3. 3군(치석제거술 시행군)에서는 치주낭깊이, 부착상실, 출혈지수, 치태지수 실험군과 대조군 모두에서 유의성있는 감소를 보였으며, ($P<0.05$) 실험군의 치태지수 4, 8, 16주에서 대조군에 비해 더 유의성있는 감소를 보였다($P<0.05$).
4. 4군(치은박리수술 시행군)에서는 치주낭깊이, 부착상실, 출혈지수, 치태지수가 실험군과 대조군 모두에서 유의성있는 감소를 보였으며, ($P<0.05$) 실험군과 대조군사이의 비교에는 유의차가 없었다.

● 치은염 및 성인형 치주염의 진행과 연쇄상구균 종과의 상관성에 관한 연구

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치은염 및 성인형 치주염과 연쇄상 균종과의 상호관련성을 규명하고자 2명의 치은염 및 11명의 성인형 치주염 환자를 3개월동안 추적조사해 본 결과 다음과 같은 결론을 얻었다.

1. 치은염 환자에서는 질환부와 건강부의 임상지수의 유의한 차이가 없었으나, 성인형 치주염 환자에서는 처음 관찰시에는 모든 임상지수가 유의한 차이를 보였으며, 관찰 후에 질환부위에서 치태지수가 건강부위보다 유의하게 높았다.
2. 관찰기간 동안 부착소실을 보인 환자는 성인형 치주염 세 명의 세 부위였고, 질환 진행군과 질환 비진행군 간에 계수공제 영상 방사선 측정법을 이용한 치조골 소실의 차이를 관찰할 수 없었다.
3. 질환부에서 운동성 간균의 비율이 건강부위보다 유의하게 높았으며, 건강부위의 비운동성 간균은 처음과 3개월 후에 질환부위에 비하여 유의하게 높았으며, 또한 질환부위에서 처음 관찰시보다 3개월 후에 유의하게 감소하였고, 질환 비진행군에서 질환 진행군보다 구균의 비율이 높고, 나선균의 분리비율이 낮았으나 통계학적인 유의상은 없었다.
4. 건강인의 건강부위 및 치은염 및 성인형 치주염환자의 건강부의 및 질환부위의 연쇄상 구균의 연쇄상 구균의 분리 및 동정을 시행한 결과 호기성 및 혐기성 연쇄상 구균의 분리비율이 건강부위 및 질환부위의 차이가 없었다.
5. 질환 진행군에서 혐기성 연쇄상 구균의 분리비율이 3개월 후가 전보다 높았으며, 건강인의 건강부위에서는 *S. salivarius, S. sanguis* 및 *S. oralis*가 분리되었으나, 성인형 치주염의 질환부에서 *S. equinas*가 많이 분리되고, 건강부위에서 *S. morbilloum*이 높은 비율로 분리되었다.
6. 질환 진행군에서 *S. equinas*의 분리비율이 비진행군 보다 높았다.

● Oxidizied Cellulose Membrane과 Collagen Absorbable Hemostat가 성견 치주조직 치유에 미치는 영향에 대한 연구

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저자는 6마리 잡종 성견을 대상으로 하여 하악소구치, 대구치 부위의 치조골을 외과적으로 제

Clincial study of standard extract of the unsaponifiable fraction of zea mays L. on therapeutic effect in periodontitis

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The purpose of this study was to evaluate the therapeutic effect of standard extract of the unsaponifiable fraction of Zea May L. when administered alone, or combined with oral hygiene instruction, scaling out on 2056 periodontitis sites among 87 patients.

Clinical paramentes such as probing depth, loss of attachment, bleeding index, and plaque index were recorded on initial examination. During administration of experimental group and placebo to control group, 4types of therapy were performed : ① no treatment, ② oral hygiene instruction, ③ scaling, and ④ flap operation.

Clinical parameters were recorded on 4, 8, 12, 16 weeks after treatments, and all data were analyzed statistcally.

The results were as follows.

1. For group 1(no treatment), there were significant reductions of probing depth, loss of attachment and bleeding index in both experimental and control group, (pa10.05) and there was no significant difference between experimental and control group.
2. For group 2(oral hygiene instruction), the reduction of probing depth on 4, 8, 12, 16 weeks, loss of attachment on 12, 16 weeks and plaque index on 4 weeks in experimental group is significantly different compared to control group($p<0.05$).
3. For group 3(scaling), there were significant reductions of all clinical parameters in both experimental and control group($p<0.05$). The reduction of all clinical parameters in both experimental and contral group($p<0.05$). The reduction of plaque index on 4, 8, 16 weeks in experimental group is significantly different compared to control group($p<0.05$).
4. For group 4(flap operation), there were significant reductions of all clinical parameters in both experimental and control group($p<0.05$), and there was no significant difference between experimental and control group.

The study of relationship of disease progression between *streptococcus* species and gingivitis and adult periodontitis

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The significane of plaque bacteria and its toxin in the etiology of various periodontal diseases has been well established.

The purpose of this study is to investigate the relationship between disease progression and *streptococci* species in gingivitis and adult periodontitis.

Eleven patients with adult periodontitis and two patients with gingivitis were monitored for three

months. Bacterial morphotype was observed by phase contrast microscope. Microflora was isolated by selective and nonselective media. Data was analysed between healthy sites and diseased sites, and also between progressing and nonprogressign sites.

Three sites of three patients showed loss of attachment at observation period. Threre was no difference in clinical index between healthy sites and diseased sites of patients with gingivitis. In patients with adult periodontitis, there were differences of clinical indices such as plaque index, sulcular bleeding index, loss of attachment, and pocket dept between healthy and diseased sites at first visit, but olny plaque index in diseased sites was higher than of healthy sites at second visit. The ratio of motile rods in te diseased sites were more than that in the healthy sites at the first visit. There was no difference in isolated number of aerobic and anaerobic *streptococci* between healthy and diseased sites, but the ratio of anaerobic *Streptococci* in progressing sites was decreased at observation period.

In healthy sites of normal person, 8/S. salivarius, S. sanguis, and *S. oralis* was isolated, but S. equinas was isolated more frequently in the diseased sites than the healthy sites and *S. morbillorium* was isolated more frequently in the healthy sites than the diseased sites of patients with adult periodontitis. *S. equinas* was isolated more frequently in the sites of disease progression sites than that of nonprogression sites.

Thesed results suggested that *S. equinas* might be relaed to the disease progression of adult periodontitis.

Further study is needed to clarify the pathogenicity of *Streptococci equinas.*

An experimental study of the effects of oxidized cellulose membrane and collagen absorbable hemostat on periodontal tissue healing in dogs

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The aim of this study was to evaluate the effects of the resorbable membrane such as oxidized cellulose membrane, collagen absorbable hemostat in the treatment of periodontitis of dogs.

Experimental periodontitis were created in the manibular, and 1st, 2nd, 3rd, 4th premolar, and 1st molar of 6 adult dogs.

Bone was surgically removed from the dogs in the buccal and lingual aspects and tin-foil was inserted into that portion to make a chrionic inflammatory status.

After 6 weeks, the in-foil was removed, and regenerative procedures were performed in experimental areas divided into 3 groups.

The three groups were as follows ;

1) flap operation(control group)
2) flap operation with oxidized cellulose membrane(experimental group I)
3) flap operation with collagen absorbable hemostat(exmperimental group II)