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THE *Bulletin* OF THE

VIRGINIA STATE DENTAL ASSOCIATION

VOLUME XXVII No. 3

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PRESIDENT'S MESSAGE

When World War I ended we thought we had fought to end all wars. When World War II ended and the United Nations had been organized we thought the world would be at peace forever. But strange things happen and before we can realize it, war is upon us again. We call ourselves a peaceful nation and we are, but some how or other we seem to get mixed up with some of the other fellows' troubles. Some of our members can reflect from the Spanish American War to the present and recall four wars. That is too much war. But the present emergency, according to the experts, seems to be the event which gives us most concern. We are dealing with unknown quantities which call upon us to extend our efforts into a nebulous future.

Many of our members have served in the armed services long and hard. Many of our younger members have just begun their professional careers. Whether we have a long war or a short one, such an interruption is disturbing. But our Country calls and we must answer. We must do our part even to making a sacrifice in time and effort in whatever capacity we are called upon to serve.

Let's remember the words of Patrick Henry when he said: "Is life so dear or peace so sweet as to be purchased at the price of chains and slavery?"

The next annual meeting of the Virginia State Dental Association will be held at Hotel John Marshall, Richmond on April 9, 10, 11, 1951. Make your plans now to attend. Your committees are getting busy and they hope you will be present to enjoy their efforts. Please contact the chairman of any committee in which you are interested and offer some professional contribution for the benefit of your professional bretheren and the good of humanity.

Sincerely,

JOHN M. HUGHES, President

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DEAN HARRY BEAR

The untimely death of Dean Harry Bear on July 30 at the age of 59 stunned the dental profession of Virginia and the nation. The BULLETIN and officers of the Virginia State Dental Association share the grief of his family.

Harry Bear's life was filled with so many deeds of service and attainments that it should be told and re-told for the inspiration that others must surely gain from it. The story of his life is the story of early America, told over again. It is a story of labor and struggle, of love and devotion, of dedicated service to his profession and community, of kind attentions to friends, of magnificent attainments, and of honors received with humility and carried with modest dignity.

Dr. Bear was the son of immigrant parents who early in their lives dreamed great dreams of a new and wonderful life on these

shores. Their son whose passing we now mourn personified their dreams. Born in Manchester, now part of Richmond, he shared a noble familial influence. Later in life his teaching of ethics and jurisprudence reflected his heritage rooted in the Judaic culture of his forebears.

After attending public and high schools in Richmond, Dr. Bear studied at Richmond College (now the University of Richmond) for one year. He then entered the Medical College of Virginia for the study of dentistry. Upon graduation in 1913 he entered the general practice of dentistry in Richmond. His restless spirit of service led him also to begin his teaching career on a part time basis soon after graduation. After several years of general practice he took postgraduate work and then limited his practice to exodontia and roentgenology. The years that followed were rich in service and attainment: an evergrowing reputation as a practitioner, rapid promotions in M. C. V. faculty rank and influence, election to numerous local, state and national dental society offices, honors in great number, and the rich rewards of family life.

Dr. Bear was a Fellow of the American College of Dentists, a member of the American Society of Oral Surgeons, the International Association for Dental Research, the Pan American Odontological Association, the American Dental Association and numerous other national and local professional societies.

He was a past-president of the Richmond Dental Society, the Virginia State Dental Association, the American Association of Dental Schools and the American Society of Oral Surgeons. He served as secretary of the latter organization continuously since 1933. In addition, he served as vice-president and trustee of the American Dental Association. He served for many years in the House of Delegates as delegate from Virginia. He was an honorary member of Sigma Zeta and a charter member of the Kappa Chapter of the Omicron Kappa Upsilon Honorary Dental Society.

During World War II Dr. Bear was a member of the Dental Committee of the Third Corps Area, Procurement and Assignment Service. He was also a regional consultant to the Veterans Administration on dental service.

It is, of course, impossible to pick one of Dr. Bear's interests or attainments as supreme. His activities touched so many subjects and people with great and equal force. Among his professional endeavors, we like to think of him most as Dean of the Medical College of Virginia, School of Dentistry. It was in this role that he displayed

to the fullest his great gifts of teaching and administrative skills, his sympathetic understanding of the problems of student and teacher alike and his vision of the part that dentistry might play as a health service. The profession looked to him for leadership and he responded with vigor, but always with modesty. He leaves a host of friends, grieving at his passing but rejoicing for having known him, the poorer for his parting but the richer because of his noble life.

HARRY LYONS

TESTIMONAL DINNER FOR BURNAM O. GROVE, D.D.S.

The Roanoke Dental Society met on June 5, 1950 to pay honor to Dr. Burnam O. Grove. A testimonial dinner was given for Dr. Grove in recognition of his long service to his profession and his community. He completed forty-five years in active practice the greater part of which was spent in Roanoke.

Dr. L. J. Walton acted as Toastmaster, Dr. J. E. John spoke briefly on "Dr. Grove An Associate." The Rev. Van Francis Garrett, Rector of Christ Episcopal Church, Dr. Grove's Pastor, spoke on "Dr. Grove A Citizen." Dr. F. G. Goolsby presented Dr. Grove with a beautiful pen and pencil set as a token from the Society. Dr. Goolsby prefaced his remarks with humorous and serious incidents in the life of Dr. Grove while in this community.

Doctor Grove was born in Page County, Virginia, on May 1, 1880, to John Pendleton Grove and Rebecca Warner Grove. He was educated in the county schools and Luray High School. He attended Howard Payne College in Texas for two years and in 1902 matriculated in the School of Dentistry at Medical College of Virginia, where he graduated in 1905. Upon graduation he practiced general dentistry at Berryville, Virginia, for five years, moving to Roanoke in 1910. In 1919 Dr. Grove did graduate work in Anesthesia and Exodontia at Columbia University, returning to Roanoke he entered the specialty of Exondontia.

On first arriving in Roanoke Dr. Grove occupied offices in Ferguson Building, now the State and City Bldg. After his graduate work he moved to the McBain Building which is now Heironimus, Inc. He later moved to the Anchor Building, now the Shenandoah Building, and in 1931 he moved to the Medical Arts Building, where he is now located.

Dr. Grove has been active in the Roanoke Dental Society since its infancy. His interest in organized dentistry has never ceased. He is regular in his attendance at the local meeting each month and is seen with few exceptions at the Piedmont and State Meetings. Although he practices a specialty his interest in the scientific sessions of other phases of dentistry has not diminished.

Dr. Grove is active in his church and community, having served both in many capacities. He is the father of four children, two sons and two daughters. One son, John P. Grove has followed his father in the dental profession.

MILITARY AFFAIRS

Following the receipt of a telegram from Lieut. Gen. J. A. Van Fleet, Commanding General 2nd Army, Fort George G. Meade, Md., the President of the Virginia State Dental Association designated the Chairman of the Military Affairs Committee to go to Fort Meade, 18 August, in compliance with the general's request.

There he met with Colonel L. G. Meder, 2nd Army Dental Surgeon, and representatives from the Pennsylvania and West Virginia Dental Societies. The purpose of the meeting was to discuss means of meeting the shortage of dental officers with the least hardship to communities or individuals.

The 2nd Army Hq. furnished a list of Reserve Officers slated for possible recall and quotas for the various states discussed.

The matter of Dental graduates who were educated at government expense was discussed primarily and it was learned that they were not volunteering, did not hold reserve commissions, and could not be called unless the Congress enacted special legislation.

Col. Meder advised as follows:

That Reserve Officers listed for recall were to immediately execute necessary forms, with the physical examination, at the nearest Military District.

It was stressed that any volunteers would automatically reduce the state quota; that any officer volunteering before orders were placed would receive $100 extra per month. Those volunteering after the actual placing of orders would forfeit this bonus. Any officer volunteering would also clear through the Military District, and his dental society so advised.

That volunteers in excess of the state quota would be accepted and credited against the next call or future quota. The next call has not been determined.

That recent dental graduates applying for commissions would be accepted and would be elegible for the monthly bonus.

That most of the reserves called would be in the first two grades and a limited number of specialists in the field grades.

That responses by reserve officers to questionaires had been disappointing in that few were received and some inaccurate.

That 21 months would be the minimum for extended active duty.

That reserve officers attached to a unit which has been officially alerted cannot be recalled on a volunteer status.

That reserve officers notified in the letter of 22 August would

be permitted to volunteer prior to estimated orders 30 August but would not be acceptable on a volunteer basis after orders are placed.

Requests for extended active duty or new commissions should clear through Military District.

An officer called up for examination will probably receive 21 days in which to arrange his affairs, that is after actual receipt of recall order.

That deferment might be considered in the case of College teachers, Public Health, etc., where the dental officers' loss would prove a definite hardship.

It should be pointed out that the trend has been disappointing to this writer. He has repeatedly at State Dental Association meetings advocated a special committee to formulate some plan in which to meet an emergency of this kind. It would have been entirely possible to have completed a study, state wide, since the last demobilization whereby we might have carefully screened the Dental Veterans and newer graduates for anticipated military service. Such a plan would have been fairer to all concerned. We must state also that such a plan might have been accepted three years ago except for unexpected opposition at that time. It still deserves a careful study.

Respectfully,

FRANKLIN A. TYLER

Cm. Military Affairs Committee.

Attending:
Dr. Chas. H. Patton, Philadelphia, Pa.
Mr. Ray Cobaugh, Harrisburg, Pa.
Dr. R. C. Currie, Huntington, W. Va.
Dr. Franklin A. Tyler, Richmond, Va.

September 20, 1950

The Honorable John S. Battle,
Governor of Virginia,
Richmond, Va.

My dear Governor,

By virtue of the office I occupy, I wish to extend to you in this imminent emergency for civilian defense, the services of the several components of the Virginia State Dental Association to be used in such manner or manners as will best serve for the defense of this state.

The Virginia State Dental Association is divided into eight organized components which cover the entire state. These components range in membership from fifty to one hundred and fifty members

each. It is understood, however, that many of these members will be called into active service.

We wait your command.

Yours truly,

JOHN M. HUGHES, President.

JMH/pe

September 22, 1950

Dr. John M. Hughes, President
Virginia State Dental Association
Medical Arts Building
Richmond, Virginia

Dear Dr. Hughes:

I am grateful to you for your letter of September twentieth tendering the services of the members of your Association in the present emergency.

Our plans are in a formative stage at present, but we hope to get them worked out shortly and will certainly call on you when the opportunity arises.

Assuring you of my personal appreciation of your patriotic action, I am

Cordially yours,

JOHN S. BATTLE

JSB/hmw

DENTIST-PHYSICIAN DRAFT BILL AWAITS ACTION BY PRESIDENT

Presidential action on the special registration and draft act covering dentists, physicians and allied specialists under 51 years of age, is expected within the next few days. Washington observers were confident that the measure, rushed through Congress last week with the support of the Department of Defense and spokesmen for both the dental and medical professions, would be approved by President Truman.

The act authorizes the President to call for the registration with Selective Service of all dentists, physicians and allied specialists who are 50 years of age or less, with the exception of those holding commissions in the armed forces or the reserve. Those registered will be liable for induction for 21 months of active service.

In anticipation of Presidential approval of the special draft act, Selective Service officials were reported preparing forms and completing plans for the nation-wide registration of dentists and physicians. Pending instructions from the White House, however, Selective Service officials declined comment on their plans. It is estimated that approximately 45,000 of the nation's 82,000 licensed dentists would be required to register under the act.

The act provides that former Army Student Training Program and Navy V-12 enrollees and those deferred during World War II to complete their professional educations who have had less than 90 days of active service would be called first. Second would be those ex-government trainees and deferred students with less than 21 months active service. Third would be those who have had no active service with the armed forces since September 12, 1940, and fourth, all those included in the previous three categories.

Those inducted will not be eligible for the $100 a month salary bonus paid to dental and medical officers who volunteer for active duty. Reserve officers recalled will receive the $100 a month bonus. Following passage of the act by Congress, the number of dentists and physicians volunteering for active duty was reported to have increased sharply. Defense officials were hopeful that current requirements could be met largely through volunteers and that few actual inductions of professional men would be required.

Following is the full text of the special registration and draft act covering dentists, physicians and allied specialists as approved by the Congress and now awaiting action by President Truman:

AN ACT

To amend the Selective Service Act of 1948, as amended, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,
That section 4 of the Selective Service Act of 1948, as amended, is hereby amended by adding at the end thereof the following subsections:

"(i) (1) Nothwithstanding any other provision of this title, except subsections 6 (j) and 6 (o), the President is authorized to require special registration of and, on the basis of requisitions submitted by the Department of Defense and approved by him, to make special calls for male persons qualified in needed—

"(A) medical and allied specialist categories who have not yet reached the age of fifty at the time of registration, and

"(B) dental and allied specialist categories who have not yet reached the age of fifty at the time of registration.

Persons called hereunder shall be liable for induction for not to exceed twenty-one months of service in the Armed Forces. No such person who is a member of a Reserve component of the Armed Forces shall, so long as he remains a member thereof, be liable for registration or induction under this subsection, but nothing in this subsection shall be construed to affect the authority of the President under any other provision of law to call to active duty members and units of the Reserve components. No person in the medical, dental and allied specialist categories shall be inducted under the provisions of this subsection after he has attained the fifty-first anniversary of the date of his birth.

"(2) In registering and inducting persons pursuant to paragraph (1) of this subsection, the President shall, to the extent that he considers practicable and desirable, register and induct in the following order of priority:

"First. Those persons who participated as students in the Army specialized training program or similar programs administered by the Navy, and those persons who were deferred from service during World War II for the purpose of pursuing a course of instruction leading to education in one of the categories referred to in clauses (A) and (B) of paragraph (1) of this subsection who have had less than ninety days of active duty in the Army, the Air Force, the Navy, the Marine Corps, the Coast Guard, or the Public Health Service subsequent to the completion

of or release from the program of course of instruction (exclusive of the time spent in postgraduate training).

"Second. Those persons who participated as students in the Army specialized training program or similar programs administered by the Navy, and those persons who were deferred from service during World War II for the purpose of pursuing a course of instruction leading to education in one of the above categories, who have had ninety days or more but less than twenty-one months of active duty in the Army, the Air Force, the Navy, the Marine Corps, the Coast Guard, or the Public Health Service subsequent to the completion of or release from the program or course of instruction (exclusive of the time spent in postgraduate training).

"Third. Those who did not have active service in the Army, the Air Force, the Navy, the Marine Corps, the Coast Guard, or the Public Health Service subsequent to September 16, 1940.

"Fourth. Those not included in the first and second priority who have had active service in the Army, the Air Force, the Navy, the Marine Corps, the Coast Guard, or the Public Health Service subsequent to September 16, 1940. Inductions of persons in this priority shall be made in accordance with regulations prescribed by the President which may provide for the classification of such persons into groups according to the number of full months of such service which they have had and for the induction of the members of any such group after the induction of the members of any other such group having a lesser number of full months of such service.

In the selection of individuals from among the categories established by subsection (i) for induction, the President is authorized, under such rules and regulations as he may prescribe, to provide for the deferment of any individual whose deferment is found to be equitable and in the national interest, taking into consideration the length of his previous service in the Armed Forces (including the Coast Guard and the Public Health Service) of the United States, the extent of his participation in the Army specialized training program or similar program administered by the Navy, reasons of hardship or dependency, and the maintenance of the national health, safety, or interest.

"(3) It is the sense of the Congress that the President shall provide for the annual deferment from training and service under this title of numbers of optometry students and premedical, preosteopathic, preverterinary, preoptometry and predental students at least equal to the numbers of male optometry, premedical, preosteopathic,

preveterinary, preoptometry and predental students in attendance at colleges and universities in the United States at the present levels, as determined by the Director.

"(j) The President shall establish a National Advisory Committee which shall advise the Selective Service System and shall coordinate the work of such State and local volunteer advisory committees as may be established to cooperate with the National Advisory Committee, with respect to the selection of needed medical and dental and allied specialist categories of persons as referred to in subsection (i). The members of the National Advisory Committee shall be selected from among individuals who are outstanding in medicine, dentistry, and the sciences allied thereto, but except for the professions of medicine and dentistry, it shall not be mandatory that all such fields of endeavor be represented on the committee. In the performance of their functions, the National Advisory Committee and the State and local volunteer advisory committees shall give appropriate consideration to the respective needs of the Armed Forces and of the civilian population for the services of medical, dental, and allied specialist personnel; and, in determining the medical, dental, and allied specialist personnel available to serve the needs of any community, such committees shall give appropriate consideration to the availability in such community of medical, dental, and allied specialist personnel who have attained the fifty-first anniversary of their birth.

SEC. 2. Notwithstanding the provisions of section 203 of Public Law 351, Eighty-first Congress, commissioned officers of the reserve components called or ordered to active duty with or without their consent, shall if otherwise qualified, be entitled to the benefits of section 203 of Public Law 351, Eighty-first Congress.

SEC. 3. Section 202 of the National Security Act of 1947, as amended, is hereby amended by adding at the end thereof the following subsections:

(g) Under such regulations as he shall prescribe, the Secretary of Defense with the approval of the President is authorized to transfer between the armed services, within the authorized commissioned strength of the respective services, officers holding commisions in the medical services or corps including the Reserve components thereof. No officer shall be so transferred without (1) his consent, (2) the consent of the service from which the transfer is to be made, and (3) the consent of the service to which the transfer is to be made.

"(h) Officers transferred hereunder shall be appointed by the President alone to such commissioned grade, permanent and temporary, in the armed service to which transferred and be given such place on the applicable promotion list of such service as he shall

determine. Federal service previously rendered by any such officer shall be credited for promotion, seniority, and retirement purposes as if served in the armed service to which transferred according to the provisions of law governing promotion, seniority, and retirement therein. No officer upon a transfer to any service from which previously transferred shall be given a higher grade, or place on the applicable promotion list, than that which he could have attained had he remained continuously in the service to which retransferred.

"(i) Any officer transferred hereunder shall be credited with the unused leave to which he was entitled at the time of transfer."

SEC. 4. Nothwithstanding any other provision of law, where any person who served on active duty as a physician or dentist in the Armed Forces (including the Public Health Service) of the United States subsequent to September 16, 1940, thereafter has been, or shall be, recalled to active duty as a physician or dentist in the Armed Forces (including the Public Health Service) of the United States, such person may, under regulations prescribed by the President, be promoted to such grade or rank as may be commensurate with his medical or dental education, experience, and ability.

SEC. 5. No person inducted under the provisions of this Act shall be entitled to the benefits of the provisions of section 203 of Public Law 351, Eighty-first Congress.

SEC. 6. For the purposes of this Act, the term "allied specialist categories" shall include, but not be limited to, veterinarians, optometrists, pharmacists, and osteopaths.

SEC. 7. This Act, except for section 2 and section 5, shall terminate on July 9, 1951.

THE PAST YEAR IN DENTAL RESEARCH

by

O. W. Clough, B.S., M.S., D.D.S.

Presented before the Virginia State Dental Association April 19, 1950

The past year in dental research is reported briefly in this survey. An attempt has been made to stress those subjects which appeal most to the dental practitioner.

Topical applications of sodium fluoride have been advocated so far only for young teeth because success in controlling dental caries had been observed only with children. Klinkenberg and Bibby[10] offered hope for the older patient when they reported on a study of 139 individuals between the ages of 18 and 40 years. They examined the teeth of all patients clinically and with the aid of X-Rays. The teeth were given four applications of a fluoride solution at the rate of one per month in all but ten patients who received three applications. The teeth were cleaned with pumice and a rubber cup, isolated with cotton and dried with alcohol and air. One per cent sodium fluoride was applied to the teeth of one quadrant and 0.6% lead fluoride was applied to a second quadrant in each month. Two quadrants served as controls. At the end of 14 months the teeth were re-examined as before. They reported that sodium fluoride treated teeth showed 56.6% fewer new carious lesions than the controls and lead fluoride treated teeth showed 38.5% fewer new carious lesions than the control teeth. Eighteen patients showed more carious lesions in the sodium fluoride treated teeth than in the controls and 23 showed more lesions in the lead fluoride treated teeth than the controls.

It had been reported previously that the hardness of the enamel increased following immersion of extracted teeth in fluoride solutions. Hord and Ellis[7] applied a 2% aqueous solution of sodium fluoride to the teeth on one side of each of three dogs, five months old. This was done at weekly intervals for eight weeks when the dogs were sacrificed. Using a special hardness tester, they found that the enamel of the treated teeth showed increased hardness over the untreated teeth.

Younger[24] reported on tests he conducted on the efficiency of the so-called impregnation technic in reducing the incidence of caries. This method is the one whereby protein in the enamel is coagulated and metallic salts are precipitated in the spaces which were occupied by organic material. Whereas the use of the rubber dam is advised for this technic, it was not used in the tests. He selected 95 persons who had high caries rates and treated the teeth of 83 by the impregnation. Twelve served as controls. Fifty new cavities developed

after one year in the 83 treated patients and 54 new cavities developed in the 12 control patients. He also selected 63 patients 8 to 13 years old and in each patient impregnated the teeth of one upper and one lower quadrant. The other upper and lower quadrants served as controls. After one year the treated teeth showed 75% reduction in new carious lesions.

More evidence seems to be accumulating to indicate that the enamel of teeth can be affected beneficially or adversely by the environment. It appears that the quality of enamel can be enhanced as far as caries resistance is concerned.

Russell[17] studied 297 children who lived one year or longer in a section where the drinking water contained at least 1 p. p. m. of fluorides, before moving to a community where the water contained practically no fluorides (0.2 p. p. m.). He concluded that those exposed to fluoride water prior to the eruption of the first permanent molar showed a resistance to dental caries through the tenth year but the resistance was practically lost by the 14th or 16th year. Those who were exposed to fluoride water before and after the eruption of the first permanent molar showed undiminished resistance to dental caries through the 14th or 16th year. He concluded that those children who received fluoride water from birth showed caries resistance only if the fluoride water was continued after the eruption of the teeth.

It had been observed that d 1 glycerine aldehyde when added to saliva in a test tube and incubated, decreased the amount of acid produced. It was felt that it would decrease dental caries if added to the diet. Shaw[20] added 0.5, 1.0 or 2% d 1 glyceric aldehyde to the diets of 33 of 43 albino rats. He also added 0.5, 1.0 or 2% d l glyceric aldehyde to the diets of 14 of 19 cotton rats for 9 weeks and then only 0.5% to the 14 for the remainder of the experiment. After 14 weeks the albino and cotton rats were examined and no reduction was observed in the initiation or rate of development of dental caries in the test animals over the controls.

Results observed in "in vitro" experiments do not necessarily indicate that the same will be true in "in vitro" tests. Likewise, if an observation is made in experiments on laboratory animals, not necessarily will we find that the same holds true for humans.

In order to determine the effect of a dentifrice containing 25% carbamide and 5% dibasic ammonium phosphate as a caries inhibitor, Henchel and Lieber[6] studied 150 private patients who had been observed regularly for an average of 10 or 12 years. Most of the group was 30 years old or older. The ammonium dentifrice was given to 100 patients for 20-47 months. Fifty patients who served as controls

continued to use a cosmetic dentifrice. When they campared the test years with the pre-test years, they found that the ammonium dentifrice users had an averag of 35.2% fewer cavities. When compared with the control group the ammonium dentifrice users had an average of 37.5% fewer cavities. Eighty-two per cent of the ammonium dentifrice users showed this reduction in the caries incidence.

The effect of tooth-brushing with a neutral dentifrice was studied by Fosdick[4]. Five hundred twenty-three test subjects and 423 controls were obtained from three liberal arts colleges, three dental schools and one medical school. Each test subject was instructed in a tooth-brushing technic, given a neutral dentifrice and advised to brush his teeth within ten minutes of each ingestion of food or sweets. The control group was given no instruction other than to continue their oral hygiene habits. At the beginning of the experiment and at the end of one and of two years, all subjects had a complete dental examination including roentgenograms. **Lactobacillus acidophilus** counts were also made. In the test group, he reported that there was a 63% reduction in caries activity over the controls at the end of the first year, and 26% reduction at the end of the second year.

This experiment would tend to minimize the effectiveness of medicated dentifrices in caries control and suggests that methodical oral hygiene procedures can materially reduce the incidence of caries.

Webman[23] et al reported on experiments wherein penicillin was added to the drinking water of rats on a caries producing diet. Eighty females, 20 to 30 days old were divided into a control group which received plain drinking water, and three test groups which received 1, 2 and 5 u/ml of penicillin in their water. After 110 days no significant reduction in the incidence or progress of caries was observed when 1, 2, and 5 u/ml of penicillin was added to the drinking water. In an effort to simulate human oral conditions with a daily sugar intake, 46 female rats, 20-30 days old were given drinking water containing 1.5% aqueous sucrose solution. To this drinking water 2 u/ml of penicillin were added for 20 rats and 5 u/ml for 16 rats. After 110 days, there was a reduction in the incidence and progress of caries for the group which received 2 u/ml and a greater reduction for the group which received 5 u/ml of penicillin in the drinking water. With the increase in penicillin there was a decrease in **L. acidophilus** and an increase in **B. lactis aerogenes** in the oral flora.

Rosenthal and Cobe[16] reported a study they conducted on 100 patients, 50 of whom had periodontal disease. They found that in the same age groups, the **Lactobacillus acidophilus** counts were lower in the periodontitis group than in the periodontitis-free group.

More evidence seems to accumulate yearly, suggesting that gingival disease, or its products, produces an inhibitory environment for the causative agents of dental caries.

Observing the antagonistic action of microorganisms, Scrivener et al[18] reported that on tomato juice agar plates **B. brevis** prevented the growth of **L. acidophilus.** When a culture of **B. brevis** was dialysed, the dialysate inhibited the growth of lactobacilli on smear tomato agar plates.

Studying the effect of carbohydrates added to the diets of hamsters, Shafer[19] divided 62 animals into three groups. One group had raw corn starch in its diet. The second group had a diet in which L-glucose replaced the starch and the third group had sucrose instead of starch of glucose. After 111 days he reported that the animals on the sucrose diet had the highest caries score and those on the corn starch diet had the lowest caries score. It appeared that the caries score increased as the solubility of the carbohydrate increased. The experiment is being continued.

In a preliminary report, Toverud[22] commented on the caries experience of Norweigian children during the years of World War II. Compared with examinations made in 1940-41, he reported a definite decrease in the incidence of dental caries by the last year of the war. During the war the national diet was changed so that it excluded highly refined flour, and contained very little sugar and meat. The consumption of fish and vegetables was increased. After the war he observed an increase in the incidence of dental caries, at the same time that the national diet was returning to the pre-war standard.

This report is similar to those from other countries where during the war, restricted diets seemed to produce fewer carious teeth.

Lazansky et al[13] studied the incidence of bacteremia following dental extractions and periodontal scalings in 125 patients on whom 221 operations were performed. Ten cubic centimeter samples of blood were taken from the veins of the antecubital space, 15 or 30 minutes before operation, within the first minute following operation and after 5 or 10 minutes. The blood was incubated in tryptic digest broth. No cultures of bacteria were obtained pre-operatively or 10 minutes post-operatively. Only 5 positives were obtained five minutes post-operatively. One positive culture was obtained among 56 single extractions and 16 positive cultures in 92 multiple extractions one minute after operation. In 72 periodontal scalings, 5 one minute blood samples were positive. The overall incidence was about 10%. This is much different from previous investigators' findings which ranged as high as 40% positive blood cultures following operation.

Everett compared the depth of anesthesia and toxicity of 2% and 4% solutions of procaine hydrochloride. He anesthetized 8 dogs with sodium pentobarbital, prepared similar cavities in homologous teeth and filled them with a conductive paste. The stimulating electrode of a pulp tester was placed in each cavity and a pulpal response was indicated by a twitching of the skin of the lower jaw. In each dog a submucous infiltration of 2% procaine hydrochloride was administered for one tooth and a 4% solution for the other tooth. In each case the volumes of solution were the same and contained the same amount of neosynephrine. The pulps were tested at 5 minute intervals for one hour. The results indicated that the depth of anesthesia was greater when the 4% solution was used. Nine similar experiments were conducted on patients who had teeth that were to be extracted for prosthetic appliances. No pre-medication was given the humans. It was found that the 4% solution produced deeper anesthesia than the 2% solution. Toxicity tests on rabbits and mice indicated that, when no vasconstrictor was used, the 4% solution of procaine hydrochloride was only slightly more toxic than the 2% solution.

Costich[1] concluded, when 57 patients were studied, that 2% piperocaine with epinephrine 1:60,000 produced longer anesthesia than 2% procaine with epinephrine 1:50,000, using 3 c. c. injections. Otherwise the two anesthetics acted similarly.

Lazansky and Robinson[12] compared anesthesia produced by 1% xylocaine and epinephrine 1:100,000 with that produced by 2% procaine and 1:40,000 epinephrine. Using 745 subjects, they reported that xylocaine produced more rapid, more profound and deeper anesthesia than procaine. No differences were observed in blood pressure, bleeding, fainting or post-operative pain.

Lozier[14], commenting on the properties of and research upon xylocaine concluded that it is the anesthetic of choice for dentistry.

Rosenstein[15] reported on pulp capping 628 deciduous and 57 permanent teeth in children. All pulps were treated with phenol before capping. The materials used to cap pulps included red copper cement mixed with cement liquid or with silver nitrate-saturated cement liquid, zinc cement and silver cement mixed with silver nitrate-saturated cement liquid, zinc oxide and thymol, and zinc oxide and eugenol. Exposures were capped if there was pulp hemmorrhage, if the pulp was painful to touch, if the dentin around the exposure was of normal color and if the exposure was reasonably small. A permanent restoration was placed immediately following the pulp capping. The patients were examined twice yearly and the vitality of the pulps was tested. He stated that 90% of the deciduous and permanent teeth were capped

successfully. Although he concluded that the material used for capping pulps seemed to be of minor importance, he preferred the working qualities of the cements.

It is becoming more apparent that the pulp possesses the ability to withstand considerable abuse and it would appear that the possibility of treating exposed vital pulps with success is far greater than previously believed.

Knighton[11] studied silicone fluid and mineral oil as media for sterilizing dental instruments and found them equally effective as spore killers. Both silicone and oil at 150°C required from 30 to 60 minutes to destroy spores which were destroyed in water at 100°C. in 15 or 20 minutes.

James[8], studied the properties of 8 brands of reversible hydrocolloid impression materials. He stored impressions in potassium sulfate and in water for varying periods before pouring dies for which gold inlays were cast. He concluded that dies should be poured immediately to insure accuracy. He stated that aging of the impression material seemed to affect the accuracy of impression adversely.

Fergusson, et al[3] investigated the properties of 19 tin-foil substitutes, 15 of which were bought in the retail market. Flat test specimens of acrylic resin were made by the compression technic or by the injection technic. During processing, half of the specimen was protected by tin-foil and the other half by the tin-foil substitute. None of the substitutes prevented fogging of the resin, whereas tin-foil did prevent it. The strength and stiffness of the resin were not affected appreciably by the mold lining. Some specimens of rubber dam stained the resin and decreased its strength. All tin foil substitutes produced surface strains in acrylic resins which resulted in cracks when the strains were released. This did not occur with tin-foil.

Healey and Phillips[5] examined 1521 defective amalgam restorations in a dental clinic. By visual examination they concluded that recurrent caries resulted in the most failures, followed by fracture of the amalgam, and dimensional change. The fewest failures were due to pulp or periodontal involvement. They stated that improper cavity preparation was considered responsible for 56% of the failures and improper manipulation of the material for 40%.

Taylor et al[21] studied the crushing strength of dental amalgams. They amalgamated the material using a mortar and pestle and a Rose amalgamator. Mercury was expressed from amalgam with finger pressure prior to condensing. The amalgam was condensed using hand pressure, and with 3 different kinds of mechanical condensers. They concluded that no significant improvement in the crushing strength

of amalgam was obtained through the use of mechanical amalgamators or condensers. They suggested that specific instructions should be given with mechanical amalgamators for each alloy. They concluded that any mastication of food on amalgam less than 6 hours old may be expected to cause damage.

During the past four years a research project has been sponsored by the Council on Dental Education of the American Dental Association.[9] Dental students were given aptitude tests and the results were campared with their progress in dental school. A marked correlation has been observed between the students' test results and college record.

In the near future it is expected that this test will be of considerable advantage in the selection of young men and women for a dental education. If it proves as successful as the results indicate, much inconvenience to inept dental students can be eliminated.

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Component No. 1—Tidewater Dental Society

PHILIP LASTING ..... *President*
A. C. VIPOND ..... *President-elect*
C. R. PIERCE ..... *Secretary-Treasurer*
T. R. NICHOLS ..... *Counselor*

The Tidewater Society held its regular meeting at the Cavalier Hotel on October 11. The following program was presented by the Committee consisting of S. E. Buxton, W. B. Costenbader and T. R. Nichols.

1:30 "Airbrasive"
Speaker—Mr. Bunton Ray of the S. S. White Dental Co.
2:45 ? ? ? ? (Subject)
Speaker—J. F. Volker, D.D.S., Dean of Alabama School of Dentistry.
4:00 "Crown and Bridge Prosthesis for the General Practitioner"
Speaker—E. B. Nuttall, D.D.S., Professor of Crown and Bridge, University of Maryland.
6:00 Cocktail Hour.
7:00 Banquet
Invocation—Arthur W. Coon, D.D.S.
After Dinner Speaker—The Honorable Josh Lee, former Congressman and Senator from the State of Oklahoma, now a writer and member of Civil Aeronautics Board.

C. R. PIERCE, Secy.-Treas.

Component No. 2—Peninsula Dental Society

Meeting monthly—(except summer months).

JOHN B. TODD, Newport News ..... *President*
CYRIL R. MIRMELSTEIN, Newport News ..... *President-elect*
A. G. ORPHINIDYS, Newport News ..... *Secretary-Treasurer*

The programs each month of the Peninsula Dental Society from January through April of 1950 have consisted of the broadcasts on "Current Advances In Dentistry"— emanating from the University of Illinois in Chicago. These programs have been reaching the local group at the Warmick Hotel on the second Monday of each month, and the subjects have been as follows:

January—Nutrition In Dentistry
February—Dentistry For Children
March—Masticatory Mechanism In Preconstructive Dentistry
April—Oral Diagrosia and Cancer Control

Many visiting dentists have been meeting with us from Norfolk and the local military installations—Fort Monroe, Fort Eustis and Langley Field.

At a dinner meeting held last May a lengthy report on association activities at the State Convention in Roanoke was presented by Dr. John Todd, local president.

In September, Dr. William Dick, a specialist in eye, ear, nose and throat work from New York City delivered a very informative discussion on "Some Considerations In Antrs—alveolar Fistulas."

A report to the local Society was given at the October meeting by local school officials who are instituting a high-school course for prospective dental assistants.

In November we again resume the monthly broadcasts from Chicago on "Current Advances In Dentistry". The November broadcast will be on the subject "Modern Concepts of Drug Therapy In Dental Practice."

A. G. ORPHINIDYS, Secretary

Component No. 3—Southside Dental Society

Meeting Annually—September.

R. L. SAFFELLE, Emporia.....*President*
JOSEPH TURNER, South Hill.....*President-elect*
BARNEY STARR, Petersburg.....*Secretary-Treasurer*
J. H. COCKS, Farmville.....*Councilor*

EXECUTIVE COUNCIL

E. W. STRICKLAND, Zuni.....3 Years
C. A. THOMAS, Lawrenceville.....2 Years
V. I. TILLAR, Emporia.....1 Year

BARNEY STARR, *Secretary*

New officers for 1951:

DR. J. H. TURNER, South Hill, Va.....*President*
DR. BARNEY STARR, Petersburg, Va.....*President-elect*
DR. D. H. REAMES, Petersburg, Va.....*Secretary-Treasurer*
DR. E. F. HODGES, Petersburg, Va.....*Councilor*

New members listed for 1950:

Dr. Henry Dochelli, Central State Hospital, Petersburg, Va. Dr. Dochelli has been a member of Connecticut State Association for

many years, and is now associated with the Dental Department of Central State Hospital.

Dr. W. R. Bowerson, Health Center, Crewe, Va. Dr. Bowerson now practicing in Crewe was stationed at Fort Lee, Va. as a major in the Army Dental Corps.

A few words concerning Dr. Jennings' presentation as follows: He spoke mainly on Child Psychology in dental practice, followed briefly with the type of restoration used on deciduous teeth. He illustrated his talk with the use of lantern slides. Dr. Jennings is always interesting and his presentation was well received.

Another interesting item on the program was the "Airbrasive" film, this being a new revolutionary technique of tooth cutting for cavity preparation and also for prophylaxis.

The next annual session will be held the third Wednesday in September 1951. It will be either in South Hill or Petersburg, depending largely on a convenient meeting place.

In attendance we had our many friends from Richmond, Norfolk and of nearby Component Societies.

This is the first meeting held in Emporia since World War II and we were fortunate in having a fine meeting place at the Emporia Country Club, and well attended.

Yours very truly,

D. H. REAMES, JR.

Component No. 4—Richmond Dental Society

Meeting monthly—(except summer months)

RICHARD LEE SIMPSON.....*President*
O. A. BRISTOW.....*President-elect*
W. C. HENDERSON.....*Secretary-Treasurer*
G. A. C. JENNINGS.....*Member Executive Committee Virginia State Dental Association*

Program for the year 1950:

January 19—Speaker, H. B. G. Robinson, Columbus, Ohio; Title, "Differential Diagnonis of Oral Lesions".

February 16—Speaker, M. K. Hine, Indianapolis, Indiana; Title, "Gingivitis—Outline of Treatment".

March 16—Speaker, Karl Miller, Cleveland, Ohio; Title "Amalgam Restorations".

April 27—Speaker, John I. Sloan, Cleveland, Ohio; Title, "The Use of Hydrocolloid in Indirect Inlay and Fixed Bridge Construction".

May 18—Speaker, D. M. Bear, Richmond, Virginia; Title, "Acrylic Restoration". Speaker, Anthony Kell, Richmond, Virginia; Title, "Full Denture Technic Using the Dentoghaph". Speaker, W. C. French, Richmond, Virginia; Title, "Some Psychological Factors Involved in the First Two Dental Appointments of the Child Patient".

June 15—Annual Picnic, Hermitage Country Club.

September 21—Speaker, Daniel F. Lynch, Washington, D. C.; Title, "The Management of Complications in Oral Surgical Practice".

October 19—Speaker, D. W. McCormick, M. C. V.; Title, "Anatomical Accuracy in Dental Roentgenology".

November 16—Speaker, C. K. Garrard, Lynchburg, Virginia; Title, "Service Is Our Business".

December 21—Annual Banquet.

W. C. HENDERSON, Secy.-Treas.

Component No. 5—Piedmont Dental Society

Meeting Annually—October.

W. N. RICHARDSON.....*President*
G. G. OVERHOLT.....*President-elect*
T. T. UPSHUR.....*Secretary-Treasurer*
K. McC. CRAWFORD.....*Counselor*

EXECUTIVE COMMITTEE

MOFFET H. BOWMAN, *Chairman* J. W. JENNINGS T. W. ROBERTS

The Piedmont Society had the pleasure of meeting jointly with the Shenandoah group. The occasion was further made pleasant by having brothers W. N. and R. E. Richardson act as co-chairmen. W. N. Richardson is president of the Piedmont Society and R. E. Richardson holds the same office in the Shenandoah Society.

The meeting was held at Lynchburg on October 2nd and 3rd. John C. Brauer, Dean, School of Dentistry, University of North Carolina, made two presentations, illustrated by colored slides. The Monday afternoon address was entitled "The Child in Your Practice". The Tuesday morning address was entitled "The Fractured Central Incisor".

Dr. Ralph M. Roberts, Assistant Professor of Oral Diagnosis, Oral Pathology, Therapeutics and Periodontia at the Medical College of Virginia, was the speaker at the Tuesday morning session. His address was entitled, "Classification and Diagnosis of Periodontal

Disease". Tuesday afternoon's session consisted of a Panel Discussion entitled "Full Denture Prosthesis". The Moderator was Dan O. Via and those participating were R. N. Harper of Danville, Eldon Holsinger of Martinsville, Leon Slaven of Winchester and W. E. Armstrong of Staunton.

Dan Via is recuperating from a bad fracture of the right arm suffered nearly four months ago in an auto accident.

New officers elected were as follows:

J. RANDOLPH SMITH, Martinsville, Va.....*President-elect*
GUY G. OVERHOLT, Alta Vista, Va.....*President*
TOM T. UPSHUR, Lynchburg, Va.....*Sec'y.-Treasurer*
K. McC. CRAWFORD, Covington, Va.....*Counselor*
MYRON HENDERSON, Roanoke, Va....*New member of Executive Committee*

T. T. UPSHUR, Secretary

RESOLUTION

Be it, and it is hereby resolved by the Roanoke Dental Society at its September Meeting that:

1. The Society acknowledges with sincere regret the loss of a colleague in the untimely death of Dr. Harry Bear.
2. The deepest sympathy of the members of this Society individually and collectively is hereby extended the widow of our deceased friend and associate, and his family, all of whom with us mourn his loss.
3. Be it further resolved that these resolutions be made a permanent record in the minutes of the Society and copies be sent to the family and to the Bulletin of the Virginia Dental Association.

Respectfully,

L. E. WITHEROW, Sec'y.-Treas.

Component No. 6—Southwest Virginia Dental Society

Meeting: Spring, Summer, Fall.

C. J. CREWS, Radford.....*President*
R. P. COPENHAVER, JR., Tazewell.....*President-elect*
C. M. QUILLEN, Bristol.....*Secretary-Treasurer*

The Southwest Virginia Dental Society held their spring meeting in Abingdon, Martha Washington Inn, May 3rd. We were very fortunate in securing Dr. Joseph R. Bustetter, Louisville, Ky., Head of department of complete and partial Denture Prosthesis, University of Louisville, as our speaker and clinician for the afternoon and evening session. Dr. Bustetter's subject "Some Principles of Prosthetic Dentistry" with a review of the more important principles involved and was one of the best we have heard on the practical aspects of this problem.

Our summer meeting was Natural Tunnel Lodge, Natural Tunnel, August 16th. Our society wishes to thank Dr. E. G. Watts, Gate City, Chairman of arrangements, and the board of directors for their nice invitation to meet there and for the most pleasant outing they gave us. Our program was on plastics. Mr. Ed. H. Mehner, Representative of L. D. Caulk Co., gave Introduction and Demonstration of Kadon with follow up of Questions and Answers. Clinics on plastics: Dr. P. D. Miller, Norton: Drs. W. R. Cline and W. E. Cline, Abingdon and Drs. G. M. Goad and R. F. Jackson, Hillsville.

At this meeting our society expressed deep regret at the passing of Dr. Carl E. Cox, Fries, who had been a very loyal member for a good many years.

Our fall meeting and the last for the year was held in Bristol, Hotel General Shelby, October 19th. This was the 27th annual gathering with the First District Dental Society of Tennessee and an all day and evening affair.

C. M. QUILLEN, Secretary

Component No. 7—Shenandoah Valley Dental Society

R. E. RICHARDSON, Buena Vista.....*President*
T. C. KEISTER, Charlottesville.....*President-elect*
W. H. WUNDER, Woodstock.....*Secretary-Treasurer*
R. B. SNAPP, Winchester.....*Counselor*

Executive Committee: F. L. LEONARD, Bridgewater
DAN O. VIA, Charlottesville
W. A. MCCLUER, Lexington

The Shenandoah group met with the Piedmont group at Lynch-

burg with our President R. E. Richardson co-sponsoring the program with his brother W. N. Richardson president of Piedmont group.

Editors Note: To avoid needless repetition please refer back to component No. 5 for details of the meeting.

New officers for 1951 will be as follows:

T. C. KEISTER, Charlottesville.....*President*
LEON SLAVIN, Winchester.....*President-elect*
W. H. WUNDER, Woodstock.....*Secretary-Treasurer*
D. B. ALLEN, Berryville.....*Counselor*

W. H. WUNDER, Secretary

Component No. 8—Northern Virginia Dental Society

Meeting semi-annually—Spring and Fall.

T. B. EARLY. Madison.....*President*
L. H. BLEVINS, Arlington.....*President-elect*
J. M. KLINE, Arlington.....*Secretary-Treasurer*
B. M. HALEY, Warrenton.....*Counselor*

The Northern Virginia Society held its fall meeting on Wednesday, October 11, 1950. The meeting was devoted entirely to Prosthetics. There was a Prosthetic Symposium and a round table discussion.

J. M. KLINE, Secretary

NEWS AND ANNOUNCEMENTS

F.T.C. ISSUES CEASE AND DESIST ORDER VS. A.D.T.A.

Ordered to Terminate Conspiracy

Termination of a conspiracy to fix prices and otherwise eliminate competition in the manufacture and distribution of dental goods is required under the terms of an order issued by the Federal Trade Commission against American Dental Trade Association, 1010 Vermont Ave., N.W., Washington, six of its officials and 143 manufacturers and distributors.

The dealers and manufacturers served with the order are located in all but 12 of the 48 states and distribute more than 75 percent of all dental goods distributed in the United States. Except for nine dealers operating outside the continental U. S., the respondents include all members of the Dental Association. The 143 named in the order include 90 distributors, 47 manufacturers and 6 firms engaged in both the manufacture and distribution of dental goods.

Charge Tendency to Create Monopoly

The Commission found that, in violation of the Federal Trade Commission Act, the respondents have "carried on an unlawful agreement, combination, understanding and conspiracy to hinder, lessen, eliminate, limit and restrain" price and other competition and to "monopolize" within themselves the manufacture and distribution of dental goods.

The effect of the respondents' collusive practices, the Commission said, has been to empower them "to control the market and enhance the prices paid by purchasers" of dental goods. Their practices have prevented competition in price and "have a dangerous tendency to create a monopoly" in the manufacture and distribution of the products, the Commission stated.

Prohibited Practices

Under the terms of the Commission's cease-and-desist order, the respondents must refrain from entering into, continuing or carrying out any planned common course of action, understanding, agreement, combination or conspiracy to engage in any of these practices:

1. Fixing or maintaining prices, discounts or terms of sale, or adhering or promising to adhere to any prices, discounts or terms so fixed.

2. Classifying dental goods in connection with prices, mark-ups, additions to or deductions from prices to be charged for products falling within a particular classification.
3. Fixing prices or terms governing the purchase and resale of used dental equipment.
4. Exchanging or disseminating, directly or through the Association or any other central agency, current and future quotations of prices and terms of sale.
5. Holding or participating in any meeting, discussion or exchange of information for the purpose or with the effect of devising methods of fixing or maintaining prices or terms of sale.
6. Allocating the territory in which manufacturers or dealers may sell.
7. Hindering or preventing dealers who are not members of the Association from obtaining merchandise for resale by such practices as buying the entire output of manufacturers engaged in selling to independent dealers; buying from manufacturers upon the understanding that they will sell to member dealers only; charging consumer prices to non-member dealers; and refraining from selling to jobbers or to those with whom trade relations have not been established.
8. Causing member dealers to buy only from member manufacturers and member manufacturers to sell only to member dealers.
9. Disparaging non-member manufacturers and dealers and their products.

The order further forbids the respondents to agree upon or put into operation "any other plan or practice substantially similar to those prohibited in this order" with the purpose or effect of fixing or maintaining prices or terms of sale or monopolizing the manufacture or distribution of dental goods.

Permissible Practices

The order contains a series of provisions specifying that the order does not prohibit:

1. Seller-dealer agreements in "bona fide" transactions in which prices and terms are "independently determined" and which have neither the purpose nor effect of restraining trade.
2. Establishment or maintenance of "lawful bona fide" principal-agent relationships.
3. Establishment or maintenance of "lawful bona fide" intra-corporate agreements, discussions or other actions.

4. Sales contracts whereby sellers grant customers exclusive marketing territories.
5. Resale price maintenance contracts permissible under the Miller-Tydings Act.

Export activities permissible under the Webb-Pomerene Act.

Disparagement Forbidden

Concerning the respondents' disparagement of non-members of the Association, the Commission reported that independent manufacturers and dealers are described by such derogatory terms as "gripsackers," "carpet baggers," "illegitimate," "price-cutters," "unauthorized," "unrecognized," "unreliable". Products of non-members, according to the findings, are referred to by such terms as "illegitimate," "substandard," "off-brand," "cheap quality" and "monkey brands".

National and Regional Associations Included

The Commission found that the National Association was organized by the manufacturers and distributors for the purpose, among other things, of "confining and monopolizing the trade in dental goods within its membership" and "fostering and maintaining common pricing policies." Describing the make-up of the Association, the findings list two subdivisions—one for dealers and one for manufacturers—and nine regional associations. The regional groups, the Commission said, are designated as sectional dealers' clubs as follows: New England Group, New York State Group, Eastern Group, South Group, Central States Group, Midwest Group, Southwest Group, Pacific Coast Group, and Canadian Dental Trade Association.

TUFTS COLLEGE DENTAL SCHOOL ANNOUNCES SCHEDULE OF REFRESHER COURSES

The Division of Graduate and Postgraduate Studies at Tufts College Dental School has announced its complete schedule of thirty-eight refresher courses to be given during the academic year October, 1950 through June, 1951. These courses will cover all fields of dentistry and are given on a one day per week basis and on a continuous day basis.

For information regarding these courses, address correspondence to:

Dr. Arthur H. Wuehrmann
Division of Graduate and Postgraduate Studies
Tufts College Dental School
136 Harrison Avenue
Boston 11, Massachusetts

NEW ORLEANS DENTAL ASSOCIATION TO STAGE ITS THIRD ANNUAL SCIENTIFIC MEETING

The New Orleans Dental Conference of the New Orleans Dental Association will stage its third annual, full scientific meeting in New Orleans at the Roosevelt Hotel, November 5, 6, 7, 8, this year.

The conference is a four day, full scientific meeting presented through the medium of clinics, lectures, motion pictures and exhibits and is designed to attract delegates from the South and from Latin and South America.

All inquiries are to be addressed to:

N. O. Dental Conference
8117 Oak St., New Orleans, La.

RECORD NUMBER OF PREDENTAL STUDENTS SEEK ENROLLMENT IN DENTAL SCHOOLS

A record number of 11,000 predental students sought enrollment in freshman classes at the nation's dental schools this fall, the American Dental Association reported today. Only one in nearly four persons could be accepted.

Openings are limited to 3,200 freshmen at the nation's 41 accredited schools of dentistry according to Dr. Shailer Peterson, secretary of the A.D.A. Council on Dental Education.

In all, a total of more than 18,000 applications for admission, an average of 1.8 per applicant, were submitted to the dental schools.

Dr. Peterson pointed out that interest in entering the dental profession reached an all-time high despite the greatly lowered percentage of students who are eligible for government aid under the G. I. bill.

In 1947, the peak year for veterans' educational benefits, he said, 91 percent of the freshmen in dental schools were veterans studying under the G. I. bill. That year, a total of 10,133 individuals sought admission to dental schools.

This year, he said, only 35 to 40 per cent of the new freshman dental students will be eligible for G. I. benefits.

CHICAGO, October—A definite trend for usefulness of ammoniated dentifrices in reducing dental decay was reported today by researchers at the University of Illinois College of Dentistry.

Results of a two-year study involving 716 grade school children in Peoria showed that an ammoniated toothpowder is more effective in reducing decay activity than a non-ammoniated dentifrice. Preliminary findings of the study have been published in the October issue of the Journal of the American Dental Association.

The study was undertaken in Peoria for the purpose of testing proper oral hygiene and ammoniated and non-ammoniated dentifrices under severe conditions of use. It is believed to be the most comprehensive test of its kind ever attempted.

Three types of dentifrices were used. One was a dentifrice containing the cleaning agents that are commonly used in dentifrices. A second was a so-called ammoniated dentifrice which contained five percent ammonium phosphate and three percent carbamide. These

ingredients are used for the purpose of stimulating and fortifying a natural decay protective mechanism that is depressed in the majority of mouths because of high sugar consumption.

The third dentifrice was similar to the second but with bentonite. The bentonite, a colloidal clay, was added with the possibility that it might prolong the retention of ammonia on the teeth.

Results of the use of these three dentifrices were compared to a control group which were allowed to brush the teeth according to the usual habits. These children did not participate in supervised classroom brushing.

Children in the three dentifrice groups brushed their teeth at their desks at the beginning of the classroom study each morning and afternoon. They also were asked to continue the brushing after each evening meal at home. Brushes and six tons of toothpowder were provided by the University for the study.

A clinical and x-ray survey of all children by the Illinois State Department of Public Health and the University of Illinois at the end of the two-year study indicated that those who used the ammoniated dentifrice without the bentonite experienced the least dental decay. The percentage of teeth attacked in this group was 20.5 percent less than for those children in the control group who brushed their teeth according to their usual habits.

The non-ammoniated dentifrice was less effective. Youngsters who used this toothpowder had 9.3 percent fewer cavities than the control group. This non-ammoniated dentifrice was prepared according to a formula approved by dental authorities.

Dr. Robert G. Kesel pointed out that the results confirm those obtained in preliminary studies. The original studies were conducted on adults who brushed their teeth immediately after eating and who supplemented the dentifrice with an ammoniated mouth rinse. As expected, the percentage reduction in those cases was greater.

In this more recent program, the conditions were much more severe. The subjects represented an age group (10 to 11 years) which is one of high susceptibility to dental decay. The time of brushing in the classroom was from fifteen minutes to an hour after eating which is a less effective time for brushing because of the lapse of time between the meals and the brushing. A questionnaire which went to the control group also showed that 105 out of 301 children were actually using ammoniated dentifrice at the close of the study.

The Ohio State University, College of Dentistry announces the following schedule for its postgraduate courses in dentistry to be presented during the winter of 1951:

Children's Dentistry	L. S. Pettit	Jan. 29—Feb. 2
Oral Surgery	D. P. Snyder	Feb. 5-9
Oral Pathology and Diagnosis	H. B. G. Robinson	Feb. 12-16
Full Denture Prosthesis	Carl O. Boucher	Feb. 19-23
Periodontia	John R. Wilson	Feb. 26—March 2
Partial Denture Prosthesis	V. L. Steffel	Feb. 26—March 2
Endodontia	J. Henry Kaiser	March 5-9
Anatomy of Head and Neck	L. F. Edwards	March 19-23

Each course is given for five consecutive days, Monday through Friday, and the fee for each course is $50 except for Oral Surgery which is $100. All of the courses have been approved by the Veterans Administration. The classes are limited to ten men each so that there is opportunity for discussion and personalized instruction.

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

The dental mirror, long taken for granted, has now been improved to give the dentist a new—and better—look at his patient.

Development of a new type mirror has been reported in The Journal of the American Dental Association by Dr. Robert J. Nelsen, of Washington, D. C., a member of the Association's research staff assigned to the National Bureau of Standards.

The new mirror, described as having optical properties far surpassing the usual mirror, has its reflecting surface at the first or front surface. It is made of glass blanks plated with a substance called rhodium. The blanks are fitted into a mirror backing from which the conventional mirror has been removed.

It differs from most of the mirrors in use today which have their reflecting surfaces at the second or back surface. The glass in the usual mirror is backed with silver.

The ordinary mirror, Dr. Nelsen said, tends to show secondary or "ghost" images which are automatically disregarded by dentists but are the source of considerable eyestrain.

The new mirror, he explained, produces only a single image. Until the development of the rhodium material, he said, there has been no durable reflecting surface that could be used clinically as a front surface mouth mirror.

A. D. A. RELIEF FUND

Every member of the Virginia State Dental Association is urged to support the 1950-51 annual fund drive of the American Dental Association Relief Fund which was launched across the nation on November 1, with the distribution of traditional Christmas Seals.

Faced with an increasing number of appeals for assistance from needy dentists, the A.D.A. Council on Relief is urging each member of the profession to increase his contribution to the Relief Fund this year.

Mounting living costs have made increases necessary in the amount of relief grants being made to those dentists who, through accident or illness, find themselves unable to meet the cost of the bare necessities of life for themselves and members of their families.

Officials of the Council on Relief are confident that this year's contributions from the nation's dentists would soar beyond last year's total of $83,000, and send the 1950-51 campaign well over its national quota of $100,000 for the first time in history.

The quota for the Virginia State Dental Association has been set at $1,150.00, a sum which state society officials are certain can be exceeded this year.

Contributions serve the double purpose of supporting both the national Fund and the Relief Fund of the state society. One-half of each contribution is returned to the Relief Fund of the state society of which each contributor is a member.

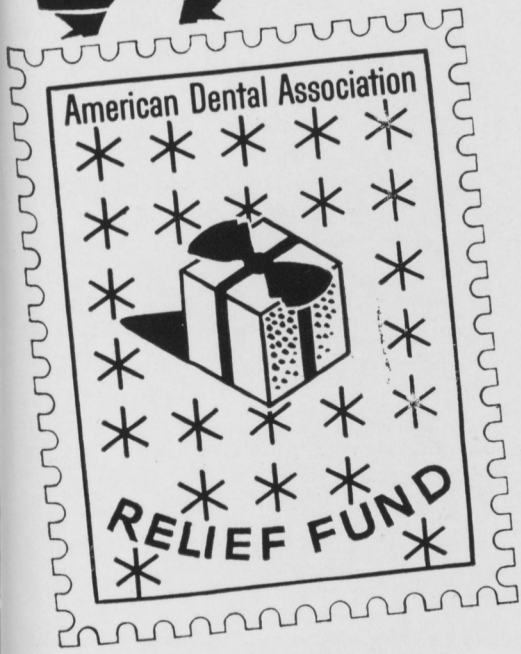
The A.D.A. Relief Fund, supported by dentists for dentists, is the most worthwhile cause in the profession, Dr. Phillip E. Adams, Association president, declared as he urged all A.D.A. members to give to the Fund as generously as possible this year.

All contributions are used exclusively for charitable purposes under the terms of a perpetual trust established by the dental profession.

A contribution to the fund this year is the assurance of each practicing dentist that those distressed members of the dental profession who have been forced to seek aid from their colleagues will continue to receive the help that they need.

Mail your contribution now to the American Dental Association Relief Fund, 222 East Superior Street, Chicago 11, Illinois.

A job to be done



Illness, accidents, and other unforeseen events each year bring hardship to an increasing number of fellow dentists —compelling them to call upon the A.D.A. Relief Fund for aid.

In order to bring even the barest essentials into the homes of needy dentists in 1951, the fund requires the support of every member of the profession. THE GOAL THIS YEAR IS $100,000. The need is great . . . your immediate contribution is vital.

WHERE YOUR MONEY GOES

One-half of your contribution to the A.D.A. Relief Fund is automatically allotted to *your* state society. In addition, the A.D.A. Relief Fund pays two-thirds of each grant. Your state and district societies pay the other one-third.

This Year Give More Through the A.D.A. Christmas Seal Campaign

SEND YOUR CONTRIBUTION TODAY TO THE AMERICAN DENTAL ASSOCIATION RELIEF FUND, 222 E. SUPERIOR STREET, CHICAGO 11, ILLINOIS

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