

# NEWSLETTER

## CANADIAN ACADEMY OF ENDODONTICS (Organized 1964)

VOLUME 5  
June, 1967

THE 1967 ANNUAL MEETING OF THE CANADIAN ACADEMY OF ENDODONTICS was a tremendous success when judged on the calibre of the program. The speakers of the scientific session enjoy national and international renown in their fields, and the spectrum of material presented embraced the field of Endodontics in a particularly balanced way. The emphasis was weighted somewhat in favour of research areas and the sciences closely related to Endodontics rather than techniques, which is desirable at this level of conference, as techniques are discussed throughout the year at the Study Club level.

In retrospect, there was only one unhappy aspect to the annual meeting, and that was its timing. Because our program coincided with the C.D.A. meeting, our attendance suffered from the conflict with other good clinicians. By comparison, we had an excellent attendance in Halifax where our meeting preceded the C.D.A. meeting.

The papers presented this year were of such outstanding quality that we are publishing condensations of them in this Newsletter - both as a permanent record for the members who were present and for the benefit of those who were unable to be there.

At the business meeting following the scientific program reports of the various committees were presented by the chairmen. In the following pages we are reproducing the reports of the President and President-Elect, along with the report from the representative on the council of the Royal College of Dentists of Canada. The latter should be read carefully by each member, as it bears significant information relating to the Academy.

Also on the agenda of the business meeting was the election of officers to carry on the work of the Academy during the coming year. Congratulations are in order for the incoming President, Cliff Ames. He comes well qualified for the task and we expect great things of him, knowing that he will be certain to deliver. The retiring President, Cal Torneck, is deserving of our tribute for guiding the Academy well through many difficulties and for serving the CAE with such distinction. Henceforth his services will be sought in other capacities. Our hard-working Secretary-Treasurer, Al Thomson, did a great job in that area and now is looking for greener pastures as President-Elect. He fancies this year to be a resting year, but he may be disappointed. Lou Rosen from Montreal will take over for Al and will undoubtedly carry on in that difficult office in the old tradition.

Art Arshawsky has been prevailed upon to remain on as Chairman of the Scientific Committee. Art has endeared himself to the Academy for his genius in pulling out good speakers out of the hat, albeit he has grown a few gray hairs in the process.

The new executive lost no time in making proposals at the meeting that followed the general business meeting. The most important development was the formulation of a plan to arrange a national tour of Study Clubs across Canada by a speaker of renown. Cal Torneck will be in charge of this project now that he is free of his other onerous duties. Another item that came under consideration was the decision to adhere to the following deadlines for the forthcoming Newsletters - November 15, 1967 and February 15, 1968. Any material for these Newsletters must be submitted in advance of the above dates.

Another subject that was discussed was the advisability of all Study Clubs to integrate with the C.A.E. There will be obvious benefits accruing to everyone from this move, as the President's report indicates.

The executive committee made a welcome appointment to the Publications Committee in the person of Bruce Burns of Toronto. Bruce will undertake the task of keeping various organizations informed of our activities. He will be in correspondence with various Endodontic Groups in the United States, England and Australia, as well as the more important Dental Journals. This establishes a very important precedent.

The final matter that came under discussion was the next annual meeting of the C.A.E. to be held in Vancouver two days prior to the C.D.A. meeting. The C.D.A. meets at the Hotel Vancouver June 27-29th, which is a beautiful time in Vancouver. This will also give everyone an opportunity to enjoy the much-vaunted Western hospitality. As usual, Art will arrange a terrific scientific program. Incidentally, it would be wise to make hotel reservations now because there will likely be a shortage of accommodation at that time. Our membership is increasing so rapidly that we can scarcely keep up with it. In the near future a new membership list will be mailed out to each member.

This is the first Newsletter to many of our recent members, and it is a good time to urge each one of them - as well as the old-timers - to send in any news, beefs, or gossip about dentists or their wives, etc. Address them to:

Dr. Charles Aho,  
123 Edward Street,  
Toronto 2, Ontario.

P R E S I D E N T ' S   A D D R E S S  
C.A.E. - May 16, 1967

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It is with a mixture of emotions that I now stand before you in what is perhaps my last official function as President of this Academy. Because of the feelings I have always had for both Endodontics and this Academy it was with pleasure and with pride that I accepted and served the office of its presidency and for this honour I thank you all. With the tenure of this office now drawing to a close however, I must admit it is with some relief that I can shed the cloak of responsibility the President must wear. Fortunately this cloak is never just cast aside, but is placed upon the shoulders of the man who must now follow. Knowing Clifford Ames, our next president, as I do, I am confident, he will wear it well and maintain the enthusiasm and the vitality that have marked the first three years of this Academy's existence.

Upon reflection the last year of our Academy has been a fruitful and significant one, although admittedly spotted somewhat with frustration and disappointment. Our most significant achievement has been the rather dramatic increase in our membership. From a total of 54 just one year ago our membership today has risen to 74 composed of 25 active members and 49 associate members.

Another area of accomplishment has been the acceptance of Endodontics and Endodontists into the Royal College of Dentists of Canada. This recognition has established our position nationally and given us equal stature with the other special dental disciplines. This was not only good for Endodontics, it was essential. It was unfortunate however, that only five of our members could be and were accepted into Chartered Fellowship. For those who were not, there might naturally be some disappointment but let me add that it should be toward neither the Council of the College nor our representatives. All of these men and especially Cliff Ames and George Hare tried their utmost to have the terms of reference regarding our specialty expanded, but met with an impass in the Constitution of the College. Although some of this has already been brought out in the report of our Council representatives let me again explain in deference to those who still may not be fully aware. When the College was first established in March 1965, no provision was made for the acceptance of new specialties, if and when they were created. This as it turned out, was only one of the shortcomings of the newly formed College. Other omissions were later seen which have subsequently resulted in considerable dissatisfaction among other areas of the profession. The college is aware of these shortcomings and is sympathetic to many of them but unfortunately at the moment, is totally unable to render compensation. This, let me add, is typical of the growing pains that all organizations such as this must bear.

It is unfortunate that their oversight must affect individuals who by virtue of their position and accomplishment are deserving and thereby create disparity and ill-feeling. The College, through its secretary, has been aware of our situation and has been sympathetic. Up to now every privilege that could be, was extended to us and for this, although we may not be happy, we must certainly be grateful. At the present some negotiations are underway to expand their concessions. When this will bear fruit and perhaps more significantly whether this will bear fruit at all, only the future knows.

For the moment those who were not selected as Chartered Fellows but who are eligible for fellowship under the existing terms of reference can gain acceptance into the College upon the successful completion of Part I and Part II of the College's examination. Those who can apply, and I would honestly and sincerely ask that as many as possible of those who can, do, should contact Dr. John Speck, secretary of the College for further information regarding the time and the place of these examinations.

In concluding this part of my address, let me again state that despite some personal disappointment, the acceptance of Endodontics by this body has been the significant issue here, and now that we have attained due and proper recognition by the College perhaps further negotiations with the College can be undertaken.

Two other areas where our Academy has made substantial strides forward are the areas of Public and Professional Relations and Endodontic Education. As you have heard in Joe Merrell's report, negotiations are currently underway with representatives of the endodontic study clubs throughout Canada for the purpose of amalgamating and co-ordinating them as regional chapters of the C.A.E. Should such reorganization be successful it would, we feel, be of mutual benefit and aid in unifying and strengthening the position of Endodontics in this country.

The status of Endodontic education is also an area of vital importance to the specialty of Endodontics as a whole and this Academy in particular. As indicated by the report of Iz Wolch, a rather marked disparity exists between the undergraduate endodontic programs currently being given in the dental schools across Canada. Although this unfortunately can be related to rather marked differences in academic facilities and personnel, the situation must, we hope, eventually change. Furthermore, it will be the responsibility of this Academy, to continue the study of the matter, and ultimately recommend to the dental schools of this country, the establishment of basic minimum didactic and clinical requirements. This we feel will eventually raise the standard of endodontic services offered by the general practitioners throughout the country.

Regarding our relationship with the lay public, the Academy, or should I perhaps say Norm Vickers, through the Academy, is preparing a pamphlet on endodontics and endodontic services similar in some respects to the pamphlet prepared by the American Dental Association. This will be distributed to the members of this Academy, and eventually through the CDA to all the dentists in Canada. This we hope will be available within the next year. With its publication, it is our hope to educate the public and the profession as to the scope of modern day endodontics. To this end, we must also continue to sponsor clinics and essays at national and regional meetings.

This year, as last, the Academy is sponsoring a seminar presentation at the national meeting and for this presentation the Academy would like to extend its appreciation to Bob Tegart and Don Collison for their contribution.



Despite our record of achievement, our past year was not without some disappointment. This arose primarily from the action of some of the provincial licensing boards when they refused to endorse the decision of the CDA and recognize endodontics as a separate and special area of dental practice. Whether this decision arose from the current confusion that exists within organized dentistry today, regarding specialties in general, or whether it arose from the political manoeuvrings of a select few whose opinions do not necessarily reflect the attitude of the profession as a whole, is difficult to say. Personally, I sincerely hope it stems from the former and not the latter, although I must admit that in our dealings with the local board there were times when I had my doubts. In any event our disappointment, must not herald our defeat. We must, as an organized group, continue to press for our recognition in provinces where none has been granted. I am confident such persistence in association with our efforts, both publicly and professionally, will in time bear fruit. Our greatest enemy is frustration, a stigma I experienced personally and have hopefully overcome. We must remember our cause is just and our reasons right, and this in itself is sufficient justification to continue on. Disappointments of this type can temporarily create obstacles to our development, however once overcome, they can also add to our stature and maturity. When this Academy was established, it was founded upon the ideal of developing Endodontics for the betterment of our profession and the public we serve. Since its inception this Academy has flourished and the projects that have been undertaken have been done so with enthusiasm and with vigor. We've still a long hard way to go before our goals are reached. The only way they can be reached, is through the effort and dedications of our total membership. No one person can, or should be expected to carry on the responsibility. This is our Academy and only through us, all of us, can it and will it survive. If we accept the challenge I harbor no doubts that we will be anything but successful.

Gentlemen, it has been both a pleasure and an honour to serve as your President for the past year. The experience has been rewarding and the achievements satisfying. And as I said but a moment ago, because such achievement can only be realized through a combined effort I am indebted to you all. There was no one, regardless of what he was asked, who refused to contribute and do so selflessly. However, despite the effort expended by all admittedly there were some whose contributions were exceptional and it is to these men I would like to pay special tribute. Firstly, to Al Thomson, our Secretary-Treasurer and now our President-Elect, I would like to express my special thanks for the long and arduous hours spent often at the sacrifice of his personal and professional time in what must be the most difficult office of this Academy. I would like to thank Art Arshawsky for his efforts as chairman of our Scientific Program, a program that in itself stands as a tribute to his accomplishment. To Charles Aho, our Publications Chairman, and to Joe Merrell, our Public and Professional Relations Chairman, the men whose endeavours are for the most part responsible for maintaining the solidarity of the Academy across this big land of ours, I am particularly indebted. I also want to acknowledge the efforts of Iz Wolch and Norm Vickers who as chairman of two special committees have helped to express the importance and significance of this Academy. Also to Dr. Rosen the younger and Rosen the elder, I'll let you figure out which is which, my thanks for a job well done. Lastly and as the saying goes, certainly far from leastly, I want to extend my particular appreciation to George Hare, who as Past President and father of this Academy has never ceased to contribute his time, his energy and his wisdom for the guidance of its executive and betterment of its members. To these men and gentlemen, to you all, let me again say THANK YOU.

- Cal. D. Torneck

REPORT OF PRESIDENT-ELECT

Fellow Members:

Having enjoyed this very excellent third annual meeting of the Canadian Academy of Endodontics, and having listened to the annual reports of our executive, outlining the progress made during the past year, we must be impressed with the realization that all this has been accomplished in such a short time. The men behind these achievements should be proud and happy, and we members should be grateful to them. I know that I, living at the other end of the country, in Vancouver, am extremely grateful to our founders, Dr. George Hare, and the other men of high ideals from Toronto and Montreal, dedicated to the future of Endodontics in Canada. I am grateful to them for what they have done for me. Because what they have done for Endodontics in Canada, they have done for me. I therefore pledge to serve our Academy with my best efforts during the coming year.

Now that this organization has seen fit to decentralize its executive and distribute it between Vancouver and Montreal, the responsibility of each of us for the welfare and advancement of this Academy becomes even greater.

Of the various activities of our Academy that help make us a cohesive group, the two most effective are the annual meeting and the Newsletter.

Our Program Chairman, Dr. Art Arshawsky has arranged an excellent, well rounded program this year, of great interest, that would be a credit to a meeting ten times this size. By maintaining the quality of these programs, we can hope to attract larger attendance at our annual meetings. I am therefore happy to announce that Art has agreed to continue in this function and to arrange the program

for next year's meeting, to be held in Vancouver in June, 1968.

The Newsletter has been a well edited Journal, that has been keeping us posted on the news of our organization, and has reported resumes of the scientific papers given at our national meeting. The last issue of the Newsletter, November 1966, was exceptionally informative and interesting, and our Publication Chairman, Dr. Charlie Aho, deserves a great deal of credit for producing such a worthwhile Journal. I had shown that issue to the members of the Vancouver Study Club, who were most interested in it, and I am certain that it was a significant factor in causing them to subscribe to membership in our Academy.

Now, with the increase in number and distribution of our membership, communication assumes even greater importance. I would therefore like to see our excellent Newsletter expanded and enhanced with contributions of a clinical nature, from our members; with articles and reports of their work and their research projects, and even a Letters to the Editor section, where members can express their views on matters pertaining to our organization, and since communication is so important, a greater frequency of publication, say three times a year, would be welcomed by our members.

Much progress has been made during the past year in integrating study clubs with the Canadian Academy of Endodontics. Notable results were achieved in Vancouver, where 17 members of both study clubs have become members of the Academy. I would like to see this excellent work, under the chairmanship of Dr. Joe Merrell, continued and completed during the coming year, so that all Endodontic Study Clubs will be affiliated with the Academy. This will certainly serve to strengthen the work of our organization, and inure to the benefit of all. In this connection, it is hoped that this Academy will be

able to sponsor an Endodontic speaker of renown to tour Canada, and meet with the various Study Clubs at least once a year.

With increase in size, a number of other tasks, related to the smoother functioning of our organization, will have to be undertaken. For this, appointments will be made, and I am sure that everyone called on to accept committee responsibilities and assignments, will show the willingness and enthusiasm that has been characteristic of those who have served in the past. Nothing draws men closer than working together to achieve a worthwhile purpose, and I am confident that the enduring friendships so created, will be one of the invaluable bonuses one receives from involvement.

I feel that in a scientific society such as ours, there is also room for fellowship. Fellowship gives internal strength to an organization, and makes it function better. It is obvious that with the increase in our membership it becomes increasingly more difficult to know each other, and to have the same spirit of casual comradeship that a handful of men can achieve naturally. I would like with your help, to do a little extra to help promote fellowship, and with this in mind, I think we should plan some social function in connection with our annual meeting. I urge as many of you as possible, to attend our meeting next June in Vancouver, and we will do our very best to make your visit an enjoyable one, by showing you some true western hospitality.

- Dr. CLIFFORD AMES

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REPORT FROM THE REPRESENTATIVE ON THE COUNCIL OF  
THE ROYAL COLLEGE OF DENTISTS OF CANADA

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In the fall of 1966, shortly after Endodontics had been recognized as a specialty by the Canadian Dental Association, the President of the Canadian Academy of Endodontics received a letter from the secretary of the Royal College of Dentists of Canada, outlining the requirements for Charter Fellowship in the College. In response to this letter, correspondence was mailed to all the active members of the Academy requesting that those meeting the requirements of the College, mail their name and curriculum vitae to our secretary, who in turn would submit them to secretary of the College. From these names, the Council of the College would select Charter Fellows.

At a meeting of the Council of the Royal College of Dentists of Canada, held in Toronto on January 7, 1967, Dr. George Hare and Dr. Clifford Ames were elected to Charter Fellowship in the Royal College, and were subsequently invited to attend the next meeting of council as Council Members, representing the new specialty of Endodontics.

At the next meeting of the Council, held on March 19, 1967, Council proceeded to consider the list that had been submitted to them by the Canadian Academy of Endodontics, of those eligible for Charter Fellowship in Endodontics. The maximum number that could be chosen, using the same formula as the other specialties had used, was a total of five. Selection by Council was done by a careful and impartial weighing of each curriculum vitae considering factors such as length of time in limited practice, teaching, service in the organization and so on. Council then passed a motion electing Drs. C. Aho, A. I. Arshawsky and A. H. Thomson as Charter Fellows.

Another motion by Council elected Dr. Hare a member of Council for a two year term, and Dr. Ames for a three year term.

Your representatives have, on two occasions in Council, re-opened the subject of waiving Part I examinations for Endodontists as originally requested by your past-president in a letter to Council. This problem was finally settled by the legal representative of the Council at the meeting of May 13, 1967, who firmly declared that Council must abide by the constitution which provides for Interim Examination only for those who held provincial specialist certification, in a specialty recognized by the Canadian Dental Association as of the date of the passing of the Act (March 18, 1965). It was pointed out that other specialties were in the same situation but that Council must abide by the constitution.

In order then to clarify the situation regarding examination for admission to Fellowship, I inquired from the secretary of the Council who could apply for examination, (aside from those who have completed the prescribed formal programme of advanced study as laid down by the College). On May 5, 1967, I received a reply from the secretary as follows:

"It would appear that any man who is practicing full time endodontics, and is recognized as an endodontist by your association, would be eligible to submit an application for special consideration to the Council. To enjoy this special consideration, these applications must be received at this office before December 31, 1967. Council will then have to decide individually whether the man is eligible to write the examination."

Application forms and a brochure, giving each candidate guidance as to examination requirements, fees, etc., may be obtained from the secretary, Dr. John E. Speck, suite 614, Medical Arts Building, 170 St. George Street, Toronto 5, Ontario.

Applicants who are successful in the Part I (Basic Sciences) examination, are eligible to attend meetings of the College without the right to vote. On completion of the additional requirements for the Part II examination as set by the College, applicants may apply for the Part II examination and election as a Fellow.

Respectfully submitted,

CLIFFORD AMES, D.D.S., F.R.C.D.(C).  
Member of Council, Royal College of Dentists  
of Canada.



SUMMARIES OF THE SCIENTIFIC SESSION  
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The first speaker on Monday morning was DR. E. M. MADLENER of Toronto on the subject of "Effectiveness of Various Drugs in Root Canal Therapy". Since drugs form an integral part of endodontic treatment, this paper has special significance for us. The following is a condensation:

The relative efficiency of commonly used root canal medicaments to kill organisms was compared using a modified phenol coefficient determination method on bacteria isolated from root canals. The effectiveness was further explained on the basis of the chemical structures. The main action of root canal disinfectants in the normally used concentrations, is coagulation of protein. In lower concentrations they exhibit lipophylic properties. These cause the activation of proteolytic enzymes when the dilution occurs in serum or tissue fluid.

Tests concerning the action of the drugs in the canals of extracted teeth showed that they seep through apical foramina, specifically when the canal was prepared "short of the apex". The dual action of the medicaments could be observed on serum or blood agar plates, in the form of protein coagulation and lysis of blood cells where the apex of a prepared tooth touched the agar. In an attempt to minimize this destructive effect and at the same time to compare the bacterio-static action, 8/1000 cc amounts of various dilutions of the medicaments, and the single components of composite drugs, were placed on inoculated blood and serum agar plates. This showed that dilutions of CMCP or paramonochlorophenol between 1 and 3 percent dissolved in 5/100 and 3/100 percent "Tween 80" respectively, had a greatly diminished destructive effect on the serum - blood environment while retaining a large proportion of their bacterio static effect. 50 percent C.P.C. (Stewart's formula) and 10 percent formalin also showed a favourable effect, however, iodine, dissolved in Pot. Iodate (Swedish formula), did not. Of the root canal rinses Hexachlorophenol (1:1000) showed a less destructive action than Hypochloride (2 and 4 percent).

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DEAN J. I. INGLE of Los Angeles, gave the Academy two very masterful presentations - exactly what we expected of him. It was a singular honour to have a man of his stature speaking to us. Actually, what he said is nicely covered in his text book, but a few important references are worth mentioning here:

Dr. Ingle's morning talk was on the subject of "Differential Diagnosis in Oral and Perioral Pain", surely a subject right down the alley for endodontists. He made the point that it is important in the extreme to differentiate between real physiological pain and psychosomatic pain, and especially to recognize when a patient should be referred into specialized care. In very real pain the pulse goes down, the blood pressure goes up, the pupils dilate, there is nausea, and the renal output diminishes.

Dr. Ingle also stressed that a dentist dealing with a person in pain should be a good listener, and have interest, patience and curiosity. Too often we want to do all the talking, and we are in an awful hurry to jump in and do something.

Dr. Ingle spoke about pain more specifically under the headings:

1. REGIONAL, i.e., pulpal, periapical, periodontal, T.M.J.
2. NEUROLOGIC, i.e., Trigeminal Neuralgia, Trigeminal Neuritis and Herpes Zoster Neuralgia.
3. ATYPICAL FACIAL PAIN, i.e., Psychogenic, Vasodilating, Causalgia.
4. REFERRED PAIN, i.e., Pulpal, Nasal and Paranasal, Cardiac Angina.

He enlarged on each one of these, but this short reference should be enough to make each one of us run for his book.

In the afternoon session Dr. Ingle dealt with the Periodontic and Endodontic considerations in a restorative practice. This was done with beautiful slides and showed the interrelationship of periodontal and endodontic treatment. Hemisections and excellent restorations were shown following root treatment.

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On the second day, DR. W. D. CAVANAGH of Toronto was the opening speaker at the Scientific Session, on the subject of "The Practise of Endodontics and Crown and Bridge Prosthesis". Bill is an expert in this field and he illustrated his talk with beautiful slides. He pointed out how the endodontist and restorative dentist can work together to produce long-lasting results in pulpally-involved teeth. Root-treated teeth can be strengthened and made esthetically attractive by the correct restorative procedures following root fillings. He pointed out pitfalls to avoid, such as fractured roots. Unfortunately, Bill was asked to speak at the early hour of 9.00 a.m. and consequently he did not get the attendance that his outstanding presentation deserved.

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Pulp and Periodontal Tissues are the elements that endodontists are concerned with, so DR. MAX LISGARTEN'S excellent paper on this subject was very appropriate:

The ultrastructure of connective tissue was described with special emphasis on the cellular and intercellular components of the pulp and periodontal tissues. The structural features and organelles of the fibroblast were described in detail, and the relationship of these to cell functions were pointed out.

It is known that fibroblasts take up precursor amino acids and sugars from their surroundings, which are then synthesized into collagen and mucopolysaccharides. The main synthetic activity is associated with the rough-surfaced endoplasmic reticulum. The material is then concentrated in the region of the Golgi apparatus from which it is subsequently released to the outside. Collagen does not assume its fibrillar form until it becomes located outside the cell. This is due to aggregation in an orderly and well defined manner of tropo-collagen molecules, the building blocks of the fibrils. The mucopolysaccharide component constitutes the ground substance in which the fibrils are embedded. The fibroblasts of the pulp appear to synthesize collagen fibrils of two main sizes. Large fibrils range from 400-700 Å in diameter, while fine fibrils measure

from 100-120 Å in diameter. Individual pulpal fibroblasts seem to undergo a series of developmental stages which have been described as consisting of (1) a stage of differentiation, (2) a stage of maturation, during which the organelles associated with synthesis and secretion assume a prominent position in the cytoplasm, (3) a stage of regression, characterized by a decrease in the size and number of the organelles associated with protein synthesis.

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DR. G. H. POYTON of Toronto discussed local and general conditions affecting periapical bone - radiographic aspect. He did a very good job of presenting factors involved in changes in bone - some common, some rare, but all of them of interest to endodontists.

Dr. Poyton said that abnormal conditions in bone are seen as increased radiolucency or decreased radiolucency, or both. Also, sometimes bone disease is not detectable from radiographs because the change in calcific content is not sufficient to show up.

The first part of the discussion related to changes due to long-standing chronic inflammation, the most common being rarifying osteitis. The speaker also demonstrated the less common conditions with slides. He also discussed systemic conditions that produce changes in bone, such as Diabetes. Another cause of change in bone is steroid therapy.

It is important to recognize non-pathological changes in bone, such as periapical osteofibrosis where normal bone is replaced by fibrous tissue and the teeth remain vital.

Blood dyscrasias can cause changes in the appearance of bone - such as anemia and Leukemia. Deficiency diseases are not common in this part of the world, but they can cause changes in bone - for instance, vitamin D deficiency.

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DR. NORTON TAICHMAN gave us the benefit of his extensive research background in his discussion of the "Mechanisms of Tissue Destruction in Acute Inflammation":

Tissue injury in inflammation (increased vascular permeability leading to edema and cellular degeneration culminating in necrosis) is the net result of the effects of noxious factors emanating from the irritant or stimulus and from the host himself. In the past, it has been the tendency to regard the stimulus as the primary villain. However, evidence is accumulating to indicate that tissue destruction in inflammation, even during infection by virulent micro-organisms, may be mediated to a great extent by host-derived (endogenous) factors. This is especially true in cases of immediate or delayed hypersensitivity.

Theoretically, the supply of such endogenous mediators is inexhaustible. Increased vascular permeability, for example, may be a manifestation of the release of histamine from mast cells and of the elaboration of vasoactive polypeptides from plasma proteins. The role of lysosomes in inflammation was discussed in some detail.

Lysosomes are cytoplasmic organelles which contain a battery of hydrolytic enzymes, capable of degrading just about every constituent of the connective tissues. Neutrophils, macrophages and other inflammatory cells are richly endowed with lysosomes. Lysosomal enzymes can be liberated from these elements under a variety of circumstances, resulting in extensive tissue breakdown. The implications of these phenomena in the pathogenesis of diseases of the dental pulp and periodontium was alluded to. It was suggested that tissue destruction in these inflammatory states may largely reflect the activation of endogenous mediators rather than exogenous (bacterial exo- and endotoxins, etc.) substances.

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News from study clubs throughout the country is always interesting because all our members are anxious to know what is going on in other areas. The Newsletter has been in touch with the study clubs and we are including their letters herewith. Some of these letters have been on file waiting for this publication to go to press, so they may appear a little dated....

A LETTER FROM BOB TEGART from Edmonton:

The Edmonton Endodontics Society has just wound up its second year.

Five scientific sessions were held, and, in addition, the membership presented an afternoon clinic for the Edmonton and District Dental Society.

Each session has consisted of a principle essay by one member and case reports by one or two others. On one occasion motion pictures replaced the essay. The general pattern of the essays was a continuation of last year's program i.e. a review of the principles and techniques of routine endodontics.

The final session marked the beginning of our "advanced" program and consisted of a review of procedures applicable to treatment of pulp-involved immature permanent teeth. Modified pulpotomy for cases of acute abscess, continued apical formation therapy, retrograde obturation, and intentional replantation were reviewed from the clinical standpoint.

The newly elected executive consists of President Jack Calvert, Vice-

President Bill Simpson, and Secretary-Treasurer Charlie Pereversoff. Resigning executive members were Secretary-Treasurer Andy Revel, Founding Chairman Don Collinson, and President Bob Tegart.

The question of affiliation has been discussed on several occasions, and the "feeling of the group" if I may use a Schilderism, was that for the moment, application to the C.A.E. for associate membership should be left to the individual members. The hope that better rapport, through the growth of the C.A.E. Newsletter and exchange of clinicians was expressed. The C.A.E. program has been discussed, and several members expect to attend the Toronto meeting.

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CLIFF BILLINGSLEY has the following to say about the Vancouver Endodontic Seminar:

Our twelve members are now in the process of joining the Canadian Academy of Endodontics as associate members. We meet once a month with our mentor, Dr. Ames, for an afternoon of operating. The meeting disperses at 5 P.M. for dinner which is followed by a short business meeting. Then, after critical analysis of our afternoon's work and a lecture by Dr. Ames, the session is adjourned.



DR. J. A. GUAY writes about The Montreal Endodontia Society:

Here is a review of the Montreal Endodontia Society activities for the year 1966-67.

The first executive meeting was held at our president's home on Thursday, June the 2nd, 1966. Dr. Feinchnneider conducted that meeting and we outlined the plans for the coming season.

On October the 1st 1966, we had a joint meeting with the Canadian Academy of Dental Sciences. That first scientific session was a full day refresher course by Dr. Herbert Schilder from Boston University. Dr. Schilder dealt with the relation between Endodontics and Periodontics. That meeting was a tremendous one.

Another executive meeting followed this scientific day and we planned to increase our membership. After discussing some of our society problems we decided to report the second meeting after Christmas time.

The second scientific session was held on Saturday, March 25, 1967 at the Reform Club. The lecturer was Dr. Martin Brannstrom, Assistant Prof. Dept. of Oral Histopathology, Karolinska Institute, The Royal School of Dentistry, Stockholm, Sweden. Dr. Brannstrom presented a very good essay on pulp reaction to caries and Clinical procedures and illustrated with slides. Our Society remitted to Dr. Brannstrom a nice "Plaque Souvenir".

The third meeting is planned for April the 17th, 1967 at the "Université de Montréal". The lecturer will be Dr. Yury Kuttler, professor at the University of Nuevo Leon, Mexico. The subject will be the "Present status and different conceptions of Endodontics" (with projections).

Our last meeting will be in May. This will be the election meeting of the year. We will have Dr. Lyman Elwood Francis from McGill University who will deal with the pharmacology in Endodontics.

The Montreal Endodontia Society is very active and we are proud to be associated with the Canadian Academy of Endodontics.

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ISADORE WOLCH, of Winnipeg, Manitoba writes:

The Endo news from Winnipeg is mainly that our study club meets at infrequent intervals. Principally when one of us has an interesting case to work on. We have felt that the men are mostly interested when they see something being done.

Dr. Al. Diner has been appointed to the Endodontic department at the University of Manitoba. We now have three on the staff, Dr. W. C. Weinstein and myself as head of the department.

Two of our recent graduates have decided to take graduate courses in Endodontics. Dr. Marshall Peikoff will be leaving for Boston this fall to study under Dr. Herbert Schilder. Dr. W. C. Weinstein is to spend 2 years at U. of Penn. under Dr. L. I. Grossman.

We are sponsoring a short course in Endo at the U. of Manitoba starting June 2nd. This will be offered jointly by Dr. Cyril Gaum and Dr. Al. Krakow from Boston.

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TORONTO ENDODONTIC STUDY CLUB NEWS

The first general meeting was held at the Seaway Towers on October 12, 1966.

The guest clinician was Dr. R. Arora, whose topic was the "Surgical Aspects of Endodontics". It was well done and well received by the membership.

The second general meeting was held on November 16, 1966 at the Westbury Hotel. The speaker was Dr. F. Vosburg of Montreal who gave a paper on "Understanding Patient Behaviour". The interest created was evident from the lively question period that followed.

The third general meeting was held February 1, 1967 at the Park Plaza Hotel. At this meeting Dr. W. Kerr presented a review of the literature, and various members contributed to the discussion by presenting some of the material.

The highlight of the year was on March 23, 1967 when Martin Brannstrom of Sweden was the guest speaker.

Dr. Martin Brannstrom is an assistant Professor in Oral Histopathology in the Royal School of Dentistry in Stockholm, Sweden. He is in private practise as well, but is primarily engaged in basic experimental research. He has published about 35 papers in dental literature - and although he did not cover all these subjects in his 4 hour talk - he hit the main ones. Principally, the Hydrodynamic mechanism in the transmission of pain and the mechanisms of pain produced from dentin. He also discussed the pulpal and dentin response to early dental caries, - reduced air pressure, air streams as well as temperature differences. He spoke of various considerations in operative dentistry that could explain many untoward results in the operative field spectrum. He touched on a new product "Pharmatec" which he feels is superior to Zinc Oxide Eugenol Sealers. His slides and presentation were extremely well done - and was on the whole, fairly enthusiastically received.

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