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OF THE

PHILIPPINE DENTAL ASSOCIATION

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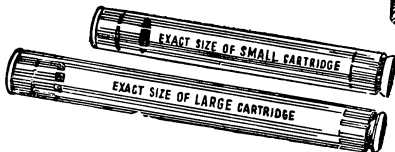
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Editorial Office: 219 Samanillo Bldg., Escolta, Manila

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

DENTAL RESEARCH IN THE PHILIPPINES

The publication of Dr. Villa's article describing his investigations on the "Dentino-Enamel Cuticle Present in Adult Human Teeth" in last month's issue of the Journal of Dental Research is highly encouraging to the dental profession in the Philippines.

It has a two-fold significance: (1) It demonstrates the capacity of the Filipino dentist in the field of research; and (2) it presents a challenge to our government to give the necessary encouragement for the development of dental research in this country.

Dr. Villa's success in the first of a series of investigations that he is conducting on the peculiarities of human teeth deserves the commendation of his colleagues and that of the public. It has blazed the trail for a kind of endeavor which requires the highest degree of patience and scientific-mindedness. Dr. Villa should be admired for his initiative, diligence and indomitable spirit in embarking upon such venture despite the handicaps in facilities, equipment and funds that he had to face. The recognition accorded him by the International Association of Dental Research is, therefore, well deserved.

The part that researches play in our life today is a recognized fact. In practically all branches of science, investigations and experimentation play a major role. The progress of dentistry is merely a consequence of the results of dental research.

In the United States research studies in dentistry have gone a long way. Researches are being undertaken by colleges and universities, generally through the generosity of some benefactors who give endowments to these institutions. Large medical and chemical laboratories also undertake researches in conjunction with the manufacture of drugs, chemicals and other materials. And only some two years ago the United States Congress authorized the appropriation of two million dollars (\$2,000,000.00) for the establishment of a dental research institute.

It is a sad fact, however, that up to the present time no step had been taken by our government in this direction. Over a year ago, President Elpidio Quirino in his address before the Philippine Dental Association exhorted our dentists to go into the field of research. The advice was timely and as such was well received, but it should be accompanied with concrete encouragement from the government in the form of substantial appropriations for research purposes.

THE PRESIDENT'S PAGE

The presidency of any organization is always a position of great responsibility. It demands of the occupant militant and courageous leadership and an abiding faith in the loyalty and support of his constituents. It entails tremendous effort and requires personal sacrifice if it is desired that the Association may be able to fulfill its mission and to serve better the purpose for which it was created. On his shoulders lay the burden of piloting the organization properly so that it may be headed faster toward its goal.

In the exercise of his prerogatives, instances often present itself whereby the President of an association may be called upon to choose between persons and principles. And when this occasion comes, the choice is clear. Loyalty to persons is servitude and may lead an organization to become a tool of an individual with power or wealth. On the other hand, loyalty to principles brings one closer to the tenets and ideals of democracy.

An association has the right to exist only when it is inspired by a noble purpose, when there is a distinct goal to attain that transcends all selfish motives and desires. It should never be organized merely because others do or did the same. It should not be founded in an attempt to harrass or destroy others in the same field. No association can last under such circumstances.

Founded some twenty-five years ago, the Philippine Dental Association (originally called the National Dental Association of the Philippines) was born at a time when the country was in need of a dental organization adequate enough to cope with the progress of the profession and the exigencies of the time. It was organized in the face of problems which threatened to undermine the standard of professional practice and after a certain dental association, organized earlier, had remained inactive for a long period of time.

The organizers of the Association took pains in laying the foundation of a strong professional organization devoted to the enhancement of high ethical and technical standards, and designed to protect and safeguard the interests of the profession. They had been motivated by a sincere desire to place the dental profession on the same level as that of the other professional callings.

The accomplishment of this noble mission by the leaders of the profession in the early days necessitated the encouragement and the cooperation of all dentists in the country. These organizers, however, must have anticipated right from the very start that, like any other venture, the life of the Association would be replete with misunderstandings and disappointments.

We had been placed at the helm of this Association for the year 1949-1950. We pledge to do our utmost in upholding its glorious tradition and in seeing to it that we shall not be wanting in the confidence and trust reposed upon us by the members.

UNITED NATIONS
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Office of the President of the General Assembly

September 27, 1949

My dear Germanico:

I am grateful to you for your thoughtful message of September 21. Nothing is more pleasant than to be remembered by a good friend. Of course, I am happy that I was elected President, but the fact that you thought of me adds immeasurably to my joy.

I am happy that you too have been elected President—of the Philippine Dental Association and that you are going to assume office soon. My heartiest congratulations!

I would not be human if I did not appreciate the personal honor attached to my election. Believe me, however, when I tell you that it is the enhancement of Philippine prestige that is uppermost in my mind and which is the driving force that will make me exert myself to the utmost to be worthy of the Assembly's trust.

May the Almighty be kind to me and help me in my present task. In the difficult work that I have before me, I am encouraged by your best wishes and strengthened by your prayers.

Sincerely,

(Sgd.) CARLOS P. ROMULO

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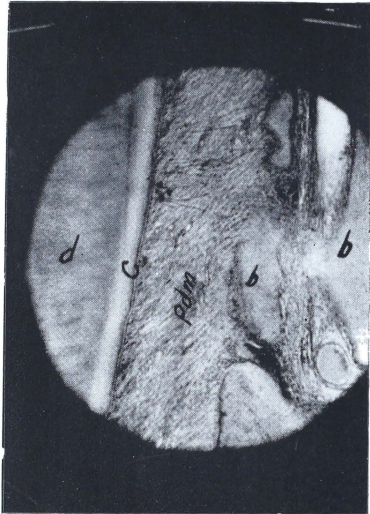


FIG. 1-a: Periodontal Membrane. d—dentin, c—cementum, pdm—periodontal membrane, b—alveolar bone, a—artefact. Hematoxylin-eosin.

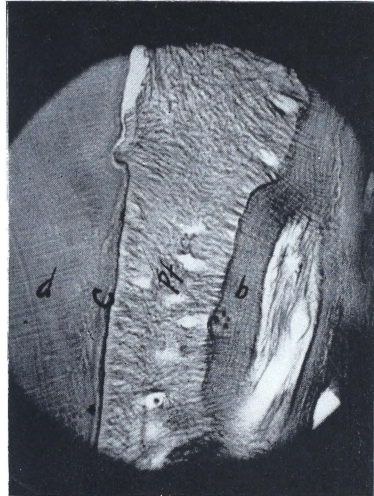


FIG. 1-b: Periodontal Membrane. d—dentin, c—cementum, pf—periodontal fibers, b—bone. Note bundles of periodontal fibers not shown in Fig. 1—a. Modified Silver Staining.

MODIFIED METHOD OF SILVER STAINING: PRELIMINARY REPORT

By Victorino G. Villa,^o D.D.S., M.S.D., F.I.C.D.

The method of silver staining suggested in this preliminary report may be adopted as a routine technic for staining connective tissue fibers and also nerve elements. The procedure seems less tedious, consumes less time and produces fairly good results. We were able to stain histologic sections of teeth and jaws in celloidin embedding within two hours and even less. Some methods of silver staining known to the author require five to nine days to complete the procedure. Comparisons of the effect of hematoxylin-eosin staining and of the modified silver staining on the same tissues are shown in Fig 1 a and b, Fig. 2 a and b, Fig. 3 a and b and Fig. 4 a and b.

Materials and Procedure

Materials: (1) *Specimen*—Histologic sections of teeth and jaws in celloidin embedding. Thickness of the section is about 16 microns.

(2) *Chemical Reagents*—

(a) Ammoniacal Silver Nitrate and Formalin (Howe). One box of this preparation contains six ampoules (2 cc.) of ammoniacal silver nitrate solution and six ampoules (2 cc.) of formalin solution.^o

(b) Two per cent glacial acetic acid.

(c) Fixing solution. (Ordinary Kodak X-Ray Fixer Solution.)

Procedure: 1. Place the tissue sections in ammoniacal silver nitrate

solution for thirty minutes or longer. (2 cc. or one ampoule Howe's Silver Nitrate in 30 cc. of distilled water). Keep the specimen in a dark place during impregnation.

2. Rinse in distilled water and place one section for ten minutes in formalin solution (2 cc. or one ampoule of Howe's Formalin Sol. in 30 cc. of distilled water). In case there is a heavy deposition of silver, differentiate the other sections in 2% glacial acetic acid, rinse in distilled water and place them in formalin solution for ten minutes or longer. Sections generally dark-brown or black.

3. Rinse in distilled water and place the sections in the Fixing Solution for about ten minutes or longer. We observed that, in some instances, a better result is obtained if the sections are left in the fixing solution until traces of silver are removed from the celloidin.

4. Rinse in distilled water and place the "fixed" sections in 95% alcohol for five minutes.

5. Transfer the dehydrated sections in Beechwood Creosote for clearing for one hour or longer.

6. Mount in Canada Balsam.

Comment

From the foregoing illustrations, it is possible that this suggested modified me-

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^oProfessor and head, Department of Oral Histology and Pathology, College of Dentistry, University of the Philippines; chairman, Committee on Scientific Research, Philippine Dental Association.

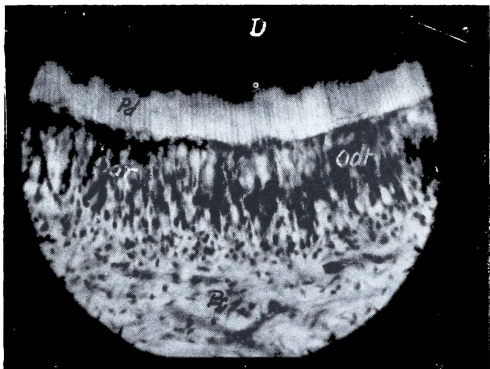


FIG. 2-a: Dental Pulp. d—dentin, pd—predentin, od—odontoblasts, pc—pulp cells. Hematoxylin-eosin.

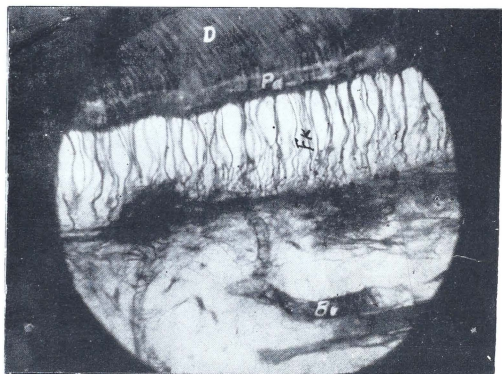


FIG. 2-b: Dental Pulp. d—dentin, pd—predentin, fk—Korff's fibers, ct—connective tissue of the pulp, bv—blood vessel. Note Korff's fibers not shown in Fig. 2-a. Modified Silver Staining.

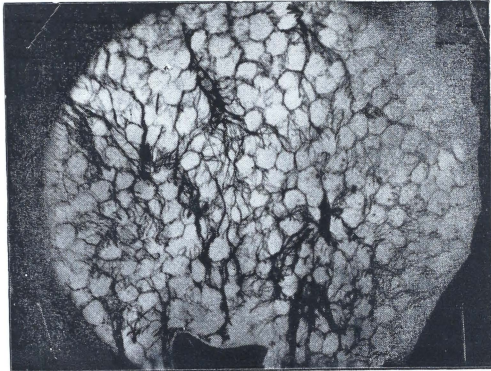


FIG. 3-b: Bone Marrow. Note reticular fibers as stroma. Modified Silver Staining.

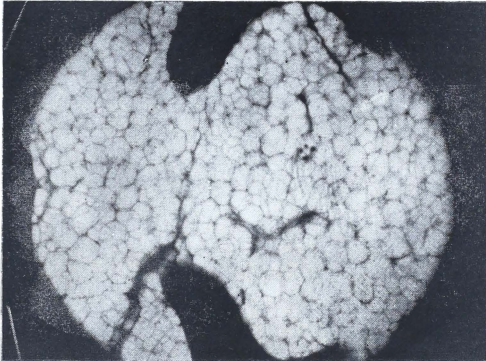


FIG. 3-a: Bone Marrow. Note fatty tissue. a—artefact, b—bone. Hematoxylin-eosin.



FIG. 4-a: Tumor of the mouth (myxoma). Hematoxylin-eosin.

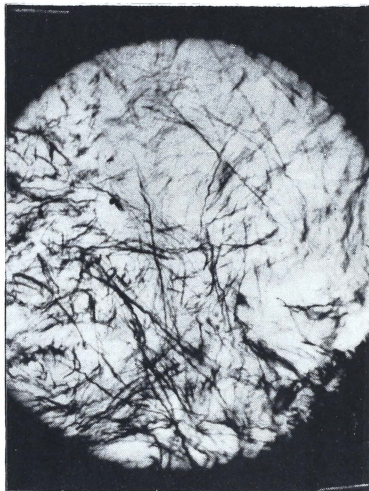


FIG. 4-b: Tumor of the mouth (myxoma). Note the connective tissue fibers. Modified Silver Staining.

Modified Method of Silver Staining: Preliminary Report—Villa

thod of silver staining may be used for histologic studies of normal tissues as well as of pathologic tissues. It may also be utilized in other fields of biological studies. Of course, it must be admitted that the method still needs some refinement, or further improvement. It may be recalled that this method of silver staining was applied on histologic sections in celloidin embedding without removing the celloidin as in the case of

staining bacteria in the tissues. We have not tried this method on tissues in paraffin embedding and on fresh teased preparation. Varied concentration of the chemical reagents used may also be experimented on for better effect. Varied time of impregnation, reduction, and fixation may also be tried for the same purpose. In the illustrations presented, we have not employed any counterstaining.

PUBLIC HEALTH DENTISTRY

By A. P. Ventura, D.M.D.

The important role played by dentistry in the health-building program of the people has been recognized by all progressive nations many decades ago. However, in this so-called modern era, many, particularly a great segment of the working masses, are still deprived of the benefits derived from dental science. This may be attributed to many reasons, noteworthy among which is the economic problem.

In the United States, many agencies are charged with the task of carrying out dental health programs for the public, the Public Health Service being the most important entity of this kind. Presently it is conducting a nationwide program for demonstrating the efficacy of topically applied sodium fluoride as a preventive against tooth decay. This program is financed by \$1,000,000 which was appropriated by the U.S. Congress in 1948.

With regards to dental health program planning in the United States, the American Dental Association states in its statement of principles:

"Dental health is the responsibility of the individual, the family and the community, in that order. When this responsibility, however, is not assumed by the community, it should be assumed by the State and then by the Federal Government. The community in all cases shall determine its methods for providing service."

In the Philippines, however, the different agencies presently charged with public health dentistry are the health centers in Manila and in the provinces, the Bureau of Health, and the Bureau of Public Schools Dental Service which operates dental clinics in public elementary schools.

In 1921 the government took a feeble

step to bring dental health service within the reach of the poorer people. This was the establishment of the puericulture centers under the Office of the Public Welfare Commissioner. This service, however, was limited only within the city of Manila. There was only one dentist employed, the first being the late Dr. Corazon Aquino. Not long afterwards she was succeeded by the late Dr. Hilario Perez. Later the service branched out to the provinces.

A year after, a dental program under the auspices of the American Red Cross came into existence. This was designed to extend free dental service to school children. The first free school clinics were established in Manila. But, in reality, services were not actually free because this service was financed by voluntary contributions of the school children themselves. The school children were made to contribute. There was no other alternative. The government lent a hostile attitude and took no steps at all in shouldering the financial responsibility. This utter indifference of the government may perhaps be attributed to a gross ignorance and under-estimation of the importance of dental health. All through the years the growth of this dental program for school children wavered and faltered until 1941 when an inadequate number of one hundred eighty four clinics for the entire country were in operation.

In the meantime, the Charity Clinics were established in 1939. This was the result of the efforts of the National Dental Association, now the Philippine Dental Association, through the initiative of its president, Dr. Joaquin Ladao. Dr. Vicente Keirulf was named the Chief of the Charity Clinics with Dr. Corazon

Public Health Dentistry—Ventura

Aquino in charge. The clinics were distributed in the provinces according to the number of representative districts. There were two supervisors and one hundred dentists. The Charity Dentists were required to supply their own equipment. The outlay for its operation was ₱650,000 annually from the coffers of the Philippine Charity Sweepstakes. The total amount, however, had to be divided between the medical and dental services.

Dr. Eusebio D. Aguilar, the then Director of Health, reported that the inauguration of this dental service was spontaneously acclaimed by the indigent public through resolutions of gratitude passed by the Municipal Councils of towns visited by the dentists.

The actual treatment of the indigents was subordinated to the education of the people of dental health measures. Charity Dentists practiced operative work and the removal of foci of infections. They practiced more in small towns and barrios especially in places where a dentist had never been before. This is exemplified by towns in Ifugao, sub-province of Mountain Province, and Bukidnon. This service was stopped in July 1941 by the Director of Health supposedly due to budgetary exigency. Dr. Eusebio D. Aguilar, in a memorandum to Dr. Jose Fabella, Secretary of Health and Public Welfare, stated that the continuance of the Charity Clinics would be contingent upon the restoration of the original aid of ₱650,000 from the Philippine Charity Sweepstakes Office, in view of the fact that the government had no appropriation at all.

The debacle at Pearl Harbor on December 7, 1941 brought an end to the services being rendered by the Junior Red Cross, the Charity Clinics and the squabbles over the financial maintenance of the latter. During the occupation efforts to revive the Charity Clinics were all in vain. The Junior Red Cross, for its part, had to be suspended because it was under the American Red Cross.

In 1945 the Philippine Junior Red Cross reorganized and decided to discontinue its school dental program. The public schools, which for twenty-three years had had its benefits, were faced with the problem of restoring the service. So in early 1946 the American Red Cross suggested that the Bureau of Health assume the responsibility of operating a school dental service. But the Secretary of Health and Public Welfare was unable to offer assurance that the necessary funds would be available.

The school authorities, led by the Secretary of Public Instruction and the Director of Education, launched an all-out effort not only to restore the dental health program but also to establish for the public schools an adequate health service of their own. Their efforts culminated in the promulgation of Executive Order No. 14 of His Excellency, the President of the Philippines, which granted permission for the collection of voluntary contributions of fifty centavos (₱0.50) each from public school children for the support of a School Medical and Dental Service.

Subsequently, the President placed the Medical and Dental Service under the Office of the President and created the Committee on School Health for Medical and Dental Services. The members of the Committee are the Secretary of Education as Chairman, and the Secretary of Health and Public Welfare and the Dean of the College of Medicine, University of the Philippines, as members. One lamentable fact was the exclusion of a dentist from this Committee. It would have been but logical for a dentist to be a member considering the fact that there are one hundred and fifty four dentists against fifty physicians in the Medical and Dental Services.

From October 1, 1946 to June 30, 1947, there were one hundred six clinics in all divisions except in Agusan, Marinduque, Davao, Palawan, Sulu, and Bukidnon. However, from July 1947 up to

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February, 1948, the dental clinics increased to one hundred fifty four. From October 1, 1946 to June 30, 1947, three hundred thirty three thousand patients were treated. The program has awakened among the public school population and, indirectly, among the masses, a much needed dental health consciousness.

In the meantime, the Charity Clinics were reestablished on March 19, 1947. Twenty-three clinics were put into operation. This is being financed with the meager amount of P50,000 annually for the dental clinics.

In order to attend to the dental health of public school children, the dental service of the Bureau of Public Schools employs more dentists than the combined number of dentists in the Armed Forces of the Philippines, Philippine Constabulary, Bureau of Health and in other public health services. It is one of the biggest school dental organizations under one central administration whose dentists work on full-time basis. The program of the public school dental service is three-fold: (1) Care of the teeth; (2) Dental health education; and (3) Research.

According to Dr. Angeles, chief of the

dental service, the study and control of dental caries among public school children is one of the researches to be undertaken by the service.

Lately, the government has lent a more understanding ear with respect to the dental health of the masses. Secretary of Labor Pedro Magsalin signed Department Order No. 10 (as amended), to implement Republic Act No. 239, promulgating rules and regulations on emergency dental and medical treatment of compensable injuries and illness of employees and laborers.

Under the said Act, "the owner, lessee, or operator of any shop, factory, estate, or commercial or agricultural establishment, whether the same be an individual, corporation, or partnership or of the Insular, provincial or municipal government, who permanently employs in the locality not less than fifty employees or laborers, shall furnish free emergency dental attendance to his employees and laborers. When the number of employees and laborers exceeds five hundred, the owner, lessee or operator shall engage the services of a dentist for the benefit of his employees and laborers."

EVOLUTION OF PHILIPPINE DENTISTRY

By Gervasio Eraña, [§] D.D.S., F.I.C.D.

It is said that a country without history is a country without soul. This same axiom holds true in a profession. In the absence of, at least, historical records, we, as a profession, may be branded as ungrateful. In the absence of records of the accomplishments and achievements of our predecessors, we are guilty of ingratitude towards our benefactors. In its absence, we lose our tract towards perfection, everyone goes his own way, disregarding the path of truth, at the same time depriving ourselves of the wise experience of those pioneers "who have gone before us." There is no incentive for anyone to place his name on the annals of history, or on the roll of honor. He is led to believe that all his best efforts are in vain: that when he disappears from the scene, everything is forgotten, and that when he dies, everything dies with him.

My object in speaking on this subject, "Evolution of Philippine Dentistry," is to start a frame-work conducive to a real history of dentistry, the reasons of which are obvious. I will not indulge in details, otherwise several hours talk will not be sufficient. It is up to those who would undertake the work to attend to all the details for completion. This talk is a narration and is open for discussion, alterations and improvements.

From time immemorial, dentistry was being practiced, as in any other country, by the barbers, *herbolarios*, tribe chieftains or medicine men. Aching teeth were treated by inflicting pains in some other parts of the body to defeat the pain of the teeth; or pulled by the fingers with or without the aid of strings, or

with nail pliers commonly called "boca de pato". Mouthwashes were prepared from different herbs and weeds. The same operators used some ingredients to stain the teeth or grind them with rough stones into concavity on the labial surfaces of the upper incisors, or grind the incisal edges into a straight line.

Long before the American occupation, San Juan de Dios Hospital engaged men to work in the hospital as helpers to the medicos called "cirujanos ministrantes", nowadays equivalent to male nurses. Those *cirujanos ministrantes* or *practicantes* were given facilities to observe in the office of any dentist, after which he could put up his dental clinic, as there was no regulation nor legislation for the practice of dentistry.

The Faculty of Medicine (Facultad de Medicina) of Sto. Tomas University, seeing the need for some definite training of those helpers, started to prescribe a special course of two years for Cirujanos Ministrantes under Dr. Antelo, Director of the Hospital de San Juan de Dios, assisted by Dr. Valle. The subjects taught were the elements of those which were given to medical students in the first year and the first half of the second year. The second half of the second year was devoted entirely to dental subjects. Graduates then were called "cirujanos dentistas". They were also appointed as health officers in places where there were no physicians, or if there were, they were assigned as assistants. Up to that time, the physicians or medicos also practised the profession of "saca muelas". In those days physicians were conferred only the degree of Licenciado en Medicina—not Doctor. Those who finished their studies in Europe were conferred the degree of Doctor of Medicine.

Read at the 20th anniversary celebration of the College of Dentistry, Manila Central University, October 9, 1949.

[§]Chairman, board of dental examiners.

The Journal of the Philippine Dental Association

In 1898 with the cession of the Philippines to the United States by Spain, the Civil Commission approved decrees, one stipulation of which was the recognition of the civil status of every individual as well as of the civil rights of the professionals in active practice, which was provided for in Act No. 593. An announcement was later published in the papers inviting all dentists in practice to register, with an examination to be given, but which examination, however, was not carried out. Among the dentists at the time who registered were:

Dr. Louis Ottofy
Dr. G. L. Mitchell
Dr. F. H. Stephens
Dr. J. W. Strong
Dr. E. B. Merchant
Francisco de Guia
Adolfo Perez
Dr. Antonino Vergel de Dios
Antonio Oliveros
Manuel Fariñas
Mrs. Carmen Fariñas
Francisco Astudillo
Juan Villanueva
Bonifacio Arevalo
Dr. W. G. Skidmore
Ramon Arevalo (father of Dean Miguel Arevalo)
Regino Arevalo
Catalina Arevalo
(Daughter of Capitan Chencheng)
Dr. Wm. H. Birch
Javier Arbisu
Crispulo Layoc
Leon Reyes
Dr. Henry W. Ware
Dr. E. J. Craig
Dr. C. E. Lauderdale
Dr. R. E. Newborne
Dr. S. D. Book
Dr. Robert T. Oliver
Dr. W. R. Martin
Dr. J. D. Weldon
Dr. A. P. Preston
Dr. C. F. Long
F. Bautista de Guia
Conrado Arandes

Long before this, however, a French dentist by the name of Petri came to practice in this country. Capitan Jose (Chencheng) Arevalo, an expert sculptor, acquired his knowledge of dentistry from Petri and later became the first Filipino dentist. Capitan Chencheng was born in 1818, began his dental practice soon after he learned from the Frenchman, Petri, retired in 1892, and died in 1912 at the age of 94.

Don Antonino Vergel de Dios was the first Filipino dentist educated abroad.

About the year 1908, the Sociedad Dental de Filipinas was organized with the following officers: president—Don Bonifacio Arevalo; vice-president—Dr. G. R. Mateo; secretary—Don Felix Calleja; treasurer—Don Juan Villanueva. The members were: Francisco Astudillo, Louis Ottofy, Adolfo Perez, Antonino Vergel de Dios, Antonio Oliveros, Crispulo Layoc, Apolonio Rosal, Catalina Arevalo, Nicolas Reyes, Miguel de la Concepcion, Pedro Crisologo, Francisco de Guia, Regino Arevalo, Eusebio de Castro, Javier Arbisu, and Miguel Ochoa.

This group of pioneers worked hard for the enactment of a better Dental Law, Act 2462, the provisions of which were more equitable to the Filipino graduates of Sto. Tomas than those of Act No. 593.

Before the enactment of this law, a great injustice was being suffered by graduates of Sto. Tomas University. They were considered undergraduates or "de segunda clase" and not allowed to use the title of "Doctor". They were not permitted to establish practice where there was a practitioner or graduate from abroad. A still greater injustice, however, was that when the undergraduate was permanently located at some place he had to leave the place when a graduate from abroad sets up himself in that locality. Realizing this great anomaly, the dental law was amended with the provision that any of the undergraduates was allowed to establish his practice anywhere in the country. The un-

Evolution of Philippine Dentistry—Eraña

dergraduates were also favored in obtaining a degree of D.D.S., provided they would enroll in a legally constituted dental school or college for one whole year, after which they would be granted that degree and their certificates of registration were changed accordingly. Many availed of this opportunity.

Up to September 1, 1914, there were 78 undergraduates and 29 graduates with D.D.S. degrees—a total of 107 dentists in the Archipelago.

As a sequence to the organization of the Sociedad Dental de Filipinas, the Colegio Dental del Liceo de Manila (located at Dulumbayan Street, now Rizal Avenue) was organized in 1912 By Drs. G. R. Mateo, Antonio Oliveros, Jose Vivencio del Rosario, Crispulo Layoc, Francisco Astudillo, Mamerto Manalo (pharmacist) and Juan Villanueva with very meager and humble facilities. After one year, the college was transferred to Alejandro VI and renamed Philippine Dental College. Invitations to become stockholders of the college were extended to Drs. Antonio Hernandez, Carmelo Arce, Placido Flores, Carmelo Basa, Miguel Ochoa, Florentino Herrera, Arcadio Santos, Francisco Ponce. They did not actually invest money but acquired stocks by turning in their salaries. Dr. Francisco Ponce became Director, who was succeeded by Dr. Placido Flores, and later by Dr. Joaquin Ladao as Dean.

In the school year 1915-1916, the Board of Regents of the University of the Philippines authorized the establishment of a course in the College of Medicine and Surgery leading to the Degree of Doctor of Dental Surgery with Dr. Louis Ottoby acting as Professor and Chief of the Department. Dr. Domingo Dacanay was assigned to take charge of the Dental Clinic.

At that time, the Sociedad Dental de Filipinas was not active. At the initiative of Dr. Francisco Tecson a new dental society, the National Dental Association, was organized.

When Dr. Ladao was dean of the Philippine Dental College in 1919 several unrecognized dental colleges were said to have issued diplomas at P300, P400 or P500 each. Some of those who obtained these diplomas were able to take the examination given by the board and passed it. At the initiative of the Philippine Dental College Alumni Association, Drs. Luis Antonio, Joaquin Ladao, Gil Montinola and several others made a move to put a stop to this. As president of the organization, I was commissioned by the group to see the examiners, while others with the assistance of detectives, were working for the apprehension of the culprits. Drs. Antonio and Ladao and others went to the extent of risking their very lives as there were threats to liquidate us all. I went to see the members of the Board to invite their attention to the irregularity in the admission of candidates for examination. Instead of showing appreciation for our interest in their welfare, they issued a challenge to us, saying: "Go and take up the matter with anybody and we are ready to face you on any ground." I answered them that we were not after trouble but were only defending the right of the profession and in safeguarding the health of the public. However, they insisted on their firm but wrong stand. Examination was held wherein the valedictorians and honor students from colleges flunked, while several of those without qualifications successfully passed with flying colors.

Those were the most hectic days of our group. We spared no effort, time nor money in order to defend the rights of the profession. We questioned the legality of the examination and engaged the services of a very prominent lawyer, Atty. McDonough, paying him P500 every time he appeared in court for us. At the investigation of the candidates by the fiscal, this important incident was made of record:

The fiscal asked one of the candidates: "Where did you finish your studies?"

At this the man shook his head signifying he didn't understand what the fiscal asked him. The fiscal asked again: "En que colegio termino Vd. la carrera?" "Hindi ko po kayo maintindihan," answered the fellow in the vernacular. "Lintik, kung nakatapos ka ng carrera para mag doctor ay dapat marunong ka ng Ingles o Kastila," ("By Jove, if you have finished a doctor's course you should know English or Spanish,") shouted the fiscal.

At the order of Acting Governor General Yeater, the fiscal then took up the matter with the court, with Atty McDonough acting as private prosecutor. It was clearly shown that the case was a gross violation of the dental law. However, the decision handed down was: "The Board is guilty, but there is no law to punish the Board. In other words, guilty but not guilty."

It was a shock to me. The judge happened to be my patient at that time. When he came for treatment, I bluntly told him, "Judge, your decision is unwise." "Listen to me," he replied, "Had I rendered a decision against them, the next day I would be out of job. They could collect much money to pay the most influential lawyers in town and that if I make a move unfavorable to them, I will be jobless tomorrow."

There are many other personal sacrifices performed by the group of Dr. Antonio and Dr. Ladao which are unknown to most of you, but time will come when their efforts would be recognized.

The first Dental Congress under the auspices of the Sociedad Dental de Filipinas was held in Manila, in February, 1910, with about 80% of dentists in practice attending.

The second Dental Congress was held in 1916 in the City of Manila. The Executive Committee of this congress was composed of:

Dr. Antonio F. Oliveros—President
Dr. Miguel de la Concepcion—General Secretary

Dr. Irineo Mendoza—Treasurer
(Assisted by the Propaganda Committee)

Dr. Apolonio Rosal—Chairman
Dr. Miguel Ochoa—Secretary
Dr. Nicolas Reyes—Member

Not long after Dr. Tecson founded the National Dental Association, the Sociedad Dental Filipinas was reactivated and rivalry ensued between the two which later became keener. Since then, efforts had been exerted by dentists who advocated unity, using every means for the amalgamation of these two groups as they realized the detrimental effects the rivalry would bring on the public and on the prestige of the profession. However, the gap between the two became wider and fellowship or friendship among them was lost. In spite of this, conventions were held by each group. With the Japanese occupation, the activities of both groups were halted.

The return of the Americans after the liberation brought out one criticism against the dentists in the Islands—that of the "famous 18-k. smile of some Filipinos" wearing many gold teeth. This criticism of the Americans was bitterly resented by the dentists who unconsciously found a common foe. The National Dental Association and the Sociedad Dental de Filipinas took the same stand and fought bravely side by side with a common goal and that was the time when they found out that in unity there was strength. Negotiations for the fusion of these two rival groups were then started and its amalgamation was then a matter of time. The pact was sealed and the Philippine Dental Association was formed with the fusion of the National Dental Association and the Sociedad Dental Filipinas. Dr. Ladao, of the latter organization was elected president and Dr. Vergel de Dios, of the former organization, chosen president-elect. The Board of Trustees was composed of members from both associations. The officers and all members pledged loyalty to the newly-

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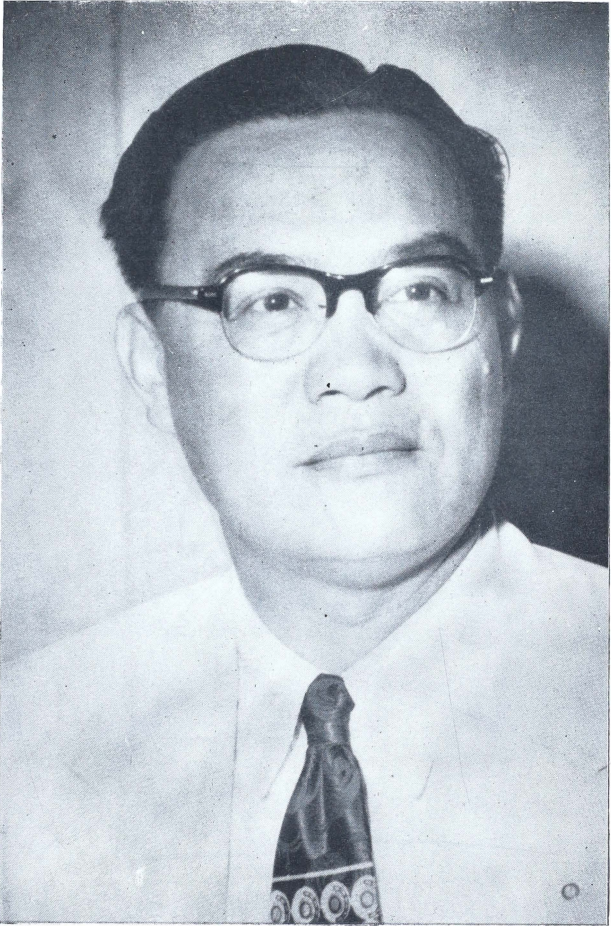
formed association and binded themselves to remain faithful to the solemn obligation of men of honor and dignity as members thereof.

A time came when I did not commune with the others on a certain principle. I fought bravely in defending that principle which I was sure sound and the time would come when my colleagues would realize that I was right. I sacrificed myself for the common welfare but remained faithful to my obligation and loyal to our dear Philippine Dental Association.

In passing, I wish to mention that no claim is made that this narration is very accurate, especially with regard to the events, persons and dates. I confess that there are still many details that can be added. I, therefore, propose

that a committee of seven members be selected to draft a real dental history of our country. The selection and appointment should be left in the hands of the Philippine Dental Association at its business meeting. Absolute impartiality should be observed in this undertaking. In this connection, I want you to know that several persons have approached me to furnish them with some data, but I have refused them, considering it a very delicate matter. Some of them showed their disappointment when I evaded granting their request.

(Note: The author of this article is presently compiling more data on the history of dentistry in the Philippines and will submit it in due time for publication in this Journal.)



Rep. Ricardo Y. Ladrado, D.D.S.

Portrait of the Month

DENTIST-REPRESENTATIVE

By Pacifico V. Noroña, D.M.D.

That dentists can render invaluable services in the formulation of laws for the welfare of the people was recognized when a member of the dental profession was elected to the country's lawmaking body in the last national elections. And to Rep. Ricardo Y. Ladrido, of the 4th district of Iloilo, goes the distinct honor of being the first dentist-lawmaker in the Philippines.

On May 22, 1907, a son who was named Ricardo, was born to Eugenio Ladrido and Santiago Yap Jerusalem in the town of Lambunao, Iloilo. Ricardo began his schooling at the age of seven in the Lambunao Elementary School, where he finished his elementary education. Later he studied at the Iloilo High School, graduating therefrom in 1926. After his high school studies, he enrolled at the Philippine Dental College where he took up dentistry in the evening. A bright student since his elementary school days, he finished his dental course as valedictorian at that institution in 1930.

After qualifying in the dental board examinations that same year, Dr. Ladrido established his dental office in the province of Iloilo and earnestly started on the practice of his profession. Thus was the beginning of a long, successful dental career for Dr. Ladrido which was, fortunately—as it had turned out to be—terminated when he was drafted to become the standard bearer of his party in the last November elections.

Ever-possessed with a burning desire to serve his fellowmen, Dr. Ladrido, heeding the call of his friends and town-mates, in August, last year, decided to run for a congressional seat for the fourth district of Iloilo. To the Philippine Dental Association, of which he has been an active member and is vice-president for the Visayas, he wrote upon filing his certificate of candidacy: "I am

simply complying with the desire and longings of the Philippine Dental Association to be represented by a member of the Association in the august halls of the Philippine Congress, aside from the fact that I consider it a challenge to my patriotism and sense of public service."

As if anticipating his triumph, he added: "With you all praying for my ultimate victory, I feel I cannot lose in this election."

Being like a good soldier who had prepared well for the battle, Dr. Ladrido emerged overwhelmingly victorious, licking his well-seasoned opponents by wide margins. He garnered 16,963 and 14,671 votes over his closest opponents, re-electionist Gaudencio Dimaisip and Atty. Cesario Golez, respectively. Dr. Ladrido polled a total of 20,987 votes and won in five out of six towns which comprise the 4th district.

Upon reaching Manila after the elections, the first act that Dr. Ladrido did was to express personally his gratitude to the dentists who had contributed to his victory, particularly to the members of the Philippine Dental Association who extended to him their moral as well as material help.

Rep. Ladrido, recalling an incident during the pre-election months in his province in a speech at the Association's testimonial banquet given in his honor, declared that he "belongs to the legion of great accidents," having been recruited to carry the standard of his party against veteran politicians. As such, he said that his opponents, for lack of any material or moral issue against him, were encouraged to say that he was a mere dentist.

"Whether it was sensible or not," he added, "is for you and the people to judge."

The Journal of the Philippine Dental Association

His victory may be the best answer to that issue and Rep. Ladrado, touching on the same matter, remarked: "I am beginning to hope that my political adversaries, now and hereafter, would sit up and take notice of dentists and the dental profession."

Revealing his plan for the profession and for the association, he declared at the same banquet: "I shall strive to raise the standard of the dental profession through proper legislation and to win for our organization an adequate and high recognition for our valuable contribution to public service and to the health of the people."

In this task that he has undertaken upon himself, however, Rep. Ladrado enjoins the support and cooperation of the dentists. Touching on this, he said: "I shall count on the united front and solid support... of every dental practitioner from time to time. And I am positive that, in the interest of our profession and that of the people, you will rally behind me to fulfill a progressive mission—that of fostering a brighter outlook for the dental profession and insuring the realization of the administration's program for the economic security of the nation and the eventual peace and prosperity of our people throughout the land."

When queried on his immediate plans for the profession, he answered that they were twofold, namely (1) Separation of the dental from the medical corps in the Army; and (2) Employment of dentists in all hospitals and in colleges and universities, both public and private.

A self-sacrificing man, Dr. Ladrado decided to enter national politics in spite of the tremendous odds that he had to overcome knowing fully well that he could be of more service to the people if he would get elected. After the election, he revealed to his colleagues in the Philippine Dental Association that he was greatly influenced in his decision by his faith and belief that the members of

the dental profession were solidly behind him.

In Dr. Ladrado's election, the public has lost a good dentist who will minister to its dental needs but the dental profession has gained a dentist-lawmaker. While Dr. Ladrado has stopped "pulling" teeth, yet he will be doing a far greater service—putting teeth into the dental laws of the country.

Dr. Ladrado had been very active in the affairs of dental organizations. He was for some time president of the Iloilo Dental Society, chapter of the Philippine Dental Association.

To Dr. Ladrado goes the credit of naming the national organization of dentists the "Philippine Dental Association." During the annual convention of the Association which was held in Iloilo City in April 1940, Dr. Ladrado sponsored a resolution changing the name "National Dental Association of the Philippines" to "Philippine Dental Association." There was a standing regulation, however, that all resolutions should be presented in writing at least 30 days before the annual meeting. In view of this Dr. Ladrado's resolution, which was presented verbally, was not considered for discussion. After the end of the World War II, however, when the Association was reorganized the members unanimously decided to adopt the name "Philippine Dental Association."

Besides having been kept busy in his dental practice before his election, Dr. Ladrado found time to become engaged in the rice industry in his province and held the position of secretary-treasurer of the Pototan Rice Planters' Association in Iloilo province. He is also an active member of the Iloilo Rotary Club.

Rep. Ladrado is not a new hand in politics, he having been a councilor of Lambunao, Iloilo, for nine consecutive years.

An amiable man, Rep. Ladrado remains the modest and humble person that he is. He is married to the former Leonor Perrenne, a pharmacy graduate of Centro Escolar University, by whom he has three children.

Proofs, a dental trade journal in the United States, published in its January number the following story on the PDA annual convention last October:

JOHN SHOAF ATTENDS PHILIPPINE CONVENTION



John Shoaf (left) chats with President Quirino at special reception.

"When John H. Shoaf, assistant export manager of The Dentists' Supply Co., spent several weeks in the Philippine Islands recently, he took in also the 21st annual convention of the Philippine Dental Association. At this meeting, dentists were addressed by such important personages as Dr. Elpidio Quirino, president of the Philippines, also the mayor of Manila, the Philippine chief of staff, and other dignitaries, indicating the prestige which members of the dental profession enjoy there.

"A high point of the festivities at the convention was a reception and cocktail party given the association by President Quirino. John Shoaf was invited and had an opportunity to chat with the president for about 10 minutes. As a representative of the American dental trade, John received an enthusiastic welcome in

all quarters. He also attend a dinner given by the Philippine Dental Dealers' Association in honor of the officers and delegates to the convention. Dr. G. Carreon is the new president of the Philippine Dental Association.

"John Shoaf's report from the Islands indicates a considerable degree of activity and development in the dental field there. There are approximately 2,500 registered dentists now in practice, and no less than 12 dental schools, of which seven are in Manila. About 5,000 students are at present registered. The training and tradition of the dental profession all orient toward the States, and it is the ambition of every dentist and dental student to take at least part of his training in this country. And American dental goods of all kinds are preferred."



Dr. G. Carreon

PHILIPPINE DENTAL ASSOCIATION
Manila, Philippines

RESOLUTION No. 22

WHEREAS, the Philippine Dental Association is keenly interested in cooperating with the President of the Philippines and the Department of Health in all matters that vitally affect the national health program of the country;

WHEREAS, such cooperation can only be attained if the Secretary of Health gives due recognition and importance to the dental profession in the maintenance of a healthy citizenry, and takes into consideration the suggestions and technical advice of the national association of dentists in the Philippines;

WHEREAS, the Honorable Antonio Villarama, during his incumbency as Secretary of Health, has shown his antagonistic attitude towards the dental profession, in general, and to the Philippine Dental Association, in particular, as proved by his various official acts in the past, to wit:

- (1) Secretary Villarama, in November 1947, ordered the abolition of the practical phase of the dental board examination which is, and proved to be, inimical to public interest;
- (2) In the appointment of the members of the Board of Dental Examiners, Secretary Villarama has completely ignored the recommendations of the Philippine Dental Association, the dental organization which is in an excellent position to pass upon the qualifications of probable appointees;
- (3) In the creation of the National Advisory Health Council by Executive Order of the late President Roxas sometime in 1947, Secretary of Health Antonio Villarama, deliberately or not, did not include any representative of the dental profession in that body;
- (4) Secretary Villarama, in the election of officers of the Philippine Dental Association in October 1948, tried to exert his influence for the election of some candidates, after whose defeat, he inspired the organization of another dental association with the result of creating cleavage in the dental profession;
- (5) Secretary Villarama's open defiance of the new dental law, otherwise known as Republic Act No. 417, which His Excellency approved in June, this year, by the Secretary's attempt not to recognize the new board of dental examiners appointed by the then Acting

Secretary of Health Regino Padua, in accordance with the said new dental law. (It may be noted here that Secretary Villarama's action was repudiated by a unanimous decision of the Supreme Court to which the controversy was elevated.)

- (6) Secretary Villarama has up to the present time not done anything to implement Republic Act No. 417, Section 25 of which requires that "Every registered practicing dentist shall display in a conspicuous place in the house or office where he practices, his name and surname and he shall further display his certificate of registration and a *certificate of health* in his office in plain sight of patients occupying his dental chair."

WHEREAS, the Philippine Dental Association, which is grateful to His Excellency for his serious concern over the progress of dentistry in the country and for the unstinted support and cooperation that he has extended to the Association in the past, believes that His Excellency would continue supporting any step that the Association would take in the interest of the dental profession and that of the general public;

NOW, THEREFORE, BE IT RESOLVED, as it is hereby resolved, that the Philippine Dental Association, through its Board of Trustees, at a meeting held today, requests 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.

Unanimously approved
by the board of
Trustees of the
Philippine Dental
Association at its
regular meeting held
on the twenty-first
day of December, nine-
teen hundred and for-
ty-nine, in Manila.

(Sgd.) PACIFICO V. NOROÑA
Executive Secretary

(Sgd.) GERMANICO A. CARREON
President

Letters to the Editor

NEW YORK UNIVERSITY
College of Dentistry
209 East Twenty-Third Street
New York 10, N.Y.

Library

January 31, 1950

The Editor
Journal of the Philippine
Dental Association
219 Samanillo Bldg.
Escolta, Manila

Dear Sir:

The Library of the New York University College of Dentistry would like to be placed on your mailing list to receive complimentary copies of the Journal of the Philippine Dental Association.

Members of our faculty have been requesting it.

(Sgd.) Helen Hlavac
Librarian

Baliuag, Bulacan
December 15, 1949

The Editor
Journal of the Philippine
Dental Association
Manila

Dear Dr. Carreon:

I wish to take this opportunity in expressing to you and the board of trustees of the Philippine Dental Association the profound gratitude of the dental students which I represent in making your Dental Journal available to us at a special rate of P5.00 per year.

We have found your publication valuable especially in matters which affect the dental profession locally. The Director of Private Schools was not mistaken in approving your Journal for general reading in dental schools.

Very respectfully,
(Sgd.) Juan Rivera

93-95 Clark Street
Brooklyn, New York

The Editor
Philippine Dental Association
Manila, Philippines

Dear sir:

I would like to request from you a favor for which I will be exceedingly grateful.

During the last four years during which I served in the U. S. Navy, I lost tract of my father, Domingo Meneses, who is a Dentist and maintained an office in Baguio at that time. It is very urgent that I get in touch with him and it would be honorable and generous of you if you can help me to locate him.

Awaiting your early reply with my utmost gratitude, I am

Sincerely,
(Sgd.) Jose Meneses

Legaspi City
December 11, 1949

The Editor
Philippine Dental Association
Manila

S i r :

May I request that you enter my name in your subscription list of your monthly organ, the *Journal of the Philippine Dental Association*. I am a School Dentist assigned in the Division of Albay and have registered in the Association during the Dental Convention which was held in 1947 at the Centro Escolar University. Any amount covering the subscription will be remitted by the undersigned.

May I also be granted the privilege of having a complete issues of the dental literature being published by the USIS, the distribution of which I understand is being handled by our Association.

Thanking you for all favors that you will accord to me, I am

(Sgd.) Artemio S. Matic
School Dentist

CURRENT NEWS ITEMS

Dr. Villa's Work Published In Dental Research Journal

Dr. Victorino G. Villa, dean of the College of Dentistry, and head of the Department of Oral Histology and Pathology, University of the Philippines, has earned the distinct honor of being the first Filipino dentist to have an article on scientific research published in the Journal of Dental Research, it was announced by the Committee on Public Relations of the Philippine Dental Association.

The Journal of Dental Research is the official publication of the International Association for Dental Research and publishes only original investigations pertaining to the teeth and mouth and related fields. Editor of the Journal, Dr. Hamilton B. G. Robinson, of the College of Dentistry of Ohio State University, in commenting on Dr. Villa's research article which was accompanied by three original photomicrographs, said:

"It is encouraging to see a research report from the University of the Philippines. Villa has observed a membranous structure at the dentino-enamel junction of two decalcified teeth which he interpreted as the dentino-enamel cuticle. The observation is interesting..."

Dr. Villa's article, entitled "Dentino-Enamel Cuticle Present in Adult Human Teeth," appears in the December, 1949 issue of the Journal of Dental Research. It is a report on the research conducted by the author in his research laboratory at the University of the Philippines regarding histologic structures present in adult human teeth. His technic in the preparation of the histologic sections used in his research studies is his modification of the usual technic.



Dr. V. G. Villa

While the presence of the dentino-enamel cuticle is recognized by many investigators, it has not been shown in adult teeth. It is believed by the author that his findings might be of some significance to our study of dental histology and pathology.

Dr. Villa is chairman of the Committee on Dental Research of the Philippine Dental Association, and is one of our leading dental educators. He holds a Master of Science in Dentistry degree from the Northwestern University dental school and at present is the only Filipino who holds such title. Sometime last year he was recipient of a fellowship from the International College of Dentists.

The article of Dr. Villa will be reprinted in next month's issue of this Journal.

Manila Dental Society Elections Next Month

The Manila Dental Society, component member of the Philippine Dental Association, will hold an election-meeting on February 12 at the Carbungco Restaurant.

Rep. Ricardo Y. Ladrado, of the 4th district of Iloilo, and Dr. Germanico A. Carreon, PDA president, are scheduled to speak at the said meeting.

The outgoing officers of the Manila Dental Society are: Dr. Pedro A. Bañez, president; Dr. Santiago Escarte and Dr. Alejo Perez, vice-presidents; Dr. Fausto G. Tapiador, secretary; Dr. Purificacion Escarte de Joya, treasurer; Dr. Jose S. Valte, auditor; Drs. Cipriano Ochoa, Severiano Huerto, Donato Dionisio, Potenciano Leoncio and Diosdado Sabando, members of the board of directors.

A.D.A.'s 1949-50 Relief Fund Campaign Starts

The Relief Fund Campaign of the American Dental Association for 1949-1950, with a goal of \$100,000, started late last year when Christmas Seals were sent to every member of the Association.

Chairman of the Association's Council on Relief is John S. Owens, of Camden, New Jersey. According to present regulations, half of each contribution made by members of state dental societies goes to the society concerned.

Two thirds of each amount granted to dentists in serious need of financial assistance are paid by the Association while the remaining one third is paid by the constituent society.

The contributions for 1948-1949 was only \$61,312.89 and members of the Association are being asked to double their contributions for 1949-50. "Let's Double It in '49" is the slogan for the 1949-50 relief fund campaign.

Raise In Initial Rank Of Army Officers Urged

Raising the entrance rank of dentists in the military service from second lieutenant to first lieutenant is urged both by Lt. Col. Agustin L. Zarate, chief of the Dental Corps of the Armed Forces of the Philippine, and Lt. Col. Miguel R. Fernandez, chief dental surgeon, Philippine Constabulary.

Col. Fernandez, in a letter addressed to the PDA board of trustees, further asked for the complete separation of the Dental Corps from administrative and subordinate control of the Medical Corps in the Armed Forces of the Philippines by making it a completely separate service on the same level as other services.

The initial rank of dentists in the Dental Corps since the Commonwealth regime was first lieutenant. This policy was followed until the early part of the establishment of the Republic. However, with the passage of Republic Act No. 281, this entrance rank was reduced to second lieutenant.

Col. Zarate declared that this condition is demoralizing not only on the dental officers but on the dental profession as well. He further said that this is a hindrance in the procurement of better qualified dentists for the Dental Corps.

Col. Fernandez, on the other hand, stated that the present system in which dental officers in the military service are subordinated to medical officers is illogical and inefficient.

"There is nothing in the nature of the dental service that calls for the professional opinion or the jurisdictional authority of the medical service, because they have had no training and education in dentistry," Col. Fernandez added.

Meanwhile, the opinions of these two ranking dental officers were referred by the PDA president to the Association's committee on dental legislation. Rep. Ladrado is presently preparing a bill on this subject, it was disclosed.



Vice-President Fernando Lopez of the Philippines is shown in the above picture being engrossed in an intimate conversation with the members of the board of trustees of the Philippine Dental Association who called on him at his Office at Malacañan sometime this month. Left to right: Dr. Fausto G. Tapiador, Dr. Pacifico V. Noroña, Dr. Joaquin Ladao, Dr. Faustino F. Turla, Dr. Germanico A. Carreon, Vice-President Lopez, Rep. Ricardo Y. Ladrado, Dr. Pedro A. Bañez, Dr. Leonilo F. Antonio and Dr. Gaudencio R. Ocampo.

PDA Invited to Italian Congress on Stomatology

The 25th Italian Congress on Stomatology will be held at Stresa (Lake Maggiore), Italy, from the 26th to the 30th of September, 1950, according to advices received this month from Dr. Enrico Goia, Assistant Secretary for Foreign Relations of the Italian dental organization which will take charge of the Congress.

The Congress will assume an international color as dentists from all parts of the world are expected to attend. In this connection, the Philippine Dental Association was requested to send its official representative to this Dental Congress. Up to press time, however, no representative has yet been named by the Association.

Rep. Ladrado Arrives For Congress Session

Rep. Ricardo Y. Ladrado, dentist-representative from the 4th district of Iloilo, arrived in Manila on January 20 to be on time for the opening of the regular session of Congress. He was accompanied by his wife and their three children.

The second Congress of the Philippines will open its first session on Thursday, January 26, and will last for 100 days, excluding Sundays and holidays. Rep. Ladrado will be one of the new faces in Congress, being elected for the first time to the nation's law-making body only last November.

Rep. Ladrado will be honored with a testimonial banquet by the Philippine Dental Association on January 29.

ABSTRACTS

Penicillin for Oral and Root Therapy. By J. R. Schwartz, D.D.S., Martin Schwartz, D.D.S., and Gilbert W. Schwartz, D.D.S., Dental Items of Interest, Vol. 71, No. 11, November, 1949, pages 1117—1128.

With the successes achieved in the use of the "wonder drug," penicillin, in the fields of medicine and dentistry, this drug is now extensively used by the dental profession in the treatment of various types of oral pathological manifestations.

Many investigations and researches have been undertaken in view of the wide acceptance and use of this antibiotic, and there are modern textbooks which cover the subject adequately down to the point of the most recent penicillin formulas.

While being successful in many instances of curing stubborn oral pathology and in root therapy, yet difficulty was encountered in the use of penicillin in the one and in the other it did not permit continued results in every case; in the former, because of penicillin's failure to remain long enough at the site of application in the use of the earlier aqueous solutions, and in the latter because concentration of the aqueous solution in a prescribed area over a period of time was not altogether possible.

The problem of making penicillin remain for an adequate length of time after its administration was solved with the introduction of Penicillin in Peanut Oil and Wax (P.O.W.). Its quality of viscosity made it ideal for treatment of oral pathology.

The following cases were taken from the records of the writers:

Of 15 cases of teeth treated with P.O.W., 2 cases failed and teeth were subsequently extracted. Initial observations: Complete cessation of drainage from root canal noted after 3 injections, 48 hours apart.

Four cases of apicoectomy (surgical removal of the root apex and the surrounding infected areas), where P.O.W. was used. Observations: After patient returned for postoperative treatment in 48 hours, area was quite comfortable and healing well; no tissue sloughing around the sutures.

Twelve cases involving periodontal pockets. Relief from pain and bleeding after P.O.W. was injected in the infected areas.

Three cases of surgical removal of teeth with P.O.W. injected into socket and area sutured. Little swelling, no pain, no suppuration or tissue necrosis from sutures 48 hours postoperatively. Healing rapid.

One case of extraction which involved the Maxillary Sinus. P.O.W. was injected into socket and into sinus. The sinus opening had closed and socket was well healed in one week.

The writers use the following procedural treatment in Root Canal Therapy using P.O.W.

- A. Tooth opened
- B. Flush with Chlorozene
- C. Dried
- E. Injection into canal of .2 cc. Penicillin P.O.W.
- F. Tooth temporarily sealed with guttapercha.

Patient is requested to return in 48 hours. The tooth is reopened and flushed with Chlorozene. The canals are enlarged with suitable files, cleansed and dried; .2cc P.O.W. injected. This treatment is repeated again in 48 hours and subsequently the canals are filled, and tooth closed.

Of 44 cases of Root Canal Therapy performed, 4 cases failed, 11 cases not recalled as yet, and 8 cases which did not respond to recall.

In the course of administering of P.O.W., the writers have observed certain reactions as described by some of patients as follows:

1. Dryness of throat.
2. Bad taste.
3. Malaise.
4. Stomach upset. Nausea.
5. Slight rash on the cheeks near mouth.

Other reactions that may result from penicillin administration are chills and fevers, urticaria, and dermatitis.

The presence of allergic reactions to penicillin therapy should not deter the administrator from continuing the treatment as they could be controlled, should they cause discomfort, by the use of epinephrine or antihistamine drugs.

The Role of Prevention in Periodontia.
By Harold E. Brennan, D.D.S., *Dental Survey*, Vol. 25, No. 9, September 1949, pages 1283—1287.

In dentistry the ounce of prevention is more valuable employed in the field of periodontia than in any other else. However, every case of periodontal disease can not be expected to be prevented as some cases may involve unknown etiologic factors or have a systemic background and therefore the treatment of which may be outside the practice of dentistry. In cases like these, cooperation with the patient's physician would then be desirable.

Gingival Condition

Knowing that is a healthy gingival condition and what is not is important in order that we can make a search for the cause of any deviation from normalcy. Normal healthy gingivae are light pink in color, firm and stippled in texture, and terminate in a thin knife-like edge which hugs the tooth tightly. They are attached to the tooth surface about 1/2 to 1-1 2 millimeters below its free margin. Signs which show that something is wrong are: change in color or contour,

loss of stippling, and deepening of the gingival crevice. If the cause is not found and procedures to correct them applied, the condition may become worse and finally lead to periodontal involvement.

Prophylactic Treatment

Prophylactic treatment is the most important of the preventive measures. A thorough indoctrination of the patient to an efficient toothbrush and home-care technic must be included in the complete prophylactic service.

The soft deposit, "Materia-alba," which is a mixture of food, mucin, bacteria and other mouth flora matted together, should not be lightly dismissed as an irritating factor in explaining to the patient in connection with teaching home care to the patient.

Food impaction and retention, occlusal trauma, habits, and physical and chemical irritations are other local factors involved in periodontal disturbances. Contributing agents that may be cited are: wear of teeth, open contacts due to lost and unreplaced teeth, and poorly shaped or finished fillings or crowns.

Occlusal Trauma

Occlusal trauma is another great problem in the prevention and treatment of occlusal conditions. Relief of premature contacts and the overloading of individual teeth by judicious selective grinding would seem wise when occlusal trauma is present.

Other Causes

Mouth habits can be a pernicious and destructive influence in the initiation and continuance of periodontal disease. These are grinding, clenching, or other abuse of teeth which are difficult to do away with, especially of nocturnal bruxism.

Another factor which can influence periodontal disease is diet. A good complete diet should be advised when there are signs that there are deficiencies of this.

Further Analysis of Wartime Caries Observations. By Reidar F. Sognaes, Ph.D., M.A., L.D.S., *British Dental Journal*, Vol. LXXXVII, No. 11, December 2, 1949, pages 291—294.

That the caries reduction observed at the end of the war has become even greater, in certain age-groups and teeth, after the liberation of Europe was shown by the writer by mentioning some examples.

The most extensive and comparable observations on the fluctuations in dental caries of children before, during and after wartime conditions were made in Scandinavia, especially in Norway, where dental records show a major reduction in dental caries toward the end of World War II.

The conclusion that the "final caries reduction in the Scandinavian countries was proportional to the final reduction in the consumption of sugar and sweets," may be emphasized if observations were limited to the final caries reduction at the end of the war. Sweden, least affected by the war, showed the least reduction in caries as well as in the use of refined foods.

The author, in order to elucidate on the causes of the wartime caries reduction,

undertook an analysis of all clinical material from war-torn countries and a series of investigations in experimental animals.

His conclusion, taken from the human data, was that the time relationship between the wartime food changes and the caries reduction could not be satisfactorily explained "by a change in the oral environment alone." The conclusion from the animal studies was: other things being equal, such as the caries susceptibility of the animals, it was found that "soluble carbohydrates (sugars) seem to be potent caries-producing factors after the eruption of the teeth."

The principles suggested by the writer's interpretation of the pattern of wartime caries fluctuations are as follows:

- (1) It takes time to build up, as well as to break down, the resistance to dental decay in a major way.
- (2) The favourable factors involved, whatever they may prove to be, must be introduced when the child or the teeth are developing, if not before, in order to insure maximum freedom from decay.

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