

NOTICE TO VETERANS

There will be a luncheon meeting of those members of the Virginia State Dental Association who are veterans of World War II. This meeting will be held at Hotel Roanoke Monday, May 5th at 1:00 P. M.

21ST ANNUAL POSTGRADUATE CLINIC OF THE DISTRICT OF COLUMBIA DENTAL SOCIETY

The District of Columbia Dental Society's 21st Annual Postgraduate Clinic will be held March 15-18, 1953, at the Shoreham Hotel, Washington, D. C.

The program will consist of nationally known clinicians and essayists, speakers of wide renown, exhibitors showing the latest and newest products, registered clinics, table clinics, topic discussions, visual education, scientific exhibits and fine social entertainment.

The registered clinicians who will present postgraduate courses and their subjects are: Dr. Samuel Charles Miller of New York, "Periodontia"; Dr. Faustin N. Weber of Memphis, Tenn., "Preventive Orthodontia"; Dr. John McSweeney of New York, "Oral Dynamics"; Dr. Max Pleasure of New York, "Full Dentures"; Dr. S. Charles Brecker of New York, "Practical Concept on Oral Rehabilitation"; Dr. Gustav O. Kruger of Washington, D. C. "Oral Surgery"; Comdr. Mack L. Parker, U. S. Naval Dental School, Bethesda, Md., "Partial Dentures"; and Dr. Frank Nealon, of Cleveland, Ohio, "Acrylic Restorations."

Topic Discussion subjects are as follows: "Plastics in Restorative Dentistry"; "Looking Forward to Dentistry Today"; "Occlusions"; and "Childrens Dentistry."

Dr. Z. Bernard Lloyd, General Chairman, has stated "every effort is being made to give the members of the dental profession a well balanced educational and scientific program."

UNIVERSITY OF PENNSYLVANIA SCHOOL OF DENTISTRY POSTGRADUATE COURSES WORLD CONFERENCE ON ENDODONTICS

The School of Dentistry, University of Pennsylvania announces a World Conference on Endodontics, which will be held 21 to 27 June 1953. Participating in this Conference will be outstanding leaders in the field of Endodontics, such as Dr. Francisco Pucci of Montevideo, Uruguay; Dr. W. Stewart Ross of London, England; Dr. B. Nygaard

Ostby of Oslo, Norway, and others from Canada and the United States. The Conference will be under the direction of Dr. Louis I. Grossman. The tuition fee for this course is \$100.00. Applicants should make direct inquiries to—Postgraduate Courses, School of Dentistry, University of Pennsylvania, Philadelphia 4, Pennsylvania.

THE CINCINNATI DENTAL SOCIETY

The Cincinnati Dental Society takes pleasure in announcing that "The Cincinnati Dental Society March Clinic Meeting and Children's Dental Health Day" will be held at the Netherland Plaza Hotel on March 22nd, 23rd and 24th, 1953.

ANNOUNCING

DAREDEVIL DAVEY UNDERWATER AGENT H2O

The third in the series of DAREDEVIL DAVEY comic books has just been received from the printer and is now available for distribution. A copy is enclosed for your examination and files.

UNDERWATER AGENT H2O deals with the subject of fluoridation of water supplies. The material is presented in such a way that it can be understood by children who read comic books, and, at the same time, it will have an appeal to many adults who find comic books interesting.

DAREDEVIL DAVEY should carry the fluoridation story to many people. You will want copies for your waiting room and to distribute to child patients.

May I remind you that THE AMAZING ADVENTURES OF DAREDEVIL DAVEY and DAREDEVIL DAVEY CONQUERS SPACE are still available.

Quantity orders for all of these comic books will be filled at the rate of: 25 copies, \$2.85; 50 copies, \$5.15; 100 copies, \$8.85.

THE TRUBYTE BIOFORM PORCELAIN VACUUM FIRING PROCESS MADE AVAILABLE TO THE PROFESSION ON ROYALTY-FREE BASIS

The Trubyte Bioform Vacuum Firing Process will be made available for the use of the dental profession, according to an announcement of the Dentists' Supply Company, holders of the patent rights. The Company will offer royalty-free use of the Trubyte Bioform Vacuum Firing Process in the United States and Canada in the making of porcelain crowns, inlays and bridges in the dentist's own office, or by the dental laboratory of his choice.

The Trubyte Bioform Vacuum Firing Process is a special kind of vacuum firing which, after exhaustive tests, has been accepted as the answer to the problem of developing in porcelain teeth and tooth elements a dense porcelain substantially free from bubbles and having a translucency more like that of natural teeth. By use of the Trubyte Bioform Process, porcelain, even after fusing and glazing, can be ground without destroying the desired smoothness of the glazed surface.

The Company's willingness to authorize the royalty-free use of the Trubyte Bioform Process for the manufacture of dental elements outside of its own line of products, is based on a long established tradition of service to the profession. The licensing offer extends only to the use of the patent method, which utilizes vacuum firing as distinguished from firing in other special atmospheres. The Company is definitely not promoting the sale or use of any particular equipment, porcelain, technique or method. The licensing agreement provides authority to use the invention of Patent No. 2,597,469 in the production, solely in the dentist's own laboratory, or in properly licensed commercial dental laboratories, of porcelain crowns, inlays and bridges made by the conventional build-up technique, as distinguished from the conventional moulding technique used by other manufacturers.

Announcement of the availability of the Trubyte Bioform Vacuum Firing Process has been greeted with enthusiasm by members of the dental profession and the dental laboratory industry. The superior results possible in porcelain crown, inlay and bridge work represent such an improvement over older methods that the Company has been swamped with inquiries.

Since the Trubyte Bioform Vacuum Firing Process was developed

in the production of Trubyte Bioform Teeth, The Company has been conducting further research and experimentation to adapt the process to its other lines of artificial tooth products. It is expected that further developments in these fields will be announced shortly.

The Trubyte Bioform Vacuum Forming Process will be made available for the use of the dental profession according to an announcement of the Dental Supply Company, holders of the patent rights. The Company will offer royalty-free use of the Trubyte Bioform Vacuum Forming Process in the United States and Canada to the making of porcelain crowns, bridges and partials in the dental office or the dental laboratory of his choice.

The Trubyte Bioform Vacuum Forming Process is a special kind of vacuum forming which offers extensive advantages in the production of dental prostheses. It is a process of forming in porcelain and other dental materials a dense pattern substantially free from bubbles and having a smooth surface. The first of vacuum teeth, the use of the Trubyte Bioform Process porcelain, even when forming and glazing, can be made without destroying the desired smoothness of the glazed surface.

The Trubyte Bioform Vacuum Forming Process is a new method of manufacturing dental prostheses. It is a process of forming in porcelain and other dental materials a dense pattern substantially free from bubbles and having a smooth surface. The first of vacuum teeth, the use of the Trubyte Bioform Process porcelain, even when forming and glazing, can be made without destroying the desired smoothness of the glazed surface.

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