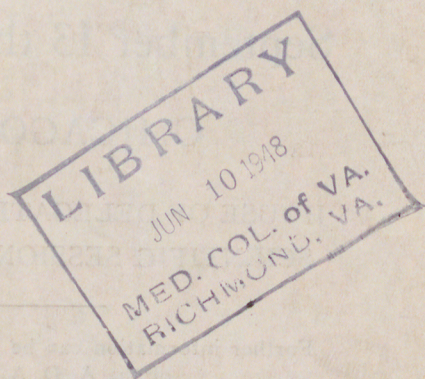


THE *Bulletin* OF THE

VIRGINIA STATE  
DENTAL  
ASSOCIATION

VOLUME XXV

No. 2



June, 1948



Plan Now to Attend !

89th  
*Annual Session*

of the

*American Dental Association*

September 13 thru 17, 1948

CHICAGO, ILL.

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Further information can be had in the June issue  
of the A. D. A. Journal.



TABLE OF CONTENTS

THE  
BULLETIN

OF THE  
VIRGINIA STATE  
DENTAL  
ASSOCIATION

THE  
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OF THE  
*Virginia Dental Association*

VIRGINIA STATE

DENTAL

ASSOCIATION

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# TABLE OF CONTENTS

|   |    |
|---|----|
| Officers .....                                  | 4  |
| Committees, 1948-1949 .....                     | 5  |
| President's Message .....                       | 9  |
| Editorials .....                                | 11 |
| Executive Council Meeting (April 11, 1948)..... | 15 |
| President's Address .....                       | 21 |
| Executive Council Meeting (April 14, 1948)..... | 30 |
| The Past Year in Dental Research.....           | 33 |
| Reports of Committees:                          |    |
| Bulletin and Publicity .....                    | 41 |
| Legislative .....                               | 41 |
| Prosthetic Service .....                        | 44 |
| Military Affairs .....                          | 45 |
| Clinic .....                                    | 45 |
| Necrology .....                                 | 46 |
| State Board of Examiners .....                  | 47 |
| Relief Committee .....                          | 49 |
| Special Reports .....                           | 50 |
| Financial Report .....                          | 52 |
| State Association News .....                    | 53 |
| Central Office News.....                        | 58 |

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## PRESIDENT'S MESSAGE

To the Members of the Virginia State Dental Association:

I wish to acknowledge here, my sincerest gratitude for the honor and privilege of serving as president of the Virginia State Dental Association for the ensuing year. It is with the knowledge of the loyal support, that the members of the Association have always given to those who have preceded me in this office, that I am able to assume the leadership with a feeling of security that the traditions of our grand old society will be carried on in a beneficial manner.

I had hoped that we here in the Tidewater area could have had the opportunity of entertaining the 1949 State meeting; however, I deemed it advisable to forego a selfish attitude in anticipating this pleasure for reasons which were explained to you at our Richmond meeting. I am most grateful to our Roanoke colleagues for their willingness to assume the arduous tasks which are so necessary for the assurance of a successful meeting.

The unanimous adoption of the report of the Virginia Conference on Dental Health by the Association, has already laid out our major activities which I strongly recommend that we pursue this year. This conference sets for us a goal, and establishes for us a milestone in the history of Virginia dentistry. We should ever be grateful to those who sponsored and participated in this conference for the sacrifices which they encountered to make it a success, but it is incumbent upon each member of the Association to assume his responsibility to carry the program to a successful conclusion. I am gratified to learn that a number of Component Societies have already initiated steps for the furtherance of this program. It is a temptation to review the many fine recommendations which resulted from this conference; however there will soon be in the hands of each member of the Association a special edition of the Bulletin which will contain the full report. I strongly urge that we will all inspect this report in detail and give to it our best support. If we will do this, it will serve not only to enrich our interest in the best that profession has to offer, but will also serve to admonish those who would dare to believe that organized dentistry is not aware of, and not capable of, carrying out her responsibilities to the dental health of the nation.

To the men who have accepted appointments to serve on the various committees, I am truly grateful, for without them the activities of our Association would suffer. Dr. George A. Nevitt, Director

of the Mouth Hygiene Division of the Virginia State Health Department, and Dr. William D. Lanier, Chief of Dental Section of The Veterans Administration have shown very clearly that their offices, and more particularly, their personal services are always on call to our membership.

In closing, may I state that you may rest assured that your officers and committeemen will work hard and long to make our 1949 meeting beneficial and enjoyable. Again, may I thank you for the honor which you have extended me. With best wishes for a successful year.

M. BAGLEY WALKER, President.

# THE BULLETIN

OF THE

## Virginia State Dental Association

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VOLUME XXV

JUNE, 1948

NUMBER 2

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401 Medical Arts Building, Roanoke, Virginia

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804 Medical Arts Building, Roanoke, Virginia

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## EDITORIAL

Our President, Dr. M. Bagley Walker, was born in August, 1905, at Norfolk, Virginia. He is the son of the late Dr. J. Lewis Walker, Sr., a past president of the Virginia State Dental Association. Our records show that this is the first time a son has followed his father as president of the Virginia Association. Bagley attended the public schools in Norfolk, Webb School in Bell Buckle, Tennessee, and Randolph Macon College at Ashland, Virginia. He was graduated from the Medical College of Virginia in 1929 and the Dewey School of Orthodontics in 1930. He was associated with his father in the practice of orthodontics for five years until his father's death in 1935. He is a member of Kappa Alpha (social fraternity), Omicron Kappa Upsilon (honorary dental fraternity), American Association of Orthodontics, a Fellow in the American College of Dentists and a Fellow of The Academy-International of Dentistry. He is past president of the Southern Society of Orthodontists and the Tidewater Dental Association. He has been a member of the Executive Council of the Virginia Association for ten years and has served on many important committees. Our President is certified by the

American Board of Orthodontics and has published a paper in the American Journal of Orthodontics and Oral Surgery entitled "Psychologic Effects of Malocclusion of the Teeth."

Bagley is married (Janet Tucker, Raleigh, North Carolina) and has three children, one boy and two girls. We understand that Bagley, Jr., eleven years of age, is headed for the Medical College of Virginia and dentistry.

The Association looks to Dr. Walker for great leadership during a most critical time, a time beset with pitfalls of impending compulsory health legislation and international disorder. We pledge our support and anticipate superb guidance.

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The Virginia Conference on Dental Health which preceded the State Meeting gave every indication of being most successful. At the very outset any fear of compulsory health education was dispelled. The twenty-seven delegates of the twenty-eight appointed left no doubt in the minds of their fellow conferees regarding the ignominious blight fostered, nurtured and trained by governmental agencies to further and strengthen their personal positions; to make powerful political machines by the insidious propogation of false apprehensions in the minds of ignorant voters. Congressional reports substantiate the claim that we, as taxpayers, are paying for the propogation of this misinformation and that the burden on the taxpayer for compulsory health insurance would be so great as to break the backs of those already bearing the tax burden for governmental "hand-outs" which are unquestionably vote purchases. Are we then to sit supinely by and see our profession garroted by a Federal government whose representatives are interested primarily in vote gathering?

The keynote of the conference seemed to be this: If we are to successfully combat compulsory health legislation then we, as a profession, must offer something better. The report, which will be sent under separate cover to each member of the Virginia State Dental Association and which will be available to all who request it, shows that each delegate had uppermost in his mind the obligation of the profession as a health agency. This report should be studied and discussed in order to secure from it maximum usefulness.

The year 1948 places a milestone on the highway of dental progress in Virginia. We shall point to this milestone with pride and those of us who have had the honor of serving the Association during this period will have done so with a feeling of elation and self esteem.



We wish to pay tribute to our Past President, Harry Lyons. It has been most pleasant to work with him. Again, we can look at the year 1947-48 with pride because of our able, gracious and competent leader. The generous gift of his valuable time cannot be overlooked. The Association will remain grateful for this magnanimous leader and for the "milestone" he has placed on the highway of progress. His works shall serve as an example for those who would imitate.

Attention must be called to the orderly manner in which this Association meeting was held and the overwhelming quantity of work that was accomplished.

For the first time our Association was operating under its new constitution and by-laws. These were presented and adopted at our last meeting in April, 1947. The noticeable and outstanding change relates to the business of the Association. Article XI, Section 3, lines 23 through 30 and lines 41 through 45, provides as follows: "The session of the Council shall be open to all members of the Association and any member of the Association may be heard on matters under consideration. \* \* \* They (the Council) shall make an annual report of their transactions to the Association. The Association by a majority vote may approve or disapprove any and all actions of the Executive Council." This provision places much more responsibility on your Council representatives. It does not preclude participation in discussions by any member of the Association. Member participation either orally or by writing at the Council meetings, is invited. This does eliminate lengthy discussions on controversial matters on the floor during business sessions. One must admit that more can be accomplished, ideas better presented and thoughts more keenly focused around the Council table than on the floor at open sessions. It might be reiterated that any action by Council that is contrary to a member's views can be reopened for discussion on the floor in general session. All reports and actions by Council must be approved by the Association in general session. Should a member wish to take issue with Council he should do so at the time the report and recommendations are made before the report is adopted. Thus we only eliminate new controversial issues until there has been time for ample reflection and study.

**DR. WILLIAM MARION STURGIS****MARSHALL, VIRGINIA**

**Died at his home in Marshall, April 30, 1948**

Twin brother of Dr. R. W. Sturgis, retired physician of Norfolk, Virginia.

Born, Eastville, Virginia, September, 1870.

Graduated from Baltimore College of Dental Surgery in 1895.

Practiced in Norfolk from 1898 to 1910, when he moved to Marshall, Virginia, where he practiced until a few years ago.

He was a past president of the Virginia State Dental Association, former member of the Virginia State Board of Dental Examiners, and a former member of the Virginia-Tidewater Dental Association.

He is survived by his second wife, Mrs. Florence Frost Sturgis, a daughter by his first wife, Mrs. George Gordon, of New York City; one sister, Mrs. Margaret Kellam, of Eastville, Virginia; one brother, Dr. R. W. Sturgis, of Norfolk.

Burial took place in Marshall, Virginia, Sunday, May 2nd, at 2:00 P. M.

## EXECUTIVE COUNCIL MEETING

April 11, 1948

The meeting of the Executive Council of the Virginia State Dental Association, held in Hotel John Marshall, Richmond, Va., Sunday afternoon, April 11, 1948, was called to order at 2:50 P. M., by Dr. R. B. Snapp, Chairman of the Council.

**Roll Call.**—The following members were present:

|                                   |                       |
|-----------------------------------|-----------------------|
| Harry Lyons, President            |                       |
| M. Bagley Walker, President-elect |                       |
| J. E. John, Secretary-Treasurer   |                       |
| N. F. Muir                        | } Councilors-at-Large |
| W. S. Gilmer                      |                       |
| D. B. Allen                       |                       |
| G. W. Duncan                      |                       |
| M. P. Doyle—Component No. 1       |                       |
| John B. Todd—Component No. 2      |                       |
| J. H. Cocks—Component No. 3       |                       |
| G. A. C. Jennings—Component No. 4 |                       |
| C. K. Garrard—Component No. 5     |                       |
| G. M. Goad—Component No. 6        |                       |
| R. B. Snapp—Component No. 7       |                       |
| B. M. Haley—Component No. 8       |                       |

Chairman Snapp extended a special welcome to the new member of the Executive Council, Dr. B. M. Haley, of Warrenton.

**Minutes of Previous Meeting.**—The first order of business was the reading of the minutes of the last meeting of the Executive Council, held in Roanoke on April 16, 1947. Upon motion by Dr. Lyons, seconded by Dr. Gilmer, it was voted to dispense with the reading of the minutes.

**Reports of Standing Committees and Agencies.**—The Chairman called for reports from committees of the Association of which mimeographed copies had been sent to the Council in advance for study. The reports were presented by President Lyons.

**Clinic Committee.**—The Clinic Committee, G. W. Duncan, Chairman, reported that 62 clinicians are scheduled to participate in the presentation of a total of 44 different clinics at the session on Tuesday afternoon. The report was accepted with commendation to the Clinic Committee for its excellent work.

**Editor of the Bulletin.**—Moffett H. Bowman, Editor, called attention to increased costs incurred during 1947-1948 due not only to the

publishing of an additional issue, as previously authorized, but also due to increase in price from \$4.05 to \$4.60 per page. He urged that the component societies take greater advantage of the Bulletin's potentialities; that it is their publication and they should make the greatest possible use of it.

**Financial Report of Relief Committee.**—The financial report of the Relief Committee showed a balance of \$2,790.65 as of March 1, 1948, and there were no calls for relief payments during the year. The report was accepted with thanks to Chairman John T. Ashton and the Committee.

Moved by Dr. Cocks that the Chairman of the Relief Committee be authorized to secure a bond commensurate with the size of funds involved and that the cost of same be charged against the interest accruing from funds deposited in the savings account. Motion seconded by Dr. Muir and carried.

**Military Affairs Committee.**—The report of the Military Affairs Committee, over the signature of John C. Tyree, Chairman, advised of the committee's response to a request from the secretary of the Council on Dental Health of the American Dental Association to supply data relative to the functioning of the Veterans Administration dental program in the state. Along with the information which it was able to supply, the committee advised the secretary of the Council on Dental Health that it was pleased to learn that the A. D. A. was giving serious consideration to the entire dental program of the Veterans Administration. The report of the Military Affairs Committee was received with appropriate thanks.

**Necrology Committee.**—The report of the Necrology Committee for the year 1947-1948 listed the names of 11 former members, 9 of whom were members of the State Association at the time of their deaths. Cognizance of the loss of these members and proper tribute to their memory was deferred until the opening session of the general meeting on Monday. The report was received with appropriate thanks to Chairman Cocks and the Committee.

**Legislative Committee.**—In connection with the report of the Legislative Committee, a full discussion was held on that portion of it pertaining to the recommendation of the Executive Council to the committee prior to the convening of the Legislature that it proceed during the session to have the dental law changed to permit an increase in the annual registration fee from one to five dollars to provide more money for the use of the State Board of Dental Examiners to enable the Board to more efficiently handle the affairs of the profession. The report stated that after conferences with President Lyons, Dr. J. M. Hughes and Dr. W. N. Hodgkin, President of the Board of Dental Examiners, it was decided to delay action and



present the matter to the membership in open meeting for frank discussion and guidance. Dr. Street and Dr. Hughes joined the Executive Council in the discussion, after which the report of the Legislative Committee was received with thanks to Dr. Street and his very excellent committee.

Later in the session, continuing the earlier discussion of need of employment of an inspector to enforce dental laws that are now being violated in some sectors, Dr. Allen moved that the Executive Council recommend to the Virginia State Dental Association in business session that the State Board of Dental Examiners employ an inspector or suitable person for the purpose of enforcing the dental laws and prosecuting the violations of same, provided that where such a service is requested by a local dentist or society the funds for this purpose will be provided by the local dentist or society. The motion was seconded by Dr. Walker and upon a hand vote was declared lost, the reason being that the law now exists and the motion would do nothing to add to the legal precedent that has been set.

Following a later discussion of upward revision of registration fees and employment of an inspector, Dr. Haley moved that the Legislative Committee be requested to make a study of the legislative needs and report at the next annual meeting of the Council relative to increasing the registration fee. Motion seconded by Dr. Goad and upon vote was declared carried.

**Reports of Secretary and Treasurer State Board of Dental Examiners.**—President Lyons presented by title the report of the Office of the Secretary of the State Board of Dental Examiners and the Treasurer's report of the same state agency. He advised that Dr. Hughes, as Secretary of the Board, and Dr. Street, as Chairman of the Legislative Committee, were largely instrumental in seeing that the purview of the State Board of Dental Examiners was not encroached upon in connection with the Governor's reorganization plan and that an everlasting debt of gratitude is due these two gentlemen for protecting the interest of the profession on that point. With regard to the report of the Treasurer, President Lyons advised that it was submitted in fine detail. Both reports were received with thanks to Secretary-Treasurer Hughes.

**Report of Director of Mouth Hygiene.**—The report of the Director of Mouth Hygiene of the Virginia State Health Department, over the signature of George A. Nevitt, D. D. S., Director of Mouth Hygiene, State Department of Health, contained a review of the scope of this Division's activity. President Lyons noted the courteous gesture on the part of the Director toward the State Association in submitting this comprehensive report, recognizing that the program

of the Mouth Hygiene Division was originally initiated on the recommendation of the Virginia State Dental Association and has received continuous endorsement by this body. He reported statements made many times during the past two or three days that the State Health Department will always look to this Association for guidance in its dental program.

Dr. Guy R. Harrison, a member of the State Board of Health, expressed appreciation of the support given by members of the Virginia State Dental Association to the recent Health Conference, which, after all, was the program of the Association, the State Department of Health being the agency whereby it was put into effect.

The report of the Director of Mouth Hygiene was received with expressions of gratitude to Dr. Nevitt, the Director, to the Commissioner of Health, and to the Board of Health of the State of Virginia.

**Prosthetic Dental Service Committee.**—The report of the Special Prosthetic Dental Service Committee, over the signature of Robert N. Harper, Chairman, was received with appropriate thanks to Dr. Harper.

Dr. Doyle reported to the Executive Council the success achieved by members of Component No. 1 in the Norfolk and Tidewater area in their effort to become more closely related professionally with the men that serve them in the laboratories by means of meetings where common problems were frankly discussed. He advised that the laboratory group were grateful for the initiative taken by the dental profession and that it is safe to predict that the effort will be continued to try to foster a better relationship between the two groups.

**Special Committee to Study Licensure of Dental Hygienists in Virginia.**—The progress report of the Special Committee to Study Licensure of Dental Hygienists in Virginia contained the concluding statement that "the scarcity of applicants for dental hygiene licensure in adjoining states indicates that no appreciable aid in dental health service would be made immediately available even with enabling legislation in the meanwhile." The special committee is continuing its study of the matter. The report was received with appropriate thanks to Dr. Hodgkin, Chairman, and his committee.

**Committee on Special Provision for Associate Membership.**—Dr. Allen, Chairman of the special committee authorized at last year's Executive Council meeting to continue the study of the question of associate membership in the Virginia State Dental Association by members of the medical profession, reported that since the Constitution and By-Laws state specifically that the component societies are the sole judge of members of the Association, the committee recommended that associate memberships in the Virginia State Dental Association

sociation be provided through the component societies in the regular prescribed manner, the component societies to charge for such memberships or not as they see fit. Dr. Allen moved adoption of the recommendation, which was seconded by Dr. Walker and upon vote was declared carried.

**Workshop on Dental Health.**—The Secretary read for the record the following letter received by him from the Chairman of the Executive Council under date of August 25, 1947:

"For your information and record, I beg to advise that all the officers and members of the Executive Council of the Virginia State Dental Association have approved our participation in and the appropriation for our proposed Workshop on Dental Health. (Name later changed to Conference on Dental Health.)

"As you probably know, our State Health Department is participating as co-sponsor in this project and will share in the cost."

**Report of the Treasurer.**—Dr. John advised that each member of the Council had been sent a copy of the Audit Report in advance of the meeting. The Chair appointed the following Auditing Committee to examine the Treasurer's records and report at the Wednesday meeting of the Executive Council: Dr. Muir, Chairman, Dr. Cocks and Dr. Goad.

## NEW BUSINESS

**Professional Group Plan of Disability Insurance.**—Dr. Lyons read portions of a letter received by him from the Metropolitan Casualty Insurance Company of New York in which they again offered the Professional Group Plan of disability insurance, with slight beneficial amendments, that was presented to the Executive Council of the Association in 1942 and approved at that time. Moved by Dr. Jennings that the proposed Professional Group Plan of disability insurance be approved and be made public to the membership. Motion seconded by Dr. Cocks and upon vote was declared carried.

**Report on Dental Health Conference.**—Dr. Hodgkin, Chairman, presented the report of the Committee on Dental Health Conference. Moved by Dr. Jennings that the Executive Council adopt the report of the Committee on Dental Health Conference for Virginia held April 9-11, and that this Council recommend to the Virginia State Dental Association in convention that it, too, officially adopt the recommendations of the Conference. Motion seconded by Dr. Todd and upon vote was declared carried unanimously.

**Nomination for Life Membership.**—Moved by Dr. Goad that Dr. Charles A. Newland, of Wytheville, a member of the Virginia State Dental Association for 52 years and is still practicing at about age 76,

be given a life membership in the Virginia State Dental Association. Motion seconded by Dr. Gilmer and upon vote was declared carried.

**Nominations for State Board of Dental Examiners.**—The Chairman reported that Dr. D. Blanton Allen's term of office on the State Board of Dental Examiners expires this year and he asked that three nominations be made for presentation to the Governor. The following were nominated:

D. Blanton Allen, Berryville, to succeed himself.

R. E. L. Miller, Jr., Front Royal.

B. M. Haley, Warrenton.

**Nominations of Delegates and Alternates to A. D. A. Meeting.**—The Chairman called for nomination of three delegates and five alternates to the next meeting of the House of Delegates of the American Dental Association. The following were nominated:

**Delegates:** W. N. Hodgkin, N. F. Muir, for a two-year term; the President-elect for a one-year term; (Other two delegates elected last year for a two-year term: Harry Lyons and Harry Bear.)

**Alternates** (for one-year term): John B. Todd, M. Bagley Walker, Moffett H. Bowman, G. M. Goad, C. K. Garrard.

**Hospital Dental Service Committee.**—President Lyons reported the request from the Hospital Dental Service Committee of the A. D. A. that a committee by the same name on the state level be appointed. In order to avoid revision of the Constitution and By-Laws he moved that the incoming President be authorized to appoint a Special Committee on Hospital Dental Service. Motion seconded by Dr. Haley and upon vote was declared carried.

**Presentation of Executive Council Report.**—Moved by Dr. Jennings that it be left to the discretion of the Chairman of the Executive Council as to how to present the report of the Council to the general assembly. Motion seconded by Dr. Garrard and upon vote was declared carried.

**Adjournment.**—There being no further business, the meeting adjourned at 5:50 p. m.



## PRESIDENT'S ADDRESS

By Dr. Harry Lyons

When you elected me to the Presidency of this Association, I recognized in that procedure the gracious compliment that is inherent in election to this high office. I also recognized that the privilege of leadership which the office entails carries with it a grave responsibility. I appreciate the compliment as a gesture of confidence and friendship. I shall cherish that, always, as one of my prized possessions. The privilege of serving you has been a source of genuine joy. The responsibilities have weighed heavily upon me and upon those among you who have so willingly and effectively cooperated in the work of the Association this past year.

In presenting this annual report to you, I would have you understand that this report is not one of personal accomplishments but rather a report of the progress and attainments of a larger number of members who labored together with a spirit that may best be described as magnificent and inspired. This report records their attainments and I am sure that you will recognize in them an enriching contribution to the professional stature of Dentistry in Virginia. This has been done in a year which presented Dentistry with one challenge after another in increasing magnitude.

The most important office in our Association is that of the Secretary-Treasurer. It is the very core of our organization. Every activity in the Association revolves around it or evolves from it. This office has been held for the past fourteen years by one of dentistry's finest servants, known not only in our state but also throughout the nation for his devotion and service to his profession. He has decorated the office of our Secretary-Treasurer with the dignity of his unselfish and loyal labors. Dr. J. E. John merits an accolade of our affectionate praise and esteem. It is, indeed, a privilege to offer him this verbal decoration on your behalf as well as for myself personally.

Our Executive Council is charged with the responsibility of conducting the business affairs of this Association, subject to the approval of this body in convention. Under the Chairmanship of Dr. Ralph B. Snapp, the Council has worked most effectively. The pre-convention meeting of the Council is always one requiring of its members much labor through long hours. During the year just past, the Council was often asked to make important decisions through mail discussion and vote. The devotion of the members of our Executive Council to the work of this Association marks them as our benefactors; for this we are all grateful to them.

For the past two years, the "Bulletin" of our Association has been edited by Dr. Moffett H. Bowman. He has done an excellent job

of editing our "Bulletin" during a very trying time. His fine editorial skill has won for him and for our "Bulletin" many compliments. We are grateful to Dr. Bowman for his splendid contribution.

The planning and execution of details incident to the staging of an Annual Meeting of this Association constitute a task beyond the imagination of any except those who have had this responsibility themselves. It is truly a herculean task. Dr. Richard Lee Simpson, Jr., and his Local Arrangements Committee have applied their talents and energies so skillfully that I am sure you will be impressed with the thoroughness with which they have planned the details of this meeting. For myself and for the membership at large I express to Dr. Simpson and his committee our appreciation.

One of the finest features of this meeting will be the Clinic and Exhibit Session. Dr. George W. Duncan and his Clinic Committee have worked diligently on this phase of our program and will present over forty clinics and exhibits. An interesting Clinic and Exhibit Session is in store for you; for this I express our gratitude to Dr. Duncan and his committee.

The years during which the General Assembly of Virginia meets are always important years for our Legislative Committee. This has been such a year. Our Legislative Committee, under the able chairmanship of Dr. W. Henry Street, has had several important problems presented for its consideration this year, in addition to the major task of watching the proceedings of the General Assembly for measures likely to affect the welfare of our profession and the public which we serve. I need not remind you that it is a great comfort to know that Dr. Street and his able committee, experienced and skilled in legislative affairs, are on guard for the best interests of the profession and the public of our state. To thank them is, indeed, small reward for a job well done. Like all noble professional servants, they labored not for personal reward or glory but for the great public good.

Our Council on Dental Health, under the able chairmanship of Dr. T. C. Bradshaw, participated as delegates in the recent Conference on Dental Health and helped greatly in the complicated task of staging this important project.

The chairman of our History Committee, Dr. W. N. Hodgkin reported that there has been no activity by this committee during the past year. However, we look forward with eagerness to the time when the many labors that now weigh on the talents and time of Dr. Hodgkin and our other historians will permit them to compile, in text form, the history of dentistry in Virginia. The culture of a people may be measured by the record of its history, and we have a noble one.

Our Military Affairs Committee, under the capable chairmanship of Dr. J. C. Tyree, has had many important problems to consider

with regard to the dental program of the Veterans Administration. These difficult problems have been handled with finesse and due concern for all their aspects. This committee cooperated with the A. D. A. Council on Dental Health in a current nation-wide survey of VA dental service. It would appear that there is considerable demand for some revision of the present VA dental program.

The Relief Committee under the chairmanship of Dr. J. T. Ashton, the Special Committee on Prosthetic Dental Service under the chairmanship of Dr. R. N. Harper and the Special Committee to Study the Problem of Licensure for Dental Hygienists under the chairmanship of Dr. W. N. Hodgkin have submitted reports to our Executive Council. These committees under the guidance of their able chairmen merit our highest praise and appreciation for their careful and studious considerations of their particular problems.

Our Secretary reports that the membership of this Association now totals 725. This represents a notable increase over our membership prior to the recent war.

The membership total of today is the balance struck between the gains and the losses. The gains are in new members. The losses were suffered mainly through deaths. "The Lord giveth and the Lord taketh away; blessed is the name of the Lord." In His infinite wisdom He has seen fit to call unto Himself many of our cherished friends and members. It is with sorrow that we record these losses from our ranks reported by our Necrology Committee of which Dr. J. H. Cocke is chairman. During the past year, death has claimed the following for whom we mourn at this hour: Baskerville Bridgeforth, F. W. McClure, Benjamin C. Sims, Richard L. Simpson, N. Talley Ballou, W. C. Flake, Loyd C. Robinson, J. S. Cahill, and William Pilcher.

When the Reaper removed one from the ranks of the early forebears of our Judeo-Christian faiths, the mourners offered a prayer of praise and thanksgiving to the Creator for the life on earth of the recently departed one. Quoting from a translation of their ancient prayer:

"The departed whom we now remember have entered into the peace of life eternal. They still live on earth in the acts of goodness they performed and in the hearts of those who cherish their memory. May the beauty of their lives abide among us as a loving benediction, and may the Father of peace grant peace to all who mourn and comfort all the bereaved among us."

During this past year, I have afforded myself the pleasure of visiting all of our eight Component Societies. I carried away from each of these meetings the distinct impression of earnest effort, high purpose and fine leadership on the parts of the officers. In many of the Component Societies, younger men are holding office. This speaks well for the enterprise of these men.

Now that the plan of our Component Societies is working so well, I hold a special ambition for them in the way of breadth of usefulness. I would hold for them the ambition that they supply all the local needs in the realm of dental organizations. This would serve the dual purpose of meeting all organization needs and, at the same time, strengthening the Component Societies. Small groups feeling the need for special studies should be sponsored by the Component Societies rather than being encouraged to form separate clubs or societies. The latter, while serving useful purposes, detract from the strength and usefulness of the main stem of organized dentistry. The trend of organizing separate groups on the national level has noticeably affected the section work of the American Dental Association. It bids fair to detract interest from the work of Component and State Societies on these levels. Here is a challenge to the officers of the Component Societies. Meet it successfully and strengthen your society; ignore it and watch its influence and usefulness depreciate. Our Component Societies should continue their fine efforts to enroll all ethical practitioners, to enlist their participation in society programs, and to arouse and maintain their interest in the science and the social responsibilities of the profession.

This Association was represented at the last annual meeting of the American Dental Association by five delegates in the A. D. A. House of Delegates. It is a source of gratification to report that the members of your delegation were in regular and constant attendance during the long and laborious sessions of the House of Delegates, that several of them were recognized by committee appointments, and that one of them, Dr. J. E. John, was elected Trustee of the Fifth A. D. A. District. He succeeded Dr. Clyde E. Minges who was elected to the office of President-Elect of the American Dental Association. I shall not review the proceedings of the last A. D. A. meeting. Much of the work of this session has been reported in the "Journal" of the A. D. A. No doubt, Dr. H. B. Washburn, President of the A. D. A., who will grace our meeting with an address Tuesday night, will tell you something of the important items currently facing our profession on the national level. I should like to call to your attention two items that will directly affect the membership of our Association. One is a raise in dues. This appears necessary in view of the large current deficit in the A. D. A. budget, even in the face of many curtailed and postponed activities. The other is a proposed reduction in the size of the House of Delegates. A reduction in the size of the House of Delegates, which numbered 370 in Boston, would affect the size of our delegation now elected on the basis of two-year terms.

The Constitution and By-Laws of this Association assign to the President-Elect the duties of co-ordinator of Component Society



activities. In an effort to discharge this function last year, the officers of the eight Component Societies in this Association were asked to meet at a dinner during the last Annual Meeting in Roanoke. The officers of this Association and members of the Executive Council also attended this meeting. An effort was made to elicit discussion of problems common to the eight Component Societies and this Association. A number of items were discussed to the advantage of all concerned. The group adopted a suggestion that all the Component Societies cooperate in a program designed to make available the newer knowledge of topical fluoride therapy to the members of our Association. Your President was authorized to secure the services of a competent person who would visit all the Component Societies for the purpose of acquainting their memberships with current information concerning topical fluoride therapy as an anti-caries agent. With the aid of the late Dr. N. Talley Ballou, the United States Public Health Service was approached with this problem. The Public Health Service promptly assigned Dr. George A. Nevitt to this task at no cost to this Association or the Component Societies. Dr. Nevitt holds the rank of Senior Dental Surgeon in the Public Health Service and was stationed at that time in the Second District Office of the Service. Following the death of Dr. Ballou, Dr. Nevitt was loaned to the Virginia State Health Department to serve as Director of the Mouth Hygiene Division. Beginning in September, Dr. Nevitt visited all eight Component Societies and presented the story of topical fluoride therapy in a most effective manner. The State Health Department established a service to provide the fluoride medicament to all the dentists of our State on request and without charge to them. We are greatly indebted to the U. S. Public Health Service, the Virginia State Health Department and especially to Dr. Nevitt for making possible a statewide program of great merit and one in which we may take pardonable pride. The dentists of our State were advised of topical fluoride therapy as an anti-caries agent for use in private practice well in advance of the recently published literature on the subject. Topical fluoride therapy will undoubtedly be found of great usefulness in school clinics and other institutional types of projects, as well as in private practice. Its proved effectiveness and its economic aspects loom as momentous factors in the realm of preventive dental care for larger segments of our population.

The subject of preventive dental care brings into focus, again, the Mouth Hygiene Division of our State Health Department. On the recommendation and with the encouragement of this Association, the Mouth Hygiene Division has carried on a program of dental care for school children in the rural areas of the State over a period of 27 years. This was done under the directorship of the late Dr. N. T. Ballou and is currently under the direction of Dr. Nevitt. The pro-

gram has met with the unqualified approval of both the profession and the public. As a result of the recently discovered effectiveness of topical fluoride therapy and also the possible usefulness of other procedures now under study, we may soon find ourselves in a new era of preventive dental care. We as a health service profession are now face to face with a great challenge, a challenge likely to increase in magnitude in the near future. It is the challenge of responsibility, the responsibility of making known to society the newer knowledge that is ours in ever increasing scope and usefulness. This involves a program of public dental health education. Then, a still greater responsibility rests jointly upon society and the health service profession: the responsibility of making available our professional knowledge and skills to greater numbers of the population. Who shall act for the profession in the discharge of our share of this responsibility? The individual dentists without a coordinated program of objectives and implementation? Does this Association wish to undertake the task and is it ready to do so? Shall we assume the attitude that says, "Let George do it"? Or shall we as individual dentists do our proper part as members of this Association working as harmoniously in the future as we have in the past with our own State Health Department in a joint and mutually helpful endeavor to fulfill our obligation as health servants, fully cognizant of the altruism that alone differentiates us from the crafts? This is a challenge that you can escape only at the price of losing your present autonomous professional and individual status. You will measure up to it with the success that only wisdom, industry and courage will afford you or else suffer the inevitable loss of public prestige and current professional position. It is with hope for the former that this Association joined with the State Health Department in sponsoring the recent Conference on Dental Health about which more will be reported later. Men all over the world are learning "the hard way" that one cannot neglect their responsibilities and retain their privileges. Let us take heed!

Reference to the State Health Department is not complete without a citation of merit to the dental member on the State Board of Health, Dr. Guy R. Harrison. Through him, dentistry has been superbly represented on the Board of Health for 32 years. This in itself is an unequalled record of service to the profession and the public of our State.

The Virginia Commissioner of Health, Dr. L. J. Roper, deserves our praise and commendations for his sympathetic appreciation of dental health problems and his willingness to make available the Health Department's facilities and personnel for dental health problems.

All of you are well aware of the world turmoil of the present time. This is not without effect upon the citizens of this country and

upon the social, economic, and professional aspects of our lives. We are truly living in a revolutionary age. Some of its trends are obvious; others are not yet clearly defined. Only the foolhardy and stupid would ignore the former. We must all study the latter with a vigilance that has always been recognized as the price of our liberty, both civic and professional.

The revolution in the professional phases of American life, particularly of the health service professions, is not a recent phenomenon. It has been underway for several decades. Each step as it occurred may have seemed to many relatively unimportant at the time. We may now look back upon them and study them as parts of a moving drama. From a review of past events in this drama, we may now speculate with some degree of logic regarding the events yet to be portrayed in the next act. There may yet be time for us, as members of an important health service profession, to help in the writing of the next act which may determine, for centuries, the character and complexion of the health service professions, Dentistry included. I have deemed it among the moral responsibilities of this office, first, to study and review this problem for you and, secondly, with the help of many of you, to set in action a program of professional planning that we may hope will redound to the benefit of both our profession and the public which we serve.

The program of study and professional planning to which reference has been made is the Conference on Dental Health for Virginia. This Conference is one of a number of state dental health studies already held, with many more planned in other states. These projects are being promoted by the American Dental Association through its Council on Dental Health as State Workshops on Dental Health. An editorial on the subject appeared in the Journal of the American Dental Association for June 15, 1947. The success of these Workshops in other states has been widely proclaimed and their reports published in the J. A. D. A.

An historical review of trends affecting the health service professions may clarify many prevailing questions with regard to the needs for and the objectives of these A. D. A. sponsored State Workshops on Dental Health. Many of the related events pertain specifically to the medical profession and the American Medical Association but apply with equal validity and force to the dental profession and the American Dental Association. The latter have traditionally supported and followed the lead of the former. The main problems concerning the health services and their distribution revolve around the indigent and the semi-indigent. Traditionally, the poor have always been with us and their care by those of us more fortunate is a measure of our civilization.

In the early days of American life, the individual rich man was truly his brother's keeper. Those able and willing to do so cared for

their poor kin and neighbors on a personal basis. The physician and dentist of the community accepted the responsibility of caring for the poor as part of their professional code. Later years witnessed the development of the community-wide plan of the care of the indigent. At the same time and in the face of increasing demand, those in the health service professions manifested a willingness and a desire to have others relieve them of their individual responsibility toward the indigent. On many sides, physicians and dentists alike are known to have commented that since the grocer and the clothier did not distribute their wares to the indigent gratuitously it followed that they should not be called upon individually to continue to contribute their professional care gratuitously. Along with this, other economic factors in American life tended to restrict the distribution of health care to the more fortunate few. Then came the depression beginning in 1929 and the clamor for Federal aid and relief. Out of this came the Social Security Act with provisions for the unemployed and the aged. Probably in part because of the then prevailing political prestige of the health service professions, provision for the care of the ill was not included in the Act. The A. M. A. and its supporters had won the first round in their fight to preserve their status quo, but they failed to follow up their victory with a program that might have avoided subsequent events. Every plan to make health service care more readily available to greater numbers of our population was resisted and attacked. Witness the early stages in the development of hospital and medical prepayment and voluntary insurance plans. The A. M. A. met its Waterloo in a case involving expulsion of a number of its members for participating in a prepayment plan for medical care. The lower court and the U. S. Supreme Court ruled that the A. M. A. was guilty of monopolistic restraint. It was decreed that health and health care were problems that concerned the entire nation of 140 million people and not only the few thousands engaged in the health service professions. It was further made clear that those in the health service professions practiced their professions as a privilege granted under license from the people. This interpretation by the judicial branch of our Government marks an important milestone in so-called medical history, of which dental history is an important part. Subsequently, there have been several presidential messages calling for a wider distribution of health care and both major political parties are also committed to such a policy. Proposals ranging in their professional involvements from the extreme federal regulations and regimentation noted in the Wagner-Murray-Dingell Bill to those providing for grants-in-aid to the states have been advanced. The determination of the method ultimately selected to provide for wider distribution of health care, dental care included, rests to a great degree with the U. S. Congress. Their decision, however, will be influenced by many factors: political pressure groups repre-

senting labor, the farmer and others; the level of the country's economic prosperity; and how well the health service professional organizations—ours included—get their houses in order and prepare plans of our own for the wider distribution of health care more effective than those from other sources. Our plans should preserve for us all the virtues and privileges of private practice as we know and cherish it, and at the same time also provide that more people share in the health blessings and benefits which our profession has to offer. We are faced with the challenge that admonishes us to labor toward this goal or else face the loss of professional autonomy and become subservient to complete regulation by government. We may never have this opportunity again. Whether we make the best of this opportunity depends upon the intelligence, the foresight and the courage of our 48 state associations' memberships. Each state has its own special problems because of variations in population, wealth, types of industries, etc. If the professions of the 48 states can, very soon, present professionally proposed plans for the wider distribution of health care superior to those proposed by others we might then expect the public to support our contention that the professions can supervise the wider distribution of health care better than the politicians. To this end the Council on Dental Health of the American Dental Association is promoting studies of the problem on the state level through the medium of State Workshops on Dental Health. It is to this end that your Executive Council was requested to approve such a project for Virginia. The Virginia State Health Department joined in the sponsorship of our Conference and the State Departments of Education and Welfare were invited to send observers.

The recommendations developed in our Conference on Dental Health will be presented to you for your consideration. They represent a good beginning. The delegates who participated in our recent Conference merit your gratitude. Study of our problems will have to be continued and a fully effective program ultimately developed. In this we dare to fail only at the risk of losing much that you and I hold dear in the way of professional status.

In concluding this report, I wish that I could express to you certain things so intangible that, for me, they elude translation into words. You have honored me with your highest gift of office. You have been kind and generous in your support. You have given me source for gratitude and for both pride and humility. For all this and for the rare privilege of opportunity for service to this Association, I offer you my fullest measure of appreciation and thanks. To be sure, this is a markedly inadequate expression in response to a most enriching experience as your President. I can but trust that my professional labors and conduct now and through the years ahead will reflect the intangibles that I feel but cannot express to you now.



## EXECUTIVE COUNCIL MEETING

April 14, 1948

The second meeting of the Executive Council, held in connection with the 79th Annual Meeting of the Virginia State Dental Association, was called to order at 1:15 p. m., by Dr. Snapp, chairman of the Council.

**Roll Call.**—The following members were present:

M. Bagley Walker, President.  
 L. J. Walton, President-Elect.  
 Harry Lyons, Immediate Past-President.  
 J. E. John, Secretary-Treasurer.  
 \*N. F. Muir  
 \*W. S. Gilmer } Councilors-at-Large.  
 G. W. Duncan }  
 M. P. Doyle—Component No. 1.  
 John B. Todd—Component No. 2.  
 J. H. Cocks—Component No. 3.  
 G. A. C. Jennings—Component No. 4.  
 C. K. Garrard—Component No. 5.  
 G. M. Goad—Component No. 6.  
 R. B. Snapp—Component No. 7.  
 B. M. Haley—Component No. 8.

Chairman Snapp extended a warm welcome to the new President-elect, Dr. L. J. Walton, of Roanoke.

**Report of Auditing Committee.**—Dr. Muir was asked to present the report of the Auditing Committee. The report follows:

The Auditing Committee examined the books of the Treasurer of the Virginia State Dental Association and found all receipts and disbursements correctly recorded. The Committee wishes to express its commendation and appreciation for the excellent service rendered by our Treasurer.

(Signed) N. F. Muir, Chairman  
 J. H. Cocks  
 G. M. Goad

Upon motion of Dr. Jennings, seconded by Dr. Todd, the report was received.

**Clarification of Associate Membership Classification.**—There was clarifying discussion on the resolution adopted at the previous session of the Council which recommended that associate memberships in

\*Terms expired with this meeting. New members on Council: W. N. Richardson, Lynchburg; P. R. Milton, Arlington.

the Virginia State Dental Association be provided through the component societies in the regular prescribed manner set forth in the Constitution and By-Laws. It was pointed out that this does not cover the present need of Component No. 8 since the State Association has no provision for associate membership. Secretary John explained that the component society under the present Constitution and By-Laws has absolute control over its membership; if a component society wishes to create an associate membership classification, that component society may do so, but if an associate member wishes to become a member of the State Association the component society desiring to pass on up to the State Association an associate member will have to ask the State Association through the Executive Council to revise its Constitution and By-Laws to provide for an associate membership at the state level.

**Editor of "Bulletin" to Attend Council Meetings.**—It was voted to establish as a custom that the Editor of the "Bulletin" be invited to sit in on meetings of the Executive Council in the capacity of a reporter.

**Presentation of Nominations for State Board of Dental Examiners.**—It was agreed informally that the President of the Virginia State Dental Association or someone that he may designate be authorized to present the three approved nominations for the State Board of Dental Examiners to the Governor.

**Remuneration to Secretary's Assistant.**—It was voted to authorize the payment of five dollars a day to Mrs. Andrews for her excellent service at the registration desk.

**Publicity on Functioning of Executive Council.**—There was brief discussion on the evident misunderstanding among some of the members at large as to the functioning of the Executive Council. It was suggested that in the issue of the "Bulletin" that carries the preliminary program and in the program as well, an announcement appear in **bold face type** that the Executive Council meeting is an **open meeting** and that members are invited and urged to appear before the Executive Council. It was further suggested that an editorial be published in the next issue of the "Bulletin" explaining the structural setup of the Council and how it functions. To make sure that the message reaches those who may not see it in the "Bulletin," it was suggested that each member of the Executive Council make public announcement at the several component society meetings of the opportunity afforded every member to clear any matter through the Executive Council, either in person or through the component society's representatives on the Council. The Secretary was instructed to inform the Editor of the "Bulletin" of these various

recommendations and of the desire of the Executive Council that they be carried out.

**Gifts for Clinicians and Essayists.**—In recognition of the outstanding contribution rendered by Dr. Allen O. Gruebbel, executive secretary of the A. D. A. Council on Dental Health; Dr. Kenneth A. Easlick, University of Michigan, Ann Arbor; and Dr. John W. Knutson, Senior Dental Surgeon, United States Public Health Service, Washington, D. C., to the Conference on Dental Health sponsored by the Virginia State Dental Association and the Virginia State Department of Health, and as a token of appreciation for these services so freely given, it was voted that appropriate gifts be sent to the three gentlemen above named at the expense of the Virginia State Dental Association, not to exceed twenty-five dollars per capita and charged to the Conference on Dental Health.

**Election of Chairman and Vice-Chairman of Executive Council.**—Before calling for nominations for the chairmanship of the Executive Council, Chairman Snapp expressed deep appreciation of the honor and privilege afforded him to serve as chairman of the Council for the past three years but asked that he not be considered for re-election, not only because of health reasons but because of the benefit resulting through rotation of the chairmanship from time to time.

**Chairman.**—Upon nomination by Dr. Garrard, Dr. Jennings was unanimously elected Chairman of the Executive Council for the ensuing year.

**Vice-Chairman.**—Upon nomination by Dr. Muir, Dr. Cocks was re-elected Vice-Chairman of the Executive Council for the ensuing year.

**Encomiums.**—A rising and applauding vote of thanks was extended to Immediate Past-President Lyons in appreciation of the pioneer work on the Conference on Dental Health which he carried on in such masterly fashion and for his strong leadership in the affairs of the Virginia State Dental Association during the year.

A rising and applauding vote of thanks was extended to Retiring Chairman Snapp for his conscientious and efficient leadership of the Council over the past three years.

**Adjournment.**—There being no further business, the meeting adjourned at 1:50 p. m.

## THE PAST YEAR IN DENTAL RESEARCH

Oliver Wendell Clough, B. Sc., M. S., D. D. S.

(Read Before the Virginia State Dental Association, April 12, 1948)

Unexpected publicity was given to dental research in the press during the past year. For the most part, the reports were too enthusiastic and the public will very likely expect more from dentistry than the dentist can deliver. Progress, however, has been made.

As usual, investigations into the problem of dental caries have occupied the time of many workers. It has been shown by so many in the past that a balanced diet is essential for healthy teeth that it is interesting to review some recent evidence. It was observed by Schour and Massler<sup>26</sup> who examined 3,905 persons in Italy, whose diets were high in starches and low in sugars, that most of the subjects showed clinical signs of vitamin B deficiency. They found that the incidence of dental caries was much lower than it is in the United States.

In India, Shourie<sup>29</sup> studied the diets of 233 families and the caries incidence of more than 12,000 people. He concluded that a diet high in cereals did not always lead to a high incidence of caries and that a diet low in calcium during development did not affect resistance to dental caries.

A small tribe of primitives in a secluded area in Malay was examined by Mummery.<sup>18</sup> Although their diet contained no refined foods but did contain raw sugar cane, it was found that they had carious teeth. Of interest, also, is the fact that in this primitive tribe Mummery observed subjects with gingivitis and impacted third molars.

Klein<sup>12</sup> studied people living in an area where fluorine had been added to the water supply. The children had fluorinated drinking water and the parents did not, during their development. Although a decrease in the incidence of caries was noted in the children, it was observed that heredity also played a role in the caries susceptibility of children.

Another interesting observation on fluorine was made by Schour and Massler.<sup>27</sup> They examined children, twelve to fourteen years old, in two Italian communities using water supplies that contained fluorine. When compared with communities in the United States having similar fluorine concentrations in their water supplies, it was noted that in Italy, the prevalence and degree of mottling was greater. They concluded that a lowered nutritional status contributed to the more severe results of fluorine on forming teeth.

Because a low incidence of caries has been reported in patients suffering from vitamin B deficiency and at the same time periodontal disease was often observed, Dreizen and Spies<sup>3</sup> undertook to investigate this observation. They used saliva from 51 patients in their study and found that the addition of indole partially or completely inhibited growth of *L. acidophilus* and acid production in 50 of the patients' salivas. They also observed in fewer patients that skatole, when added to the saliva, produced the same kind of inhibition. They concluded that the products of protein putrefaction may be responsible for the decreased incidence of dental caries in patients suffering from periodontal disease in chronic deficiency of vitamin B. This clinical observation has been made by many dentists.

In the control of dental caries, most attention seems to be focused at present on some drug which can be added to drinking water, dentifrices, chewing gum or mouthwashes. The search is for an easy pill. Penicillin and fluorine are two agents which have received considerable attention.

It was observed by Hill, et al.,<sup>11</sup> that 500 units of penicillin in each gram of tooth powder was effective in decreasing lactobacillus counts in 65% of 154 boys who used the powder twice a day. At the same time, the lactobacillus counts in 43% of 86 controls using plain tooth powder also decreased. This preliminary report is not very encouraging.

On the other hand it was found that the addition of penicillin to the water supply for 126 rats decreased the incidence of caries, in proportion to the amount added, when sucrose was a constituent of the diet.<sup>32</sup>

In an effort to find agents which would inhibit the action of enzymes in the bacteria-enzyme-carbohydrate combination and so control dental caries, Fosdick and Calandra<sup>7</sup> tested 31 chemical compounds. They mixed saliva, powdered enamel and sucrose with the chemical under consideration. After shaking and incubating for four hours, the amount of acid liberated was calculated. They concluded that of the group which inhibited acid production glycerol aldehyde, in particular, showed most promise in controlling dental caries, because it would not be objectionable if added to sugar and sugar preparations.

Because dentists believe that some occupations predispose workers to dental caries, a report by Dale and McCauley<sup>2</sup> is interesting. They examined 35 men who worked in the production of hydrofluoric acid for from two to thirty-three years, and also 11 control workers in the same plant far removed from the acid fumes. They found fewer filled or carious teeth, and more arrested lesions in the hydrofluoric acid group than in the control group.



An investigation of substances which may modify the process of dental caries was undertaken by McClure.<sup>15</sup> He fed rats on diets that produced carious lesions in their teeth and added test chemicals to their drinking water. It was found that no effect was produced by the addition of iron, copper, zinc, calcium chloride, sodium sulfate, magnesium chloride, potassium iodide, free iodine, potassium thiocyanate and  $n/200$  sodium hydroxide. Inhibition of caries occurred following the addition of fluorine, urea or nitrate to the drinking water.

In the past, varying reports have been made following the use of an inhibiting agent in a dentrifice to reduce the incidence of caries. McClendon and Foster<sup>14</sup> concluded after students had used a fluorine dentrifice and a fluorine free dentrifice for a year that fewer cavities occurred when the fluorine dentrifice was used.

Fluorine has received so much publicity regarding its use in controlling dental caries that two editorials in the Journal of the American Dental Association bear close study. One<sup>4</sup> of the editorials points out that there is a demand for fluorinated water supplies because of the publicity given the experiments and the unwarranted claims made before the experiments have been completed. The remarks are concluded with a quotation by Jay. "Until such time as the progress of the studies can be evaluated, the universal treatment of water with fluorine, except under rigidly controlled experimental conditions, is not indicated." The other editorial<sup>5</sup> states that: "Dental researchers have now given the profession a method that will inhibit, to an appreciable extent, the incidence of caries in the teeth of children. . . . It is the responsibility of the dental profession to inform the public that the topical application of sodium fluoride will not inhibit caries entirely, but that it will prove effective in many instances. The dental profession must proceed cautiously in using this latest prophylactic measure and in extolling its virtues to the public."

Much credit has been given, in the past, to the value of chewing gum in oral health. Volker<sup>31</sup> conducted an experiment which ran for 18 months, using control and experimental subjects. He found that chewing gum showed no effect on dental caries, gingival inflammation or calculus formation. He did find that gum removed about 80% of residual oral debris. This would indicate that the only good that can be attributed to gum is its scouring effect.

Because our sources of information are based on scientific research, on theories and on observations, it is difficult to separate fact from fiction. For this reason, dentistry should profit from fact finding symposia such as were held recently on dental caries in Ann Arbor under the auspices of the University of Michigan and in Chicago under the auspices of the American Association for the Advancement of Science. The facts which the Michigan group<sup>17</sup> culled from our information regarding dental caries, included, among others: 1. dental

caries begins as a decalcification of enamel; 2. health, pregnancy and emotional states have not been proved to influence caries and 3. there is no proof that dental prophylactic treatment, tooth brushing or chewing gum reduce the incidence of caries.

It is of interest to note that when Schour and Massler<sup>28</sup> examined Italians in post-war Italy, they found the prevalence of gingivitis higher in poorly nourished than in better nourished groups. Those studied suffered from moderate to severe degrees of malnutrition, particularly from deficiencies in fat, fat soluble vitamins and vitamin B complex.

Laboratory experiments which may have some clinical significance were reported by Levy<sup>13</sup> who found that in mice, pantothenic acid deficiency produced retrogressive changes in alveolar bone.

Using guinea pigs, Glickman<sup>8</sup> found that vitamin C deficiency was responsible for destructive changes in the periodontal membrane and alveolar bone without inflammation of the gingivae. Although vitamin C deficiency did not produce pocket formation, he concluded that if pockets occur from local causes, they are deeper in animals with vitamin C deficiency.

Ziskin, et al.,<sup>34</sup> studied the effect of penicillin in treating Vincent's infection. He used only eleven subjects in his experiment, so his results, although favorable, can only be considered suggestive. Eight patients received tablets containing 25,000 Oxford units of penicillin each, and three patients received similar tablets containing no penicillin. The eleven patients were instructed to swallow a tablet every waking hour. After three to seven days the patients had the crowns of their teeth scaled. It was reported that this use of penicillin resulted in earlier relief from symptoms, and fewer complaints of pain during the scaling of teeth.

The use of penicillin in the treatment of pulp canals was investigated by Potkin.<sup>23</sup> He used a solution of 100,000 Oxford units of sodium penicillin in that amount of distilled water which was absorbed by 200 paper points. Each point contained 500 units. They were stored 10 to a sterile vial at 5 to 10°C. When tested against *Staphylococcus aureus* on agar plates, penicillin exhibited more inhibiting action than beechwood creosote, eugenol, chloramine T, cresol, beechwood creosote and iodine, beechwood creosote and eugenol, and a mixture of menthol, thymol and phenol. He treated six cases with penicillin. Four of these had necrotic pulps, two of which had been treated unsuccessfully with other medicaments. All six cases yielded negative cultures following penicillin therapy. It was found that penicillin in paper points stored for 25 weeks lost no effectiveness against *Staphylococcus aureus*; that penicillin, in paper points, was effective in root canals for 72 hours; and that penicillin

paper points were more effective when moistened with saline than when they were dry.

Ostrander, et al.,<sup>19</sup> also studied the use of penicillin in pulp canal therapy. They used a paste of penicillin, calcium carbonate and physiological salt solution so that from 5,000 to 10,000 units could be placed in the canal and chamber of a tooth. They found that the penicillin was released during a 96-hour period. They report that in only 35.3% of 34 canals treated were negative cultures obtained with penicillin. This result was inferior to results they obtained using camphorated paramonochlorophenol, eugenol or formaldehyde-cresol.

Fifty-one cultures of microorganisms isolated from the pulp canals of 35 patients were tested by Tulacek and Tilden<sup>30</sup> for sensitivity to penicillin and streptomycin. It was observed that some of the bacteria were resistant to penicillin and to streptomycin.

It is evident that penicillin cannot be used effectively in treating pulp canals without regard for the infecting micro-organisms. The necessity for bacteriologic tests to determine sensitivity of the infecting bacteria to the antibiotic, before treatment is instituted, is of utmost importance.

The treatment of patients following the removal of teeth has always been foremost in the minds of dentists. Studying the control of hemorrhage, Gwin, et al.,<sup>9</sup> treated 31 patients post operatively with fibrin foam and thrombin. They reported only one failure, and that failure was with a patient suffering from xyelogenous leukemia. They reported that fibrin foam and thrombin was easy to apply; it was applied directly to the bleeding point to obtain results; it did not irritate tissues and neither retarded nor accelerated healing.

The same authors<sup>10</sup> also studied the control of hemorrhage by treating 57 patients with oxidized cellulose which had been dipped in sulfathiazole powder. They used patients who had histories of prolonged hemorrhage following extractions, patients who had persistent bleeding during the operation and patients with post operative hemorrhage. They found that oxidized cellulose which had been dipped in sulfathiazole powder was effective in controlling hemorrhage and that no infection followed its use.

This new agent for the control of hemorrhage may be of valuable service to dentistry because it can be packed into a tooth socket and left there, to be removed by nature.

Of special interest to dentists is the work of Rapp.<sup>24</sup> He pointed out that blood, deficient in prothrombin, clots slowly. He showed that acetylsalicylic acid is capable of producing a deficiency of prothrombin and that vitamin K counteracts the undesirable action of acetylsalicylic acid. Each of 40 students received 8 tablets a day for two days which contained acetylsalicylic acid. Half of the group

were also given vitamin K. He found that a prothrombin deficiency was produced by the ingestion of acetylsalicylic acid. The deficiency became evident one and a half to two days after ingesting the drug. The deficiency in prothrombin persisted for at least four days. The administration of vitamin K counteracted the action of acetylsalicylic acid.

Because aspirin is so freely used as a sedative in this country, it is a factor to consider when patients present themselves in dental offices for the removal of teeth.

Ostrander and Kerr<sup>20</sup> studied the effect of sulfathiazole and of sulfanilamide placed in tooth sockets and in prepared bony cavities in dogs' jaws. Sections of jaw were examined when the dogs were sacrificed 3 to 30 days after treatment. When sulfathiazole and eugenol paste was used, healing was retarded more than when a paste of sulfanilamide and eugenol was used. Healing was most rapid when no medicament was used. When dry powder was dusted into the cavity, healing was not delayed. They suggested that a dry powder be used since it does not cake and act as a foreign body, and suggested that sulfonamides be used as a prophylactic measure only in a socket where trauma or infection would predispose to post operative infection.

In discussing the role of sulfonimides in dentistry, a pertinent editorial<sup>6</sup> concludes: "It is evident that the sulfonamides are not miracle drugs and should be used with utmost caution. Since the sulfonamide compounds have a considerable degree of specificity in their bacterial action, care must be used in selecting the specific sulfonamide for the specific disease. The practice of treating routinely all extraction wounds with a sulfonamide dressing is inimical to the best interests of the patient."

The ideal filling material, is not harmful to the dental pulp. Zander and Pejko<sup>33</sup> studied the effect of silicate cements, with and without the use of varnish, on the pulp. They used dogs' teeth and human teeth in their experiment. All pulps showed inflammatory reactions to silicate restorations when they were studied histologically. The use of cavity varnish tended to produce a less severe reaction from the filling material. Because zinc phosphate cement has been shown less irritating to dental pulps than silicates, Zander recommended that a base of zinc phosphate cement be used in preference to varnish to protect the pulp from silicates.

If the permeability of dentin can be increased, the irritating constituents of filling materials may cause more severe pulpal reactions. Amler<sup>1</sup> prepared cavities in dogs' teeth. Some of the cavities were treated with a medicament, and the rest were not. He sealed radioactive phosphate in all of the cavities. When the teeth were sectioned

and radioautographs were obtained on x-ray film, he measured the penetration of the phosphate into the dentin. He found that penetration was greatest in phenol treated cavities, followed, in order of penetration, by phenol and alcohol, fluorine, silver nitrate reduced with eugenol and cavity varnish. Zinc phosphate cement prevented any penetration into the dentin. All medicaments except zinc phosphate cement apparently increased the permeability of dentin as compared with the controls, where no medicament was used.

Attention in the past few years has been directed in casting technics towards investing patterns with vacuum equipment. Phillips<sup>21</sup> studied about 800 small castings, of the inlay and crown type, which were invested by hand technic or by vacuum equipment. He found that a careful operator could obtain smooth small castings, without nodules, by the hand technic in about the same time as with vacuum equipment. He also found that the careless operator obtained smoother castings with the vacuum equipment.

The casting technic was also investigated by Phillips<sup>22</sup> regarding the relationship of the sprue to the density of a casting. He used long and short sprues with centrifugal and air pressure casting machines. He found that with air pressure machines, the density of castings was not affected by sprue length if more than 10 pounds pressure was used. When less than 10 pounds pressure was used, long sprues gave the better results. He found that the pressure must be maintained for at least 6 seconds because the gold was not completely solidified for several seconds after pressure had been applied. Using the centrifugal casting machine, he found that denser castings were obtained with long sprues. He reported that porosity of castings due to back pressure, was more evident with the use of centrifugal machines than with air pressure casting machines.

Something which intrigues every dentist, when restoring the mouth, is the vertical dimension of the lower third of the face. This must also have intrigued McGee<sup>16</sup> who, over a period of years took four measurements on patients and students in a dental school clinic. He measured vertical dimensions with teeth in centric occlusion, from subnasion to gnathion. Then he measured from the centre of the pupil of the eye to the junction of the lips in the mid line; from the glabella to the subnasion and from corner to corner of the mouth. He found that sometimes all, but invariably two, of the last three were equal to the vertical dimension.

He suggested that the vertical dimension for edentulous patients could be obtained by taking the three measurements.

Investigations<sup>25</sup> carried out at the Bureau of Standards showed that tin foil substitutes were inferior to tin foil as a protecting medium while processing acrylic resins. No surface strains were



found in the resins when the tin foil was used, whereas tin foil substitutes caused surface strains. The strains were eliminated when solvents, and even ethyl alcohol, came in contact with the acrylic resin and cracks developed with their elimination.

In reviewing the contributions of the past year and of previous years it is evident that our research workers can be proud of what they have accomplished. Dentists receive their information with no obligation and it is with a humble spirit that we acknowledge our debt to our donors.

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## REPORTS OF COMMITTEES

### BULLETIN AND PUBLICITY

Pursuant to a policy formerly adopted there was one additional publication of the "Bulletin" during 1947-1948.

Your Secretary's report will show additional cost for this period due not only to the additional issue but also due to increased prices. Our publisher felt it was necessary to increase the price from \$4.05 per page to \$4.60 per page. It was felt that it was unnecessary to secure additional bids as the present price is ninety cents (\$.90) under the next lowest bid secured in 1946.

Your editor wishes to serve the Association and welcomes suggestions at any time. This is your publication and you may feel free to make use of it to the best possible advantage.

Cooperation from the component societies is urged. It is felt that the "Bulletin" could more adequately serve these component groups if they would take advantage of its potentialities.

MOFFETT H. BOWMAN, Editor.

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### LEGISLATIVE COMMITTEE

In making the report of the Legislative Committee for the year it will be divided into two parts: State and National, as was done last year.

**State.**—As is well known the State Legislature has just closed a session which will long be remembered. Although a very large number of bills were introduced and passed, many of them being of local nature, I think it is safe to say that only a comparatively few laws were passed that will have a far-reaching effect upon the people of this Commonwealth.

It is only within my province, however, to discuss the changes that affect our profession in Virginia. Of course the increase in taxes and the so-called anti-Truman bill will affect every dentist in Virginia, but of course they will not be discussed here. The main bill that I would like to report is one feature of the Governor's reorganization plan which had for its purpose the centralization of seventeen examining boards into one bureau, which is titled, The Bureau of Professional and Occupational Registration. This bureau would have a director, most likely a layman and a politician, who would have charge of all the physical affairs of the various examining boards, our State Board of Dental Examiners being included. This director would be the secretary of all of these boards. This plan appeared to

the members of the Legislative Committee who reside in Richmond and to President Harry Lyons to be a backward step for our profession and to that end this measure, which was simply an amendment to our present State Dental Law, was vigorously opposed by your committee along with representatives of the Virginia Nurses Association, the Virginia Pharmaceutical Association, and the Medical Society of Virginia, to a mild degree. The ultimate end result of the opposition was that the boards of the healing arts professions were left autonomous, but the physical affairs, which refer to moneys and accounting, were transferred from the State Comptroller's office to this new bureau which is, as above stated, termed the Department of Professional and Occupational Registration. It would not seem therefore that the integrity of our State Board of Dental Examiners has been affected in any way.

Another bill which was introduced by the Virginia Optomical Association which included the Medical and Dental professions received our mild support. This bill had as its purpose the prevention of a physician, dentist or optometrist renting spaces in commercial houses and practicing in connection therewith. This bill was passed.

The Chiropractic bill came up again and was defeated. As usual Colonel Robert T. Barton was employed by our Committee to watch the proceedings and was very helpful.

For your information, your Chairman and Dr. J. M. Hughes and others were in the Legislative halls many times to safeguard the profession's interest in every way. Renewing old acquaintances and making new friends is one of the chief functions of the Legislative Committee and it is a practice that I strongly recommend. In a broader sense, I wish to emphasize the necessity of every dentist in Virginia becoming personally acquainted with his representative in both branches of the Legislature. Make friends with him and never lose an opportunity to speak and chat with him and impress upon him that the dental profession in Virginia is a conservative group and ask their support for any program that might be set forth by the Virginia State Dental Association through its Legislative Committee. I feel that this point cannot be too strongly emphasized.

We had a representative in the House from our profession, Dr. Montague Cox of the Southwest, who should be strongly commended for giving his time and energy in such a manner. Dr. Cox was very helpful to the Legislative Committee and had a strong following when decisions had to be made concerning our profession. The medical profession had four representatives: Senators Caudill, Hagood, Kendig and Dr. J. W. Witten of the House. The latter two being my college mates.

For your further information I would like to state that your Legislative Committee received instructions just before the Legislature met from President Harry Lyons based upon vote of the Executive Council, to proceed during the Legislative session to have the Dental law changed to permit us to increase the annual registration fee from one to five dollars to provide more money for the use of the State Board of Dental Examiners to permit the board to more efficiently handle the affairs of the profession. As you know your Legislative Committee has had a policy for many years never to go to the Legislature to secure changes in our Dental Law without first becoming thoroughly organized and our plans clearly established. The members of the Legislative Committee of Richmond felt very definitely that we had not been given sufficient time for such organization and after conferences and conversations with President Lyons, Dr. J. M. Hughes and Dr. W. N. Hodgkin, President of the Board of Dental Examiners, it was agreed that this project should not be undertaken at this session of the Legislature. Your Chairman was strongly of the opinion that an increase of four dollars annually in the registration fee was a rather big step and should not be taken without first having the question discussed in open meeting at one of our conventions or to at least circularize the membership concerning the change. If such action is taken at this session of the Association then your Legislative Committee will proceed to have the law changed at the next session of the Legislature but will put forth every effort to have the amendment so drawn as to have any surplus at the end of any fiscal year to be placed to the credit of our profession and not revert to the general fund. I think this can be done.

It has been brought to the attention of the Chairman, the wisdom of having some younger men, of necessity from Richmond, kept on the Legislative Committee, that they may become schooled in the affairs of the Legislation in order to be prepared to take over when it becomes necessary to make changes in the personnel of this committee. This I agree to most heartily as we know time marches on.

**National.**—As to the National situation there has been no marked change as of today. May I call your attention to the fact that we are on record in the offices of all of the Virginia representatives in Congress as being in favor of a federal appropriation for the establishment and the support of a Bureau of Dental Research, and not in favor of federal grants-in-aid to the individual states for the support of state dental programs.

W. H. STREET, Chairman.

## PROSTHETIC DENTAL SERVICE COMMITTEE

Since the last meeting of your State P. D. S. Committee your Chairman attended a National Conference in Chicago—June 13-15 1947—called by the P. D. S. C. of the American Dental Association. At this conference all phases of the subject were discussed.

The Panel on the regulation of Dental Laboratories presented among others, the following Item, which was adopted by the entire conference:

**Item No. 1. Self-Regulation.**—It is the opinion of this panel that self-regulation is the ideal and does work satisfactorily in some states; in many other states it has proven inadequate and other measures should be considered. In those states where harmony exists under the present procedure it is recommended that this method be not disturbed, but be encouraged. It is also the opinion of this panel that regulation of dental laboratories and dental laboratory technicians is of concern to the dental profession.

In adopting this Item, the Reference Committee on Constitution and By-Laws of the A. D. A. made this report (J. A. D. A. November 1, 1947):

In those states where self-regulation has produced harmony between the groups, this program should be encouraged and left undisturbed.

As this has been the opinion of the State P. D. S. C. and further, as nothing has occurred to change this opinion, your Chairman, therefore, recommends: That the P. D. S. C. continue to lend their support to the self-regulation plan.

Recommend: That the Committee cooperate with the Commercial Laboratories in every way possible.

The following items cover the scope of the P. D. S. C. and those interested in any of these are referred to the A. D. A. Reference Committee report in the November 1, 1947, issue of the "A. D. A. Journal."

1. Liaison Committee.
2. Relations With National Laboratory Organization.
3. Recognition of Technicians and Laboratories.
4. Education of Laboratory Technicians.
5. On-the-Job Training.
6. Accreditation of Dental Laboratories.
7. Legislation for Regulation and Licensure of Technicians and Laboratories.

ROBERT N. HARPER, Chairman.



## MILITARY AFFAIRS COMMITTEE

The Military Affairs Committee has had several meetings during 1947-48.

The Veterans Administration presented one case to the committee which involved some controversy between the participating dentist and the Veterans Administration. Recommendations from the committee resulted in settlement which was satisfactory to each party.

Later, a number of cases were presented the Military Affairs Committee by VA which involved differences of opinion between that organization and the participating dentists in regard to procedures of dental service and fees connected therewith. The Military Affairs Committee advised the VA that this was a matter not within the purview of said committee, but was one concerning only the participating dentists and Veterans Administration.

Several complaints have been presented your committee by participating dentists regarding policies, fee, etc. \*

In response to a communication from the secretary of Council on Dental Health pertaining to the Veterans Administration dental program, your committee advised it was pleased to learn that the A. D. A. was giving serious consideration to the entire dental program of the Veterans Administration.

Respectfully submitted,

JOHN C. TYREE, Chairman.

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## CLINIC COMMITTEE

Your Clinic Committee submits the following report:

Sixty-two Clinicians have agreed to participate in our April meeting. These men will present a total of forty-four different clinics.

This is a splendid response to the Committee's efforts and indicates the fine spirit of cooperation present in the membership of the Association.

We feel that the Clinic session on Tuesday afternoon will prove to be one of the most interesting parts of our program.

And finally we take this opportunity to thank every person who participates in this part of our program.

G. W. DUNCAN, Chairman.

## NECROLOGY COMMITTEE

It is with great sorrow that we report the names of the following men who have been lost to the Virginia Dental Association, and the State of Virginia, through death; during the months since we met in regular session in April, 1947:

|                                |                          |                   |
|--------------------------------|--------------------------|-------------------|
| *DR. W. B. ANDERSON.....       | Petersburg, Va.....      | Date Unknown      |
| DR. BASKERVILLE BRIDGEOFORTH.. | Richmond, Va.....        | April, 26, 1947   |
| DR. F. W. MCCLURE.....         | Lexington, Va.....       | May 3, 1947       |
| *DR. CHARLES R. TURNER.....    | Philadelphia, Pa.....    | June 11, 1947     |
| DR. BENJAMIN C. SIMS.....      | Charlottesville, Va..... | June 12, 1947     |
| DR. RICHARD L. SIMPSON.....    | Richmond, Va.....        | July 1, 1947      |
| DR. N. TALLEY BALLOU.....      | Richmond, Va.....        | July 22, 1947     |
| DR. W. C. FLAKE.....           | Richmond, Va.....        | November 16, 1947 |
| DR. LOYD C. ROBINSON.....      | Richmond, Va.....        | December 28, 1947 |
| DR. J. S. CAHILL.....          | Richmond, Va.....        | January 15, 1948  |
| DR. WILLIAM PILCHER.....       | Petersburg, Va.....      | January 18, 1948  |

We sorrow with the loved ones of all these, who will miss them so much more even than we who have been so closely associated with them through the years.

I know that the men of the Virginia Dental Association will agree with me that this report would not be complete without mentioning the second time, the names of such landmarks in Virginia Dentistry, as those of Dr. Richard Simpson, Dr. Talley Ballou and Dr. William Pilcher (lovingly remembered as Uncle Billy). Dentistry will suffer because of their loss.

We shall do well to emulate their example.

J. H. COCKS, Chairman.

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\*Not members of Association in recent years.

## VIRGINIA STATE BOARD OF DENTAL EXAMINERS

Report of the Virginia State Board of Dental Examiners to the Virginia State Dental Association. Richmond, Virginia, April 12-13-14, 1948.

The Seventy-third meeting of the Virginia State Board of Dental Examiners met at the Medical College of Virginia, Richmond, Virginia, June 18-21, 1947. There was a total of 63 applicants, 12 of these have been practicing more than five years. Seven of them were negroes. Sixteen of the 63 failed, making a percentage of failures of approximately 25½%. No negro failed.

Since our last report we have lost by death some of our prominent and well known dentists. The list is as follows:

|                                     |   |                   |
|-------------------------------------|---|-------------------|
| DR. BASKERVILLE BRIDGEFORTH....     | Richmond, Virginia.....   | April 26, 1947    |
| DR. J. W. MCCLUER.....              | Lexington, Virginia.....  | May 3, 1947       |
| DR. C. R. TURNER, <i>Dean</i> ..... | University of Pennsylvania Dental<br>School, Philadelphia, Pa.. | June 11, 1947     |
| DR. BENJAMIN C. SIMS.....           | Charlottesville, Virginia...                                    | June 12, 1947     |
| DR. RICHARD LEE SIMPSON.....        | Richmond, Virginia.....   | July 1, 1947      |
| DR. N. TALLEY BALLOU.....           | Richmond, Virginia.....   | July 22, 1947     |
| DR. W. C. FLAKE.....                | Richmond, Virginia..  | November 16, 1947 |
| DR. LLOYD C. ROBINSON.....          | Richmond, Virginia..  | December 28, 1947 |
| DR. J. S. CAHILL.....               | Richmond, Virginia....  | January 15, 1948  |
| DR. WILLIAM PILCHER.....            | Petersburg, Virginia...   | January 18, 1948  |
| DR. W. B. ANDERSON (Colored) ..     | Petersburg, Virginia.....                                       |                   |

Perhaps all of you know that a bill was presented to the Legislature for the reorganization of the State Government. Included in this reorganization was the consolidation of all the Examining Boards of the State of Virginia, seventeen in number, under one director. To many members of the various professions included in this consolidation this move seemed illogical. Strong protests were made by several of the professions to the joint committees of Courts and Justice of the House and Senate and as a result of these protests the Board of Dental Examiners along with those Boards of the Nurses, the Physicians and Optometrists were left as they formerly were and were not included in the reorganization. These protests were backed up by letters from similar boards from other states who are now working under similar directorships. Several of such reports indicate that they have lost all independence and that their activities are very much curtailed to the extent that they hope to have their laws changed whenever it is possible to do so.

It is a well known fact that the cost of living has very much increased. The expenses of the Board of Dental Examiners have also increased. The income of your Board is barely sufficient to support only the skeletal expenses. If further activities are desired more funds will be necessary. According to the law of Virginia no board is allowed any more money than accrues to it from its own income. It has been suggested by both governmental and professional authorities that the registration fee be raised. The fee of one dollar as a registration fee is about the lowest in the United States. The District of Columbia and a number of other states require a registration fee of five dollars (\$5.00). The raising of this fee is for your consideration and election.

By this time it is presumed that each of you has received a Directory of Dentists and the Dental Law of Virginia corrected to September 1, 1947. This should have been in your hands much earlier but on account of printing difficulties and a few legal decisions, and so forth, it has been impossible to get it out earlier. We trust that you are satisfied with its make up and that you will bear with any errors for we have been taxed to our limit in correcting errors ever since we submitted our material. The cost of this has been heavy which has dug into our finances very deeply.

Your Board recognizes the fact that there are reports of illegal practice of dentistry by certain laboratories and technicians. It is regrettable that the Board has no official who is in a position to make inspections and check up on such illegal practice. Here again is where we are handicapped for funds. Where ample funds are supplied by means of the \$5.00 annual registration fee an inspector is employed and all suspected illegal practitioners are investigated. Not only are illegal practitioners investigated, or rather inspected, but all offices are inspected for sanitation, sterilizing, display of licenses and other items coming under the requirements of the law. The Dental Law of Virginia is very plain, however, as to how illegal practitioners should be prosecuted. The law requires that prosecution shall be by information or indictment and that the prosecution shall be by the prosecuting attorney for the Commonwealth. The trouble has been that those who know about such illegal practices will not furnish the prosecuting attorney with proper information or sufficient witnesses for him to proceed with the prosecution.

We trust that you will recommend to the next Legislature a provision for the collection for more funds for proper functioning of the duties of the Board.

JOHN M. HUGHES, Secretary.

## FINANCIAL REPORT OF RELIEF COMMITTEE

March 1, 1948

Balance on hand last report—April 15, 1947..... \$2,499.95

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Receipts from April 15, 1947, to March 1, 1948

Check—Dr. J. E. John, A. D. A. (Seals)..... \$ 267.25

Interest on Saving Account—June and Dec., 1947 23.45

TOTAL RECEIPTS..... 290.70

GRAND TOTAL..... \$2,790.65

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Disbursements (None)

Balance on Hand March 1, 1948..... \$2,790.65

Distributed as follows:

Checking Account, 1st Nat. Bank, Alexandria, Va. \$ 228.36

Savings Account, 1st Nat. Bank, Alexandria, Va. 2,562.29

\$2,790.65

JOHN T. ASHTON, Chairman.



## REPORT OF THE DIRECTOR OF MOUTH HYGIENE

Dr. N. T. Ballou, Director of Mouth Hygiene Division, Virginia State Department of Health, died July 22, 1947. Dr. Ballou had been the Director from the inauguration of the Mouth Hygiene Division in 1921 and had developed the Division until the program was outstanding.

Following Dr. Ballou's death, the Virginia State Department of Health requested the U. S. Public Health Service for a loan of one of its commissioned officers, and Dr. George A. Nevitt was assigned to the Department and assumed duty as director on August 1, 1947.

The functions and activities of the Mouth Hygiene Division are:

- a. Corrective dental service for rural school children. The corrective program is for all children—first through the seventh grade—and is not an indigent program only. The child, county and state contribute towards the cost of the dental program.
- b. Supervision of dental service in Tuberculosis Sanatoria.
- c. Dental service to State Industrial Schools.
- d. Assistance in the arrangement and maintenance of modern dental programs throughout the State.
- e. Comprehensive analyses of the extent and nature of the dental health problems in the State, including the determination of available and potential dental personnel and dental health facilities, and economic resources for utilizing such services.
- f. Arrangement of the continuing program of administrative research as an integral part of the State dental program including demonstrations, pilot programs, and sponsoring the use of simplified procedures for obtaining base line data, program indices and objective appraisal of community dental programs.
- g. Cooperation of dental programs with other health programs of the State.
- h. Services of the Division made available to the people of the State.

During the present school term, the twelve dental clinicians of the Mouth Hygiene Division conducted clinics in the following thirteen counties: Albemarle, Chesterfield, Clarke, Elizabeth City, Fairfax, Fauquier, Hanover, Henrico, Isle of Wight, Loudoun, Prince William, Rappahannock, Smyth.

In Chesterfield, Fauquier, Henrico, Isle of Wight and Prince William Counties both white and negro clinics were held.

GEORGE A. NEVITT, D. D. S.,  
Director of Mouth Hygiene,  
State Department of Health.

## SPECIAL COMMITTEE TO STUDY LICENSURE OF DENTAL HYGIENISTS

Your Special Committee has followed the directives of the resolution adopted at the last annual meeting of the Virginia State Dental Association, viz.:

"That a continuing study be made of the various problems relating to the utilization of the dental hygienist in practice until such time as an approved list of schools of dental hygiene be established and promulgated by the Council on Dental Education of the American Dental Association"

The later salient developments touching progress toward such an approved list are:

1. The "Requirements for the Accrediting of a School for Dental Hygienists," as adopted by the Council on Dental Education, were embodied in the Council's annual report to the House of Delegates and were approved by that body at the 1947 A. D. A. meeting in Boston.

2. The Council on Dental Education contemplated, and had made specific plans for, visits to schools for dental hygienists during 1948 looking to the establishment of a list of ratings. The request of the Council for travel funds to fulfill the announced program of visits was denied by the Board of Trustees at their February, 1948, meeting, and thus it appears an approved list of such schools must await the settling of budgetary problems now before the American Dental Association.

The scarcity of applicants for dental hygiene licensure in adjoining states indicates that no appreciable aid in dental health service would be made immediately available even with enabling legislation in the meanwhile.

W. N. HODGKIN, Chairman.

**VIRGINIA STATE DENTAL ASSOCIATION**  
**STATEMENT OF RECEIPTS AND DISBURSEMENTS**  
**FOR THE YEAR ENDED MARCH 31, 1948**

Cash Balance April 1, 1947..... \$ 4,555.89

**Receipts:**

|   |            |           |
|---|------------|-----------|
| Dues .....                                | \$6,836.00 |           |
| Exhibit Space .....                       | 1,665.00   |           |
| Advertising .....                         | 610.00     |           |
| Sale of Banquet Tickets.....              | 1,642.00   |           |
| Refunds, American Dental Association..... | 24.00      |           |
| Refund, Postage .....                     | 5.07       | 10,782.07 |

Total Available Cash..... \$15,337.96

**Disbursements:**

## Convention:

|                                |           |            |
|--------------------------------|-----------|------------|
| Essayists and Expenses.....    | \$ 810.00 |            |
| Reporter .....                 | 150.00    |            |
| Hotel Roanoke .....            | 1,814.36  |            |
| Program and Tickets.....       | 655.99    |            |
| Registration .....             | 30.00     |            |
| Entertainment and Flowers..... | 90.74     |            |
| Badges .....                   | 70.85     |            |
| Mimeographing Reports .....    | 10.00     | \$3,631.94 |

|   |          |           |
|---|----------|-----------|
| Dues, American Dental Association.....                    | 4,086.00 |           |
| Salary .....  | 1,000.00 |           |
| Bulletins .....   | 805.70   |           |
| Relief Committee .....                                    | 160.25   |           |
| Postage .....   | 112.09   |           |
| Signs and Lenses for Clinics.....                         | 100.37   |           |
| President's Expenses, National Meeting.....               | 100.00   |           |
| Printing and Stationery.....                              | 78.28    |           |
| Legal Fees .....  | 55.00    |           |
| Telephone and Telegraph .....                             | 50.93    |           |
| Dues—Virginia Council on Health and<br>Medical Care ..... | 50.00    |           |
| Flowers—Deceased members .....                            | 40.00    |           |
| Auditing .....  | 25.00    |           |
| Office Supplies .....                                     | 19.20    |           |
| Bond Premium .....  | 7.50     |           |
| Name Plates .....   | 5.90     |           |
| Registration and Franchise Tax.....                       | 5.00     | 10,333.16 |

Cash Balance March 31, 1948..... \$ 5,004.80

## STATE ASSOCIATION NEWS

## VIRGINIA DENTAL VETERANS ASSOCIATION

Approximately eighty ex-service dentists attended a luncheon meeting in Richmond on April 13. The purpose of this meeting, sponsored by the McKee Veterans Dental Study Club of Richmond, was to organize a permanent state group and encourage local organization all within the framework of the State Society. Such an organization may be more effective in assisting materially to bring about much needed changes.

At this meeting officers for the year were duly elected. It was suggested that we meet yearly during the State meeting and that a summer meeting be held at a central location (or beach) where objectives may be discussed more effectively (wives welcome).  
**COME, LISTEN, TALK, REFLECT.**

Please indicate if you are interested in the above program and suggest a meeting place and time for this summer meeting.

The enclosed excerpt from a recent A. D. A. news letter indicates how serious the situation regarding dentists may be. Comments on this would likewise be appreciated.

Respectfully,

FRANKLIN A. TYLER, President.

W. W. WRIGHT, Vice President,  
Methodist Publishing Bldg., Richmond, Va.

A. D. BRASHEAR, Secretary-Treasurer,  
Medical College of Virginia, Richmond 19, Va.

The following is quoted in part from the ADA News Letter, Volume 1, Number 5, dated April 15, 1948:

**"Threat of New National Emergency Speeds Study of Military and Civilian Health Needs.**

"The role of the nation's health service in the event of a new war or national emergency is being studied feverishly in the nation's capitol. The possibility of a shortage of dentists and physicians in the armed forces is reflected in the new selective service law (see below) being considered by Congress. Dentists, physicians, and veterinarians up to 45 years of age are being made subject to immediate call. In all other personnel categories, the proposed selective service act lists only those males between 19 and 26 as subject to immediate call.

"The Office of Civilian Components is gathering statistics on the number and distribution of professional personnel. The Army Surgeon General's Office is engaged in an overall study of the maintenance of health service during war time. Information is being sought on the most feasible means of supplying sufficient dentists to care for an expanded armed forces and at the same time provide a minimum degree of dental care for the civilian population. In many quarters, officials are looking back with regret on the short-sighted policies during World War II which refused deferment to dental students. Dental graduating classes this year and next year will be among the smallest in a quarter of a century despite the nation's greatly expanded population and its increased demands for dental care.

Current shortages of dentists and physicians in the armed forces have resulted in rumors that peacetime procurement procedures would be shelved in place of the more formal selective service to secure needed manpower and that the present dental and medical officers would be frozen in the service. The initial draft bill supports the former. Official denials, hedged by the explanation that no one could foretell the future, refute the latter.

"The most serious dental shortage exists in the Army, where the bulk of the armed service manpower is assigned. The Navy, although currently below authorized strength, is hopeful that its quota of dentists can be met without serious difficulty. Manpower shortages are more serious in the Dental Corps than in the Medical Corps, it is reported.

"Confronted with a maze of ramifications from new legislation being considered by Congress at the request of President Truman, A. D. A. officials will hold a special conference in Chicago next Sunday (April 18). Principal problem to be considered is the special call for dentists proposed in the selective service bill. Secondary will be dental health service problems of another presidential proposal—Universal Military Training. Scheduled to attend are Dr. H. B. Washburn, A. D. A. president; Dr. Robert Curren, chairman, committee of military affairs; Dr. Carl O. Flagstad, chairman, committee on legislation; Dr. Harold Hillenbrand, general secretary; Dr. L. M. Cruttenden and Dr. C. Williard Camalier, assistant secretaries, and other members of the Central Office Staff.

"Problems connected with maintaining health service during war time were considered at a special meeting of a newly-formed Council on National Emergency Medical Care of the American Medical Association in Chicago in early April. Numerous health organizations—the A. D. A., American Veterinary Medical Association, American Nurses Association, American Pharmaceutical Association, American Hospital Association and others—were invited



to participate. Dr. L. N. Cruttenden, assistant secretary, represented the A. D. A.

"Pointing out that a threatened national emergency now exists, the council, at its meeting here, recommended that the A. M. A., the A. D. A., and eleven other professional groups represented exercise their full influence to urge the President of the United States and the Congress to establish a new governmental administration to be responsible for (1) effective plans for total mobilization of medical, dental and allied resources of the nation; (2) procurement and allotment of medical and allied personnel; (3) the coordination of civil and military medical and allied services in time of threatened or actual national emergency.

"One of the speakers at the council session was Col. William L. Wilson of the Army Medical Corps who has been engaged for more than a year in an overall study of the health aspects of government services in time of a national emergency. Col. Wilson outlined tentative suggestions for meeting a national emergency. He suggested:

"a. Some equitable allocation of all health personnel to be predetermined by an authorized agency.

"b. Registration and classification of all personnel.

"c. The calling up of personnel solely in priorities and for purposes suitable for their classifications.

"d. The continuation of medical (and dental) education without reduction, the same applying for all related sciences.

"e. Maintenance of military medical (and dental) professional training program at maximum levels.

"Col. Wilson listed a number of specific dental problems, which he described as inadequately or entirely unsolved. Solution of these problems, he said, calls for:

"a. Accurate information on dental needs of various categories of the population, but particularly potential military personnel, so we will predict more accurately our military dental requirements for personnel, materials and services.

"b. Establishment of minimum levels of dental health required for all categories so equitable allocation between Army and other requirements may be made of personnel and materials.

"c. Continuation of dental education and training in war.

"d. Means of limiting dental treatment in the Army and elsewhere to the most essential measures if such became necessary.

"e. Proper stockpiling of essential dental equipment and supplies.

"f. Improvement of dental health of future military personnel to reduce requirements for military dentists.

"Col. Wilson also urged 'that adequate indices and factors applicable to all medical and related functions essential for the civilian population be rapidly developed in such forms as to permit comparison with logistical data, and that suggestions toward improvement in the latter be offered with a view to obtaining universally comparable data.'

#### **"Dentists Under 45 Made Subject to Call in Bill Now Before Congress.**

"All dentists, physicians and veterinarians under 45 years of age will be subject to special call for duty with the armed forces under terms of a new Selective Service Act introduced in the U. S. Senate. Male residents of the nation other than dentists, physicians and veterinarians are subject to call only in the 19-26 age bracket. Exemption is provided for all veterans of World War II, except the members of the three health professions.

"The provision of the proposed law which refers directly to members of the dental profession follows:

"TITLE I, Section 105 (o)—'Notwithstanding any other provision of this title, the President is authorized, pursuant to requisitions submitted by the armed forces, to make special calls for members of the medical, dental, and veterinary professions, who have not yet reached the age of 45 at the time of such call, in such classifications and in accordance with such priorities as he shall determine and persons called hereunder shall be liable for induction for service in the armed forces in accordance with such procedures as the President shall prescribe'

"General provisions of the Senate bill, introduced by Senator Chan Gurney (R-S. D.), chairman of the Senate Committee on Armed Services provide: (1) that all males between the ages of 18 and 45 must register; (2) that all registrants between the ages of 19 and 26 will be liable for service; (3) that veterans of World War II shall be exempt provided there is not a declaration of war or a national emergency; (4) that any persons between the ages of 18 and 35 may volunteer; and (5) that each individual inducted shall serve twenty-four months and then be assigned to a reserve component until he is 35 or until 5 years after such transfer.

"The bill provides that ministers of religion and students preparing for the ministry are exempt from service but not from registration. The bill also provides that any person who is satisfactorily pursuing a full-time course of instruction at any high school or similar institution of learning may be deferred from active service until he has graduated from such institution or until he attains the age of 20."

## COMPONENT OFFICERS CONFERENCE

The conference of Component Society Officers met during the State meeting with the following men in attendance, representing their respective component societies:

Component No. 1—M. P. Doyle, M. Bagley Walker.

Component No. 2—John B. Todd.

Component No. 3—J. H. Cocks, Barney Starr, P. W. Jones.

Component No. 4—G. A. C. Jennings, L. Franklin Tyler, George W. Duncan.

Component No. 5—C. K. Garrard, Fred G. Repass, Moffett H. Bowman, J. E. John, N. F. Muir, John P. Grove.

Component No. 6—G. M. Goad, C. M. Quillen, C. K. Polley, W. S. Gilmer.

Component No. 7—H. M. Hanna, F. L. Leonard, W. H. Wunder, R. B. Snapp.

Component No. 8—B. M. Haley, A. J. Bolling.

The meeting was called to order by the chairman, M. Bagley Walker. High commendation was paid the outgoing State President, Harry Lyons, for the work he had accomplished during the past year. The Conference members were charged with the responsibility of imparting to their respective societies the information gleaned from the Conference on Dental Health. Unless the component officers assume this responsible role the Health Conference is doomed to failure.

The chairman outlined a plan for the component societies to obtain outstanding essayists and clinicians at less expenditure of money. It was felt that by closer cooperation among the component societies, meeting dates could be arranged consecutively and one clinician or essayist could appear on the programs of several societies. The expense of the clinicians could be met by pro-rating the cost according to the per capita membership of the participating societies. In order to expedite this suggestion all secretaries were advised to report their programs in advance to the State secretary who in turn would notify the other components of the plans for the year.

A round table discussion brought many helpful hints for component officers. Dr. Jennings stressed the importance of sending to essayists and clinicians full details on time and place of meetings; train, bus and plane arrivals and departures. This would make it easier for the clinician to arrange his schedule. It was again stressed that regular use of the "Bulletin" would prove more helpful to the component groups.

## CENTRAL OFFICE NEWS

### URGES CONGRESS TO ESTABLISH CIVILIAN BOARD TO RECRUIT DENTISTS

Creation of a civilian authority similar to the former Procurement and Assignment service which would be in charge of recruiting dentists for the Armed Forces as needed was recommended to Congress on April 20th, by Dr. Carl O. Flagstad, of Minneapolis chairman of the A. D. A. Committee on Legislation.

Dr. Flagstad testified before the House of Representatives Armed Services Committee which is considering Selective Service legislation requested by President Truman. His recommendation was in answer to the provisions of proposed Selective Service bills which would make dentists, physicians and veterinarians up to 45 years of age subject to a special call for duty with the Armed Forces.

The A. D. A. spokesman urged that the proposed procurement board be made directly responsible to the President of the United States and that it be given authority by law to secure dentists to serve as officers in the Dental Corps. He also urged that Congress make provision for the autonomous direction of dental activities by the Dental Corps.

Dr. Flagstad said that all recent dental graduates and those trained under the Army Student Training Program (A. S. T. P.) and under the Navy V-12 program who have not rendered any active military service should be called first to serve in the expanded military services. There are a sufficient number of men in this latter category, he asserted, to supply sufficient dentists for the needs of the Armed Forces in the immediate future.

(According to official records there are approximately 3,000 dentists trained under A. S. T. P. and 375 dentists trained under V-12 who have not seen active service. If manpower increases in the Army and Navy are authorized as requested, it is estimated that an additional 745 dentists will be needed in the Navy and that about 2,000 more dentists needed in the Army, or a total of 2,745—about 700 less than the total of those trained by the Army and Navy who have not seen active service.)

Dr. Flagstad said that the new board should be empowered to develop additional categories on an "equitable basis" in the event more dentists are needed for the Armed Forces.

Pointing out that Selective Service officials "wasted" dental manpower during the last war by inducting a considerable number of dentists as privates, Dr. Flagstad urged that all dentists who are called to active duty be commissioned and utilized in their professional capacity.

Dr. Flagstad also urged that dental students and a "reasonable pool of pre-dental students be deferred so as to assure a normal class of dental students in the coming years."

The formal recommendations of the legislative committee chairman included the following:

That the President be authorized to re-establish the Procurement and Assignment Service, or similar board, its purpose to be to evaluate the dental needs of the Armed Forces in relation to civilian needs; that the board shall be empowered to call dentists into service as required in such numbers, priority and age categories as deemed advisable. It is suggested that the board, when created, consider the following priority in procuring dentists: all former A. S. T. P. and V-12 students who have not rendered any active military service, other than in school, and also all recent graduates who have not served on active duty in the military forces of the United States.

Dr. Flagstad pledged the full cooperation of the American Dental Association to the Congress, the Armed Services and the proposed procurement board in developing "a Dental Corps adequate to take care of the needs of the personnel of the military services." He also urged that the dental needs of the civilian population be considered fully in developing a program of dental services for the Armed Forces.

Copies of Dr. Flagstad's recommendations were submitted to the Armed Service committee of the U. S. Senate which likewise is considering Selective Service legislation. How soon the hearings will be adjourned and when the draft issue brought to a vote in Congress were unknown when this issue of the "A. D. A. News Letter" went to press.

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### SEEKS EXTENSION OF V. A. DENTAL SERVICE PROGRAM

A new bill (H. R. 5619) has been introduced in Congress by Representative Homer A. Ramey (R-Ohio) to extend to two years the period after discharge from the Armed Services in which a veteran will be entitled to treatment of any dental disability under the dental service program of the Veterans Administration. The present law limits to one year after discharge the period in which all dental disabilities of veterans are presumed to be service connected. After the one-year period, veterans must prove that dental defects or disabilities are service connected to be eligible for treatment under the V. A. program. If enacted, the proposed bill would increase considerably the dental case load of the V. A. The bill is now being studied by the A. D. A. Committee on Legislation.



## URGES LOCAL CONTROL OF TOPICAL FLUORIDE PROGRAMS

A recommendation that local and state dental societies be consulted in the development of topical fluoride treatment programs proposed by the United States Public Health Service was made by Dr. Allen O. Gruebbel, secretary of the A. D. A. Council on Dental Health, in a recent appearance before a subcommittee of the Appropriations Committee of the House of Representatives at Washington, D. C.

The U. S. Public Health Service has requested Congress to appropriate \$2,680,000 for a nation-wide program to encourage the use of topical fluoride therapy among children. The appropriation request included \$1,000,000 for the organization of field demonstration units in conjunction with state health departments; \$180,000 for publicity and promotion programs through professional societies and public health agencies; and \$1,500,000 for grants-in-aid to states to publicize and promote the use of topical fluorides.

Pointing out that both the Council on Dental Health and the Council on Dental Therapeutics of the A. D. A. have approved topical application of a sodium fluoride solution for children as a caries control measure, Dr. Gruebbel urged that administration of the proposed program be decentralized so that local dental societies will participate directly in its operation. Dr. Gruebbel also recommended that all health education material, publicity releases, and other information designed for the public be screened carefully to prevent the distribution of misinformation.

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## ELEVEN STATE DENTAL SOCIETIES EMPLOY EXECUTIVES

Eleven of the 53 constituent societies of the American Dental Association now employ full-time executives to administer society affairs. They are: California (northern), Massachusetts, Michigan, Minnesota, Missouri, Oklahoma, Pennsylvania, Southern California, Texas, Washington and Wisconsin. State societies of Iowa and Ohio are considering plans for the employment of full-time executive secretaries.

## EXPECT COMMITTEE ACTION SOON ON A. D. A. DENTAL RESEARCH BILL

The Committee on Interstate and Foreign Commerce of the House of Representatives is expected to vote within the next two weeks on the dental research bill sponsored by the American Dental Association, Chairman Charles A. Wolverton (R-N. J.) has informed A. D. A. representatives.

The dental research bill was passed by the Senate last summer. Favorable action by the Commerce committee and approval by the Rules committee are necessary before the bill can be brought to a vote in the House of Representatives. If passed by the House of Representatives the bill will go to President Truman for signature before becoming a law.

At a public hearing conducted by the Commerce committee on March 11th, all witnesses testified in favor of the bill which would appropriate \$2,000,000 for the construction and equipment of a research laboratory building and \$730,000 for the first year's operation of a dental research program. Dr. Carl O. Flagstad, chairman of the A. D. A. Committee on Legislation, reports that prospects of passage of the bill by the present Congress are the brightest in the several years the measure has been pending before the national legislature.

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## BIG VARIANCE IN STATE SOCIETY DUES

Membership dues of state dental societies of the American Dental Association range from a low of \$3 to a high of \$37 annually according to a recent survey conducted by the Central Office. The average membership dues of the 52 constituent (state) societies of the A. D. A. are \$11.04 per year. State dues are assessed in addition to local or district society dues and the A. D. A. dues of \$6 annually.

The highest state society dues in the nation—\$37—are paid by members of the Southern California State Dental Association. Second highest are the \$27 annual dues of the Washington State Dental Association. Next highest are the \$24 annual dues of the state dental societies of California, Massachusetts and Nevada.

Lowest state dues are the \$3 a year of the New Mexico society. Three other state societies—Indiana, Maine and Virginia—have dues of \$4 per year, the second lowest, and four state societies—Arkansas, Kentucky, New York and South Dakota—have annual dues of \$5, the next lowest amount.

Current annual dues of the 52 constituent societies have been reported as follows:

|                         |         |                      |         |
|-------------------------|---------|----------------------|---------|
| Alabama .....           | \$12.00 | Montana .....        | \$14.00 |
| Arizona .....           | 7.00    | Nebraska .....       | 6.00    |
| Arkansas .....          | 5.00    | Nevada .....         | 24.00   |
| California .....        | 24.00   | New Hampshire .....  | 9.00    |
| S. California .....     | 37.00   | New Jersey .....     | 11.00   |
| Colorado .....          | 17.00   | New Mexico .....     | 3.00    |
| Connecticut .....       | 18.00   | New York .....       | 5.00    |
| Delaware .....          | 20.00   | North Carolina ..... | 7.00    |
| Dist. of Columbia ..... | 20.00   | North Dakota .....   | 7.00    |
| Florida .....           | 8.50    | Ohio .....           | 6.00    |
| Georgia .....           | 13.00   | Oklahoma .....       | 17.00   |
| Hawaii .....            | 8.00    | Oregon .....         | 18.00   |
| Idaho .....             | 8.00    | Pennsylvania .....   | 7.00    |
| Illinois .....          | 10.00   | Puerto Rico .....    | 6.00    |
| Indiana .....           | 4.00    | Rhode Island .....   | 15.00   |
| Iowa .....              | 13.00   | South Carolina ..... | 6.00    |
| Kansas .....            | 7.00    | South Dakota .....   | 5.00    |
| Kentucky .....          | 5.00    | Tennessee .....      | 10.00   |
| Louisiana .....         | 10.00   | Texas .....          | 20.00   |
| Maine .....             | 4.00    | Utah .....           | 6.00    |
| Maryland .....          | 6.00    | Vermont .....        | 6.00    |
| Massachusetts .....     | 24.00   | Virginia .....       | 4.00    |
| Michigan .....          | 8.00    | Washington .....     | 27.00   |
| Minnesota .....         | 8.00    | West Virginia .....  | 6.00    |
| Mississippi .....       | 6.00    | Wisconsin .....      | 13.00   |
| Missouri .....          | 6.00    | Wyoming .....        | 12.00   |

## NEW JERSEY STATE DENTAL SOCIETY CONDUCTS SECOND DENTAL HEALTH CONFERENCE

On April 20, 1948, the Council on Dental Health of the New Jersey State Dental Society held its second dental health conference under the leadership of Dr. Louis A. Saporito. Participants included delegates from local dental societies in New Jersey.

The discussion topics included consideration of methods for organizing dental health activities in communities, procedures for evaluating community programs and the economic phases of dental health problems.

## VETERANS ADMINISTRATION DENTAL PROGRAM

The Veterans Administration recently reported that in the period from July, 1946, to February, 1948, over 1,500,000 dental cases were completed. In July 1947, there were 549,984 cases pending. This backlog was reduced, as of February, 1948, to 420,054 or a reduction of 129,930 cases, in addition to disposing of 479,852 new applications received during the nineteen month period.

Approximately 45,000 dentists in private practice are participating in the VA program. Ninety per cent of the out-patient dental treatment for veterans is provided by participating dentists for which they have been paid 70 million dollars since July, 1946.

Granting that the Veterans Administration has a very large job on its hands, the fact remains that some of the policies and procedures should be drastically revised for the benefit of the veteran. The chief criticisms of participating dentists are (1) unnecessary "red tape" in processing cases, (2) inertia of many employees in regional and branch offices, (3) extended delays in authorizing treatment and in remitting payment, (4) abrogation of the principle of free choice of dentist and patient.

The Veterans Administration has adopted the policy that the veteran may have free choice of dentist "where VA dental clinic service is not feasibly available." The American Dental Association has asked the Veterans Administration to change this regulation to provide that where the service of participating dentists is not feasibly available, the facilities of the VA dental clinics may be utilized.

Negotiations are underway to obtain other needed revisions in VA regulations and, possibly, in the basic law.



## DIET, DENTAL CARIES AND FLUORIDE THERAPY

The great amount of interest in fluoride therapy as a caries control measure is creating a heavy demand from the dental profession and the public for up-to-date information on this subject. The American Dental Association and other organizations are preparing suitable educational material to meet this demand.

A new publication, "The Role of Fluorine in the Diet," is being distributed by the Borden Company. This twelve-page booklet contains authoritative information on the fluorine-carries relationship, mottled enamel, new fluorine studies, mechanism of behavior and the essentiality of fluorine in the diet. The language used in the

text suggests that the booklet is intended for distribution to dentists, physicians and nutritionists. A list of thirty-five references is provided.

A table containing the fluorine content of foods will be of special interest to many readers. It is not generally known that "Almost all foods contain traces of fluorine, but with the exception of certain teas and fish, and perhaps milk, they constitute negligible sources of this element." The table lists the fluorine content of fifty-four foods.

Unfortunately, one important phase of fluorine therapy was omitted in the booklet. The author does not mention the topical application of sodium fluoride which is currently receiving nationwide publicity.

Persons interested in obtaining copies of "The Role of Fluorine in the Diet" should address their request to: Borden's Review of Nutrition Research, The Borden Company, 350 Madison Avenue, New York 17, New York.

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### CHILDREN'S DENTAL HEALTH DAY

This notice is intended as a reminder to all dental societies that the first annual Children's Dental Health Day will be held in February, 1949, under the sponsorship of the American Dental Association.

It is suggested that dental societies follow the general pattern of the Cleveland Annual Children's Dental Health Day, Cincinnati Annual Children's Dental Health Day Meeting and the Michigan Annual Children's Dental Health Day. All of these programs have been eminently successful.

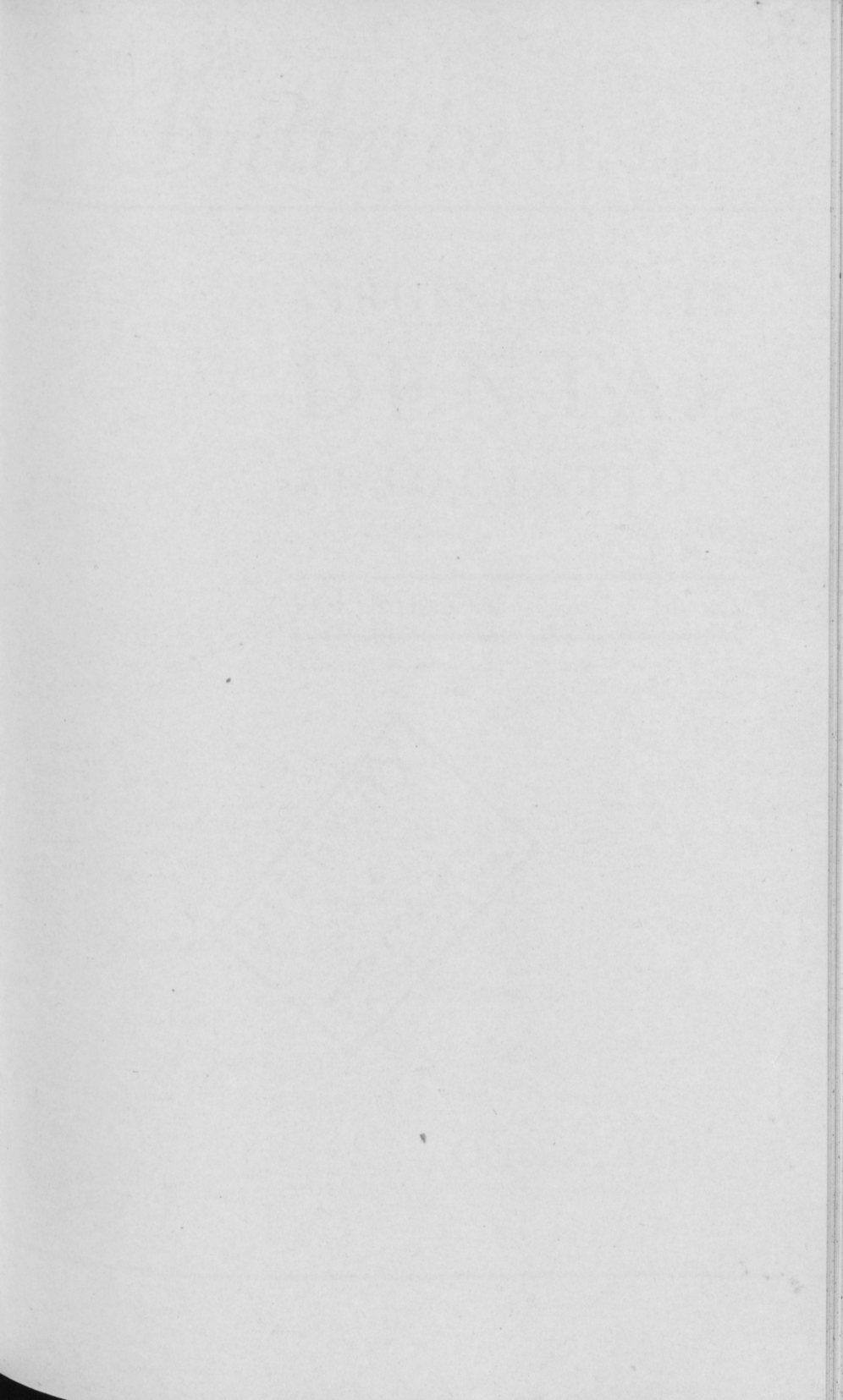
A description of these programs is being prepared for the guidance of dental societies. This material will be available in ample time for the organization of state and local children's dental health day activities. Additional notices and specific recommendations for organizing local programs will be published in the Journal, the "News Letter" and in news releases.

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### "FRANK VISITS THE DENTIST"

The new educational booklet for young children—"Frank Visits the Dentist"—is still available from the American Dental Association. It is especially suitable for use in schools and in dental office reception rooms. It can be obtained for 15 cents single copies; \$3.00 for twenty-five; \$5.25 for fifty, and \$9.00 per hundred, plus shipping charges.





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