

# THE *Bulletin* OF THE

## VIRGINIA STATE DENTAL ASSOCIATION

---

VOLUME XXIV

---

No. 2

LIBRARY OF THE  
MEDICAL SOCIETY  
OF THE COUNTY OF FREDERICK

OCT 20 1947  
AND ACADEMY OF MEDICINE  
OF BROOKLYN  
1815 BEDFORD AVENUE  
BROOKLYN, N. Y.



October, 1947



*Next Meeting*

Virginia  
State Dental Association

*John Marshall Hotel*  
Richmond, Virginia



Monday, Tuesday, Wednesday

*April 12, 13, 14, 1948*



THE  
BULLETIN  
OF THE  
VIRGINIA STATE  
DENTAL  
ASSOCIATION



Next Meeting  
THE

BULLETIN  
State Dental Association

OF THE

John Marshall Hotel  
VIRGINIA STATE  
DENTAL ASSOCIATION

DENTAL  
ASSOCIATION

Monday, Tuesday, Wednesday

October 3, 4, 5, 1948

## TABLE OF CONTENTS

Officers .....	5
Committees 1947-1948 .....	6
President's Message ... ..	9
Editorials .....	11
Announcements .....	12
Report on Dental Research Progress .....	14
Resume of Boston Meeting .....	26
Component Societies .....	33

## TABLE OF CONTENTS

1	.....
2	.....
3	.....
4	.....
5	.....
6	.....
7	.....
8	.....
9	.....
10	.....
11	.....
12	.....
13	.....
14	.....
15	.....
16	.....
17	.....



# Officers

HARRY LYONS, <i>President</i> .....	Richmond
M. BAGLEY WALKER, <i>President-elect</i> .....	Norfolk
R. B. SNAPP, <i>Chairman, Executive Council</i> .....	Winchester
J. E. JOHN, <i>Secretary-Treasurer</i> .....	Roanoke

## EXECUTIVE COUNCIL

HARRY LYONS.....	Richmond
M. BAGLEY WALKER.....	Norfolk
J. E. JOHN.....	Roanoke
ORVILLE VAN DEUSEN.....	Winchester
N. F. MUIR.....	Roanoke
W. S. GILMER.....	Pulaski
D. B. ALLEN.....	Berryville
G. W. DUNCAN.....	Richmond

M. P. DOYLE.....	COMPONENT No. 1.....	Norfolk
------------------	----------------------	---------

JOHN B. TODD.....	COMPONENT No. 2.....	Newport News
-------------------	----------------------	--------------

J. H. COCKS.....	COMPONENT No. 3.....	Farmville
------------------	----------------------	-----------

G. A. C. JENNINGS.....	COMPONENT No. 4.....	Richmond
------------------------	----------------------	----------

C. K. GARRARD.....	COMPONENT No. 5.....	Lynchburg
--------------------	----------------------	-----------

G. M. GOAD.....	COMPONENT No. 6.....	Hillsville
-----------------	----------------------	------------

R. B. SNAPP.....	COMPONENT No. 7.....	Winchester
------------------	----------------------	------------

S. N. GRAY.....	COMPONENT No. 8.....	Alexandria
-----------------	----------------------	------------

## Committees

### CLINIC COMMITTEE

GEORGE W. DUNCAN, <i>Chairman</i> .....	Richmond
D. B. ALLEN.....	Berryville
A. J. BOLLING.....	Fredericksburg
C. P. HURT.....	Lynchburg
F. H. MOORE.....	Abingdon
EDWARD MEYERS.....	Norfolk
E. C. NETTLES.....	Wakefield
W. H. TRAYNHAM, JR.....	Hampton

### COUNCIL ON DENTAL HEALTH

T. C. BRADSHAW, <i>Chairman</i> .....	Blackstone
N. TALLEY BALLOU.....	Richmond
J. M. BURBANK.....	Newport News
C. P. CLINE.....	Norfolk
C. K. GARRARD.....	Lynchburg
B. M. HALEY.....	Warrenton
T. R. NICHOLLS.....	Norfolk
C. K. POLLY.....	Appalachia
O. O. VAN DEUSEN.....	Winchester

### EDITORIAL STAFF OF BULLETIN

MOFFETT H. BOWMAN, <i>Editor</i> .....	Roanoke
J. E. JOHN, <i>Business Manager</i> .....	Roanoke
P. R. MILTON.....	Arlington
A. G. ORPHANIDYS.....	Newport News
G. G. OVERHOLT.....	Altavista
C. M. QUILLEN.....	Bristol
B. STARR.....	Petersburg
F. A. TYLER.....	Richmond
A. C. VIPOND.....	Norfolk
W. H. WUNDER.....	Woodstock

## HISTORY COMMITTEE

W. N. HODGKIN, <i>Chairman</i> .....	Warrenton
HARRY BEAR.....	Richmond
CARTER CRAFTORD.....	Norfolk
G. M. GOAD.....	Hillsville
G. R. HARRISON.....	Richmond
A. H. SPRINKEL.....	Staunton
J. B. WILLIAMS.....	Richmond

## LEGISLATIVE COMMITTEE

W. H. STREET, <i>Chairman</i> .....	Richmond
C. R. ARMISTEAD.....	Richmond
J. ALEX HALLER.....	Pulaski
W. N. HODGKIN.....	Warrenton
J. M. HUGHES.....	Richmond
D. H. PATRICK.....	Waynesboro
R. B. SNAPP.....	Winchester
J. J. STIGALL.....	Richmond
J. B. WILLIAMS.....	Richmond

## LOCAL ARRANGEMENTS COMMITTEE

R. L. SIMPSON, JR., <i>Chairman</i> .....	Richmond
D. M. BEAR.....	Richmond
O. W. CLOUGH.....	Richmond
W. R. ELAM.....	Richmond
J. R. FLEET.....	Richmond
L. S. HOOVER.....	Richmond
G. A. C. JENNINGS.....	Richmond
C. W. MORHART.....	Richmond
W. A. RATCLIFFE.....	Richmond
J. J. STIGALL.....	Richmond
T. A. UNDERHILL.....	Richmond



## MILITARY AFFAIRS COMMITTEE

JOHN C. TYREE, <i>Chairman</i> .....	Richmond
A. N. DEMUTH.....	Farmville
W. E. ARMSTRONG.....	Staunton
C. R. GUTHRIE.....	Richmond
J. P. IRBY, JR.....	Blackstone
R. I. MILES.....	Richmond
C. B. REESE.....	Richmond
J. V. TURNER.....	Richmond

## NECROLOGY COMMITTEE

J. H. COCKS, <i>Chairman</i> .....	Farmville
P. R. MILTON.....	Arlington
A. G. ORPHANIDYS.....	Newport News
G. G. OVERHOLT.....	Altavista
C. M. QUILLEN.....	Bristol
B. STARR.....	Petersburg
F. A. TYLER.....	Richmond
A. C. VIPOND.....	Norfolk
W. H. WUNDER.....	Woodstock

## PROGRAM, PUBLICITY AND EXHIBIT COMMITTEE

J. E. JOHN, <i>Chairman</i> .....	Roanoke
HARRY BEAR.....	Richmond
M. H. BOWMAN.....	Roanoke
P. L. CHEVALIER.....	Richmond
G. W. DUNCAN.....	Richmond
W. R. ELAM.....	Richmond
G. R. HARRISON.....	Richmond
G. A. C. JENNINGS.....	Richmond

## RELIEF COMMITTEE

J. T. ASHTON, <i>Chairman</i> .....	Alexandria
N. F. MUIR.....	Roanoke
R. F. SIMMONS.....	Norfolk

## PRESIDENT'S MESSAGE

### A PROBLEM AND A PLAN

A favorite American pastime is to blame our Government or the political party in power for all our social and economic ills and to pat ourselves on our proverbial backs as rugged individualists when we attain a goal that pleases us. In recent years there has been much condemnation of those who would regiment industry and socialize the health services. At the same time there has been very little said or done by groups of citizens in the various walks of life to obviate the necessity, real or imaginary, for the proposed drastic changes in our economic life. We dentists are no exception to this observation.

The distribution of health care services is a problem which cannot be dismissed lightly. When our Government made provisions for the aged and the unemployed in the so-called Social Security Act the way was also opened for provision for the care of the sick. When federal legislation for the latter was first proposed, the American Dental Association followed the lead of the American Medical Association in a die-hard and stand-pat attitude in support of the status quo and against any measure which would give our Government a hand in the distribution of health services. Subsequent events proved that position to be untenable. More recently both the A.M.A. and the A.D.A. have shown conciliatory spirits and have even sponsored bills in Congress dealing with the problems of broader distribution of health care for the masses. It has become apparent that probably the best way to prevent the so-called socialization of the health services, to offer something better. This is the really important economic problem facing us as a health service profession.

The individual practitioners have not yet been aroused to the need for leadership on the part of the professions in connection with this problem. Only a few local and state dental societies have undertaken studies in this field. The task is large and important enough to warrant study by every professional group in the country.

State dental organizations can make a very distinct contribution toward the solution of the problem. A state dental society can undertake studies to determine the needs for dental care in the state, the dental personnel and facilities available within the state in relation to the present and possible future needs for dental services, the educational facilities in the state for the education and training of dental personnel, the ability of its citizens to pay for dental care, and numerous other related questions. It may be possible for the state

societies to develop programs for dental care so effective in relation to their respective needs that federal regulation of dental care may be obviated and our full professional autonomy preserved. With this in mind your officers have arranged with our State Department of Health to co-sponsor a Workshop on Dental Health. The dates for this project are tentatively set for next April, immediately preceding our annual meeting. Each Component Society will be asked to send several delegates to participate in the study. Representatives from other health agencies and education groups will be invited. A group of experts on the various phases of the problem will serve as consultants.

Dr. G. A. Nevitt, Director of the Mouth Hygiene Division of our State Health Department, has been designated by the Commissioner of Health, Dr. L. J. Roper, to represent the State Department of Health in planning our Workshop. To him will belong much of the credit for its program and its ultimate success.

The time has come when Dentistry must recognize its full responsibility as a health service profession, playing an important role in American life. This responsibility weighs heavily at a time like this when revolutionary forces are at work all over the world, including our own country. Intelligent planning and vigilance are demanded of us now. We hope that we may measure up to the requirements of the times. To that end all of us must study, plan and labor together.

HARRY LYONS



# THE BULLETIN

OF THE

## Virginia State Dental Association

VOLUME XXIV

OCTOBER, 1947

NUMBER 2

### *Editorial Staff*

MOFFETT H. BOWMAN, *Editor*  
401 Medical Arts Building, Roanoke, Virginia

### ASSOCIATE EDITORS

Amand C. Vipond (Component No. 1)	G. Guy Overholt (Component No. 5)
A. G. Orphanidys (Component No. 2)	C. M. Quillen (Component No. 6)
Barney Starr (Component No. 3)	W. H. Wunder (Component No. 7)
F. A. Tyler (Component No. 4)	P. M. Milton (Component No. 8)

J. E. JOHN, *Business Manager*  
804 Medical Arts Building, Roanoke, Virginia

### EDITORIAL

This summer marked the passing of two figures in Virginia dental circles. Dr. N. Talley Ballou, Sr. and Dr. Richard Lee Simpson.

One of the most colorful figures and probably the most spectacular figure in Virginia dentistry was Dr. Simpson. His research, inventive and creative abilities coupled with his digital dexterity gave him National recognition among scientists and the dental profession. He was a keen judge of human nature, able to analyze a man or a situation and produce its component parts with ease. His admirable mannerisms will always be remembered by his contemporaries and more especially by his students. He possessed tact, finesse and shrewdness. A great psychologist and a student of human nature, he possessed a keen, active mind with the ability to produce with his hands the things his mind conceived. His students will long remember his psychology of the practice of dentistry, his attributes to a successful practice, his dissertations on the quoting of fees and his general remarks on leading a happy, useful and contented life. He has left with us those things which will live after him. It might be truthfully said, he was a gentleman and a scholar.

Dr. Ballou rendered a great service to his community and state. He was appointed to the State Health Department as Director of Mouth Hygiene in 1921. Virginia was the first state to establish such a division, and it was left with Dr. Ballou to pioneer in this field. There were no examples to follow. At his death he was the oldest Director of Mouth Hygiene in point of service in the United States. His system of State-directed dental work in the schools of Virginia was widely copied and he was nationally known as a speaker in his special field. As an authority in his field of work his advice and counsel will be greatly missed.

## ANNOUNCEMENTS

### DR. G. A. NEVITT IS APPOINTED TO STATE POST



State Health Commissioner L. J. Roper announced recently that Dr. George A. Nevitt, of Louisville, would serve as director of the Division of Mouth Hygiene of the State Health Department, on loan from the United States Public Health Service.

Dr. Nevitt will fill the vacancy left by the death of Dr. N. Talley Ballou. He takes office immediately.

A graduate in dentistry of the 1934 class at University of Louisville, Dr. Nevitt was awarded a master of science degree in 1940 by University of Kentucky. He won his doctor's

degree in public health at the University of Michigan in 1941. Dr. Nevitt has practiced privately in Louisville. He became dental director of the Kentucky health department in 1937. In the recent war he served for a time as dental consultant for UNRRA in Europe and the Middle East.

In announcing the appointment, Dr. Roper said plans are being made for more emphasis on dental hygiene, now that the wartime shortage of civilian dentists is lessening.

## SEVENTH ANNUAL PRIZE ESSAY COMPETITION OF THE CHICAGO DENTAL SOCIETY

To stimulate research in all phases of the science of dentistry, the Chicago Dental Society is sponsoring its Seventh Annual Prize Essay Competition. The author of the winning essay will receive a cash award of \$500.00 and will be invited to present it at the expense of the Society at the 83rd Midwinter Meeting, to be held in Chicago, February 9-12, 1948.

Rules and regulations for the essay may be obtained by contacting the Chicago Dental Society, 30 N. Michigan Avenue.

---

### NAVY DAY

On October 27, 1947, "Navy Day" will be observed at the United States Naval Dental School located at the National Naval Medical Center, Bethesda, Md.

Open house to all members of the Dental Profession and their friends will be the order of the day. Table clinics, clinical demonstrations, technical movies produced by the Dental Corps will occupy the afternoon, followed by a dinner. The evening meetings will be highlighted by the appearance of Captain K. H. Noble, USN, Assistant Chief of Bureau of Ordnance for Research, "Pushbutton Warfare".

---

Announcement is given for the forming of a State of Virginia Dental Assistants Association. Meeting to be held at The John Marshall Hotel on Tuesday, April 13, 1948, at 10:00 A.M., (room to be announced at the hotel). A request is made for all dental assistants to be present.

A constitution and by-laws will be brought up for consideration and approval. Officers will be nominated and elected for the coming year.

MISS FRANCES PITTINGTON  
917 Prince Street  
Alexandria, Virginia



## REPORT ON DENTAL RESEARCH PROGRESS

TO THE MEMBERS OF THE VIRGINIA STATE DENTAL ASSOCIATION:

Your committee presents herewith a partial review of the past year's progress in dental research.

This past year has produced some interesting articles on dental research even though newspapers devoted little space to any startling discoveries. As usual, dental caries is perhaps the most investigated subject in the dental field.

In the field of dental caries, Klein<sup>1</sup> made a thought provoking analysis of the caries incidence of 5400 displaced Japanese in the United States. Considered separately the caries experiences of sons or daughters, when averaged, were closely related to the caries experiences of fathers or mothers. Children with the lowest caries experience had parents both of whom had low caries experiences. Children with the highest caries experience had parents, each with high caries experiences. The children were approximately in the middle group when both parents were in the middle group. When the caries experience of the mother was low, the father's caries experience was only slightly reflected in a daughter's, but was closely related to a son's. When the father's rate was low, the mother's caries experience was closely related to the son's and daughter's experience. He concluded that dental disease may have a genetic basis and may be sex linked.

Klein's article suggests that dietary habits of a family influence the tooth environments of the members of the family and consequently influence the caries-experience of each member of the family. The article also suggests that the mother, as the family dietitian, influences the caries experience in her children.

Boyd and Cheyne<sup>2</sup> examined the records of 60 boys and 41 girls who had at least 6 examinations in not less than three years in a children's clinic. The technic of examining and recording was constant. They found, as every dentist surmises from clinical observation, that dental care did not decrease the susceptibility to dental caries but it did decrease the liability to tooth loss. Of importance, though, is that their findings indicated that children with an average caries experience are more suitable for experimental studies on caries, because those with a very low incidence of caries showed an irregular caries pattern.

Mann et al<sup>3</sup> examined 124 patients with clinical evidence of nutritional deficiency disease in the Nutrition Clinic at the Hillman Hospital, Birmingham, and also 90 patients with no clinical evidence of nutritional deficiency. Teeth were examined with the aid of mouth-mirror, explorer and roentgenograms. The 124 malnourished patients

had an incidence of caries only 30.5% as great as those patients in the well nourished group. The malnourished group included 34 with evidences of pellagra, 84 with riboflavin deficiency, 29 with subclinical pellagra, 15 with macrocytic anemia, 27 with thiamin deficiency, 11 with vitamin A deficiency and 17 with clinical scurvy. Sixty-two patients had evidence of multiple deficiency disease. The age groups of the malnourished and control groups were approximately the same. This is an example of the ineffectiveness of an adequate diet in preventing dental caries in erupted teeth.

In the field of caries control Parsons and McCollum<sup>4</sup> studied the bacterial flora in fissures in rat's molars and found that the addition of lactose and sucrose to the diet increased the number of aciduric micro-organisms. They also reported that 9 repeated subcutaneous and 4 intraperitoneal injections of living vaccines of aciduric bacteria had no effect on the number of aciduric bacteria found in the tooth fissures.

If *L. acidophilus* is responsible for dental caries it would be ideal if patients could be immunized through vaccines. According to the findings of other workers in previous years, such vaccines may yet become a reality.

An interesting and valuable contribution to the study of caries control was made by Kesel et al<sup>5</sup>, whose preliminary work was reported last year. They found that saliva, from caries immune individuals when inoculated into beef infusion broth and incubated for 8 days developed greater inhibitory properties for *Lactobacilli* and glucose fermentation than the saliva when incubated by itself. Saliva from caries-active patients showed no such inhibitory action. They found that the inhibitory substance was present in the filtrate when a broth culture was filtered through a Seitz filter. In order to decide whether the inhibitory agent was produced by bacterial activity they examined saliva from caries-inactive individuals and found that *Bacterium lactis aerogenes* was consistently present. Frequently an unidentified bacillus was found. Then they tested 105 micro-organisms and found after 8 days incubation that only *Bacterium lactis aerogenes* produced an inhibitory filtrate. When the unidentified bacillus was grown with *Bacterium lactis aerogenes* the inhibitory power of the filtrate was increased even though the bacillus by itself had no such action. On evaporating inhibitory filtrates in vacuum at room temperatures they found that ammonia nitrogen was consistently present, while non-inhibitory filtrates had little or no ammonia nitrogen. When varying amounts of ammonium carbonate were added to a culture medium and tested for inhibitory effects against *Lactobacilli*, they found that the ammonium carbonate was inhibitory to the same extent as saliva cultures with similar ammonia nitrogen concentration. Basic ammonium salts were found to be inhibitory whereas acid salts

were not. They demonstrated six amino acids in saliva and suggested that these may be a source of ammonia nitrogen because enzymes in saliva were shown capable of deaminating several amino acids. In order to test ammonia clinically as a caries preventative, 55 patients with a high caries activity as indicated by *L. acidophilus* counts were divided into two groups. To one group was given a mouthwash and dentifrice to which was added dibasic ammonium phosphate. The other group was given the mouthwash and dentifrice, to which was added precipitated calcium carbonate and peppermint water, to make its volume equal to the ammonia-containing wash and dentifrice. Both groups used the dentifrice and then the mouthwash for two or three minutes upon arising and before retiring. Diets remained unchanged. They found that after using the ammonia mouthwash and dentifrice for about 5 months, a marked reduction in the *Lactobacillus acidophilus* counts was noted in nearly all patients. They also found that *Bacterium lactis aerogenes* appeared in the saliva of some individuals. This would indicate a variation in the oral flora in caries resistant patients.

The above article may throw some light on the varying caries-susceptibilities of patients with similar backgrounds and diets.

Fluorine continues to maintain its position of preeminence in caries control.

Jordan et al<sup>6</sup> made an effort to determine the minimum number of applications of 2% solution of sodium fluoride necessary to obtain maximum results in reducing the incidence of caries. They studied school children in three Minnesota cities. One application was given to 300 children, two applications were given to 630 children and three applications were given to 200 children. The children were given a prophylaxis and a dental examination with mouth-mirror and explorer. The teeth in one side of the mouth were treated and the teeth in the other side served as controls. Teeth were isolated with cotton rolls and dried with compressed air. The fluoride solution was applied to buccal, then lingual and then the occlusal surfaces with cotton swabs. The proximal surfaces were also wetted by this method. The teeth were kept free from saliva and the mouth kept open for four minutes until the solution had dried on the teeth. When more than one treatment was given, one week intervals intervened between applications. One application of fluoride solution to the teeth had only slight effect. It was concluded that more than three applications were necessary for maximum protection and they suggested that from Knutson and Armstrong's studies, fewer than 8 treatments were necessary.

Knutson and Armstrong<sup>7</sup> made 7 to 15 topical applications of 2% sodium fluoride to the teeth of the upper and lower left quadrants of 337 children in 1942. After three years only 242 children were

available for examination. It was found after three years that 214 sound teeth became carious on the treated side and 338 became carious on the untreated side, or 36.7% fewer sound teeth were attacked on the treated side than on the untreated side. At the end of the first year there were 39.8% fewer sound teeth affected, and at the end of the second year there were 41.4% fewer sound teeth affected, when treated with fluorine. During the three year period they found that 287 treated surfaces became carious while 464 untreated surfaces became carious.

In a preliminary report, Bibby et al<sup>8</sup> recorded that three dental prophylaxes using 1% sodium fluoride and pumice and hydrogen peroxide on the teeth on one side of the mouth in 47 children showed a reduction of 43% in new carious lesions. They record that two dental prophylaxes in a similar manner reduced caries about 25%. Examinations were made without the use of the X-Ray. They also reported that a pH4 mouthwash containing 0.1% sodium fluoride did not reduce caries activity in 31 dental students below that of 15 students using fluoride free mouthwash or below 39 students not using a mouthwash.

Shaner and Smith<sup>9</sup> studied the effect of a fluoride dentifrice using 47 hospital patients. Fifteen were given a prophylaxis and a fluorine dentifrice to use daily. Fifteen were given a prophylaxis and a fluoride-free dentifrice, and 17 were given no prophylaxis and fluoride dentifrice. Lactobacillus counts were made before starting the experiment and after 4 weeks. Four patients in the first group and six in the third group showed a significant drop in the lactobacillus count. One in each group showed a slight increase. Four in group one and two in group three remained about the same. The remainder of both groups one and three was inconsistent in their count. In group two, which received a prophylaxis but no fluorine dentifrice, 4 showed an increase in lactobacillus numbers, one showed a decrease, six showed no change and the rest were inconsistent.

We do not know how often the dentifrice was used, the strength of the fluorine, or the caries incidence, making this report inconclusive.

Hardgrove and Bull<sup>10</sup> examined the teeth of children in Green Bay and Sheboygan, Wis., using a mouth-mirror and explorer. Green Bay had 2.3 p.p.m. fluorine and Sheboygan 0.05 p.p.m. in their water supplies. They found that in 557 children in Green Bay, 60% had no caries experience in deciduous teeth and in 416 children in Sheboygan, 20% had no caries experiences in their deciduous teeth. They also recorded that of 1,647 children from 12 to 14 years of age, 30% had no caries of permanent teeth in Green Bay while only 3% of 1,877 had no caries of permanent teeth in Sheboygan.

A story which is not so bright for fluorine in caries prevention is reported by Boyd and Cheyne<sup>11</sup> who examined 85 high school



pupils in Ankeny, Ia. Until 1936, the municipal water supply had 6 p.p.m. of fluorine and since 1936, had 1 p.p.m. Two-thirds of the students had mottled enamel. Only two pupils were entirely free from carious lesions and it seems contrary to what we expect, but they had only minimal evidence of mottling. They concluded that despite some diminution of caries in subjects, with mottled enamel, fluorine ingestion had not prevented a significant caries incidence in the subjects. They also concluded that fluorine ingestion, subsequent to eruption of the teeth, had offered no appreciable protection against caries as 14 children, whose water supply for the preceding 7 years contained noticeable amounts of fluorine, showed a caries experience very similar to that of other groups studied.

Klein<sup>12</sup> seems to answer some of the questions that enter our minds regarding the multitude of opinions and conclusions that have been made from fluorine studies. He examined the teeth of 316 children, who were relocated from a common center. Of these children, 120 entered an area with 0.1 p.p.m. of fluorine in the drinking water, and 196 entered an area with 3.0 p.p.m. of fluorine in the drinking water. It was concluded that the protective action of fluorine on teeth is most marked if teeth are exposed to fluorine either before eruption or during the period of eruption. He based his conclusions upon examinations made 6 months after arrival and 2 years after arrival in relocations.

Bibby<sup>13</sup> tested *in vitro* the effect of various fluorides on reducing the solubility of enamel and dentine. He dried 50 mg. lots of enamel or dentine and weighed them. Then he stirred the dried tooth tissue with the test fluoride for 20 minutes. After washing the sample, it was stirred for 20 minutes in a pH4 solution of sodium acetate-acetic acid. Then the sample was washed and "dried at 110° for 60 minutes" and weighed. He found that 0.01% solutions of sodium fluoride, potassium fluoride and ammonium fluoride were about as effective as 0.1% solutions. Fluorides of barium, strontium and zinc were found nearly as effective as sodium fluoride. Copper fluoride was thought to be more effective and lead fluoride was found to be more effective than sodium fluoride. Bibby's results showed that the fluorides were more effective in reducing the solubility of enamel and dentine by having them react in a medium approximately at pH4.

In these and other studies on the effectiveness of any agent to control dental caries, the first comment must be on the number of research workers who have used only a mouth-mirror and explorer to observe lesions on teeth. Without the use of the X-Ray it is impossible to obtain results that are truly conclusive. The omission of this aid to diagnosis very likely has caused some of the variations in the findings of different investigators.

A quotation from an editorial<sup>14</sup> in the Journal of the American Dental Association should add the final note on fluorine in this report. "Significant results can be expected, however, from the topical application of fluorides to the teeth of large groups of children. The regular visits to the dental office which fluoride applications entail will also serve to reinforce the benefits obtained in terms of improved dental health. Additional investigations in all phases of the topical application of fluorides should be made in order to determine more definitely the measures that will produce the most extensive and permanent results."

Penicillin is still one of the major subjects for investigation as reported in our dental journals.

In pulp canal therapy, penicillin was used by Stewart<sup>15</sup> in 112 pulpless teeth. He dried the canals and forced penicillin into the canals with a syringe, then cotton was placed in the canals and cavities were sealed with zinc oxide and eugenol. Treatments were continued until the teeth were asymptomatic. The canals were filled when cultures were negative. Penicillin was used in sterile water or physiologic saline. The dosage was 5,000 to 10,000 units. He reports that only one tooth was lost during treatment and only two more failed to respond to penicillin without root amputation.

Buchbinder<sup>16</sup> reported on his use of penicillin to treat pulp canals in 7 patients. His data suggest that each patient would have been treated unsuccessfully by ordinary methods. He prepared cotton points by drying desired doses of penicillin on them in a dessicator in an ice box. In one case a canal was opened and drainage and pain still persisted after four visits. On the fifth visit, a dry penicillin point was sealed in the canal. On the following visit, drainage had ceased and a sterile culture resulted. Sterile cultures were obtained after one to four penicillin treatments in three other cases. In all cases he reported that pain subsided quickly following one treatment with penicillin points.

Bender<sup>17</sup> used penicillin in treating 53 unselected pulp canal cases. He used one cubic centimeter containing 25,000 or 50,000 units of penicillin pumped into the periapical tissue with paper points, or injected into the periapical tissue with a syringe. He suggested injecting through the periosteum into an abscess cavity. Aerobic and anaerobic cultures were made one week after treatment and at one or two week intervals after that. At least two negative cultures were obtained before filling the canal. 70% were rendered sterile with one treatment. The others failed to respond during the course of treatment. In 31 acute cases, 77.4% were successfully treated and in 22 chronic types 59% were successfully treated. He suggested that if positive cultures are obtained from canals after the first treatment, the use of penicillin should be discontinued and the standard procedures used.

Of note is the fact that he found a foul odor to persist in putrescent cases after negative cultures were obtained.

These reports on penicillin in pulp canal therapy are made on few cases and these few cases have not been followed long enough to make definite comments on the value of penicillin for this purpose.

A clinical investigation was made by Cook<sup>18</sup> using 28 test cases and 23 controls. He concluded that penicillin is a valuable aid in treating infections of the face and jaws but that it is no substitute for surgical measures. Acute and chronic osteomyelitis resolved quickly when there was no sequestrum. Odontogenic infections subsided rapidly with penicillin. He suggested that penicillin should be used as a prophylactic agent.

Glickman<sup>19</sup> studied 130 patients with Vincent's infection, 15 with nonspecific acute gingivitis, 5 with acute pericoronitis and 5 with aphthous stomatitis. He used 1000 unit calcium penicillin lozenges, in a firm sugar base or in a firm gelatinous base, to treat the patients. Ten control patients, with Vincent's infection, were given sugar lozenges with no penicillin. Lozenges were used by all patients at one or two hour intervals for 7 days. No treatment other than penicillin was given. He found that penicillin alleviated symptoms in Vincent's infection, acute gingival inflammations and acute pericoronitis, with the most pronounced effect within 24 hours. He found that penicillin had no effect on aphthous stomatitis. Two patients of his 155 developed nausea and discomfort after using one or two lozenges and had to discontinue treatment. Glickman concluded that local treatment must supplement penicillin for gingival disease because of frequent recurrences of infections after penicillin therapy alone.

Kleinfeld<sup>20</sup> reported that ulcerative mouth lesions have occurred during penicillin treatment given orally or applied locally.

Fleming and Queen<sup>21</sup> studied the sensitivity of micro-organisms to penicillin in test tubes and demonstrated that different strains within species exhibited considerable variation in their sensitiveness. They were of the opinion that an infecting strain of bacteria could be tested in the laboratory to predict the efficacy of penicillin therapy.

The research literature during this past year was marked by an absence of further reports on the alleged dental usefulness of the various sulfonamides. Apparently penicillin, with its greater effectiveness and lower toxicity, is destined to supplant the sulfonamides in dental practice.

Fibrin foam has received such acclaim in the field of general surgery that Rault<sup>22</sup> studied its effectiveness in controlling hemorrhage in oral surgery.

Fibrin foam was placed in physiological saline and when ready for use was cut to size and soaked in thrombin solution and was then

applied to the bleeding surface. It was held there under gauze with gentle pressure. The study was conducted in three clinics in the Navy Dental Corps. It was suggested that a piece one-third the size of the bleeding cavity be used. The results varied. In some cases it controlled bleeding and in some it did not. He concluded that fibrin foam was of little benefit in routine extractions but that it was beneficial in enough cases to suggest its use where excessive bleeding may occur.

Mitchell<sup>23</sup>, in a preliminary report on fibrin foam, stated that in 30 patients having impacted or unerupted teeth and in 16 patients who had teeth extracted, fibrin foam was not injurious to a patient. He found that absolute hemostasis was not obtained in many cases but a hemostatic effect was seen. He also found that complete prevention of undesirable post-operative effects was not obtained.

Two articles were written which indicate that substances may find their way into enamel as well as dentine.

Mandel and Sarkady<sup>24</sup>, in a preliminary report, described an experiment conducted upon two dogs, which were fed large doses of sodium iodide, a salt not found ordinarily in the teeth. The iodide was identified by sectioning the dogs' teeth, placing two drops of a saturated solution of lead nitrate on the section, and observing yellow lead iodide on the section. They also identified the sodium iodide in tooth tissues by powdering enamel and dentine and running the powders through a series of chemical tests. They reported that sodium iodide was found in enamel and dentine, more being found in dentine than in enamel. They reported that grinding the enamel surface increased the deposition of sodium iodide in enamel and that crowning the teeth caused a decreased deposition of sodium iodide in enamel.

In an abstract it is recorded that Berggren<sup>25</sup> injected seven dogs with radioactive phosphorus or sodium. Some of the teeth had been isolated from saliva before the injection by means of crowns or rubber dam. The dogs were sacrificed  $2\frac{1}{2}$  to 4 hours after injection and the teeth were removed. The presence of radioactive phosphorus or sodium was indicated by placing sections of teeth 0.25 mm. thick on Agfa or Eastman spectroscopic plates. It was found that enamel of isolated teeth exhibited the presence of radioactive salts only to the extent of about 10% of that found in saliva bathed teeth. Similar studies on humans showed that isolated crowns exhibited from  $1/10$  to  $1/2$  the quantity found in unisolated enamel. In one case several teeth were isolated under a rubber dam and  $\text{Na}_2\text{HPO}_4$  containing radioactive P was placed in contact with the crowns. The teeth were extracted in 2 to 4 hours and it was found that phosphorus had penetrated the enamel for it was found in the root as well as in the enamel.

The two preceding reports indicate that enamel is a vital structure permeable to the passage of nutritive and other fluids. This may explain in part the so-called adsorption of fluorine by enamel.

In the field of oral pathology, Glickman<sup>26</sup> induced diabetes in 121 young adult rats by subcutaneous injection of a 5% aqueous solution of alloxan in doses of 500 mg/kg body weight. Varying degrees of pancreas change were noted. Microscopic studies of the periodontal tissue showed that there was no relationship between the condition of these tissues and the hyperglycemia or pancreas pathosis in individual animals. Osteoporosis of alveolar bone was found in 39% of the animals but this was not correlated with hyperglycemia or pancreas pathosis.

Burrill<sup>27</sup> studied 12 medical students who were placed on "a diet inadequate in all respects" for two weeks and then on a diet deficient in vitamins B and C but adequate otherwise. As controls one had a diet deficient only in vitamin B and another deficient only in vitamin C. The mouths of the subjects were kept clean during the experiment. He found no mouth symptoms of vitamin deficiency and concluded that severe vitamin B and C deficiency during a seven month period was less important for oral health than oral cleanliness in young adults.

Restarski<sup>28</sup> studied the possibility of refrigeration in producing anesthesia for cavity preparations. Using a Freon unit as a cooling system, he circulated a 35% alcohol in water solution through silver tubes placed close to the buccal and lingual gingivae and held there through their attachment to a rubber dam clamp. By histological sections of the inferior dental nerve and gingival tissue of one dog he found no injury to the inferior dental nerve or to the nerves of the mucosa. In tests on two dogs he found that temperatures dropped as low as 11.5°C in the region of the inferior dental nerve; as low as 7.5°C between the bones and periosteum and as low as 2.8°C on the mucous membrane. When the refrigeration method of anesthesia was used during the excavation of 52 cavities in 33 navy personnel he found that 34 cavities were prepared painlessly, 13 were prepared with a mild to moderate degree of pain and for 5 preparations there was little or no anesthesia.

Aisenberg<sup>29</sup> continued his studies on the portal of entry for the virus of poliomyelitis. He examined 83 patients in four New Jersey hospitals. 54.3% with poliomyelitis had pulp exposures in their mouths. Referring to data obtained from the United States Public Health Service and from questionnaires he pointed out that since a definite relationship has been seen to exist between fluorine in drinking water and caries, it is interesting that a similar relationship seems to exist between fluorine and poliomyelitis. For a population of 12,142,512



living in areas having less than 1 p.p.m. of fluorine in drinking water, there were 74 cases per 100,000. For a population of 927,905 living in areas having at least 1 p.p.m. of fluorine in the drinking water there were 44 cases of poliomyelitis per 100,000.

Viewing the relationship of poliomyelitis to dental pulp exposure in a different light, Finn et al<sup>30</sup> reported on 151 cases of poliomyelitis in upstate New York. 56 had pulp exposures. In 148 controls, consisting of household contacts, 59 had pulp exposures. 70 poliomyelitis victims had 119 brothers and sisters. The same percentage (about 46%) in each group had pulp exposures. They concluded that the exposed dental pulp is not a significant pathway for the entrance of poliomyelitis virus in humans.

In this elusive disease, the immunity or susceptibility is unmeasured and much more must be known before their findings can be approved or disregarded.

McCauley et al<sup>31</sup> studied the comparative efficiency of a powder, a paste and tap water in cleaning teeth on 47 persons between 16 and 40 years of age. The teeth were brushed with pumice at the beginning of the experiment and the patients brushed their teeth for two minutes twice each day with the powder, paste or water. After 12 days they found that 2% of those using powder, 8% of those using paste and 41% of those using tap water developed pigmented pellicles on their teeth. They concluded that insufficient abrasive in the dentifrice favors the production of a pigmented pellicle.

The sterilization of dental handpieces using liquid petrolatum was examined by Parke<sup>32</sup>. Soon after contamination handpieces were completely immersed in liquid petrolatum, U.S.P. Heavy, at different temperatures for two minutes. It was found that 2 minutes at 250°F was just as effective as boiling water. He found the petrolatum to be an acceptable lubricant for handpieces. He found that if 8 hours elapsed between contamination and sterilization, the effectiveness of the oil decreased. However, he also found that this could be overcome by immersing dried handpieces in water before sterilizing in oil.

The effect of filling materials on the dental pulp continues to be a subject of prime importance.

Zander and Vissotsky<sup>33</sup> prepared cavities on the labial surfaces of 100 dog teeth and 37 human teeth. All were approximately the same size and depth. One of three varnishes were applied to 62 dog teeth and 21 human teeth and all cavities were filled with silicate cement. After from one to 15 weeks, the teeth were removed and sectioned for histologic study. They found that pulps showed inflammatory reactions to silicate cements whether or not a varnish was used in the cavity. However, they found that pulps showed less severe reactions when varnish was used.

Effective varnishing of cavity walls requires the application of more than one coating of the material because of the fenestrated film which remains after the solvent volatilizes.

Zander<sup>34</sup> also studied the reaction of human dental pulps to silicate cements by cutting cavities of various depths in 30 non-carious teeth in patients 19 to 55 years old. Most of these were filled with silicate cements but a few for control were filled with zinc oxide and eugenol. The teeth were extracted one to 15 weeks after filling. Fourteen teeth with carious lesions or erosion had cavities prepared and filled with silicate cement. They were extracted five weeks to several years after the cavities were prepared. The teeth were sectioned and stained and the pulps examined microscopically. He found that silicate cements were irritating to the pulp, and that the pulps of younger patients reacted more severely to silicate than pulps of older people. Deep cavities in non-carious teeth gave the most violent reactions. He also found that carious teeth with a protective layer of secondary dentin did not react so violently as non-carious teeth because of the protection afforded by secondary dentin. Using a pulp tester, he examined teeth of students having silicate cements but the results were not definite. He believes that if a silicate filling destroys a pulp it usually does so during the three months immediately following insertion.

The effect of varying the mercury-alloy ratio upon amalgam fillings was investigated by Phillips<sup>35</sup>. He used the ratio recommended by the manufacturer, and 15% less mercury and also 15% more mercury than the manufacturer recommended to produce amalgams which he tested. By chemical analysis he found that as the mercury ratio increased, so did the residual mercury in the filling. At the same time he found that the crushing strength decreased and the flow increased with the increase in mercury content. His findings were the same for amalgams condensed by hand or by pneumatic condenser.

Hollenback and Skinner<sup>36</sup> constructed a special instrument to measure the shrinkage, during casting, of gold and gold alloys. They cast gold at different temperatures into a special mold that fitted their special measuring instrument. The mold was always at room temperature, and the pattern was one inch long. They found that: the casting shrinkage of pure gold was  $1.67 \pm 0.02\%$ ; the temperature of the melt had no effect on the casting shrinkage; molds made from three different commercial investments did not affect the casting shrinkage; the composition of the alloy affected the casting shrinkage in that both platinum and palladium reduced it; the diameter of the bar had no effect on the shrinkage but irregularities near its ends decreased the shrinkage. They suggested that manufacturers publish values for the casting shrinkage of their alloys.

Paffenbarger<sup>37</sup> commented on the article by Hollenback and Skinner stating that the casting shrinkage of gold or any gold alloy varies according to the casting technique, and the size and shape of the casting; consequently, it would not be practicable for gold alloy manufacturers to publish values for casting shrinkage.

Year by year the cumulative effect of research adds to the scientific stature of the profession and reflects itself in a greater usefulness to humanity. In the future we can look forward to greater progress and newer discoveries in dental research. To a great degree these will determine the future complexion of our profession.

Respectfully submitted,

O. W. CLOUGH, *Chairman*

HARRY LYONS

C. W. MORHART

## BIBLIOGRAPHY

- Klein, H., J. A. D. A., 33:735, June 1946.  
 Boyd, J. M. and Cheyne, V. D., J. D. Res., 25:162, June 1946.  
 Mann, A. W., Dreizen, S., Spies, T. D. and Hunt, F. M., J. A. D. A., 34:244, February 1947.  
 Parsons, E. I., McCollum, E. V. and Frobisher, M., Jr., Am. J. of Hyg., 43:41, January 1946.  
 Kesel, R. G., O'Donnell, J. F., Kirch, E. R., and Wach, E. C., J. A. D. A., 33:695, June 1946.  
 Jordan, W. A., Wood, O. B., Allison, J. A., and Irwin, V. D., J. A. D. A., 33:1385, November 1946.  
 Knutson, J. W. and Armstrong, W. D., Pub. Health Rep., 61:1683, November 1946.  
 Bibby, B. G., Zander, H. A., McKellegat, M., and Labunsky, B., J. D. Res., 25:207, August 1946.  
 Shauer, E. O., and Smith, R. R., J. D. Res., 25:121, June 1946.  
 Hardgrove, T. A. and Bull, F. A., J. A. D. A., 34:32, January 1947.  
 Klein, H., J. A. D. A., 33:1136, September 1946.  
 Bibby, B. G., J. A. D. A., 34:26, January 1947.  
 Editorial, J. A. D. A., 34:411, March 1947.  
 Stewart, G. G., J. A. D. A., 33:1281, October 1946.  
 Buchbinder, M., J. A. D. A., 34:103, January 1947.  
 Cook, I. B., J. A. D. A., 34:99, January 1947.  
 Glickman, I., J. D. Res., 25:178, June 1946.  
 Kleinman, I., J. A. D. A., 34:406, March 1947.  
 Fleming, R. S., and Queen, F. B., Am. J. Clin. Path., 16:63, February 1946.  
 Rault, C. V., J. A. D. A., 33:1419, November 1946.  
 Mitchell, D. F., J. A. D. A., 33:1287, October 1946.  
 Mandel, I. D. and Sarkady, L. S., J. D. Res., 25:95, April 1946.  
 Berggren, H. (Abstract) J. A. D. A., 34:138, January 1947.  
 Glickman, I., J. D. Res., 25:169, June 1946.  
 Burrill, D. Y., J. A. D. A., 33:594, May 1946.  
 Restarski, J. S., J. D. Res., 25:433, December 1946.  
 Eisenberg, M. S., J. A. D. A., 33:1109, September 1946.  
 Finn, S. B., Korns, R., and Bahlke, A., J. D. Res., 25:172, June 1946.  
 McCauley, H. B., Sheehy, M. J., Scott, D. B., Keyes, P. H., Fanale, S. J., and Dale, P. F., J. A. D. A., 33:993, August 1946.  
 Parke, G. L., J. D. Res., 25:89, April 1946.  
 Zander, H. A. and Vissotzky, I., J. D. Res., 25:186, June 1946.  
 Zander, H. A., J. A. D. A., 33:1233, October 1946.  
 Phillips, R. W., J. D. Res., 25:183, June 1946.  
 Hollenback, G. M. and Skinner, E. W., J. A. D. A., 33:1391, November 1946.  
 Paffenbarger, G. C., J. A. D. A., 34:223, February 1947.

## RESUME OF BOSTON MEETING OF A.D.A.

The 88th annual meeting of the American Dental Association at Boston, Mass., from August 4 to 8, was one of the largest and most successful dental conventions ever held.

Featuring the first post-war scientific sessions of the A.D.A. and the Tenth International Dental Congress, which last met in Vienna in 1936, the meeting was attended by more than 10,000 persons, including delegates from 41 nations. In addition, there were several thousand wives and children who accompanied dentists to New England for vacation trips before and after the convention sessions.

All scientific sessions and clinics, with the exception of a number of special demonstrations at Massachusetts General and Boston City hospitals, were held at Mechanics' Building together with displays of commercial and health exhibits.

General sessions and meetings of the House of Delegates were in the Imperial ballroom of the Statler Hotel.

Through special arrangements made by Dr. Harold Hillenbrand, general secretary, each delegate, for the first time in the history of the Association, had his own desk on the floor of the House. Delegates were seated by trustee districts and portable microphones enabled each delegate to address the assembly without leaving his seat. A new type of secret ballot was used which permitted more speedy voting in the various election contests.

Dr. H. B. Washburn, of St. Paul, Minn., was formally installed as the new president of the Association, succeeding Dr. Sterling V. Mead, of Washington, D. C.

Dr. Clyde E. Minges, of Rocky Mount, N. C., was named president elect, winning over Dr. Fred J. Wolfe, Sr., of New Orleans, La.

Other A.D.A. officers elected were: Dr. Philip Adams, of Boston, local arrangements chairman for the convention, first vice-president; Dr. Fred A. Richmond, of Kansas City, Kan., second vice-president; Dr. A. M. Smith, of Tampa, Fla., third vice-president; and Dr. Roscoe H. Volland, of Iowa City, Ia., treasurer.

Dr. LeRoy M. Ennis, of Philadelphia, was unanimously re-elected trustee for the Third district (Pennsylvania). In four other trustee districts, contests developed.

For the Fourth district (Delaware, District of Columbia, Maryland, New Jersey, Puerto Rico, Army, Navy, Public Health Service and Veterans Administration), Dr. Daniel F. Lynch, of Washington, D. C., was elected. The balloting was 181 for Dr. Lynch and 175 for Dr. George Anderson, of Baltimore.

For the Fifth district (Alabama, Florida, Georgia, Mississippi, North Carolina, South Carolina and Virginia), Dr. James E. John, Sr.,

of Roanoke, Va., was elected, defeating Dr. Edward L. Thompson, of Daytona Beach, Fla., by a vote of 193 to 156. A third candidate for trustee of the Fifth district, Dr. Howard B. Higgins, of Spartanburg, S. C., withdrew as the balloting started.

For the Eighth district (Illinois), Dr. Harold W. Oppice, of Chicago, was re-elected as trustee, defeating Dr. Frank J. Hurlstone, also of Chicago, 233 to 104.

For the Ninth district, (Michigan and Wisconsin), Dr. O. H. Moen, of Watertown, Wis., was elected, receiving 184 votes to 150 votes for Dr. E. C. Wetzel, of Milwaukee, Wis.

Faced with rising costs of operation and demands for expanded activities the House of Delegates approved a budget submitted by the Board of Trustees, authorizing expenditures of \$1,076,578.46 for the fiscal year ending June 30, 1948, but appended instructions to the Board to curtail all expenditures wherever possible.

According to budget estimates of the Board of Trustees, total anticipated income for the fiscal year is \$764,000, leaving an estimated deficit of \$312,578.46.

On motion of the delegation of the Dental Society of the State of New York, the House approved a plan to raise dues \$6.00 to a total of \$12.00 annually. Under the A.D.A. constitution this proposal must lay over for one year and if again authorized by the House of Delegates at the 1948 meeting, the increase will take effect January 1, 1949.

Delegates voted down a proposal to assess all members \$2.00 to help meet the estimated deficit. Likewise, delegates rejected a proposal to restrict publication of The JOURNAL of the American Dental Association to one issue a month instead of two issues monthly.

Action on the new constitution and by-laws which was first considered at the 1946 meeting at Miami, Fla., was postponed to 1948 to allow additional study of the proposed revisions and changes.

The House approved a program for the expansion of direct services by the Central Office staff to all state and component societies.

In other actions, the House of Delegates:

Directed the Committee on Legislation to seek federal legislation to establish the Dental Corps of each branch of service on equal parity with the Medical Corps and other staff corps.

Approved a recommendation of the Council on Dental Therapeutics that the Council discontinue granting the Seal of Acceptance to nontherapeutic dentifrices.

Accepted requirements prepared by the Council on Dental Education for the accrediting of schools for dental hygienists.

Voted to extend the Accreditation Plan for dental laboratories to all states as soon as possible.



Expressed general approval of a plan to certify specialists approved by examining boards.

Closed the separate office of the Relief Commission and directed that records be transferred to the Central Office in Chicago. Full control of relief funds, however, was vested in the Relief Commission.

Authorized the appointment of a committee to cooperate with the American Dental Hygienists Association and urged that state societies follow the national pattern in establishing liaison committees with dental assistants' organizations.

Urged state societies to establish joint medico-dental committees with state medical societies.

Approved a recommendation of President Mead that the teaching of dental economics in dental schools be improved, and that more adequate training be provided in the use of general anesthetics.

Recommended that all state and component societies appoint special committees on dentistry for children.

Directed that active measures be taken to provide for the training of technicians under the control of accredited dental schools and recommended that such training in proprietary schools be discouraged.

Authorized a special study of procedures under which the size of the House of Delegates can be reduced.

Urged the immediate establishment of state and local committees for assistance to veterans.

Approved a recommendation that the American Dental Association take leadership in coordinating various international dental groups for the purpose of developing universal plans for better dental health throughout the world.

Went on record opposing free dental care for any person able to pay for such care except that specifically authorized for research.

Authorized the Committee on Dental Economics to make a study of dental activities engaged in by agencies of the federal government, and to complete a statistical report of the distribution of dentists in the United States.

Voted to discontinue the Gorgas Memorial Committee and the Committee on Trade Relations.

Approved a plan of selecting meeting dates three years in advance and authorized meetings for the next three years as follows: Chicago, 1948; San Francisco, 1949; and Atlantic City, 1950; with the reservation that suitable dates and accommodations be available.

Elected to life membership nearly 1,000 dentists from 34 states. A number of distinguished persons addressed meetings of the House of Delegates, the Tenth International Dental Congress and general convention sessions. Speakers included Congressman Joseph W. Martin, Jr., of Massachusetts, speaker of the United States House of Representatives; Congressman Leo F. Allen, of Illinois, chairman

of the rules committee of the House of Representatives; Dr. George F. Lull, secretary and general manager of the American Medical Association; Dr. A. E. Rowlett, of Leicester, England, president of the *Federation Dentaire Internationale*; Dr. Charles F. L. Nord, of Amsterdam, Holland, secretary general of the F.D.I.; Maj. Gen. A. B. Austin, director of the British Army Dental Service; Temporary Mayor John B. Hynes, of Boston, who awarded keys of the city to officers and trustees; and Governor Robert F. Bradford, of the state of Massachusetts.

The Miller Prize, founded after the death of Dr. W. D. Miller in Berlin 40 years ago, was awarded to Dr. Juan Carrea, of Buenos Aires, Argentina, and posthumously to the late Dr. William H. G. Logan, of Chicago, former president of the *Federation Dentaire Internationale*. Mrs. Donald L. LaChance, of Kennilworth, Ill., daughter of Dr. Logan, accepted the prize in behalf of her father.

The Georges Villain prize, in honor of the late president of the F. D. I. who was killed in an automobile accident in France in 1939, was awarded by Dr. Henri Villain, president of the French Dental Association and brother of the late F. D. I. president, to Dr. Allan G. Brodie, of Chicago, dean of the dental school of the University of Illinois.

Committee chairmen for the fiscal year were appointed by the Board of Trustees as follows:

Committee on American Red Cross, George A. Coleman (1949); Committee on Economics, L. M. Fitzgerald (1950); Committee on Legislation, C. O. Flagstad (1948); Constitutional and Administrative By-Laws, Percy T. Phillips (1950);

Committee on Prosthetic Dental Service, F. W. Herbine (1950); Council on Dental Therapeutics, Thomas J. Hill (1948), and Harold S. Smith, Chairman Emeritus; Dental Museum Committee, Henry A. Swanson (1950); History Committee, Harold L. Faggart (1949);

Military Affairs, R. T. Curran (1951); Library and Indexing Service, John E. Gurley (1950); Membership Committee, Paul W. Zillman (1950);

Nomenclature Committee, Harry Lyons (1950); Relief Commission, Thomas R. Cullen (1951), and L. H. Jacob (1951), Secretary. Chairmen of other committees are elected by committee members.

Dr. Charles F. L. Nord, of Holland, was elected president of the *Federation Dentaire Internationale* to succeed Dr. A. E. Rowlett, of England. Dr. Rowlett was named honorary president of the international group.

Drs. E. Dubeau, of Canada, W. Guy, of Great Britain, and A. L. J. C. VanHasselt, of Holland, were elected honorary vice presidents.

Three members of the American Dental Association were elected vice presidents. They are: Drs. Daniel F. Lynch, of Washington, D. C.; Oren A. Oliver, of Nashville, Tenn.; and H. Trendley Dean, of Washington, D. C.

Other officers elected by the F. D. I. council included: Drs. Henri Villain, of France; J. U. Carrea, of Argentina; E. Haderup, of Denmark; A. Joachim, of Belgium—all vice presidents; Dr. F. Watry, of Belgium, secretary general; Drs. G. H. Leatherman, of Great Britain, and J. E. DeWever, of Belgium, assistant secretaries; Dr. P. Fontanel, of France, treasurer; and Drs. M. Deliberos, of France and A. Held, of Switzerland, assistant treasurers.

---



### A.D.A. PRESIDENT — 1947-1948

Dr. H. B. Washburn, (above) of St. Paul, Minn., is the new 1947-48 president of the American Dental Association. Dr. Washburn assumed office at the close of the 88th annual meeting of the A.D.A. at Boston, Mass., August 8, succeeding Dr. Sterling V. Mead, of Washington, D. C.

Dr. Washburn was born June 8, 1884, at Red Wing, Minn. He was graduated from the dental school of Northwestern University, Chicago, in 1905, and opened general practice at Zumbrota, Minn., that year. Since 1914, he has been engaged in general dental practice at St. Paul.

For many years Dr. Washburn has played a prominent role in organized dentistry. He is a former president and secretary of the St. Paul District Dental Society and is a past president of the Minnesota State Dental Association. He formerly served as chairman of the Full Denture Section of the American Dental Association and from 1940 to 1946 was a member of the Board of Trustees, representing the states of Minnesota and Iowa. He was named president-elect of the American Dental Association by the House of Delegates at Miami, Fla., in October, 1946.

## 1947-1948 A.D.A. PRESIDENT ELECT

Dr. Clyde E. Minges, (left) of Rocky Mount, N. C., was named president elect of the American Dental Association at the 88th annual meeting of the House of Delegates in Boston in early August.

Dr. Minges was born at Newton, N.C., on August 7, 1891. He attended Horner's Military Academy and Richmond College and was graduated from the School of Dentistry, University of Louisville, in 1919. He began general dental practice in Rocky Mount that year.

He is a past president of the Rocky Mount Dental Society, the Fifth District Dental Society of North Carolina, the North Carolina Board of Dental Examiners and the North Carolina Dental Society. He has been a member of numerous committees of the American Dental Association and has served two full terms as a member of the Board of Trustees, representing the seven southeastern states of the Fifth District.

In 1946, Dr. Minges was appointed as a member of the Medical Care Commission of North Carolina.

FIFTH DISTRICT  
TRUSTEE

Dr. James E. John, Sr., (right) of Roanoke, Va., is the new American Dental Association trustee for the Fifth District. Dr. John was elected at the 88th annual meeting of the A. D. A. House of Delegates in Boston. The new trustee, who represents 8 southeastern states, succeeds Dr. Clyde Minges, of Rocky Mount, N. C., who is the new president-elect of the American Dental Association.



## REPORTS FROM COMPONENT SOCIETIES

## COMPONENT No. 1—VIRGINIA TIDEWATER DENTAL SOCIETY

Meeting monthly—(except Summer months)

J. H. COSTENBADER, Jr., Norfolk.....	President
TOM NICHOLLS, Norfolk.....	President-Elect
AMAND C. VIPOND, Norfolk.....	Secretary-Treasurer
M. P. DOYLE, Norfolk.....	Counselor
EDDIE MYERS, Norfolk }	.....Executive Committee
A. W. COONE, Norfolk }	
M. S. BENNETT, Norfolk }	

The Tidewater Dental Association will hold an all-day scientific and social session Wednesday, October 22nd, at The Cavalier Hotel, Virginia Beach, Va. Plans are being made to have four essayists present, covering in their papers Operative, Prosthetic, Surgical and Periodontal problems. The scientific session is to be followed by a social hour and a banquet. A short business meeting will be held during the afternoon. This is the only scientific meeting planned for the Society for the Fall.

The Annual Meeting and Banquet will be held in January at which time election and installation of officers will be the order of business.

AMAND C. VIPOND, *Secretary*

## COMPONENT No. 2—PENINSULA DENTAL SOCIETY

Meeting monthly—(except Summer months)

EDWIN BINDER, Newport News.....	President
W. H. TRAYNHAM, Jr., Hampton.....	President-Elect
A. G. ORPHANIDYS, Newport News.....	Sec'y.-Treas.
JOHN TODD, Newport News.....	Counselor
MARION SHERMAN, Hampton..	Executive Committee

The following program is contemplated for the Fall months:

SEPTEMBER:

"Operative Dentistry"

Dr. C. K. Garrard, Lynchburg

## OCTOBER:

"Functional Bite Technique"

Drs. J. H. Costenbater, J. H. Costenbater, Jr.,

Ben Costenbater, Norfolk

## NOVEMBER:

"Topical Application of Fluorine to Reduce Dental Caries"

Dr. Geo. A. Nevitt, Director Mouth Hygiene

Virginia State Health Department

## • DECEMBER:

Annual Oyster Roast at the Hampton Yatch Club

A. G. ORPHANIDYS, *Secretary*

### COMPONENT No. 3—SOUTHSIDE VIRGINIA DENTAL SOCIETY

Meeting annually—September

E. C. NETTLES, Wakefield.....President

DARDEN W. JONES, Franklin.....President-Elect

BARNEY STARR, Petersburg.....Secretary-Treasurer

J. H. COCKS, Farmville.....Counselor

R. B. TYNES, Lawrenceville } .....

W. H. LEWIS, Petersburg } .....

W. E. SNIPES, Franklin } .....

The annual meeting of the Southside Dental Society was held in Petersburg at the Indian Swamp Country Club, Wednesday, September 17, 1947. It was an all day scientific session attended by 50 members and guests.

Officers elected for the coming year were: President, Darden Jones, Farmville; President-Elect, R. B. Tynes, Lawrenceville; Secretary-Treasurer, Barney Starr, Petersburg; Executive Committee, V. I. Tillar, Emporia, and W. E. Snipes, Jr., Franklin.

T. C. Bradshaw, Blackstone, reported on the A. D. A. meeting.

The following were guest speakers:

Dr. Harvey Haag, Medical College of Virginia—"Application of Drugs in Dentistry."

Dr. George A. Nevitt, Director of Mouth Hygiene, Richmond—"Topical Application of Fluoride to Reduce Dental Caries."

Dr. R. B. Snapp, Winchester—"Treatment of Periodonticlasia." The Society added the following members this past year: New members were: Dr. Martin Sheintoch, of Petersburg; Dr. D. H. Reames, Jr., Petersburg; Dr. H. B. Harris, Jr., Crewe; Dr. S. C.

Patteson, Farmville. There were two re-instatements: Dr. E. Pilcher, Petersburg; Dr. W. A. Hawks, Stoney Creek. Dr. E. A. Owens, Hopewell, transferred from another component and Dr. E. W. Strickland, of Zuni, transferred from the North Carolina State Association.

BARNEY STARR, *Secretary*



COMPONENT No. 4—RICHMOND DENTAL SOCIETY

Meeting monthly—(except Summer months)

- |                        |                           |
|------------------------|---------------------------|
| JAMES R. FLEET.....    | President                 |
| HERBERT CONE.....      | President-Elect           |
| FRANKLIN A. TYLER..... | Secretary-Treasurer       |
| G. A. C. JENNINGS..... | Counselor                 |
| F. R. FREEMAN          | }.....Executive Committee |
| A. G. LEACH            |                           |
| W. W. WRIGHT           |                           |
| R. I. MILES            |                           |
| W. A. BAGLEY           |                           |

The Fall program is as follows:

- SEPTEMBER 18th:  
Essayist: Dr. Geo. A. Nevitt, Director of Mouth Hygiene  
Virginia State Health Department  
Subject: "Topical Application of Flouride to Reduce Dental Caries"
- OCTOBER 16th:  
Essayist: Dr. A. C. Current, Gastonia, N. C.  
Subject: "Plastic for Inlay, Crown and Fixed Bridge Restorations"  
A technicolor film showing the complete construction of a four-tooth anterior bridge will follow.
- NOVEMBER 20th:  
Election of Officers  
Essayist: Dr. A. M. Wash, Richmond  
Subject: "Some Problems in Exodontia"
- DECEMBER 18th:  
Annual Banquet, John Marshall Hotel  
Installation of Officers  
Master of Ceremonies, Dr. John C. Tyree

### RICHARD LEE SIMPSON

The members of the Richmond Dental Society deeply regret the loss of one of their most devoted and interested members, Dr. Richard Lee Simpson on July 1, 1947.

He was born April 21, 1873, at Fincastle, Botetourt County, the son the the late J. Charlton and Sarah Elizabeth Backenstoe Simpson. He is survived by his wife, the former Miss Elma Walker, of Lynchburg; one daughter, Jacqualin Simpson Jones (Mrs. Leslie Reid Jones), of Chatham; and two grandsons.

Dr. Simpson attended schools at Fincastle and a preparatory school at Montvale. He also attended Washington and Lee University for one year. After teaching in the public school at Laymantown for a year he entered the University of Maryland, where he was graduated in the class of 1896.

He began the practice of dentistry that year in Fincastle, later moving to Richmond, where he practiced his profession until his death. From 1905-1913, he was connected with the University College of Medicine as professor of operative dentistry and Crown and Bridge, and was Dean of the Dental School from 1910-1913.

After the school was consolidated with the Medical College of Virginia in 1913, Dr. Simpson became Dean of the Dental Department of this new school, which position he held until 1915. At the time of his death, he was emeritus professor of Clinical dental practice at Medical College of Virginia.

Dr. Simpson received the honorary degree of M. A. at the University of Maryland in 1907, and in 1929 he was made a fellow of the American College of Dentists. He was a member and former president of both the Richmond Dental Society, Inc., and the Virginia State Dental Association. He was also a member of the American Dental Association and many other societies and Fraternities.

Dr. Simpson wrote many articles on dentistry and gave clinics all over the country. He was a great inspiration to dentists everywhere and will be greatly missed by his associates in the profession.

Resolved—That a copy of the above be made a part of permanent records and that a copy be mailed to his widow, Mrs. Elma Walker Simpson.

### N. TALLEY BALLOU, SR.

The members of the Richmond Dental Society deeply regret the loss of one of their loyal members, Dr. N. Talley Ballou, Sr., on July 22, 1947.

A native of Danville Va., Dr. Ballou was educated at Hampden-Sidney College and at the Medical College of Virginia. He served in

the United States Navy from 1899-1905, and was deputy clerk of Halifax County until 1913. He practiced dentistry in Portsmouth from 1913 until 1921.

On April 16, 1921, he came to Richmond and became the first director of the Division of Mouth Hygiene of the State Health Department, which position he held until his death. Virginia was the first state to establish a mouth hygiene division, and Dr. Ballou was the oldest director from point of service in the United States.

He was a member of the Richmond Dental Society, the American Dental Association, and the American Association of Public Health Dentists and a fellow of the American College of Dentists.

His system of State-directed Dental work in the schools of Virginia was widely copied and he gave frequent lectures on dental public health.

Surviving are his wife, Mrs. Estelle M. Ballou; a daughter, Doris Ballou Parker (Mrs. Joseph L.); and two sons, Louis W., and N. Talley Ballou, Jr.; also by two grandchildren.

Resolved—That a copy of the above be made a part of permanent records of this society, and that a copy be mailed to his widow, Mrs. Estelle M. Ballou.

FRANKLIN A. TYLER, *Secretary*



## COMPONENT No. 5—PIEDMONT DENTAL SOCIETY

Meeting annually—October

C. P. HURT, Lynchburg.....	President
FRED G. REPASS, Roanoke.....	President-Elect
G. GUY OVERHOLT, Altavista....	Secretary-Treasurer
C. K. GARRARD, Lynchburg.....	Counselor
W. T. McAFEE, Roanoke	} ... Executive Committee
A. S. LIPFORD, Bassett	
K. M. CRAWFORD, Covington	

The Piedmont Dental Society will hold its 32nd annual meeting at the Natural Bridge Hotel, Natural Bridge, Va., on October 13-14, 1947.

The following program will be presented for the instruction and entertainment of the members and guests.

9:00 A.M. **Monday October 13, 1947**

Golf Tournament—Lexington Country Club  
Dr. T. Benj. Hunter, Chairman  
Dr. O. G. Barnett



- 10:00 A.M. Registration  
 2:00 P.M. Opening Session  
 2:20 P.M. President's Address  
 2:30 P.M. Address—"Recent Advances in Drug Therapy"  
                   by Dr. Harvey B. Haag, Richmond, Va.  
 3:30 P.M. Panel Discussion on "Office and Practice Management"  
 5:30 P.M. Social Hour—Rockbridge Room  
 6:30 P.M. Annual Banquet—Natural Bridge Hotel

**Tuesday, October 14, 1947**

- 9:00 A.M. "Oral Lesions"  
                   by Dr. Thomas W. Roberts, Lynchburg, Va.  
 10:00 A.M. Group A Clinic—"Operative Dentistry"  
                   by Dr. O. W. Clough  
                   Group B Motion Picture—"Porcelain Jacket Crown  
                   Preparation"  
                   by Dr. Woodson T. Birthwright, Washington, D. C.  
 10:30 A.M. Ladies Bridge Luncheon, Natural Bridge Hotel  
                   Natural Bridge, Va.  
 11:00 A.M. "Topical Application of Fluoride to Reduce Dental Caries"  
                   by Dr. George A. Nevitt  
                   Department of Health, Richmond, Va.  
 12:00 P.M. Business Session  
 1:00 P.M. Lunch  
 2:00 P.M. Group A, Motion Picture—"Porcelain Jacket Crown  
                   Technic"  
                   by Dr. Woodson T. Birthwright  
                   Group B, Clinic—"Operative Dentistry"  
                   by Dr. O. W. Clough

The following dentists have located in the Piedmont area for the practice of their profession:

**ROANOKE, VA.—**

Dr. R. E. Woolwine, Shenandoah Life Ins. Building  
 Dr. K. P. Fitzgerald, Shenandoah Life Ins. Building

**LYNCHBURG, VA.—**

Dr. T. W. Roberts, Medical Arts Building  
                   (Specializing in Oral Surgery and Exodontia)  
 Dr. T. T. Upshur, Allied Arts Building  
 Dr. J. K. DeBusk  
 Dr. R. S. Burford

G. GUY OVERHOLT, *Secretary*

## COMPONENT No. 6—SOUTHWEST VIRGINIA DENTAL SOCIETY

Meeting annually—October

R. D. COURTNEY, Bristol.....	President
C. K. POLLY, Appalachia.....	President-Elect
C. M. QUILLEN, Bristol.....	Secretary-Treasurer
G. M. GOAD, Hillsville.....	Counselor
G. M. GOAD, Hillsville	} Executive Committee
MORRIS WESCHSLER, Marion	
E. G. WATTS, Gate City	
P. D. MILLER, Norton	

The Southwest Virginia Dental Society will hold its fall meeting in Bristol, at Hotel General Shelby, on Thursday, October 30th. This is our largest meeting of the year and will be held jointly with the First District Dental Society of Tennessee. It is the 24th annual gathering of these two component societies.

Our program will be interesting and a very good one. The clinicians for the day will be Dr. C. L. Chandler, Jr., Atlanta, Dr. Harry Lyons, Richmond and Dr. W. N. Hodgkin, Warrenton. There will be the business meeting at five o'clock with the election of officers for 1948. The social hour will be at six and the meeting will close with the banquet at seven.

Quite a large attendance is expected and a cordial invitation extended to those of other components who might wish to attend.

C. M. QUILLEN, *Secretary*

## COMPONENT No. 7—SHENANDOAH VALLEY DENTAL SOCIETY

Meeting annually—Fall of the year

D. B. ALLEN, Berryville.....	President
H. M. HANNA, Staunton.....	President-Elect
W. H. WUNDER, Woodstock.....	Secretary-Treasurer
R. B. SNAPP, Winchester.....	Counselor
W. E. ARMSTRONG, Staunton	} ..Executive Committee
P. C. SPITZER, Harrisonburg	
F. L. LEONARD, Bridgewater	

The annual meeting of the Shenandoah Valley Dental Association will be held at Hotel General Wayne, in Waynesboro, Va., October 17th and 18th.

Social Hour—6:00 P.M.  
Banquet—7:00 P.M.

Dr. George A. Nevitt, District Director U. S. Public Health Service.

Subject—"Local Application of Fluorine in Caries Control"  
Business Meeting.

Saturday, 10:00 A.M.—Dr. Richard Freyberg, Associate Professor  
of Clinical Medicine, Cornell University Medical College.

Subject—"The Critical Evolution of Infection in Relation to  
Systemic Diseases, Especially Arthritis"

W. H. WUNDER, *Secretary*

### COMPONENT No. 8—NORTHERN VIRGINIA DENTAL SOCIETY

Meeting semi-annually—Spring and Fall

B. M. HALEY, Warrenton.....	President
A. J. BOWLING, Fredericksburg.....	President-Elect
P. R. MILTON.....	Secretary-Treasurer
S. N. GRAY, Alexandria.....	Counselor
J. T. ASHTON, Alexandria	} Executive Committee
S. N. GRAY, Alexandria	
J. E. WALTERS, Fredericksburg	

The Northern Virginia Dental Society will hold its Fall meeting  
on Wednesday, October 15, 1947, 10:00 A.M., at the Fredericksburg  
Country Club.

Dr. George A. Nevitt, Director of Mouth Hygiene, Department  
of Health, will present a lecture and slides on "Topical Application  
of Fluorine to Reduce Dental Caries."

Dr. Francis J. Fabrizio, Assistant Professor of Periodontia,  
Georgetown University; Vice-President of the American Association  
of Dental Editors; and a member of the Federation Dentaire  
Internationale will present a lecture on "Etiology of Periodontal  
Disease and Treatment."

P. R. MILTON, *Secretary*

### POTOMAC DENTAL STUDY CLUB

A. D. ALEXANDER, Arlington.....	President
P. R. EBERT, Falls Church.....	Vice President
HARRY ROUSH, Arlington.....	Secretary
J. M. KLINE, Arlington.....	Treasurer

The Potomac Dental Study Club held its first post-summer  
meeting on Monday, September 15, 1947, at 8:00 P.M. at the George  
Mason Hotel, Alexandria, Va.

The speakers were Drs. John E. Alexander and A. D. Alexander.  
Subject: "Maxillofacial and Plastic Surgery."

This youngest study club now has an active membership of  
47 members.

HARRY ROUSH, *Secretary*