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THE

# Journal

OF THE



## PHILIPPINE DENTAL ASSOCIATION

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MARCH 1950

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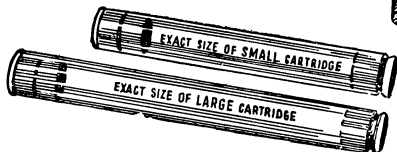
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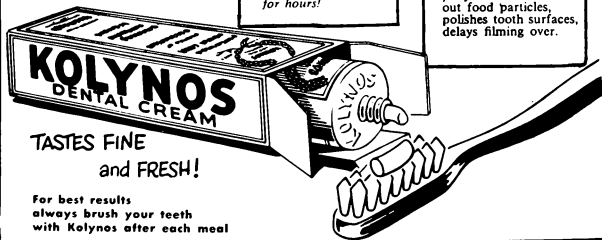
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Editorial Office: 219 Samanillo Bldg., Escolta, Manila

Germanico A. Carreon, D.M.D., F.I.C.D.

*Editor*

Pacifico V. Noroña, D.M.D.

*Editorial Assistant*

Pedro A. Bañez, D.D.S.

*Business Manager*

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**WANTED: A NEW SECRETARY OF HEALTH**

Sometime in December last year it was reported in the metropolitan press that changes in the Cabinet would take place in conjunction with the induction into Office of President Elpidio Quirino and Vice-President Fernando Lopez. Such news was followed later with the courtesy resignations of all cabinet secretaries in order to give the President an opportunity to reorganize his official family.

Believing that the right occasion has presented itself whereby the Philippine Dental Association could voice its sentiments, the board of trustees of the Association, in its regular meeting held in December 21, 1949, adopted and directed Resolution No. 22 to President Quirino with the request "that, in conjunction with the contemplated reorganization of the Cabinet, His Excellency, the President of the Philippines, appoints a new Secretary of Health who recognizes the value of the dental profession in the health program of the nation and who is sympathetic to the cause of organized dentistry in the Philippines."

In the light of accusations and denunciations levelled against the Administration for alleged frauds and irregularities committed in the last November elections, the President had given the impression that he is determined to restore the faith of the people in the government by enlisting into his Cabinet the services of men who enjoy the respect and confidence of the public.

Unfortunately, however, no cabinet reorganization had been effected up to now. Lately, as he was recuperating in Baguio after the operation and treatment he underwent in the United States, news about an impending shakeup in the Cabinet was again played up in the press in connection with the general reorganization of the government. In an effort to follow up their previous resolution on the matter, the members of the PDA board of trustees are contemplating to enplane for Baguio and present to the President another resolution reiterating their suggestion for the appointment of a new Health Secretary.

The incumbent Secretary has already served four long years and has antagonized a number of professional organizations in view of his interference with the affairs of the different boards under him. There were not few instances in the past wherein he has proven to be non-cooperative.

The Association believes that it will be to the advantage of both the dental profession and the public if the incumbent Secretary be changed. The appointment by the President of a new Secretary of Health will be a step in the right direction.

## THE PRESIDENT'S PAGE

In consonance with our policy of informing the members of the Association of the activities and the financial standing of the Philippine Dental Association, we are publishing hereunder the first of a series of reports on the finances of the Association.

### PHILIPPINE DENTAL ASSOCIATION M A N I L A

#### STATEMENT OF CASH RECEIPTS AND CASH DISBURSEMENTS AS OF OCTOBER 24, 1949

R E C E I P T S		
Date	Particulars	Amount
<b>1948</b>		
Jan. 19	Cash deposit at the P.N.B. ....	P 2,349.60
" 19	Proceeds from 1947 Convention .....	871.29
Mar. 1	Balance from 1947 Chairman .....	682.00
" 1	Additional Membership Fee .....	240.00
	Total Cash receipts .....	P11,962.80
D I S U R S E M E N T S		
<b>1948</b>		
Jan. 19	Rental of Dental Film .....	P 37.50
" 25	General Expense .....	25.00
" 29)	Practical Examination Campaign .....	270.15
" 31)		
Feb. 4	Petty Cash Fund .....	100.00
" 4	Printing Expense .....	500.00
Mar. 2	Furniture & Office Equipment .....	440.00
" 6	Printing Expense .....	500.00
" 6	Office Rent .....	120.00
" 18	Advertisement .....	319.00
Apr. 2	General Expense & Office Rent .....	152.00
" 29	General Expense .....	10.00
June 10	Office Rent .....	120.00
" 10	Gen. Exp. & Office Supplies & Sta. ....	75.00
" 21	Dr. L. Antonio (advanced as Gen. Chairman) .....	1,000.00
" 21	General Expense .....	10.00
July 19	Office Rent & General Expense .....	187.60
Aug. 20	General Expense & Postage .....	35.00
Sept. 9	Dr. L. Antonio (advanced as Gen. Chairman) .....	1,000.00
" 9	Office Rent & General Expense .....	180.00
" 10	Office Rent & General Expense .....	130.00
" 30	Printing Expense .....	1,000.00
Oct. 6	Printing Expense .....	500.00
" 8	Grand Ball, 20th Annual Convention .....	500.00
" 13	Dr. L. Antonio (advanced as Gen. Chairman) .....	500.00
" 13	Office Rent .....	120.00
" 16	General Expense .....	60.00
" 24	Grand Ball, 20th Annual Convention .....	3,334.00
	Total Cash Disbursements .....	P11,914.95
R E C A P I T U L A T I O N		
	Total Cash Receipts .....	P11,962.80
	Total Cash Disbursements .....	11,914.95
	Total Cash Balance at PNB .....	P 47.85

(Sgd.) GAUDENCIO OCAMPO  
President 1947-1948

(Continued on page 15)

## DENTAL CARIES: A REVIEW OF THE LITERATURE

Compiled by Primitivo Cuenca

The formation of good teeth and the maintenance of the health of the teeth and gums present a special problem that any attempt to treat this subject will necessarily lack conclusiveness of scientific explanation. While the teeth and adjoining tissues are quite unique structures, yet they are still part of the bodily structures, and, like the rest of the body, are considerably influenced by food.

Some relations of food to good teeth are now sufficiently established to warrant our attention, even though we do not have yet a clear understanding of all the facts.

In a discussion of the dental health of the American people at the National Health Assembly in the United States, consideration was given to the nature and prevalence of dental diseases, as well as the resources available for the control of these conditions. Various oral conditions have been dealt as a part of the dental health problem but more emphasis was given to the disease of the teeth, mainly dental caries, than other oral pathosis. Dental caries affect more than 90 per cent of the people; the need for dental health service begins early in life and accumulates into a backlog of unmet needs as children grow into adults.

### Introduction to "The Tooth Problem"

Broadly speaking, a tooth is made up of three main sections, the enamel or outer covering, the dentine, and the pulp. In the perfect tooth, the enamel is hard, brittle, and semi-transparent a smooth, lustrous appearance. It is non-cellular and is built up of prisms united by a densely calcified intermediate substance. The enamel forms comparatively a thin layer or cap over the dentine, which makes up the largest portion of the tooth.

The dentine is a yellowish-white, translucent substance resembling bone, and consists of a non-cellular, homogeneous material traversed regularly by branches, so-called dentinal tubes, which contain projecting outgrowths from tissue fluid, and other organic matter. The innermost portion of the tooth, the pulp, is a soft tissue composed largely of cells, blood vessels, and nerves. Its outer layer consists of odontoblasts, or dentine-forming cells, and in young growing teeth there is always a layer of uncalcified matrix, between the pulp and the (calcified) dentine penetrated by fibers from the odontoblasts, which is the zone where further calcification is taking place. Normally, this zone is quite thin, but in an imperfectly calcified tooth, it may be wide and irregular and patches of uncalcified material known as "interglobular spaces" may remain as permanent defects in the resulting dentine. The imperfectly calcified tooth may also show defects of the enamel, varying from slight roughness to deep pits and grooves, and even in some cases to a complete absence of enamel over certain areas.

The term "hypoplasia" is frequently applied to such conditions of poor structural development of the teeth, which are to be distinguished from dental caries, or actual decay and disintegration of the teeth already formed. This distinction, however, should not be taken to imply that these two types of tooth trouble are entirely independent of each other, for even slight defects of structure may constitute a starting point for the development of caries. And complete perfection of tooth structure is not common.

Marshall (1939) considers it a "confirmed clinical and laboratory observation" that there is scarcely a tooth in a man or lower animal which does not pre-

sent areas of incomplete formation. Hence, much depends upon the "personal equation" of the investigator in all studies of the incidence of tooth defects; for some will call a tooth defective while others, equally expert but of more tolerant temperament, will pass it as normal.

Marshall's view, following that of Fish, is that caries begins in a permeable crevice or fault area which, after eruption of the tooth, becomes filled with the fluid and suspended materials present in the mouth, which from time to time include food particles and bacteria. Among the latter are those whose products tend to corrode the tooth. If this corrosion is not too rapid, the slight irritation of underlying dentine which it causes may result in a sufficiently augmented calcification from within to erect an effective barrier against further invasion of the tooth by the caries. Although attempts have been made to study the incidence of hypoplasia as such in human teeth, in order to correlate this with what was known of the nutritional background, these efforts have frequently been confused by the difficulty of recognizing hypoplasia in the presence of caries. In studying this aspect, therefore, frequent use has been made of the puppy as an experimental subject: for, as Blunt and Cowen point out, the dog resembles the human being in that he forms two sets of teeth, temporary and permanent, which in their growth and development are readily comparable to those of man. Although hypoplasia resembling that in human teeth may be developed in dogs by dietary deficiency, actual decay does not appear commonly in this species and hence one may investigate the former condition practically uncomplicated by the latter.

DENTAL CARIES is a term applied to a process of structural disintegration of the tooth or teeth, in varying rates and degrees in the living organism. Some authors describe it as "a chemico-parasitic process" characterized by a de-

calcification and dissolution of the inorganic material of the tooth substance, and the disintegration of the organic matrix of the dentine and cementum, while others term this tooth disease as "decay" which is most commonly used, which also means caries, meaning, the disintegration of tooth structure as applied in dentistry. Dental caries as a disease in the living organism is the principal cause of the breakdown of the masticating mechanism generally affecting the health of the individual. It creates a great magnitude of discomfort and unhappiness to the social welfare of the sufferer. The diseases and loss of tooth support and function that are caused by caries in turn cause facial disfigurement, reduced masticating comfort and efficiency, gastrointestinal disturbances, deafness, vertigo, neuralgia, pyorrhea and focal infections.

#### Predisposing Causes

The recognition of factors predisposing to dental caries is of greatest importance. They are both general and local in character. The general or systemic factors are those decreasing the protective reaction of the tooth. This includes the following items: heredity, age (more rapid in the first and second decades), food (processing, refining, cooking), other nutritional elements absent as vitamins and minerals; physical buoyancy (prolonged illness or hospitalization promotes caries); environment, social position of the individual, digestion, metabolism, and endocrine balance.

The local factors are: anatomical make-up of the tooth (size and shape—teeth with high cusps and deep central fissures are more liable to fissure decay than flat teeth with shallow central grooves); developmental defects, such as enamel lamellae (teeth with lamellae extending through the enamel surface into the dentine present an easy pathway for the bacteria through the otherwise resistant enamel); condition of the Nasmyth's membrane (in malacotic teeth the rate



## Dental Caries: A Review of the Literature—Cuenca

of progress of caries is greater than in sclerotic teeth); poorly calcified dentine favors the action of proteolytic bacteria; slow eruption (gingival flaps favor food impaction); partly erupted impaction (with or without pocket formation); occlusion (malalignment or other forms of malocclusion favor food impaction and hinders the cleaning of the teeth); constituents of the saliva (rate of low, cleansing action, neutralizing power, bacteriolytic action, calcium and phosphorous content); hygiene of the mouth, condition of gingival margins, supply of easily fermentable carbohydrates (sugar consumed between meals and carbohydrates secreted in saliva); masticating efficiency; use of self-cleansing food (raw vegetables and fruits); natural cleansing after eating (saliva assisted by cheeks, lips, and tongue); and regular thorough dental examination (including x-ray).

### Some Causes of Tooth Defects

Structural defects being closely connected with the caries problem, Marshall's classification, while offered in connection with his writings on caries, is broad enough for our present purpose. For convenience, he groups the causes alphabetically as follows: A—anatomical; B—bacteriological; C—chemical; D—dietary; E—endocrine; F—failure in mouth hygiene; H—heredity, and he also holds (1939) that the relative importance of these seven groups of factors varies "with age, environmental vicissitudes, habits, health, and probably others, as yet undetermined agents."

Also it is to be remembered that these causes probably more often act two or more simultaneously than any one separately. In fact the "chemical" causes are presumably results of bacteriological or dietary causes, or of such failures in mouth hygiene as the use of corrosive dentrifices.

On the other hand, one may be born with some tooth defects or susceptibility to caries bacteria which cannot in any

known way be connected with his heredity, and might therefore be classified as idiosyncratic or due to Chance (an alternative C for Marshall's classification in case you consider "chemical" as covered by other causes).

### The Old Concept of Enamel Caries

Since no definite conclusion has been established as to the cause of enamel caries, a group of investigators on the subject has made a summary regarding the mechanism of the caries process. Being a disease of the calcified tissues of the teeth caused by resultant acids produced by the microorganisms acted on carbohydrates, the inorganic portion of the enamel structure is being decalcified, then follows the disintegration of the organic substance of the tooth structure. The microorganisms responsible of producing acid potential which starts caries are believed to be "lactobacilli, aciduric streptococci, diphtheroids, yeasts, staphylococci, and certain strains of serious." The enzymes of these organisms ferment the carbohydrates attached to the tooth, and the acid produced later dissolves the inorganic content of the tooth enamel. According to these investigators, before this acid could be produced, three factors at least must be present; namely (1) the presence of microorganisms, (2) the presence of the substrate or carbohydrate materials, and (3) the presence of a certain condition that protects the formed acids from being dissipated away by the fluids of the mouth. Therefore, in order that tooth decay can not set in, the formation of acids in the mouth should be prevented, or means should be done to neutralize them before caries starts. The following are being suggested to prevent the formation of acids in the mouth: (1) diet must be low in sugar content, and immediate brushing of teeth should be done after eating something sweet, (2) the use of substances that aid to inhibit the enzymes produced by the microorganisms from

acting on the carbohydrates so that no acid formation could take place. The following inhibitors are recommended: (a) fluorides, (b) urea, (c) silver nitrate, (d) Zephiran, and (d) vitamin K. These are believed to be enzyme inhibitors.

It is not a surprise therefore, that, for the last decade much progress has been attained in the studies on the problem of dental caries. However, there are still conditions that are not yet successfully explained on the basis of acid theory of caries. In spite of the increased scientific preparations, toothbrushes of different brands, toothpaste prepared more scientifically to meet the desired need, numerous technics in brushing, etc., dental caries is still found in many people, more so in the civilized than the non-civilized ones. Dr. Victorino G. Villa, dean, College of Dentistry, University of the Philippines, once remarked that "the question as to why tooth decay appears to be more rampant in young people than in old ones is not yet also adequately answered." This is a fact that most practitioners can not deny.

Dental caries is a disease of young people in similar manner as pyorrhea alveolaris is a disease of adults. Majority of pyorrhea alveolaris cases met by the dental practitioners have been acquired by patients from the age of forty or forty-five years and above. Diet in its relation to caries is still in the state of confusion as based upon the observation, that primitive people living a primitive life are less susceptible to caries. Taking for instance people in the country or in the provinces in the mountainous regions in the Philippines, irrespective of the difference in locality where they live, and the difference in their diet with those people in the cities, the former possess stronger masticatory apparatuses than the latter who enjoy all nutritious substances in a well balanced diet. It has been stated by some authors that tooth decay or dental caries is the

price paid for the comforts and luxuries enjoyed by civilized life. But there are still people who have the concept that dental caries is hereditary.

#### The New Concept of Enamel Caries?

Under the old concept of enamel caries, the inorganic content of the enamel is primarily destroyed by the action of the acids, then follow the disintegration of the organic contents after the disintegration of the inorganic salts; and what causes the disintegration of the organic matter has not been touched in the old concept of the subject.

Under the new concept of enamel caries, the organic matter of a tooth is the one attacked first by certain group of microorganisms, then follows the destruction of organic material. Gottlieb's concept of enamel caries said: "caries spreads in enamel very similarly to the way silver nitrate stains it. The carious process spreads along and affects the organic components of the enamel, which are finally digested. Later, the more calcified prisms are affected and necrotized. The carious cavity is the end-result of the necrotizing action. We call it proteolytic. This action is probably produced by specific microorganisms, which becomes conspicuous by producing a yellow pigment which is present in all stages of dental caries." He further said: "This caries process proper is accompanied in most cases by acid. The ratio of these two components varies greatly. . . . In rare cases the proteolytic action may appear without acid and the result is still caries. But if the acid acts without yellow pigment component, no caries can develop, only a chalky enamel appears. "The yellow pigmentation which we generally observed in caries is believed to be one of the products of the action of the bacteria on the organic matter of the enamel. These bacteria do not only produce yellow pigment, but also have the ability to produce necrosis in the invaded tissues at a later or more

advanced stage. Whether the organisms that produce the yellow pigment or the proteolytic component of caries process are the same organisms that produce the acid or the acid component is indefinitely known. Frisbie and Nuckolls also have the contention that caries of the enamel "is fundamentally a degradation of the organic matrix of the enamel resulting from the enzymatic action of microorganisms, rather than a simple acid decalcification and removal of the inorganic salts." These same authors, in their separate report held the view that the degradation of the organic matrix "is followed by a physical disintegration of the inorganic salts. This disintegration is in part accounted for by the loss of the supporting matrix." They also mentioned the presence of spheroidal forms and fither specimens having etiologic relations with the process of caries. Some authors believed that the organic matter of the enamel undergoes some changes in the nature of further geratinization or desiccation of the protein in the matrix as age advances. The organic matter is already well keratinized or dessicated at this age and becomes more resistant to bacterial action, which might be the reason why dental caries is more rampant in the young because the enamel amtrix is not yet well keratinized. On the other hand, the old people where keratinization has advanced is more resistant to caries. Suggestions have been made that caries may be prevented by the application on the enamel surfaces of the teeth some chemicals like silver nitrate, zinc chloride or formalin which coagulates the organic matrix of the enamel, thus rendering it more resistant to the action of bacteria. Under the new concept of caries, the action of fluorides in preventing caries is its greater affinity to calcium salts to form water insoluble calcium fluoride. It is not an enzyme inhibitor. The action of calcium fluoride that is being formed does not kill the bacteria that invade the tooth but rather prevents the

action of the bacteria to attack on the enamel surface because it renders the organic matrix of the enamel somewhat glossy and unpassable or impenetrable to bacteria and other microorganisms.

#### Disorders of the Teeth and Gums<sup>3</sup>

Inasmuch as dental caries is the name given to ordinary tooth decay, it is the most common type of trouble with tooth. Although the causes that predispose an individual to this disorder are not all thoroughly understood, observations tends to show that caries is less likely to appear in the teeth or the people who have a satisfactory diet, that is, one which contains the essential minerals and vitamins. In fact, there is evidence to indicate that that a diet adequate in these respects may establish a resistance to decay in teeth that were originally defective.

A deficiency of teeth-building materials in the diet will cause the teeth to soft and irregularly formed, a condition that makes them more susceptible to attack by bacterial present in the mouth. If food materials are allowed to remain in a little crevices in the teeth or between them, bacteria grow in those places and produce lactic acid, which may gradually bring about the disintegration of the enamel and expose the dentine. Once this happen, the bacteria make more rapid progress, since dentine decays much faster than the enamel, and since the bacteria can not easily be dislodged.

#### Emperical Evidence that Food is a Factor

Some years ago a group of diabetic children, who had long been receiving special care as to diet were found to have usually good teeth. A large scale trial with abundant controls was later made by feeding a part of the population of a large orphanage with a diet containing (as had that of the diabetic children) "liberal amounts of milk, eggs, meat, fresh and canned vegetables and fruits, and cod liver oil daily." This also led to a great decrease in the incidence of tooth defects among the children of like age in the same institution. Speak-

ing of recent extensions of these studies, where caries was again strikingly arrested by dietary regulation, Boyd (1942) reports that neither the high fat nor the low sugar content of the early diabetic diet appears to be essential to this effect on the teeth, and concludes: "We have been unable to attribute this favorable effect of the dietary regimen to any single constituent or characteristic of the diet."

#### Individual Nutritional Factors

*Calcium and Phosphorus.*—Calcium and phosphorus are such prominent ingredients of the chief tooth material that they must certainly be regarded as among the major nutritional factors concerned in the building of good teeth. This must be emphasized; for the fact that these elements do not tell the whole story, and the further fact that, once built into the tooth structure, they are not very readily withdrawn by circulations, have resulted in too great a tendency to ignore them in recent discussions of the tooth problem made by Sherman and Lanford, "Relations of Food to the Health." For the construction of good teeth, the body needs, on the one hand, abundant supplies of calcium and phosphorus as building materials; and on the other hand, abundant supplies of at least three vitamins to regulate the processes involved in building these particular tissues.

That, the calcium intake may indeed frequently be a limiting factor in tooth soundness is suggested by the findings of East (1941) in a survey of 109 cities in the United States, that hardness (richness in calcium carbonate) of the city water supply supply was associated with lower-than-average incidence of caries in the school children.

*Vitamin A.*—Bessey and Wolbach, in 1939 vitamin symposium of the American Medical Association<sup>4</sup>, give the prominent attention to the view that Vitamin A is

an important factor in the formation of the teeth; and concluded from their study of the evidence that, "In all probability," Vitamin A outranks all other vitamins in importance to the human being in the formation of good teeth.

Eddy and Dalldorf (1941) referring on the basis of the work of Walback and Howe, to the effect of a shortage of Vitamin A as "the most important dental effect of any of the deficiencies," describe the result as an atrophy and metaplasia of the enamel organ in consequence of which there is deficient formation of enamel with a tendency to exposure of the formation of teeth.

McCollum et al. (1939, pp. 603-606) consider that the enamel-forming cells (ameloblasts) are derived from the same embryonic tissue (ectoderm) from which gum epithelium has its origin, and, although these cell are specialized for calcification, they are, like epithelium in general, extremely sensitive to deficiency of Vitamin A. McCollum holds that Vitamin A deficiency, the enamel-forming cells become abnormal in appearance, and instead of forming an even plane or curve surface, they tend to buckle so that when the enamel is finished the surface presents an uneven contour "like a landscape of hills and volleys"; and that these cells, when inadequately nourished with Vitamin A, do not lay down enamel of normal density, but rather incompletely calcified enamel with interstices.

*Vitamin C.*—In the days when severe scurvy was common, it frequently resulted in the loss of teeth, though available records do not make clear how far this was due to an effect upon the tooth itself and how far to the condition of the gums and jaw bones.

In 1919, Zelva and Wells in England studied microscopic sections of the teeth of guinea pigs subjected to shortage of Vitamin C and come to conclude that the tooth is one of the first, if not the first, of the parts of the body to be affected by subnormal intake of vitamin, and that

## Dental Caries: A Review of the Literature—Cuenca

profound changes may occur in the teeth even when the ordinary scurbutic symptoms are still so slight as to be most or quite unrecognizable. The typical effect upon the teeth was described as fibroid degeneration of the pulp with a replacement of the fine structural organization by amorphous material. They also found similar effects of Vitamin C deficiency upon the teeth of monkeys. They therefore emphasized the view that subclinical conditions of shortage of Vitamin C may be more frequent than had been suspected and may reasonably be expected to injure the teeth.

Degeneration of the pulp tissue as a result of the shortage of Vitamin C has also been reported by some investigators. In 1920 Howe of Forsyth Dental Clinic and the Harvard Department of Pathology also found that scurbutic diets have a deleterious effect upon the teeth, noting a marked decalcification and loosening of the teeth, and emphasized that if the condition is not too far advanced can be cured by the simple addition of orange juice to the diet. Others are also emphasize that orange juice have good effect upon the health of the teeth and gums.

More recently, Boyle, Bessey, and Wolbach (1937) of the Harvard Dental and Medical Schools, in carefully controlled experiments with individual vitamin deficiencies, find shortage of Vitamin C may bring about a condition which upon full pathological investigation appears to be identical with one of the well-recognized clinical forms of pyorrhea of the systemic type.

McCollum points out that dentine is derived from the mesoblastic tissue; and holds that odontoblasts, which form dentine, are extremely sensitive to deficiency of ascorbic acid, so that if the tissue becomes depleted of this substance while the teeth are in the process of growth will result to a defective dentine.

*Vitamin D.*—The essential similarity between the various calcified structure of the body and the demonstrated importance of Vitamin D to the development

of the bones, lead naturally to the problem of the extent to which the teeth also are affected by this factor.

It has been long accepted that rickets occasions a delay in dentition, and Hess has cited an investigation in his clinic that even in cases of extremely mild rickets, teething was retarded, for "whereas about one half the number of normal babies developed a tooth between the sixth and ninth month, only about one fourth of the infants of mild rickets had tooth at this age." Eruption of subsequent teeth was likewise tardy.

Proceeding now to a consideration of Vitamin D in relation to dental caries, two questions suggest themselves: (1) to what extent does hypoplasia (of which, as Mrs. Mellanby's experiment showed, lack of Vitamin D is a prominent cause) predispose to caries; and (2) once the teeth have been formed (for better or worse), what protection, if any against the inroads of teeth decay, may be hoped for from a liberal intake of Vitamin D?

With regards to the first question, it would seem logical to expect that, whatever the underlying cause of caries, the damage which involves essentially the solution of calcium salts by agents reaching them from outside to the tooth, will be more severe to the hypoplastic tooth in which the protective coating of enamel may be less dense, or pitted and grooved (making mechanical removal of the structure agent more difficult), or even totally lacking in spots; and in which the interglobular spaces of the dentine facilitate further penetration by the disintegrative fluid.

This reason is substantiated by the clinical experience that those teeth and portions of teeth which are in general most apt to be hypoplastic (perhaps because of the period of life at which they are calcified) are likewise in general most liable to dental caries. Thus, for example, Dick found in an investigation of the permanent teeth that, of cases with carious teeth, the lower first molar was decayed in 80 per cent and the upper

in 30 per cent. The fact that the lower first molar decay out of proportion to the others "is to be attributed rather to the main part of the enamel of the crown having been laid down in the first two years of life when rickety conditions are operative." And May Mellanby, correlating structure with decay in individual teeth, found that those which were normal or nearly normal in structures had carious cavities in only a little more than one-quarter of the cases, as compared with 85 per cent incidence of caries in distinctly hypoplastic teeth.

On the other hand, it is well known also that many hypoplastic teeth remain resistant to caries throughout life. Clearly, there are other factors to be considered in the problem of caries besides the structural quality of the teeth.

In the work of Boyd, Drain, and Stearns it appeared that a change of diet in the general direction indicated by the newer knowledge of nutrition reduced the rate of caries development in children, and that a further improvements was then affected by increasing the Vitamin D intake by 600 units per day.

And the finding (East 1940) that Tennessee school children has significantly fewer caries than corresponding group living in New Jersey has been attributed to the greater exposure to sunlight enjoyed by the former group.

#### Nature and Prevalence of Dental Caries

Dental caries is the greatest cause of losses of teeth during the early part of life, and carious lesions accumulate many times faster than they are corrected. As high as 50 percent of two year old children have one or more carious teeth. By the time children reach school age they usually have three or more primary teeth which have been attacked by dental caries. When the average person is sixteen, he has seven decayed, missing, or filled teeth, involving fourteen tooth surfaces. The percentage of children with decayed, missing, and filled teeth increase up to 15 years of age. O'Rourke<sup>5</sup> has predicted that, because of high in-

cidence of dental disease, particularly dental caries, it is highly probable that unless adequate preventive or control measures are provided today's children will lose one half of their natural dentition before they reach the age of forty years, and about 40 to 50 per cent of them will have no natural means of justification by the time they are 60. A child of today, with average life expectancy will need his dentition 42 years longer than the average child of the sixteenth century.

The average white adult in the United States has been found out has more than 0.4 of a tooth extracted or indicated for extraction per year between the ages of 18 to 70 or approximately one tooth for each two-and-a-half years of adult life. It is noteworthy as Klein<sup>6</sup> has pointed out that, the rate at which the teeth are extracted or indicated for extraction is related to the socio-economic status. For instance, the average white person at the age 18 has 29.8 serviceable teeth. A tooth in serviceable condition at age 18 in a person of the \$3,000.00 or more income group may be expected to remain in serviceable condition, on the average, approximately 34 years longer. However, at the same age, a comparable tooth in a person at the less-than \$2,000.00 in a year income level may be expected to give on the average only about 31 additional years of service.

#### Causes and Treatment of Dental Caries

Before dwelling on this subject it may be well there to have the knowledge as to the incidence of the disease, location, clinical manifestations, etc., so that we can have a direct approach as to the methods to be instituted regarding its prevention.

Underlying the problem of dental care is the obvious fact of dental disease, and its causes and treatment. No sound approach to the dental health problem can neglect an attack through research on the fundamental causes of the disease of the oral cavity (dental caries). In consideration of a research program, it is

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well to bear in mind the fact that dental disease is the most universal of diseases. Its effect have far-reaching economic as well as physical consequences. In 1948, approximately a billion dollars was spent by the American people for the treatment of dental conditions, and this care represented only a small part of what was actually needed. In addition, wage losses and lost production caused by absenteeism resulting from dental defects amount to many billion of dollars yearly in the United States. In view of the magnitude of the loss which the American public suffers annually from dental disease, it could well afford to spend a greater part of the amount of its annual estimated losses due to dental diseases in an attempt to find the cause.

According to Moore, the peak years both for the percentage of the group having caries and for the number of cavities are at the age of 17, 18, and 19 years. The variation of peaks corresponds with the individual age. Females have better teeth than males until the age of 30 years. Children of high social class generally have good deciduous teeth, but children of the lower class generally have better permanent teeth than those of high social classes. Approximately 80 per cent of the lower permanent first molars are defective at the age of 10 years.

Dental caries always begins on the surfaces the teeth and never in the interior part of the teeth. The general regions upon the tooth surfaces where caries begins are three in numbers, namely, (1) pits and fissures; (2) proximal surfaces under the contact point; and (3) labial and buccal surfaces near the gingival line. Labial and buccal cervical cavities do not as a rule extend beneath the gingival margins and rarely begin in this region.

Clinical observations show that the lingual surfaces of the teeth, with the exception of pits and fissures of the maxillary central and lateral incisors, are not affected. Caries may affect the root of a both if there is lesion in the

periodontal membrane when the root is exposed.

The most logical and effective means of ultimately bringing latter dental health to the American people is by means of adequate dental care and services for children. Gerrie<sup>7</sup> has expressed the opinion that if dental health programs are developed for the youngest age groups and continuity of care is provided thereafter, an accumulation of defects is impossible and the maintenance of an aptimum condition of health, comfort, appearance, and function throughout the period of childhood will result. The broadest possible application of recognized preventive and control measures should be made early in life so that the later needs for dental services are reduced to a minimum. The solution obviously lies in improvement, through research of methods for preventing dental diseases, especially dental caries, and in the development and maintenance of school and community dental health program.

Bringing with the age of 3 years, the child should have proper and thorough prophylaxis at least twice a year, followed during the periods of eruption of teeth by a series of applications of a solution of sodium fluoride. From the evidence at present available on the basis of mass treatment of children with a fluoride solution, it appears that by this means a 40 per cent reduction in the caries attack rate of children less than 16 years of age may be achieved. The benefits to accrue to adults from current incompletely tested research on this treatment, however, cannot be evaluated accurately at this time.

With regards to communal water, which naturally contains sodium fluoride the evidence indicates that the DMF (decayed, missing, filled teeth) rate is approximately 60 per cent lower in children aged 12 to 14 years, who, throughout life, have ingested water containing about 1.0 part per million of fluorides. Studies designed to test the efficacy,

safety, and practicability of adding sodium fluoride to community water are now under way in several communities in the United States.<sup>8</sup>

John W. Hein and William G. Shafer of the University of Rochester's School of Medicine have recently reported before the International Association for Dental Research their findings that sodium copper chlorophyllin<sup>9</sup>, a water soluble derivative of chlorophyll, has produced "very encouraging results" in controlling and preventing tooth decay. Tests have been made so far only in their laboratory with human saliva and on animals, and tests on human patients are under way. If these give successful results, the compound of chlorophyll (green coloring matter of foliage and grass) will be incorporated in the preparation of mouth-washes, toothpastes, gums and candy.

Being in the experimental stage, if chlorophyll may show its human uses, it might be used in combination with sodium fluoride, which is a caries-preventive, however, although evidence at present does not suffice a hundred per cent

effectivity of fluoride for the control of dental caries. A combination of these two compounds (chlorophyll and fluoride), however, might prove successful in caries-prevention.

#### Comments

In view of the foregoing and the continuous scientific research being undertaken with regards to the prevention of this disease, the possibility of completely checking this troublesome disease, which mostly starts in childhood, might be achieved, as evidenced by the results of scientific researches made in foreign countries (specially the United States) where dental caries cases have considerably decreased its figure during the last decade. It is therefore the duty of our government to initiate as well as protect and finance dental research programs inasmuch as time loss and unaccomplished work can be attributed to absenteeism of employees not only in private enterprises but also in government houses. By so doing dentistry in the Philippines can have materials for its dental literature and at the same time make a name for itself in the dental profession.

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### THE PRESIDENT'S PAGE

(Continued from page 4)

## PHILIPPINE DENTAL ASSOCIATION M A N I L A

TRIAL BALANCE AS OF OCTOBER 24, 1948

<i>Account Title</i>	<i>Dr.</i>	<i>Cr.</i>
Cash in Bank .....	P 47.85	
Cash on Hand .....	18.00	
Fetty Cash Fund .....	11.40	
Dr. L. Antonio .....	478.84	
Proceeds 1947 Convention .....		P 8,711.20
Balance from 1947 Chairman .....		662.00
Additional Membership Fees .....		240.00
Rental Dental Film .....	57.50	
General Expense .....	401.00	
Practical Exam. Campaign .....	270.45	
Miscellaneous Expense .....	67.60	
Printing Expense .....	3,000.00	
Furniture & Office Equipment .....	425.00	
Office Rent .....	960.00	
Advertisement .....	319.00	
Office Supplies & Stationeries .....	68.50	
Postage .....	41.96	
Luncheon for Press and Dental Dealers Executives .....	255.60	
Telegram .....	2.10	
Convention Badges .....	1,080.00	
Grand Ball, Manila Hotel .....	3,834.00	
Programs, 20th Annual Con. ....	494.00	
Invitation & Tickets .....	130.00	
Balance at P. N. B. Jan. 1, 1948 .....		2,349.66
	P11,962.80	P11,962.80

VERIFIED BY:

(Sgd.) M. OCHOA

ATTESTED:

(Sgd.) GAUDENCIO OCAMPO  
President 1947-1948

This explanatory note should be attached to the Trial Balance as of October 24, 1948.

From this Trial Balance it could be seen clearly that the balance at the P.N.B. as of October 24, 1948 (the day when Dr. G. Ocampo terminated his duties as President to give way to the new President Dr. L. Antonio) was only P47.85. Actually however, when he relinquished his office in favor of his successor there was still P3,381.85 at the bank as per check book.

But on the night of October 24, 1948 the amount of P3,334.00 was paid to the Manila Hotel for expenses incurred in connection with the Grand Ball. This amount should have been taken from the proceeds of the 1948 Convention, but because all collections were not yet consolidated the general fund advanced the amount.

This explanation is given in order to bring home to the minds of the members that the amount of P47.85 appearing in the Trial Balance, as cash in bank, as of October 24, 1948 should have been a much bigger amount had it not been for the advances made for the 20th Annual Convention Grand Ball. Expenses for that Grand Ball should have come from the proceeds of the 1948 Convention.

(Sgd.) GAUDENCIO OCAMPO  
President, 1947-1948

## THE IMPORTANCE OF BABY TEETH

By Francisco Ortiz,\* D.D.S.

In the Philippines very few people realize the importance of the baby or milk teeth. Many believe that they are not worth caring for inasmuch as these teeth are not permanent and will eventually fall out anyway. This wrong attitude could be a grievous blunder and in many cases prove to be a costly one.

The chances are great that a boy will grow up with malformed jaws. One has only to look at anybody at random to see how many grown-up people possess such jaws because their foundation teeth have been neglected. Studies emphasizing this phase in children's dentistry are being made in many universities and institutions in the United States and other countries today.

It is an unfortunate fact that the vast majority of children have dental decay. Equally unfortunate is the fact that one particular tooth is the most vulnerable to decay. That "luckless" tooth, if one might term it so, is the second deciduous molar. If one examines the mouth of a five-year old child, he can easily distinguish this molar for it is the biggest tooth in the posterior region of the mouth. From the premature loss of that one tooth can result deformity of the jaw, impactions and greatly impaired masticatory efficiency. Thus it can easily be seen that the so-called baby teeth are really the foundation for maintaining the health of the mouth and jaws of the child and this is the reason why these teeth are referred to by the dental profession as foundation teeth.

Foundation teeth don't come and go haphazardly. They fall out and the permanent teeth erupt to take their place on a definite time-table. The disappear-

ance of the baby tooth is a factor which influences the appearance of a permanent tooth. It is not quite clear, however, whether the permanent tooth erupts in response to the shedding of the baby tooth, or whether the baby tooth is stimulated to drop out because the permanent tooth is pushing it up.

The time element is very important in the shedding of the temporary teeth. When a child loses a tooth prematurely, nature's time-table is disrupted and in majority of untreated cases malformation of the jaws may ensue when the second deciduous molar is lost prematurely. To risk the loss of the second foundation molar is a bad gamble. The tragedy about this is that most parents do not take the initiative of taking their children to the dentists who could easily preserve this particular tooth. There is a way to prevent the drifting of other teeth when the second molar is gone and this is through the use of an appliance called a space retainer.

"The loss of the one tooth a child is more likely to lose is the most constant potential source of deformity the child faces."

The average child who reaches the age of six without adequate dental care has on the average six cavities in his mouth. There are few children who do not need to have their second foundation molar filled, but it is important to look for any tiny spot which is a sign that caries is beginning to develop. If a child could only have this particular tooth until its proper time for shedding, then there is no fear of the drifting of other teeth and the chances of the per-

*(Continued on page 32)*

\*Private dental practitioner in Iloilo; former member, board of dental examiners.

## "MEMBERSHIP IN THE DENTAL BOARD"

(Editorial, August 1949)

"A board of dental examiners was created on July 18, last, in compliance with the mandate of the new dental legislation regulating the practice of dentistry in the Philippines, otherwise known as Republic Act No. 417.

"Even before the members of said board could enter into the performance of their duties, the Department of Health, according to a high government official in that Office, has already been flooded with solicitations from dental practitioners and recommendations from politicians, businessmen, society matrons and government big shots for the one vacancy which will be created a year hence as a result of the operation of the new dental law.

"This confirms, in effect, the charges made by Secretary of Health Antonio Villarama, who, on February 28, 1948, in his infamous decision denying the petition of the Philippine Dental Association to restore the practical examination in the dental board, stated that "it cannot be explained why membership in the dental board has always been too much solicited." And, as if adding insult to injury, the Health Secretary further mentioned about "the much ballyhooed prestige of the dental profession."

At the time these comments were made, they were allowed to pass unnoticed, considering that the main issue then was the abolition of the practical examination. Now, however, that the practical test has been restored and its abolition as a part of the examining process has already found a secure place in the golden pages of history, it seems pertinent for the dental profession to pause and ponder over these humiliating remarks of the Honorable Secretary.

"With such assertions, Secretary Villarama has put to public ridicule the members of the dental profession, particularly those who had been seeking political influence to secure membership in the dental board, including those whom he had favored with such kind of appointments. The prestige of the profession as a whole had been maligned and placed before the bar of public opinion for scrutiny and judgment only because there are some members of the profession whose interests are limited only to their own welfare.

"Dean Victorino G. Villa of the College of Dentistry, University of the Philippines, has taken a good grasp of the whole situation when he declared, in a speech before the Manila Dental Society early this month, that "the law contemplates that membership in the Board should be considered honorary, meaning, a position only to be conferred and not to be sought."

"And such a position," he added, "shall be awarded only to an individual in recognition of his accomplishments or of his professional standing as tested by his degree of technical competency, spirit of progressiveness, inspiring professional idealism and loyalty, above all, his unquestioned moral integrity."

"Why membership in the dental board should not be sought is quite obvious. The board is entrusted with the delicate task and responsibility of screening those who desire to enter into the practice of dentistry; and it is, likewise, vested with judicial functions in the handling of administrative cases involving members of the dental profession. Such being the case, members of the board should owe favors to no one with regards to their

appointments, so that they will be in a better position to act independently in the performance of their duties.

"That membership in the dental board is a position of honor cannot be denied. And yet, like any other positions of similar nature, it can only remain so if the members are appointed in recognition of their achievements and unquestioned integrity and not by any political consideration. Persons who desire to be in the board because membership in such body will give them honor and fame have no place at all in said board. The appointees should, by the prestige they have acquired in their professional practice and behavior, be the ones to give added prestige to the board and not the board itself giving them the prestige.

"Instances are presently on record where persons of recognized standing in

the profession have hesitated, and in some cases actually declined, to accept membership in the dental board because the board's dignity has been lost; because it has transformed into a dumping ground for political favorites and not as a body to enhance professional honor and prestige.

"The only solution to this deplorable situation is for the Department of Health not to tolerate the practice of some dentists soliciting their own appointments or to secure them through political influence. This, the Department can very well do if it will recognize only recommendations coming from the Philippine Dental Association, the entity which is very much concerned in the maintenance of high professional standards; and for the Association not to recommend anybody who seeks his own appointment."

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#### COMMENTS

On the opposite page is an article, written by Dr. E. R. Aldecoa and published, in his *Filipino Dental Journal* attempting to refute our editorial entitled "Membership in the Dental Board" which appeared in the August 1949 number of this Journal. We are reprinting that same editorial on this and the preceding page so that the reader may be able to evaluate by himself the merits of said editorial.

It is indeed very unfortunate that our colleague, Dr. Aldecoa, has allowed himself to become an apologist of the Hon. Antonio Villarama, Secretary of Health, even to the extent of trying to justify acts which are not very becoming of respectable members of the profession, especially those who expect to hold the important position of dental board examiners.

From Dr. Aldecoa's arguments we are beginning to wonder whether the points we desire to convey are properly understood or not. Indeed it is true that the position held by Dr. Villarama is a poli-

tical one but never before had the Department of Health become such a political mess as it is now with regards to the appointments of members of the examining boards under said department. It would not be a wonder, therefore, if our Congress and the President of the Philippines will eventually approve House Bill No. 766, removing from the Department Secretaries the power of appointing members of the various boards and their jurisdiction over the same.

Our suggestion of recognizing only commendees of a bonafide organization is intended to minimize the ills of our current set-up and to discourage the sprouting of dental associations which are organized only to serve selfish motives and desires. We maintain the view that it is the moral obligation of the members of a profession to support and help build the national professional organization and that any differences of opinion should be taken up within the organization and not organizing a dissident association to perpetuate the desires of a minority group.

## "DEMAND FOR RECOGNITION UNJUSTIFIED"

By E. R. Aldecoa

The *Journal of the Philippine Dental Association* in its editorial last August, entitled "Membership in the Dental Board," vigorously attacked the Department of Health in appointing members of said board. It says: "Instances are presently on record where persons of recognized standing in the profession have hesitated and in some cases actually declined to accept membership in the Dental Board because the board's dignity has been lost; because it has been transformed into a dumping ground for political favorites and not as a body to enhance professional prestige." To remedy this deplorable situation, the *Journal* suggests: "This, the Department of Health can very well do (that is, to do away with the practice of some dentists in soliciting their own appointment or in securing the position through political influence) if it will recognize only recommendations coming from the Philippine Dental Association, the entity which is very much concerned with the maintenance of professional high standard, and for the association not to recommend anybody who seeks his own appointment."

"We hope that this could be done, and those "deplorable conditions" remedied by the Philippine Dental Association. Any solution, which is reasonable and beyond reproach, will have our full support, if needed. However, on second thought, and upon further explanatory examination, a lingering shadow of doubt slowly engulfs our hope for idealism" for such act is tantamount to binding the hands of the Secretary and surrendering his prerogative to the association which is not even recognized by law and authorized by the whole dental profession (more than four thousand dentists) to

speak and act for them.

"Should the exclusive right to recommend for appointment to the board be granted to the *Philippine Dental Association*, as the editorial demands, other dental associations, such as the *Federation of Dental Practitioners*, might also claim the same privilege, believing that like the Philippine Dental Association it is also "much concerned with the maintenance of high professional standards." What about the other dental associations that are already in existence and those that may be organized in the future? Nobody can deny the constitutional rights of our dentists to organize themselves and petition the government or the Secretary of Health, that they are very "much concerned with maintaining a high standard of the dental profession," as the *Philippine Dental Association*. The right to petition by a group is guaranteed by the constitution of the land, whereas any attempt to acquire an unjustified and discriminatory privilege stultifies public decency and destroys the faith and confidence of the people in the government.

"Holding a political position, the Secretary of Health can not just brush aside politics and politicians. He has also to serve, without sacrificing the interest of the public service, his leaders, the leaders of his party, and his personal friends—all may have helped him secure such exalted position. Why not? Granting for the sake of argument, without admitting, that recommendation for appointment of the members of the examining dental board is exclusively granted to the *Philippine Dental Association*, either by legislation or by political concession, the result will be the same, because if the Secretary

is asked by his leaders to appoint Drs. So and So as members of the Board, the Secretary still has no difficulty in asking the association to include such names among the recommendees, if he so desires. Friends, patients, and politicians may directly ask members or leaders of the Philippine Dental Association to have their friends appointed as members of the board, with or without the knowledge of those friends. Members of the Board of Directors of the Philippine Dental Association, or even mere members, who may be intimate with the association's leader and who have served the association creditably, ignoring propriety, may ask the association to recommend them. It may be poor taste on their part to recommend themselves or their protege for that position. But, if we take into account the importance of membership of the board, (comparing it to the position of some high government officials and candidates for the highest position of the land who seek the nomination, spending fabulous sums of money in order to get nominated for such an exalted position), this practice of some dentists in soliciting appointment to the board is obviously a drop in the bucket. Will the dignity, honor, and standard of the profession be debased by such practice? The answer is very obvious: No! It is the current practice in human relationship.

"The demand to give the Philippine Dental Association the exclusive right to recommend the appointment of members to the Board of Dental Examiners, if granted, will result in politics of the worst type being resorted to. Incidentally, we recall what had happened a year ago when the Secretary of Health, Hon. Antonio Villarama, gave to the Association the privilege to recommend prospective members of the Dental Board. The Board of Directors of the Association

could not decide, for whatever reasons, personal, political or otherwise, as to who would be recommended. They had submitted fifteen or twenty names and the Secretary had requested only a list of twelve persons from whom to select the three members of the board. Among the dentists in the list previously submitted are dentists actually teaching in certain dental colleges in the city, and the president of the association himself knew this. Confronted with the embarrassment of eliminating friends, the Board of Directors, instead of disqualifying those members of the faculty right there and then, decided to vote by mail, in order to hide the identity of those who were afraid to sacrifice friendship for public duty and the welfare of the profession. This shows the inability to remove politics from the appointment of the board even in the association itself. It is a part of democratic processes, if not an evil of democracy.

"Why pick on politicians, high government officials, businessmen, and society matrons to recommend their favorites who, they believe, deserve to be members of the board? The real issue, irrespective of who recommends, should be: Is the recommendee qualified according to law? If their recommendee is not competent, then it is the duty of the Philippine Dental Association, if they are really serving the interest of good dentistry as they claim to be "very much concerned with the maintenance of high professional standard," to come out and denounce him. If they would not, it is because these recommendees might be their friends and members of the Philippine Dental Association, or they lacked civic courage, idealism, and high sense of responsibility to protect the interest of a high standard of dentistry which the Philippine Dental Association is duty bound to serve."

SECOND CONGRESS OF THE REPUBLIC  
OF THE PHILIPPINES  
First Session

HOUSE OF REPRESENTATIVES

H. No. 766.

Introduced by Congressmen Raquiza, Durano, Dimaporo, Canao, de Leon  
(S.), Macapagal and Pelaez

EXPLANATORY NOTE

When the Philippine Legislature reorganized the sixteen (16) Boards of Examiners under Section 10 of Act 4007 (Reorganization Law of 1932), the primordial factor that was considered as the basis of such reorganization was the idea that the work of the Boards of Examiners was merely to give examinations and to issue registration certificates. The period of 18 years that has elapsed has brought about considerable changes in the duties and functions of the Boards. The work of the 16 Boards has increased both in quantity and variety due to the ever increasing number of candidates taking the board examinations and by the enactment of several special laws (C.A. 294, C.A. 481, R.A. 184, R.A. 318, R.A. 382 and R.A. 417) which have imposed new duties and responsibilities never conceived nor contemplated by Act No. 4007. In addition to the work of giving examinations and registration certificates, the Boards of Examiners have also to perform functions inherent to and necessary for the discharge of their duties, particularly those functions calculated to maintain and improve the technical, ethical, educational and professional standards of the professions in this country.

For purposes of centralization and better coordination and to effect dispatch in the work of the Boards, their administrative functions must be performed and all their records kept in the Office of the Boards of Examiners in the Bureau of Civil Service.

To imbue those who are appointed to the Boards with a more profound feeling of the honor and dignity attached to the position of a Board member, the herein bill seeks to amend Section 10 of Act 4007 so as to make the appointment of such members done by the Chief Executive, from lists as may be certified by the proper *bona fide* professional organization.

The term of the board members should be increased from one to three years so as to secure continuity and stability in the policies of the Boards of Examiners in connection with the performance of their administrative duties. The term of one year is quite inadequate to pursue any constructive policy for a mere effective enforcement of the laws governing our established professions. The term of office of members of the different Boards of Examiners before the passage of Act 4007 was three years.

Laxity has been observed since the liberation regarding the conduct of professional education in the Philippines. There are numerous cases where the period of college work as prescribed by law have been abridged to the detriment of academic proficiency and efficient professional standards. For instance, the two-year preparatory medical course has been authorized by the Bureau of Private Schools to be taken in less than that period; the four-year college work in dentistry and pharmacy as required

by law has been actually reduced to a three-year course each, the abridgment having been authorized by the Bureau of Private Schools. While the Boards stand profoundly against such which tends to undermine the educational standards contemplated by our laws governing the professions, the most that the Boards could do under the circumstances is to register their objection without the power or legal means to correct the irregularity. It is believed that in matters of professional courses intended for qualification in board examinations and in the practice of professions are the Boards of Examiners, because they are composed of professionals of recognized standing in their respective lines and being the trustees of the different professions, they must set up not only professional and ethical practice but also educational standards.

The Secretary of the Boards of Examiners is charged with heavy duties and serious responsibilities. The burden of the actual administrative work of the sixteen Boards of Examiners falls heavily on his shoulders and it is but proper that the position of the Secretary should carry with it a compensation commensurate with such duties and responsibilities. The compensation of the Board members and the Secretary of the Boards of Examiners as provided for in the attached bill will be taken from the receipts of the Boards, the balance of which, after deducting all other authorized expenses, shall be reverted to the National Treasury as part of the general funds thereof. In this connection it may be well to summarize unreunder the financial statement of the Boards of Examiners for the last four fiscal years as follows:

	1945-46	1946-47	1947-48	1948-49
Receipts	₱71,340.30	₱59,640.80	₱95,709.12	₱127,217.00
Expenditures	48,352.76	55,327.59	81,283.34	100,017.66
Balance	₱22,987.54	₱ 4,313.21	₱14,425.78	₱ 27,199.34

The approval of the attached proposed bill will not only effect greater coordination, dispatch and efficiency in the performance of duties and functions of the different Boards of Examiners but will also redound to the ultimate good and progress of the established professions in the Philippines.

(Sgd.) ANTONIO V. RAQUIZA  
Congressman, 1st Dist., Ilocos Norte

(Sgd.) RAMON DURANO  
Congressman, 1st Dist., Cebu

(Sgd.) MOHAMED ALI DIMAPORO  
Congress for Lanao

(Sgd.) ANTONIO CANAO  
Congressman, 1st District, Mt. Province

(Sgd.) SEVERIANO DE LEON  
Congressman for Catanduanes

(Sgd.) DIOSDADO MACAPAGAL  
Congressman, 1st District,

(Sgd.) EMMANUEL PELAEZ  
Congressman for Oriental Misamis



SECOND CONGRESS OF THE REPUBLIC  
OF THE PHILIPPINES  
*First Session*

HOUSE OF REPRESENTATIVES

H. No. 766

Introduced by Congressmen Raquiza, Durano, Dimaporo, Canao, de Leon (S), Macapagal and Pelaez.

AN ACT

TO AMEND SECTION TEN OF ACT NUMBERED FOUR THOUSAND AND SEVEN, KNOWN AS "THE REORGANIZATION LAW OF NINETEEN HUNDRED AND THIRTY-TWO".

*Be it enacted by the Senate and House of Representatives of the Philippines in Congress assembled:*

1 Section 1. Section ten of Act Numbered Four thousand and  
2 seven, known as "The Reorganization Law of Nineteen hundred and  
3 Thirty-two," is hereby amended to read as follows:

4 "Sec. 10. The COMMISSIONER of Civil Service shall be the Exe-  
5 cutive Officer of all the Boards of Examiners hereinafter named and  
6 shall conduct the examinations given by SAID Boards according  
7 to THE rules and regulations promulgated by him and approved by  
8 the PRESIDENT. SUBJECT TO THE APPROVAL OF THE  
9 PRESIDENT the COMMISSIONER shall designate a RANKING  
10 officer of his bureau to act as Secretary OF ALL THE BOARDS OF  
11 EXAMINERS AND WHO SHALL RECEIVE A COMPENSATION  
12 OF SIX THOUSAND PESOS PER ANNUM. The bureau shall,  
13 UNDER THE DIRECT CUSTODY OF THE SECRETARY keep all  
14 the records of the Boards of Examiners, including examination pa-  
15 pers, minutes of deliberations, and RECORDS OF ADMINISTRA-  
16 TIVE PROCEEDINGS AND INVESTIGATIONS of ALL the  
17 Boards. Examination and registration fees shall be paid to the dis-  
18 bursing officer for the Bureau of Civil Service and such officer shall  
19 pay FROM THE RECEIPTS THEREOF all the authorized ex-  
20 penses of the different Boards, including the compensation provided  
21 for HEREIN.

22 The Board of Accountancy, the Board of Examiners for Marine  
23 Officers, the Board of Examiners for Marine Engineers, the Board  
24 of Medical Examiners, the Board of Dental Examiners, the Board  
25 of Pharmaceutical Examiners, the Board of Optical Examiners, the  
26 Board of Examiners for Nurses, the Veterinary Examining Board,  
27 the Board of Examiners for Surveyors, the Board of Examiners for  
28 Civil Engineers, the Board of Mechanical Engineering Examiners,  
29 the Board of Electrical Engineering Examiners, the Board of Mining  
30 Engineers, the Board of Examiners for Chemical Engineers, the  
31 Board of Examiners for Architects, shall each be composed of a  
32 chairman and two members, who shall be appointed by the PRESI-  
33 DENT OF THE PHILIPPINES, UPON THE RECOMMENDATION

1 OF THE COMMISSIONER OF CIVIL SERVICE, from among  
2 SUCH persons of recognized standing in their professions AS MAY  
3 BE CERTIFIED AS HAVING PRACTICED AT LEAST TEN  
4 YEARS, ACADEMICALLY AND MORALLY FULLY QUALIFIED  
5 BY THEIR RESPECTIVE BONAFIDE PROFESSIONAL ORGAN-  
6 IZATIONS, who shall serve for a period of THREE YEARS, and  
7 who shall receive compensation not to exceed ten pesos per capita  
8 of the candidates examined, OR REGISTERED WITHOUT EXAM-  
9 INATION; PROVIDED, THAT MEMBERS OF THE FIRST  
10 BOARDS TO BE APPOINTED AFTER THE APPROVAL OF  
11 THIS ACT SHALL HOLD OFFICE FOR THE FOLLOWING  
12 TERMS: CHAIRMAN FOR THREE YEARS, ONE MEMBER  
13 FOR TWO YEARS, AND ONE MEMBER FOR ONE YEAR.

14 SUBJECT TO THE APPROVAL OF THE PRESIDENT AND  
15 WITH THE ADVICE OF THE COMMISSIONER OF CIVIL SER-  
16 VICE, THE BOARDS AFOREMENTIONED SHALL PROMUL-  
17 GATE NECESSARY RULES AND REGULATIONS, SET PRO-  
18 FESSIONAL STANDARDS FOR THE PRACTICE OF THEIR  
19 RESPECTIVE PROFESSIONS AND PRESCRIBE COLLEGIATE  
20 COURSES FOR SAME. THE BOARDS shall report WITHIN ONE  
21 HUNDRED TWENTY DAYS AFTER EACH EXAMINATION the  
22 results THEREOF to the COMMISSIONER of Civil Service, who  
23 shall IN TURN WITH HIS RECOMMENDATIONS, submit such  
24 results to the PRESIDENT FOR APPROVAL. AFTER APPRO-  
25 VAL THEREOF THE BOARD CONCERNED SHALL issue the  
26 REGISTRATION certificate ATTESTED BY THE SECRETARY  
27 entitling the CANDIDATE to whom it is issued to practice the pro-  
28 fession for which he has taken the examination. THE SAME PRO-  
29 CEDURE SHALL BE FOLLOWED WITH RESPECT TO REGIS-  
30 TRATION CERTIFICATES WITHOUT EXAMINATION.

31 Except as modified by this Act, all laws governing examinations  
32 given by the above-mentioned boards shall continue in force."

33 Sec. 2. This Act shall take effect upon its approval.

Approved,

RESOLUTION REQUESTING CONGRESSMAN RICARDO Y. LADRIDO TO INTRODUCE A BILL LIMITING THE SALES OF DENTAL EQUIPMENT, DENTAL INSTRUMENTS AND DENTAL MATERIALS TO DULY REGISTERED AND LICENSED DENTISTS

WHEREAS, The Davao Dental Society learned from reliable sources that dental supply houses all over the country are directly or indirectly engaged in the sales of dental equipments, dental instruments and dental materials to non-dentists;

WHEREAS, Dentists, by training and experience, are grouped under professionals;

WHEREAS, The law regulating the practice of dentistry in the Philippines regards any person as practicing dentistry who shall perform any operation upon the mouth and teeth and their surrounding tissues regardless of whether he is compensated for it or not, thus safeguarding the profession from illegal practice by some persons, like the dental mechanics;

WHEREAS, The association of dental dealers have apparently overlooked the importance and responsibility of the dental profession;

NOW, THEREFORE, BE IT RESOLVED, By the Davao Dental Society, in meeting assembled, that it request, as it hereby does request, Congressman Ricardo Y. Ladrido to introduce a bill limiting the sales of dental equipments, dental instruments and dental materials to duly registered and licensed dentists only, with the exception, however, of duly licensed dental technicians who may be allowed to purchase equipments, instruments and materials for dental laboratory use;

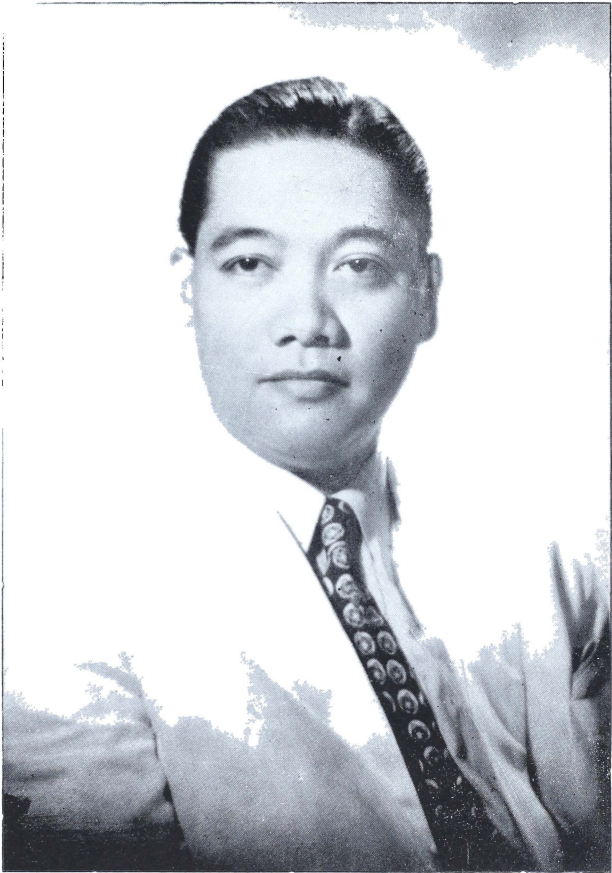
BE IT FURTHER RESOLVED, That copies of this resolution be sent to Congressman Ricardo Y. Ladrido, and to the Philippine Dental Association.

Approved February 27, 1950.

(Sgd.) LUCIO C. TAPIA  
*President*

Attest:

(Sgd.) PEDRO M. MORALES  
*Secretary*



**Gaudencio R. Ocampo, D.D.S.**

## *Portrait of the Month*

### **DR. GAUDENCIO R. OCAMPO**

**By Pacifico V. Noroña, D.M.D.**

In October 1948, a member of the dental profession broke into the front page of metropolitan papers when, in the presence of President Quirino, he attacked Secretary of Health Villarama during the 20th annual convention held at the Centro Escolar University for having arbitrarily abolished the practical examination in the dental board. That dentist who merited this publicity was Dr. Gaudencio R. Ocampo, then president of the Philippine Dental Association.

One who never shirked any responsibility, no matter how great it was, Dr. Ocampo fell heir to the tremendous responsibility of being head of the Philippine Dental Association when he assumed its presidency in October 1947. Never did he thought then that he would soon bear the brunt of the fight for the restoration of the practical examination in the dental board which was to be ordered abolished the following month.

After its abolition in December 1947, the PDA board of trustees headed by Dr. Ocampo lost no time in working for its restoration. On the 19th day of the same month, a special resolution was adopted by the board requesting the Secretary of Health "to reconsider the elimination of said examination and to restore it at the next scheduled dental board examinations." This, however, proved to be of no avail. The various resolutions to the President and conferences of the board of trustees with him that followed later are all now known to all dentists in the country. It may be mentioned here that most of the officers of the Association at that time had to stay away from their offices in order that they could devote their time

and effort to that fight.

In the course of the campaign for the restoration of this phase of the board examination, Dr. Ocampo had to participate in various symposiums and open forums held before dentists and dental students in the country. Favored with some eloquence in speech, Dr. Ocampo drove home successfully his arguments against the abolition issue. The response of the audience in the discussion of this subject indicated its unanimous objection over the abolition issue. All the efforts of the officers and members of the Association bore fruit when the new dental law was approved by the President on June 18, 1949, which automatically restored the practical examination.

The former head of the Philippine Dental Association was born on the 9th of February (St. Apollonia's Day), in 1907, that one would think that he was really cut out for the dental profession. His mother, who bears the first name of Apollonia (family name, Ramos), was also born on that same month and day. Both his mother and father, Gabriel Ocampo, hail from the town of Gapan, in the province of Nueva Ecija.

Dr. Ocampo had his early education at the Gapan Elementary School. Later he studied at the Nueva Ecija High School where he finished his course in 1925. Coming to Manila after his studies in the province, he enrolled at the Philippine Dental College and graduated from that institution in 1930. One of his contemporaries while studying in that college was Rep. Ricardo Y. Ladrado, who, some 19 years later was to become his colleague in the PDA board of trustees.

After qualifying in the government licensure examination in dentistry that

same year, he put up an office in Manila and begun the practice of his profession. As a practitioner, Dr. Ocampo devotes much of his practice to diseases of the mouth and surgery. Today he counts among the few who give special attention to this branch of dentistry.

Having taken a special interest in imparting knowledge to dental students, Dr. Ocampo started on his teaching career in 1937 as instructor in Dental Histology at the Philippine Dental College. Previous to this he was Supervisor of the Dental Infirmary of the same college. In 1939 he was appointed associate professor in Oral Surgery, which position he held until the outbreak of the war. During the Japanese occupation, however, he kept away from teaching and devoted all his time to his dental clientele. The college of dentistry of the National University appointed him to its faculty a year after the liberation. He was a lecturer in Anesthesia and Exodontia at this institution from 1946 to 1947.

Presently, Dr. Ocampo has a busy time the whole day. He devotes his morning hours at the Manila Central University where he is head of the Department of Oral Surgery. In the afternoon one can find him in his dental office attending to his patients. Later, in the evening, as faculty member of the Philippine Dental College, he imparts to his students his knowledge of Anesthesia and Exodontia.

Before the war, he used to devote his spare time to writing. Among his articles which had been published were: "Trench Mouth"—Medico-Dental Journal; "Modified Flap Method of Pyorrhea Surgery"—Boie Dental Review; "Pyorrhea—Its Prevention and Cure"—Herald Supplement; and "Ideal Dentifrice"—Medico-Dental Journal.

Dr. Ocampo had been active in the activities of the Association long before the war. In 1946, following his choice as president-elect of the Association, he was *ex officio* member of the board of trustees and served in that capacity for

a year. He is also a member of the Manila Dental Society and formerly of the now defunct Odontological Club. He was president of the latter organization from 1937 to 1938.

As member of the PDA board of trustees presently, Dr. Ocampo has time and again expressed his earnest desire for a unified and solid body of dentists, saying that the members of the dental profession could accomplish more when they are united. Despite the adamant stand of some dentists contrary to his view, yet he still hopes to see the time when unity could be achieved. He also expressed the wish that dentists would realize the importance of joining professional organizations and to see more of them becoming active members every year.

When queried on his view on dentistry in the country, he remarked that it is at par with most countries although there is much yet to be desired. However, he added that, with the operation of Republic Act No. 417, otherwise known as the "Dental Law", raising the number of years of study of dentistry from four to six years, the profession is, in a way, secure.

Concerning dental education, Dr. Ocampo voiced his opinion that there is a need for more trained dentists in the country today. He suggested that some means should be provided for the training of those dentists who desire to devote part of their time to the teaching profession.

Dr. Ocampo's record, as a practitioner or as a dental teacher, is worthy of emulation by any dentist. As a tribute to him by his colleagues in his *alma mater*, he was last month unanimously elected president of the Philippine Dental College Alumni Association. The success of its alumni home-coming which was held this month can be attributed to the indefatigability of its president.

An affable and unassuming person, Dr. Ocampo has a wide circle of friends within and outside the dental profession.

## CURRENT NEWS ITEMS

### Dr. Ladao Elected President Of Dental Teachers Association

Dr. Joaquin Ladao, past president of the Philippine Dental Association and former chairman of the board of dental examiners, was last March 5 elected president of the Philippine Association of Dental Teachers for the year 1950-1951.

A veteran in the teaching field, Dr. Ladao began his teaching career at the Philippine Dental College in 1916 and has served different dental institutions in various capacities from professor to dean, interrupted only by his membership in the board of dental examiners. Dr. Ladao's long experience in dental education will prove helpful in his present new position.

Other officers elected were: Dr. Pedro R. Diaz, vice-president; Dr. Genaro B. Felizardo, secretary-treasurer; Dr. Miguel D. Arevalo, Dr. Jose L. Referente, Dr. Eladio R. Aldecoa, Dr. Cipriano Ochoa, members of the board of directors.

Election of the president-elect was deferred for some later date when the Association shall have been fully organized.

### Three Iloilo Dentists Leave For United States

Drs. Alfredo Peñafiel, Louis Jaleco and Alfredo Jaranilla, all from the province of Iloilo, left early this month on the *General Gordon* for the United States. The three Iloilo dentists plan to take up short-term post-graduate courses in some well-known dental institutions in America, expecting to return within a year.

Before departure they called on Iloilo Congressman Ricardo Y. Ladrado, PDA vice-president for Visayas, and Dr. Germanico A. Carreon, PDA president.

### Fifty New Dentists Pass Dental Board Examinations

The Bureau of Civil Service released last March 10 the list of 50 successful candidates who passed the licensure examination in dentistry given by the Board of Dental Examiners in Manila on December 13, 14, 16, 19 and 20, 1949.

This examination was the first one conducted by the dental board which consists of both the theoretical and practical examinations since the abolition of the practical tests last December 1947.

Meanwhile, it was announced by the Board of Dental Examiners, composed of Drs. Gervasio Eraña, Alfonso C. Salcedo and Pascual Ignacio, that the oath-taking of the new dentists will take place on Saturday morning, March 25 at the Winter Garden of the Manila Hotel.

The complete list of the successful candidates and their ratings in the theoretical and practical tests follows:

Lourdes R. Maramba (CEU), 89.67-80.83; Socorro G. Alvero (MCU), 88.42-77.83; Rogelio V. Librojo (MCU), 86.75-79.5; Federico Eugenio (NU), 86.25-80.5; Beatriz P. Florentes (CEU), 86-80; Luis P. Alfiler, 84.92-79.17; Arcadio P. de Guzman, 84.58-78.17; Donato P. Cardenas, 84.33-77.33; Silverio R. Reunir, 83.42-78; Gregorio S. de Guzman, 83-78.67; Arcadio E. Balaing, 83.17-78.33; Eugenio Santos, 83.08-78.17; Jose I. Rimon, 82.83-77; Jose A. Velasquez, 82.75-75.83; Rosario Genato, 82.67-78.67; Florida G. Garcia, 82.21-74.83; Francisca R. Fortuno, 82.17-78.33.

Nolita G. Dioces, 81.92-78.83; Cipriano R. Guinto, 81.83-77.83; Abella M. Villaluz, 81.42-79.67; Eliseo J. Lontoc, 81.42-76; Elizabeth Navera-San Andres, 81.25-77; Anita G. Montes, 81-79; Luisa

(Continued on page 31)

## Ladrido Host At Conference Of Prominent Dental Leaders

Congressman Ricardo Y. Ladrido, dentist-representative from the 4th district of Iloilo, sounded the call to unity of the country's dentists at a conference he had with leaders of the dental profession on Thursday evening, March 2nd at the Aristocrat Restaurant .

Saying that he would be handicapped in his work in view of the attitude of certain groups, Rep. Ladrido emphasized the need of joining hands together and as one body support any measure introduced in Congress for the benefit of the dental profession.

Rep. Ladrido added that he would request the leaders of the profession to act as his advisory council with regards to dental matters.

Among those who spoke at the gathering were: Dr. Germanico A. Carreon, Dr. Ermelo Vergel de Dios, Dr. Gaudencio R. Ocampo, Dr. Joaquin Ladao, Dr. Leonilo F. Antonio, Dr. Pedro A. Bañez, Dr. Faustino F. Turla, Lt. Col. Miguel Fernandez, Dr. Victorino G. Villa, Dr. Eladio R. Aldecoa, Dr. Jose L. Referente, Dr. Roman Reyes, and others.

## Medico-Dental Directory For Public Release Soon

The 1950 Medico-Dental Directory published by the Phil-Medic Services, Inc., will be off the press late this month, it was reliably learned.

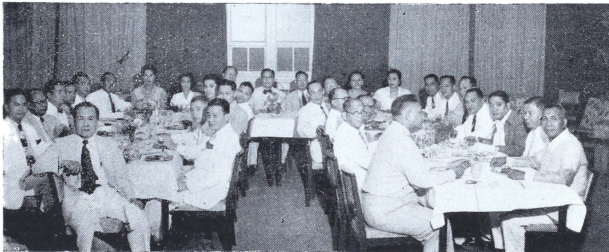
This new directory contains a list of members of the Philippine Dental Association in the City of Manila and other parts of the country. It also publishes Act No. 417, otherwise known as the new dental law, which was sponsored last year by the Philippine Dental Association and approved by President Elpidio Quirino on June 18, 1949.

Another important feature of the Directory is the inclusion of the Constitution and By-Laws of the Philippine Dental Association.

## Military Dental Officers Receive Promotions Recently

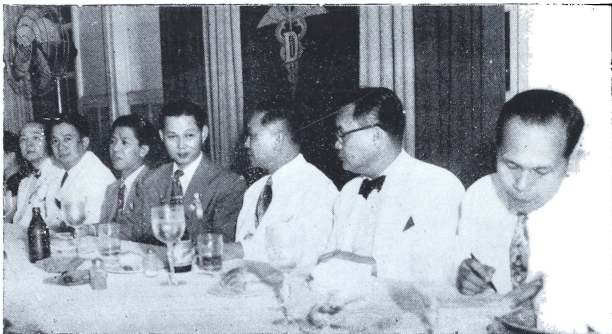
Promotions and adjustments in rank of several dental officers of the Armed Forces of the Philippines and the Philippine Constabulary were made by their respective headquarters recently.

The list of the officers who were given promotions was not available at press time.



Congressman Ricardo Y. Ladrido entertained leaders of the dental profession at a dinner he gave at the Aristocrat Pavilion on March 2. Among those in the picture are: Dr. Germanico A. Carreon, incumbent president of the Philippine Dental Association; Drs. Joaquin Ladao, Ermelo Vergel de Dios, Gaudencio R. Ocampo and Leonilo F. Antonio, past PDA presidents; Drs. Gervasio Eraña, Alfonso C. Salcedo and Pascual Ignacio, members of the board of dental examiners; Deans Victorino G. Villa, Miguel D. Arevalo, Jose L. Referente, Casto del Rosario, Eladio R. Aldecoa and Francisco L. Ramirez; Dr. Pedro A. Bañez, PDA president-elect; Dr. Felix Angeles, Chief, Public Schools dental service; Lt. Col. Agustin L. Zarate, Lt. Col. Miguel Fernandez, and other dental leaders.





Portion of the presidential table at the induction ceremonies of the Manila Dental Society held last March 5 at the Aristocrat Pavillon. Left to right: Dr. Arsenlo Ustaris, vice-president (South); Dr. Pedro A. Bañez, outgoing MDS president; Dr. Donato Dionisio, executive vice-president; Dr. Bienvenido B. Eraña, new MDS president; Vice-President Fernando Lopez, guest of honor; Congressman Ricardo Y. Ladrido, PDA vice-president for Visayas; and PDA President Germanico A. Carreon.

### Manila Dental Society Officers Inducted To Office By President

The newly elected officers of the Manila Dental Society, chapter of the Philippine Dental Association, were inducted into office by Dr. Germanico A. Carreon, PDA president, at an elaborate ceremony held at the Aristocrat Restaurant last March 5.

Guest of honor for the occasion was Vice-President Fernando Lopez and special guests were the members of the board of trustees of the Philippine Dental Association.

"The task of guarding the nation's health," Vice-President Lopez said, "is an important one and it behooves you as contribution to the national health to exercise your profession with the greatest efficiency and precision. This organization provides ample opportunity for to discuss your problems among yourselves and think out solutions to remedy them."

An estimated two hundred Manila dentists were present at the induction ceremonies.

### Fifty New Dentists Pass . . .

*(Continued from page 29)*

Rumbaua, 80.92-75.17; Natividad C. Escobar, 80.92-76.5; Juanita B. Buendia, 80.75-77; Delia V. Ilano, 80.42-78.83; George M. Danguilan, 80-75.5; Elias A. Villavert, 78.92-80; Placida G. Torralba, 78.83-7.67; Alfonso M. Chavez, 78.67-78.17; Cenon Sobreviñas, 78.5-77.5; Damiana E. Talvo, 78.25-75.67; Josefa Hiquiana, 78.25-76.33; Bernabe Castillo, 78.17-77.

Mariano T. Aquino, 76.58-76.83; Moises P. Acosta, 76.25-78.83; Venus C. Bince, 76.13-76.17; Alejandro Sinon, 76.08-76.33; Luz Alvero, 75.5-76.67; Fermina O. Custodio, 75.42-76.33; Julian L. Lim, 75.33-74; Salome Panem-Nazario, 75.21-77.83; Lauro Vergel de Dios, 74.83-77.83; Pedro Jarata, 73.58-77.17; Ceferino A. Matignas, 73.25-76.5; Francisco C. Divinagracia, 71.17-76.17; Protacio E. Santos, 70.75-76.5; Bonifacio R. de Guzman, 70.58-76.33; Reynaldo C. Villapando, 70-76.

## ABSTRACTS

**Dental Caries in Individuals Who Stutter (Preliminary Study).** By Amy Bishop Chapin, M.A., and Howard E. Kessler, D.D.S., *Dental Items of Interest*, Vol. 72, No. 2, February 1950, pages 162-167.

Speech defects accompanied by deviations from dental health have been long noted. The speech therapist often refers a case to an orthodontist or oral surgeon as progress in therapy seems frustrated without their aid. Speech pathologists have been curious about the frequency and severity of the combined speech and dental defects; however, no large-scale correlation of these factors have been recorded so far.

The dental profession has frequently attributed tooth structure irregularities in the upper cuspids and second molars to calcium upsets in the early years when stuttering is most likely to be noticed.

That there is a positive correlation between periods of anxiety and dental caries has been asserted by some dentists, while others deny this theory. However, many speech pathologists agree that a case of mild or severe anxiety may likely be involved, resulting from early environmental pressures, or possibly from certain nervous predisposition, when dealing with a stutterer. One should, therefore, expect to find an abnormal amount of dental decay in children who stutter if they suffer from anxiety and nervousness and if this condition is a factor in caries.

One hundred stutterers from 6 to 14 years old, were selected for study by the therapist from the Cleveland public schools. From the same age groups, same schools, and, presumably, similar home backgrounds, a comparative group of 300 non-stuttering children were selected. The two groups of children were examined for caries of both the permanent and deciduous teeth.

The study by the authors of these 300 normal speaking children and 100 who stuttered, having the same age and background, revealed that the latter seemed to have less dental caries than the former, in spite of the possible calcium upset and anxiety factors. The calcium upset in stutterers, it is probable, is not great enough to be a factor in dental caries. In this limited study of the authors no conclusive evidence is shown of the relation between caries and anxiety and nervousness.

The authors plan to present further data in the future which may throw more light on the interwoven problems of blood stream differences, nervousness, and stuttering through the study of dental caries.

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### BABY TEETH

*(Continued from page 16)*

manent teeth to come through normally become greater.

Dental decay can come to a person at anytime. In the period of thirty-five years in my practice my observation is that in our country there are very few people who are immune to caries. And while the definite cause is still unknown, it appears that children have greater predisposition to dental decay as they approach their adolescent age.

There is no such thing as an unimportant cavity. And there are no cavities too small to be filled. Possibly the most dangerous cavities are the ones that cannot be seen except with the aid of X-Rays.

The children of today are very fortunate. The attitude towards children's teeth and particularly towards foundation teeth, for many centuries has been one of the layman's most constant and most dangerous rituals of neglect.

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