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4-18-1966

## ADA News Letter - 04/18/1966

American Dental Association

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1966

# NEWS letter



AMERICAN  
DENTAL ASSOCIATION  
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**ADTA CONTRIBUTES  
\$3,500 TO ADA  
FINE ARTS FUND  
(See Page 4)**

Vol. 19, No. 8 *Monday, April 18, 1966*  
published by the AMERICAN DENTAL ASSOCIATION  
211 East Chicago Avenue • Chicago, Illinois 60611

## **PRESIDENT JOHNSON SUGGESTS DENTAL CARE PROGRAM FOR CHILDREN**

President Lyndon B. Johnson has directed the Department of Health, Education and Welfare to explore the possibility of federal assistance for financing a dental care program for children. The President made the announcement in a few sentences in a speech devoted mainly to the extension of the time period for enrolling in the voluntary portion of medicare. He did not spell out details on who would be covered in the children's program or how it would be financed. The ADA issued the following statement in comment on the President's proposal:

"The American Dental Association for more than 25 years has emphasized the necessity of giving priority attention to dental care programs for children. At the Association's annual session in November 1965, the House of Delegates reiterated this policy when it called for development of a national program for children, particularly the needy and underprivileged, in order to make the benefits of modern dental health service available to all children of the nation. It is gratifying to have the President give recognition to this major health problem and to the profession's interest in solving it. In 1965, the Association attempted to have the Kerr-Mills Act amended to require dental care for indigent and medically indigent children. It is hoped that such amendments can become part of a national dental care program for children. The Association looks forward to working with Administration officials, especially representatives of the Public Health Service Dental Division, in developing an effective and realistic pro-

gram to bring dental care to all of the nation's children."

The President's remarks came in a speech delivered in San Antonio April 8. He said in part: "I have been wondering for some time now why we shouldn't bring our compassion and our concern to bear not just on people over 65 but upon our young children under 6.... I want to let you in on another secret: That is one of the reasons I asked John Gardner, because of my concern for these young folks, to create new plans for a new program that you haven't ever heard before, to assist in financing dental services for children."

## **San Antonio To Fluoridate**

San Antonio, Texas, city council members have voted 5 to 3 to fluoridate the city's water supply. ADA Pres. Maynard K. Hine recently addressed a meeting of San Antonio civic leaders on the benefits of fluoridation. In other actions, the governing body of Center Point, Iowa, has instituted fluoridation, and the citizens of Camden, N.C., in an advisory vote, voted for the measure. Final decision will be made by the Camden city council. Fluoridation lost in Weymouth, Mass., by a proportion of 6 to 4. Massachusetts citizens have not instituted any new fluoridation programs since 1961. State law requires public referenda on all community fluoridation proposals.

## AADS PLANS TO CHANGE BY-LAWS ON DETERMINING MEMBERSHIP

The American Association of Dental Schools at its 43rd annual session in Miami Beach March 27-30 indicated plans to give the AADS House of Delegates sole authority to determine institutional membership. A resolution was adopted seeking a change in the bylaws to be considered at the 1967 annual session. Institutional membership in the AADS is presently dependent upon accreditation by the ADA Council on Dental Education.

In other actions, the AADS House of Delegates:

-- Urged a bylaws change to be considered at the 1967 annual session to provide for individual membership;

-- Called for a bylaws change to be considered at the 1967 session to provide a membership category for dental hygiene education programs;

-- Approved establishment of a special committee to review the objectives and functions of the Association and to make recommendations on how the AADS can contribute more effectively to the solution of the problems of dental education.

-- Urged dental schools to expand their dental hygiene educational activities to include the preparation of dental hygiene educators.

-- Voiced support of voluntary efforts to insure the humane treatment of laboratory animals and expressed opposition to restrictive legislation that would impede investigative efforts in research;

-- Urged member institutions to establish a faculty administrative position responsible for continuous development of programs related to dental manpower and auxiliaries;

-- Urged member institutions to strengthen the instruction of dental students on the program of the Joint Commission on Accreditation of Dental Laboratories;

-- Authorized establishment of an Ad-Hoc Committee to study the desirability and need for a uniform system for charting of teeth;

-- Postponed indefinitely consideration of the desirability of designating a single degree for completion of the dental curriculum;

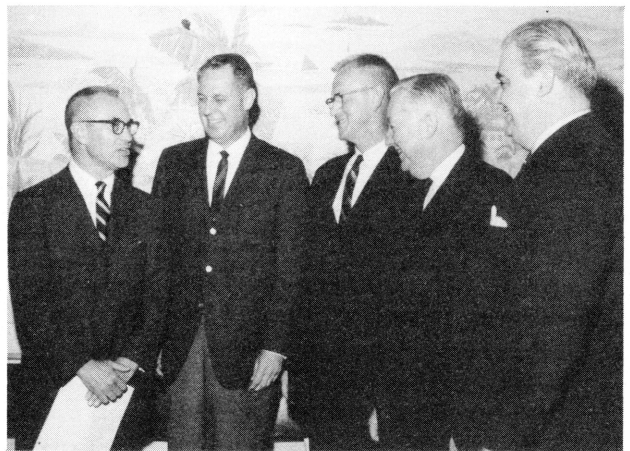
-- Encouraged prompt establishment of regional research centers to provide formal graduate education in the sciences related to dentistry;

-- Decided to hold a National Conference on the Dental Curriculum to discuss changes in dental education.

## Dr. P. O. Pedersen FDI Interim Head

Dr. P.O. Pedersen of Denmark has been appointed to serve as president of the Federation Dentaire Internationale. He will serve the unexpired term of Dr. Knut Gard, who died March 28. Dr. Pedersen, who is dean and professor at the Royal Dental College of Denmark, will serve until the FDI annual session and World Congress in Paris, July 7-13, 1967.

An honorary member of the ADA, Dr. Pedersen has held many offices in the FDI and was serving as vice-president at the time of his appointment.



New officers of the American Association of Dental Schools congratulating each other following their election at the AADS annual session in Miami Beach last month. They are from left: Dr. Ralph L. Ireland, president; Drs. Edmund E. Jeansonne and John V. Olson, both members of the Executive Council; Dr. H. B.G. Robinson, vice-president, and Dr. A. Raymond Baralt, Jr., president-elect. Missing when the picture was taken were Dr. Charles A. McCallum, Jr., and Dr. Erwin M. Schaffer, Executive Council members.

# relief fund report

April 18, 1966  
Vol. 19 No. 8

## ADA NEWS LETTER SUPPLEMENT

Contributions to the ADA Relief Fund are listed as of March 31, 1966. Societies which have reached or exceeded their quotas are listed in capital letters; an asterisk precedes societies in which every member has made a contribution.

	<u>Quota</u>	<u>Contri- bution</u>	<u>Pct.</u>		<u>Quota</u>	<u>Contri- bution</u>	<u>Pct.</u>
ALABAMA	\$ 1,150.00	\$ 1,165.00	101.3	PANAMA	\$ 30.00	\$ 30.00	100.0
ALASKA	80.00	150.00	187.5	PENN.	7,460.00	7,833.50	105.0
*ARIZONA	700.00	805.00	115.0	PUERTO RICO	250.00	273.10	109.2
ARKANSAS	720.00	916.15	127.2	R.I.	600.00	833.00	138.8
CALIFORNIA	5,680.00	5,859.00	103.2	S. CAROLINA	610.00	630.00	103.3
Calif., So.	6,770.00	6,471.00	95.6	*SOUTH DAKOTA	330.00	347.00	105.2
COLORADO	1,420.00	1,764.71	124.3	Tennessee	1,690.00	561.00	33.2
CONNECTICUT	2,410.00	2,813.50	116.7	Texas	4,500.00	3,788.00	84.2
DELAWARE	240.00	356.00	148.3	Utah	740.00	714.00	96.5
DIST. of C.	750.00	854.00	113.9	Vermont	220.00	156.00	70.9
FLORIDA	2,760.00	2,862.50	103.7	Virginia	1,830.00	1,823.00	99.6
GEORGIA	1,480.00	1,543.00	104.3	Washington	2,430.00	2,082.50	85.7
HAWAII	580.00	1,098.00	189.3	W. Virginia	760.00	726.00	95.5
IDAHO	360.00	366.00	101.7	Wisconsin	3,030.00	2,700.00	89.1
ILLINOIS	7,360.00	8,798.50	119.5	WYOMING	190.00	200.00	105.3
INDIANA	2,470.00	2,558.00	103.6	TOTAL	\$118,770.00	\$126,505.16	106.5
IOWA	1,900.00	2,006.00	105.6				
Kansas	1,150.00	1,096.65	95.4	<u>Fed. Dental Services</u>			
KENTUCKY	1,410.00	1,909.50	135.4	Air Force	\$ 1,550.00	\$ 962.00	62.1
Louisiana	1,360.00	1,203.60	88.5	Army	1,750.00	1,027.00	58.7
MAINE	460.00	675.00	146.7	Navy	1,660.00	1,221.00	73.6
MARYLAND	1,630.00	1,910.00	117.2	P.H. SERV.	460.00	689.00	149.8
MASSACHUSETTS	4,310.00	7,174.00	166.5	VET. ADMIN.	810.00	1,496.00	184.7
MICHIGAN	5,100.00	5,977.50	117.2	TOTAL	\$ 6,230.00	\$ 5,395.00	86.6
MINNESOTA	3,060.00	3,423.50	111.9				
Mississippi	630.00	534.00	84.8	<u>Summary</u>			
MISSOURI	2,560.00	2,780.50	108.6	CONSTIT.	\$118,770.00	\$126,505.16	106.5
Montana	460.00	369.00	80.2	SOCIETIES			
*NEBRASKA	1,050.00	1,390.00	132.4	Fed. Dental	6,230.00	5,395.00	86.6
NEVADA	190.00	215.50	113.4	Services			
NEW HAMPSHIRE	370.00	514.00	138.9	Students		1,939.85	
NEW JERSEY	5,090.00	5,606.00	110.1	Memorials		5.00	
New Mexico	400.00	360.00	90.0	Misc.		24.00	
New York	17,150.00	16,323.45	95.2	TOTAL	\$125,000.00	\$133,869.01	107.1
N. CAROLINA	1,710.00	2,043.00	119.5				
NORTH DAKOTA	330.00	501.00	151.8				
Ohio	6,000.00	5,241.50	87.4				
OKLAHOMA	1,140.00	1,145.00	100.4				
OREGON	1,710.00	3,029.00	177.1				





United States  
of America

# Congressional Record

PROCEEDINGS AND DEBATES OF THE 89<sup>th</sup> CONGRESS, SECOND SESSION

## New Headquarters for the American Dental Association

SPEECH  
OF

HON. SIDNEY R. YATES

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 30, 1966

Mr. YATES. Mr. Speaker, on February 27, I was pleased and honored to participate in ceremonies marking the dedication in Chicago of the magnificent new headquarters building of the American Dental Association. The distinguished Secretary of Health, Education, and Welfare, the Honorable John W. Gardner, delivered the keynote address, and additional remarks were made by a number of other notable leaders, including my colleague, JOHN E. FOGARTY of Rhode Island, who has made so many major contributions to the Nation's health, and the Most Reverend John P. Cody, Archbishop of Chicago.

It is a great source of pride to me that the American Dental Association's beautiful new structure is located in my district and helps to form, together with a large medical and hospital complex and several leading professional associations, one of the world's most significant centers of health educational and professional activity.

As noted by Secretary Gardner in his address, this new building is a credit to the dental profession, to my own community, and to the entire country. The progressive attitude of American dentistry is well known; and this headquarters, permitting a marked expansion of the association's research and educational activities, is one more example of farsighted leadership. Particular tribute, I think, should be paid to those dental leaders who were especially involved in planning the new headquarters, including Dr. Maynard K. Hine, president of the association; Dr. William A. Garrett, its president-elect; Dr. Harold Hillenbrand, its secretary, and association past presidents Fritz A. Pierson, James P. Hollers, Gerald D. Timmons, and John R. Abel.

Because Secretary Gardner's remarks on this occasion were of such considerable interest, I ask unanimous consent for them to be placed in the RECORD at this point.

REMARKS BY JOHN W. GARDNER, SECRETARY OF HEALTH, EDUCATION, AND WELFARE, AS DELIVERED AT THE DEDICATION OF THE AMERICAN DENTAL ASSOCIATION BUILDING, CHICAGO, ILL., FEBRUARY 27, 1966.

A dedication is a time when congratulations are in order, and I am happy to add mine to the many you have already received. This new building—the visible result of long months of planning and working—is a credit to the dental profession, to this community, and to the entire Nation.

I am impressed by the building itself, its 280,000 square feet of floorspace and its splendid equipment. But I am much more impressed by what the building stands for and how it will be used.

The dental profession has a proud record of public service. You have demonstrated an awareness of professional and social responsibility and a willingness to work for the public good. I regard this occasion as a rededication to those ideals. I see this building as a home base for research, for service, for stimulating new ideas, for standards of excellence in all of the fields related to dental health.

Because it will serve as the headquarters for so many dental groups, because it will contain laboratories for research, because of its location in this hub of professional and educational activity, this building will be a focal point for all the occupations concerned with dentistry and a center for cooperative endeavor in health.

We need these kinds of centers, these rallying points of innovation and interlocking activities. Cooperative enterprise is the keynote of our health effort today. The partnership extends through professional and voluntary groups, the university world, and individual practitioners and consumers. Government is also a partner, not as a meddler or intruder, but as a helpful ally and a source of support and stimulation.

Our efforts are interwoven in almost every aspect of health. Together we are involved in developing and maintaining well-trained manpower for the health professions. Together we are planning and building health facilities shaped to modern needs. Together we are experimenting with new methods of service and new patterns of organization designed to make better use of our existing resources.

But we continue to fall short of the need. The revolutions—social, economic, scientific—which have so greatly enhanced and so greatly complicated our ability to provide health services require no cataloging here. You are as familiar with them as I. But I would emphasize their results: a vastly more sophisticated people, one taught, and rightly so, to seek the full benefits that progress has made possible; a people who live longer and are thus more vulnerable to disease and dependency in later life; a society in which the gap between what is possible for some and inaccessible to others has widened and deepened; a society in which our performance lags far behind our potential.

The challenges are not going unheeded. Spurred by President Johnson's vision of a Great Society, the Nation has responded with a burst of creative activity.

Part of the response has consisted of a wide-ranging series of legislative actions in human welfare. Last year the Congress generated a tidal wave of legislation. Enacted into law were 25 major pieces of legislation to improve the life of the American people. More than half of these measures involved health or health-related programs.

Some of the legislation represents a new approach to old problems, as in the regional programs for heart disease, cancer, and stroke.

Some of the legislation represents a determination to deal with problems we have never faced up to adequately before—such as the measures dealing with mental health and mental retardation.

And some of the legislation is directed against relatively new problems, such as air and water pollution.

But all of the legislation is a contemporary response to an ever-changing world. All of it demonstrates a concern for the individual and for the maintenance of his freedom and integrity.

There are several other common threads in the legislative package: the recognition of the interrelationship of our major social problems; the preoccupation with manpower to carry out the programs; and the strengthening of the Nation's social institutions.

But perhaps the most significant characteristic of the new legislation is its commitment to equality of opportunity. This applies to health and education programs as well as to civil rights.

We want every child, however poor, to have access to a good education. We want every older person, however destitute, to have access to good health care.

But the existence of a potential benefit isn't enough if it never gets into the hands of those who need it. This applies to health services which are available to people in the middle-class part of town, but not to those who live in the slums a few blocks or a few miles away. Services must be organized so that they reach everyone who can profit from them. Otherwise, equality of opportunity becomes an empty phrase.

Nor is equality possible as long as discrimination exists. There must be an end to discriminatory practices of any kind, not only against patients but within the health professions. And the pace of integration must be speeded up. If moral suasion does not do the job, it must be backed by legal action.

Considerable progress has been made toward integrating the dental profession. You have made it clear that you are not willing to tolerate even the vestiges of a practice which denies membership in a professional association solely on the basis of color. This expression of good intent must be followed by firm and swift action. In doing so, you will be affirming your belief in human dignity

and conforming to the highest ideals of the dental profession.

Equal opportunity was one of the prominent themes of the White House Conference on Health, held last November in Washington. Perhaps the most compelling statement of the problem was made by Dr. Alonzo Yerby, Commissioner of Hospitals of New York. He said: "Health care of the disadvantaged is piecemeal, often inadequate, underfinanced, poorly organized, and provided without compassion or concern for the dignity of the individual. It remains as a legacy of the poor law, little changed in concept or application, while discoveries in medicine and other health sciences have advanced with lightning speed."

Several of you here participated in the conference, which attracted more than 800 leaders from virtually every health discipline and interest. As you know, it was a free-wheeling session, designed to develop ideas for the future. No formal actions were taken. Yet I believe the following goal emerged clearly: comprehensive, continuous health services should be available to all, whenever and wherever those services are needed.

To reach this goal, the following needs were identified: the need for better, more systematic planning; the need for more manpower along the entire spectrum of health; the need for better organization and delivery of health services; the need for more services for disadvantaged groups in our society—the poor, the aged, members of minority groups.

We must now give special emphasis to these problems. I want to discuss briefly two points that are of special interest to me.

The first is planning, which I regard as an imperative for the future.

Most health services have developed in a chaotic fashion, unrelated to each other or to the reality of the need.

Some areas are rich in hospitals or clinics, but essential laboratory and supporting services may be nonexistent.

Little thought has been given to the home-bound or to the patient who needs to move freely or frequently from the hospital to the convalescent home to his own home.

Community programs are focused on disease categories instead of on people.

The result is a fragmentation of services, an inefficient use of resources and worst of all, inferior care for the individual.

Last year this Nation spent more than \$38 billion for health and medical care. An infinitesimal fraction of this amount went into

planning. Perhaps we could get along with improvised services in the past. The stakes are too high today.

I believe, therefore, that steps should be taken to increase the planning capability of States, communities, regions, and institutions. State and local agencies thus would be able to meet their problems with a great deal more flexibility than is presently possible. They could work toward improved productivity, fuller use of facilities, and better use of technology. And this would mean, of course, more and better care for more people.

The second matter I wish to consider has to do with manpower. I am sure I don't have to remind you of the dimensions of the need. Shortages are chronic while the demand for services is soaring.

We are beginning to see some rays of light. Through the Health Professions Educational Assistance Act, we are helping to train highly skilled professional people. And the Vocational Education Act of 1963 has greatly strengthened the training of vocational workers in health.

But we have barely begun to consider the so-called middle level health worker—the college-trained therapists, medical technologists, dental hygienists, and others. Yet their services are vital to the modern health team.

It has been estimated that we will need 1 million more health workers in this country by 1975. Most of this army will be made up of the allied and supporting health occupations.

Physicians and dentists depend on these people almost every day. This dependence will increase in the future as health services become more complex.

In meeting the overwhelming demand of sheer numbers we cannot neglect quality of preparation. There is too much riding on the outcome—the lives and health of people—to settle for inferior or shoddy performance.

But training new health workers is only part of the answer. They must be used effectively and meaningfully. Their jobs must be made rewarding, not only financially but in terms of stature and respect. They must be given room to grow and develop. They must be a part of a flexible system which permits orderly advancement and encourages change.

For solutions to problems such as these, we must look to our schools and professional organizations. Society has always turned to professional agencies for leadership, guid-

ance, and standard-setting. This is a time of cataclysmic change. You can guide that change in the direction of scientific and professional soundness.

We also have to increase our scientific knowledge. Research in dentistry, as you well know, offers seemingly limitless possibilities to prevent and control dental diseases. The American Dental Association has vigorously supported an expanded research effort.

The need is obvious. Dental decay is the most common physical defect found among school-age children. Americans are resigned to the fact that they will begin losing their teeth in middle age; yet the control of periodontal disease could halt this process. Mouth lesions are common, ranging from minor irritations to ulcerations that lead to cancer.

We are making headway against these problems. In fact, dental research has done a good deal of pioneering—in fluoridation, in the use of the electron microscope, in the development of germ-free animals. Dental scientists are exploring the association of bacterial infection with various dental diseases. And they are on the trail of preventive vaccines.

The research frontier is encouraging indeed. Far too many people, on the other hand, are not getting the dental care they need. Half of the children under age 15 in the United States have never been to a dentist. The ratio is much higher, of course, for children in rural or impoverished families.

It is against this backdrop of need that the American Dental Association has proposed a national dental care program for children. This proposal is in keeping with your constructive view of the role of a professional organization in modern society. This view is also reflected in your educational programs; in your innovations in continuing education for dentists; and in your leadership of dental prepayment plans.

These efforts augur well for your future. But remember that professions are subject to the same deadening forces that afflict all other human institutions—an attachment to time-honored ways, reverence for established procedures, a preoccupation with one's own vested interests, and an excessively narrow definition of what is relevant and important. In short, the future beckons, but you have to be equal to that future.

I hope that this building will be a source of growth and inspiration as you enter a new period in the profession of dentistry and in the services of your fellow man.

## Dental Laboratory Scholarships Offered

Eleven scholarships for first- or second-year study in dental laboratory technology are being offered by the American Fund for Dental Education. Dr. Raymond J. Nagle, AFDE president and dean of New York University College of Dentistry, said that since 1958, the Fund has awarded 32 laboratory technology scholarships totaling \$21,430, nine dental hygiene scholarships totaling \$7,200 and 30 dental assisting scholarships totaling \$3,000. Four of the 1966 laboratory technology scholarships totaling \$2,000 are sponsored by Dentists' Supply Co. of New York, four \$500 scholarships are sponsored by American Dental Trade Association, two \$500 scholarships are sponsored by National Association of Dental Laboratories and a \$650 scholarship is sponsored by Dental Gold Institute. The one-year scholarships are for study beginning this fall. Applicants must be residents of the United States or Canada, have a high school diploma, and be enrolled or plan to enroll in one of the five schools having laboratory technology programs accredited by the American Dental Association. These schools are the University of California, Los Angeles; City College of San Francisco; Southern Illinois University; New York City Community College, and the Industrial Education Center, Durham, N.C. Applications are available from the American Fund for Dental Education, 211 E. Chicago Ave., Chicago, 60611. Deadline for receipt of applications is June 15.

## 8th Turkish Dental Congress July 19-22

American dentists have been invited to attend the Eighth Turkish Dental Congress to be held in Istanbul, July 19-22. Proceedings will include scientific, professional and social activities, as well as tours of the historical sites in Istanbul and other cities in Turkey. Additional information may be obtained by writing Dr. M. Yavuz Elitez, Secretary-general, Halaskargazi C, No. 216-2, Osmanbey, Istanbul, Turkey.



New officers of the International Association for Dental Research were installed at the recent general meeting in Miami Beach. Discussing plans for future sessions are, from left, Dr. Richard S. Manly, Boston, president; Dr. Frank J. Orland, Chicago, editor; Dr. Ralph W. Phillips, Indianapolis, president-elect; Dr. Gordon Rovelstad, Great Lakes, Ill., secretary-treasurer, and Dr. Arthur W. Frechette, Chicago, assistant secretary-treasurer.

## Congressional Record Cites ADA Building

Rep. Sidney D. Yates (D.-Ill.) has praised the U.S. dental profession and the Association's new Headquarters in remarks carried in the Congressional Record. Congressman Yates inserted in the Record the address delivered by Dr. John W. Gardner, secretary of the Department of Health, Education and Welfare, at the dedication ceremonies for the ADA Headquarters Building. Congressman Yates, in whose district the new building is located, said: "This new building is a credit to the dental profession, to my own community, and to the entire country. The progressive attitude of American dentistry is well known and this headquarters, permitting a marked expansion of the Association's research and educational activities, is one more example of farsighted leadership. Particular tribute, I think, should be paid to those dental leaders who were especially involved in planning the new headquarters, including Dr. Maynard K. Hine, president of the Association; Dr. William A. Garrett, its president-elect; Dr. Harold Hillenbrand, its secretary, and Association past presidents Fritz A. Pierson, James P. Hollers, Gerald D. Timmons, and John R. Abel.

## ADTA Gives \$3,500 To ADA Fine Arts Fund

The American Dental Trade Association has contributed \$3,500 to the ADA Fine Arts Fund for furnishing a conference room in the new ADA Headquarters Building. The conference room selected is located on the 22nd floor, on which the Board Room and the Secretary's Office are located. In accepting the gift, ADA Sec. Harold Hillenbrand said "since we will be using this conference room regularly, it will be a constant reminder of the very cordial relations which exist between our two associations and their members." He said the room will be called the ADTA Conference Room and a plaque will be placed in it to commemorate the gift. The ADTA Conference Room will be furnished with a black vinyl boat-shaped table and contoured chairs, and it is also planned to display a mural or a mosaic in the room.

The ADA Fine Arts Fund was established to receive contributions for specific decorative features in the ADA Headquarters Building. To date a total of \$28,826 has been received. Names of other contributors to the Fund are: transfer of Dental Officer's Memorial Fund; contributions from Dr. G. D. Timmons and Dr. Carl Stark; Kentucky Dental Association; Dr. Raymond J. Nagle; Tennessee State Dental Association; Dental Arts Club of Chicago; Texas Dental Association; Michigan State Dental Association; American Association of Orthodontists; Chicago Dental Society; West Virginia State Dental Society; Southern California State Dental Association; American Dental Assistants Association; American Association of Dental Schools; American Prosthodontic Society; Pierre Fauchard Academy; Xi Psi Phi Fraternity; Mr. Robert Newport; Johnson & Johnson; Connecticut State Dental Association; Missouri Dental Association; Mary E. Cacioppo; John B. Davis; Canadian Dental Association; American Academy for Plastics Research in Dentistry; Peoples Gas, Light and Coke Company; Psi Omega Fraternity, and the Supreme Chapter of Sigma Phi Alpha (Dental Hygiene Honor Society).



ADA Sec. Harold Hillenbrand (left) accepts a \$3,500 check from L.M. Anderson, president of the American Dental Trade Association, for the ADA Fine Arts Fund. The gift will be used to furnish a conference room in the ADA Headquarters Building.

## Four Receive Hatton Award

Four individuals were awarded the Edward H. Hatton Award at the 44th general meeting of the International Association for Dental Research held last month in Miami Beach. They are: A.A. Anderson, Washington, D.C., Howard University, first prize, graduate category; Arthur Johnson, Minneapolis, University of Minnesota, second prize, graduate category; Murray Mickleborough, Edmonton, Alberta, Canada, University of Alberta, first prize, undergraduate category, and Basil Richardson, Boston, Forsyth Dental Center, second prize, undergraduate category. The Hatton Award, which is sponsored by the Warner-Lambert Pharmaceutical Company, is awarded to young dental scientists judged to be best in presenting meritorious papers on original research.

In the last issue of the News Letter (April 4, 1966) winners of the other IADR awards were listed. Sponsors for these awards included the Procter and Gamble Company, Lever Brothers Company, Cook-Waite Laboratories and the Colgate-Palmolive Company.

## Louis Carow on AFDE Staff

Louis J. Carow, III, of Evanston Ill., has been named administrative assistant for the American Fund for Dental Education, Joseph E. Dickinson, AFDE executive vice-president, has announced.