

IU School of Dentistry

# NEWS- LETTER

MAY - JUNE 1985

THE BIG STORY FOR THIS EDITION of the Newsletter is the forthcoming change in leadership of the School of Dentistry. At the end of June Dr. Ralph E. McDonald will retire after almost 17 years as Dean of the School. He will be succeeded on July 1 by Dr. H. William Gilmore, former chairman of the Department of Operative Dentistry. Special honors bestowed upon Dr. McDonald in the final weeks of his tenure as Dean include a reception by the Non-Academic Staff Council at 2 p.m. on Wednesday, June 12, in the IUSD lounge, a testimonial dinner sponsored by the IUSD faculty and staff on June 17 at the Marten House, and a reception and dinner during the biennial meeting of the Pedodontic Alumni in Nashville, Indiana, on June 21. During Commencement exercises for Indiana University-Purdue University at Indianapolis on May 12, Dean McDonald was paid particular tribute by IU President John W. Ryan for long and distinguished service as faculty member and administrator. On the following evening Dr. McDonald addressed graduates of the Dental Assisting program at their commencement program and received an Honorary Certificate in Dental Assisting.

The honorary degree of Doctor of Laws was awarded to Dean McDonald at the Commencement exercises of Indiana State University at Evansville on May 11. The citation read, in part: "Ralph Earl McDonald, dedicated professor, dean, and health professional, for the distinction you have brought to the programs you guide, for the vision you have given to the development of dental science education, and for the service you have rendered to the people of the great State of Indiana....."

Dr. Gilmore received the DDS from Indiana University in 1958 and the MSD in 1961. He is a professor of operative dentistry (part-time) at the School and headed the department from 1964 to 1970. He has been in general practice in Indianapolis for 15 years. Since 1974 Dr. Gilmore has been editor of the Journal of the Indiana Dental Association. In 1980 he served as president of the American Association of Dental Editors.



Dr. Gilmore is a trustee of the American Dental Association and a former trustee of the IDA. In 1977 he was president of the Academy of Operative Dentistry. He has served as national fund chairman for IUSD and is a past president of the Dental Alumni Association. He has been a visiting professor at the University of Pittsburgh and other universities in the US and Latin America. His text, Operative Dentistry, is in its fourth edition, and he has contributed numerous articles to the scientific literature.

Dr. Gilmore's research has included individual and group projects at the IU School of Dentistry, as well as for the military and for dental manufacturers, with focus on materials science and procedures in restorative dentistry. He has also done consulting work for the Surgeon General of the US Air Force, the US Naval Dental School at Bethesda, Md., and the US Army. His awards include the Hinman Medallion, presented twice (1971 and 1979) during the Hinman Dental Meetings; the 1980 Pierre Fauchard Academy award for outstanding service to the dental profession in Indiana, and the IUSD Alumni Association Alumnus of the Year Award (1977).

DENTAL GRADUATES OF THE CLASS OF 1985 have indicated the following plans after graduation: PRIVATE PRACTICE - 25; ASSOCIATE-SHIPS - 18; ARMED FORCES - 1 U.S. Air Force, 1 U.S. Army, 4 U.S. Navy; GRADUATE SCHOOL - 1 Orthodontics, 1 Endodontics, 1 Periodontics; RESIDENCY PROGRAMS - 8 General Practice Residencies, 6 Pedodontic residencies, 4 Oral and Maxillofacial Surgery residencies. Plans of the remaining graduates are not yet known.

THE ANNUAL LUNCHEON for the Omicron Kappa Upsilon and Sigma Phi Alpha honorary societies honoring new members was held at the Hyatt Regency on May 3, 1985. Ms. Donna Jane Dick and Ms. Lisa J. Graver received certificates as new alumni members of Sigma Phi Alpha. OKU members were presented with keys and/or certificates. New Alumni Members are: Drs. David A. Albright, Christopher A. Burns, Kevin A. Deardorf, Park L. Firebaugh, Margaret J. Fox, Chris D. Kinney, Craig T. Leland, Jean L. Musselman, James R. Oxford, Herbert P. Pleiman, Jr., Robert J. Relle, Christopher W. Schultz, and Richard E. Zollinger. Faculty Members are: Drs. Mark E. Mallatt, Charles L. Nelson, and George P. Willis. New Life Members include Drs. Roland W. Dykema, Samuel S. Patterson, Joe G. White, and Lloyd J. Phillips.

DR. S. MILES STANDISH, chairman of Oral Diagnosis/Oral Medicine and professor of Oral Pathology, was elected vice president of the American Board of Forensic Odontology, Inc. at the American Academy of Forensic Sciences meeting in Las Vegas.



DR. ROLANDO A. DECASTRO, director of Art and professor of Oral Anatomy, was recently honored as one of the 10 most outstanding Filipinos in the mid-west section of the United States. Dr. DeCastro was selected for this honor by the Cavite Association of America, a national organization based in Chicago. He received letters of congratulations from University Chancellor Herman B Wells and President John W. Ryan, who said, in part "...I am most pleased that Indiana University has had the privilege of working with you and has been the beneficiary of your talents, your courage and your loyalty, both to this country and to Indiana University."

MS. KATHERINE MIKRUT, instructor in Dental Auxiliary Education, Dental Assisting on the Indiana University Northwest (Gary) Campus, received the Vera Hewins Loyalty Award presented by the Lake and Porter County Dental Assistants' Association. The award is presented annually to the outstanding dental assistant in Northwest Indiana.

DR. DUANE E. COMPTON, assistant professor of Endodontics, was elected treasurer of the American Association of Endodontists during the Association's 42nd annual session in San Diego. Dr. Compton has previously served as secretary-treasurer of the Association's Endowment and Memorial Foundation, a member of the Board of Directors, and chairman of the Public Information Committee.

MS. MYRA D. MASON, assistant professor of Community Dentistry, was one of six IUPUI faculty members to received the IUPUI Recognition Award for outstanding performance at the annual joint meeting of the IUPUI Faculty and Staff. The awards went to six faculty and six staff members whose names were placed in nomination by colleagues. The 12 recipients were selected by an IUPUI Committee from more than 80 nominations. Other IUSD staff members nominated were: Mr. Robert Wegner, Mrs. Isabelle Ezzell, Mrs. Ramona Lemme, Mrs. Drew Beck, and Mrs. Gayle Massa. At a reception following the annual meeting a ceremony was held to honor all nominees.

Prof. Mason also received the "Excellence in Leadership" award at the annual meeting of the Indiana Coalition of Blacks in Higher Education. In addition, she has been elected as co-chairman, with Dean James East, of the University Minority Affairs Advisory Committee.

MS. SARA ANNE HOOK, assistant librarian, was awarded the 1985 Murray Gottlieb Prize of the Medical Library Association for her paper, "Early Dental Journalism: A Mirror of the Development of Dentistry as a Profession." Her award was announced during the MLA's annual meeting in New York. Ms. Hook has also received word that her article on College of Librarianship Wales will be published in SpecialList, a monthly newsletter of the Special Libraries Association.

DR. PRISCILLA I. JOHNS, second-year resident in Pedodontics, has been awarded a \$15,000 clinical fellowship in pedodontics by the United Cerebral Palsy Research and Education Foundation. The grant is for a one-year period, effective July 1, 1985. The



fellowship will enable her to continue her studies in cerebral palsy and other developmental disabilities under the supervision of Dr. David R. Avery, chairman and professor of Pedodontics. Dr. Johns received her D.M.D. from the University of Louisville in 1983.

THE SILVER ANTELOPE AWARD has been bestowed upon Dr. Ralph G. Schimmele, Associate Dean for Program Development and Extramural Programs, by the National Court of Honor of the Boy Scouts of America. The award is for "noteworthy service of exceptional character to youth by registered Scouters in the East Central Region." Dr. Schimmele, a Distinguished Eagle Scout, began his career in scouting over 47 years ago. Indiana has a membership of 60,000 scouts and an adult volunteer membership of 20,000. Dr. Schimmele was one of eight recipients of the award in 1985 and the only one from Indiana.

TWENTY-FIVE AND STILL COUNTING! Mrs. Alana Larkin, photo technician in Dental Illustrations, was welcomed into the IUPUI Quarter Century Club along with 13 other IUPUI staff employees at a dinner hosted by Vice President and Mrs. Glenn W. Irwin, Jr. at the Union Building. These dedicated employees were honored for completing 25 years of continuous service to the University. Mrs. Larkin and the others each received a service award pin and framed certificate, and individual plates bearing their names will be added to the permanent plaque housed on the first floor of the Union Building.

A BEAUTIFUL ACRYLIC PAINTING of the Indiana University School of Dentistry by Dr. Rolando A. DeCastro, director of Art, was presented by Dean Ralph E. McDonald to Matsumoto Dental College during the Dean's trip to Japan in March. A sister school relationship is being developed between Matsumoto Dental College and IUSD to allow the exchange of faculty and graduate students for mutual benefit. Dean McDonald attended the Matsumoto Dental College commencement and participated in the ceremonial signing of an Agreement of Friendship between the two schools.

DR. JAMES C. SETCOS, assistant professor of Dental Materials, recently addressed an International Symposium on Indications for Posterior Restorative Materials sponsored by the Dutch Dental Association in Utrecht, Holland. Dr. Setcos collaborated on several projects with Dr. Mattijs Vrijhoef and other researchers at the University of Nijmegen.

DR. RALPH W. PHILLIPS, associate dean for Research and research professor of Dental Materials, gave the keynote address at a meeting of the International Academy of Gnathology at The Hague, Holland, May 1-3. During the meeting Dr. Phillips also presented a one-day postgraduate course on advances in dental materials.

IN KEEPING WITH TRADITION, David A. Albright, as president of the Class of 1985, presented some final remarks to the School of Dentistry Honors Program audience on IUPUI Commencement day. His talk follows:



The first thing I'd like to do is recognize a few people in our class. We have had a different class president each year, and I would like to quickly mention my predecessors. Mark Mosbaugh was president our freshman year, Kevin Deardorf was class president our second year, and last year, Jim Oxford served as class president. Each did a great job, but for one reason or another did not seek a second term, which brought me to this position and before you today. I've always been of the opinion that no speech can be all bad if it's short enough, so knowing the limitations of my speaking ability, I'll be brief.

It's customary for these addresses to speak about the future. The future is a good enough topic, I guess, but have you ever noticed that nothing ever happens in the future? It always waits to happen in the present. If you stand still in the present, waiting for a breakthrough in your future, you're in for a surprise because your future is going to stand still right with you. The only way to broaden your tomorrows is to work hard to broaden today.

We've been called "future doctor" or "future dentist," which really doesn't mean anything unless we accomplish what needs to be accomplished now to become what we will be in the future. Today we are no longer future dentists, but rather dentists. And this is our challenge: to shape the future of dentistry by dedication and perseverance in the present, using the basic tools we've been given to build a continually enlarging foundation of knowledge and experience on which to found our dreams for tomorrow.

That may sound good, but it won't be easy. I think we all will come to the quick realization that all the knowledge we've accumulated during these past four years is just a start. The greatest thing dental school has taught me is how much I don't know. There are vast stores of information yet to be explored. It's somewhat frightening, and yet exciting, to think how much there is yet to learn; and all that learning begins right now--not tomorrow, but today.

I'll leave you with this last thought. The word "success" has a different meaning for everyone. Many people think money equates with success, and I'm not going to argue with them; but I feel there are greater measures of success, such as the respect of your peers, happiness, or just the feeling of knowing at the end of each day that you did your best to help someone. These things you can't put a price tag on. I truly believe that the highest reward for a man's toil is not what he gets for it, but rather what he becomes by it.

Lisa Bowers, president of the graduating Dental Assisting Class of 1985, summarized the activities of the past academic year during her presentation at the Dental Assisting commencement program held at the Dental School on May 13. Her talk follows:



Dean McDonald, Rev. Lane, Distinguished faculty, parents and guests-the graduating Dental Assisting Class of 1985 welcomes you to our graduation. As we look back on the past year we are aware of the growth that each one of us has experienced: growth in knowledge of our chosen profession, growth in consideration for others, and growth within ourselves.

In the beginning...yes, in the beginning we had many wonders! For example, that\*class\*is\*in\*what\*room\*when? Or, is S117 in the new part or the old part of the dental school? Are we supposed to wear our uniforms to Clinical Science lab? Oh yes, and: Clip those nails, wear those safety glasses, and your hair mustn't touch your collar. Memorize which handpiece is the high speed and which is the slow speed, how to adjust the light for the dentist, and which button on the dental chair does what,-of course some of us still haven't quite mastered that!!

Well, we came through all of that with flying colors. Then the tough stuff was upon us. An entirely new vocabulary full of dental and medical terminology poured from our mouths! Our new terminology appeared on many tests. For example, "The structure which is located just distal to the occluso-cervical concavity containing the buccal groove, on the buccal crown surface of the permanent maxillary first molar is normally--you guessed it--the buccal cusp ridge of the distobuccal cusp!!"

Learning the instruments for each tray set-up was another test. I bet that most of the parents didn't realize that their daughter was an artist. In order to memorize each new instrument, they were often sketched over and over again by each one of us. Speaking of artists, we also took part in sketching and sculpting wax carvings of the tooth anatomy, and posters and table clinics were also constructed by all. Along with those talents came speeches and articles for our Oral and Written Communications class. Although these appeared difficult at times, they gave us a change to "do our thing" and we were able to let our inner selves shine (glow).

Evaluations! What can be said about evaluations? Well, the only thing that comes to mind is that each evaluation was tough, but it brought out all of our newly gained knowledge and skill-and proved that we were the best we could be! Oh yes, we can't forget those glorious jaunts we encountered once or twice a week to the Medical Science building, come rain, sleet or four feet of snow-we trotted to class.

THE BOX? Yes, the tomboy in us all came out when we went to our labs carrying our blue fishing tackle boxes!! Only they weren't equipped with hooks, lines, sinkers, and files: they contained dental instruments, a Bunsen burner, nifty safety



glasses, and plastic teeth. Oh, another fond memory will be explaining to "passerbys" that we are Dental Assistants, not nurses - although our caps do tend to fool people.

Sometimes we were able to break away from our hectic studying schedule to enjoy some outside activity. Our first outing consisted of donuts/cider at Matt's place, the second was pizza/munchies at Ms. Gruner's, the third was "Bring Your Favorite Dish" at Chris' and--it looks like our favorite pastime was food!!! Well, even though we ate a lot, we were able to fit Christmas Caroling in there between the donuts/pizza!!

Alginate or Shur-Gel, you name it--we had it! Pictures just can't capture the fun we had taking impressions on each other! When we chose partners, everyone prayed that the other wasn't going to gag easily. Bubbles, yes those little guys seem to pop up every once in awhile, in our study models that we made from our alginate impressions. Boy, have we learned a lot!!!

I'm sure that there are many more incidents that could ad lib, but I hope that this will give you some idea of how much hard work was put in by all--with a little bit of room left over for fun. Through the clinical rotations, we were able to take part in the dental specialties, plus working at Veterans Hospital, Riley Children's Hospital, and Regenstrief Health Center. Our year was full - and now it is complete. We made it through the tough times and the fun times. We have made lasting friendships with classmates, dental students, faculty, and patients. We have had love and encouragement from all of you, plus others who are unable to attend this evening--and without that love and encouragement there's a good chance that we wouldn't all be graduating tonight.

Thank you all for believing in us, because it has given each one of us the confidence to keep striving. May the Lord be with each one of us in all of our endeavors and may He keep us all safe.

As you know, Dean McDonald will be retiring at the end of this academic year. The 1985 graduating dental assisting class and faculty would like to present to you, Dean McDonald, an Honorary Certificate in Dental Assisting for all of the contributions you have made in making the Dental Assisting program so effective.

DR. YIMING LI, a first-year Ph.D. student in Preventive Dentistry who completed the M.S.D. degree in Dental Materials last summer, was the guest speaker at the annual meeting of the Pierre Fauchard Academy in May. Dr. Li, a citizen of Shanghai, People's Republic of China, received his dental degree from Second Medical College in Shanghai in 1977. Dr. Li has permitted the Newsletter to print his presentation about education and dental care in China:



Dentistry in China is one part of medicine and it is quite different in many aspects from that in the United States. China has a population of more than one billion but it has fewer than 10,000 dental professionals at present. Obviously, the number of dental professionals is not meeting the requirements of the society. However, much has been done to improve this situation and a rapid development of dentistry, particularly during the last several years, is occurring in China. This discussion briefly introduces the dental educational system and dental care delivery in China.

#### Dental Educational System in China

The first dental school in China was established in 1916 at West China Union University in Chengdu, Sichuan Province. In the 1940s there were four dental schools and this number was maintained for more than 20 years. In the late 1970s the Ministry of Education and Ministry of Health noticed the increasing needs for dentists and thus decided that each of the 29 provinces should have at least one dental school. At present, approximately 20 dental faculties have been established and all of them are associated with medical colleges.

Dental students begin their studies directly after high school. To be accepted, the student must pass a series of national examinations and the competition is very intensive. Students are required to live on campus, and the room and tuition are free. Many students also receive a certain amount of money from the school which is usually enough to support the basic living expenses. In China, to pass the national examinations and become a university student is a big event in the family and it often results in a celebration.

Most dental faculties in China have a 5-year curriculum, but at least three programs require the students to study six years to be a dentist. In general, dental students spend two to three years studying basic sciences, which are usually offered by the medical college with emphasis on the contents related to dentistry. After successfully completing the basic science courses, students begin dental studies in the Faculty of Dentistry, which is often associated with a hospital. The organization of a Dental Faculty in China is somewhat different from here. It has fewer but larger departments, each of which contains several fields. In most Dental Faculties, there are Departments of Basic Sciences, Oral Medicine, Oral Surgery, and Prosthodontics. However, some early established schools, such as my school in Shanghai, have more departments. Fields such as oral pathology, dental materials, and orthodontics are also independent departments. Dental students study in these departments through lectures, lab exercises, and clinical practice for another three years.



Usually dental students are also exposed to various areas of medicine. They spend at least six months for lectures and clinical practice in the hospital departments such as internal medicine, general surgery, pediatrics, gynecology, radiology, Chinese traditional medicine, etc. For example, I did nine appendectomies and served as a midwife several times. The purpose for this arrangement is to prepare the student for the possibility of saving a life when he or she is alone on duty in an emergency room after graduation. To fulfill the requirements for graduation the student has to be an intern in dentistry for a minimum of nine months, and then must pass a comprehensive written and clinical examination. Usually about five per cent of the graduating students will be selected to work in the same dental school as faculty members. All dental students are practically guaranteed a job in the hospitals or medical universities.

Many Dental Faculties have also established graduate programs in various fields. For basic science programs, the student can apply right after his graduation from dental school. For clinical fields, however, most programs require the applicant to have at least two years of experience in clinical practices. All applicants must pass specified examinations. The accepted graduate students usually study for three years for the Master's degree. Some Dental Faculties also offer Ph.D programs.

#### Dental Care System in China

China has a so-called "free medical care" policy. All expenses for treatments of illness are paid by the government. This is not completely true for dental care. Patients needing dental prosthetic and orthodontic treatments usually have to pay themselves because such treatments are generally considered for esthetic purposes. In Shanghai, a set of full dentures costs about \$8 so that most people are still able to afford this treatment. Other dental care expenses are paid by the government.

The dental care system in the city is a little bit different from that in the countryside. In the cities, although almost all factory and street areas have a health station or clinic, dental care is usually provided by district hospitals and municipal hospitals. Using Shanghai as an example, there are approximately 12 million people living in this city and it is composed of 10 districts and 10 counties. Each district has at least one district hospital providing dental care. These district hospitals usually have two to 10 dentists. In addition, Shanghai has more than 10 municipal hospitals. Most of them have more dental facilities and dentists to provide more comprehensive dental care. In some cities, including Shanghai, there is another dental care network called Dental Health Care Center, which has many divisions in districts and provides general dental care and treatment, particularly restorations, prosthetics and extractions.



Because of the high density of population in the city and relatively limited dental facilities and dentists, the dental department is often one of the most crowded places in many hospitals.

In the countryside, the commune (Xiang), which has a population of 15,000 to 50,000, is usually the lowest level of dental care. A commune often has a clinic, which may have a dentist. Many of these dentists, however, are not trained by dental schools. Instead, they learned from the older generation, similar to an apprentice system. The commune clinic usually provides only simple dental care, such as extractions and amalgam fillings. The patient needing more treatment is then referred to a county hospital, which is often capable of providing dental care similar to the quality of care available at the district hospital in the city. However, for people living in the countryside, especially those in mountain areas, dental care is much less easy to find compared to the urban people.

In general, dentistry in China, particularly preventive dentistry, has been behind the progress of many other fields. It will take time and much effort to meet the increasing requirements of the society. However, the situation is being improved rapidly and dentistry in China has received more attention and support. China has established its first dental hygiene and dental assistant program, and some dental faculties have, or are going to have departments of preventive dentistry. Another example is an increasing number of dentists who are studying dentistry in the United States and other advanced countries. It is a reasonable assumption that dentistry in China will have a rapid stage of development, and people will enjoy better dental care than ever before in the near future.

ON FRIDAY, MAY 24, many of us who journeyed off campus for lunch spotted several thousand runners sprinting west on 16th Street. They were participating in the 500 Festival Mini-Marathon, one of the annual events preceding the Indianapolis 500, and one of the contestants was our own Carolyn Brown, of the library staff. At the request of the Newsletter, Ms. Brown has provided some information and answered a few questions regarding this popular foot race and her experiences in the competition.

The runners' 13.1-mile course starts on the Circle, north on Meridian Street, left onto 32nd Street at Winona Hospital, around back of Crown Hill Cemetery to Northwestern, Northwestern to 38th, 38th to White River Parkway, through a couple of golf courses, then Cold Spring Road to 16th, and 16th to the Track, with one lap around the track completing the race.

HOW MANY PEOPLE COMPETED THIS YEAR?

Officially - 5,400

Unregistered - 1,000



WHAT TYPES OF RUNNERS DID YOU SEE?

Men and women, young professionals, probably 20-40 the biggest age group. Students, housewives (I saw one pregnant woman who looked almost full-term--she was probably about the last to finish). One yearly participant wears a Spider Man outfit for each race. Many new runners are people approaching an age "crunch" in their lives, so they aspire to physical challenges like running, which makes them still feel young. Wheel chair competitors start out before the official beginning of the race.

WHAT DO YOU WEAR?

Tank top and shorts with fitted pants -- loose fitting clothing prevents chafing. A head band absorbs the salt from my forehead and keeps it from rolling into my eyes and burning them. A good pair of running shoes (price range \$35-\$75) appropriate for your type of foot. Since there are so many runners in the pack, you need a stop watch to gauge the time you actually begin the race. Some racers wore headsets.

HOW MANY PEOPLE FINISHED THE RACE?

The majority who started. This year at the end of the race many runners were walking to the finish line because it was very hot and humid on the track.

WHO WON?

Men's division: Gary Romesser - 1 hour, 7 minutes, 6 seconds (the first three-time winner).

Women's division: Lori Veal - 1 hour, 19 minutes, 20 seconds.

HOW DID YOU DO?

It took me 2 hours, 7 minutes. This is the fourth mini-marathon I have been in, and I have finished all of them.

WHAT IS THE DIFFERENCE BETWEEN RUNNING AND JOGGING?

There is no real definition. One source says that running means covering the distance of a mile in eight minutes. Anything that takes longer than that is considered jogging.

HAVE YOU PARTICIPATED IN OTHER TYPES OF RACES?

I've been in 10K races, but the Mini is my primary thrill. I want to run a bonafide Marathon sometime within the next year but that takes a lot of training (a Marathon is 26 miles).

HOW DO YOU PREPARE FOR A LONG RACE LIKE THIS?

When it is still cold in February, I go outside and start running two to three miles a day, gradually building my daily mileage. You should run at least



five days a week with rest days in between. Three weeks or so before the Mini, weekly mileage should be at least 35 to 40 miles. Some of the daily runs toward the end of the training period should be eight miles, and at least one or two 10 miles. Get plenty of sleep, eat a nutritious balanced diet.

WHAT TIME DID THE RACE BEGIN? DO YOU EAT OR DRINK BEFOREHAND? WHAT ABOUT DURING THE RACE AND AFTERWARDS?

The race began at 9 a.m. About three hours earlier I ate some toast and drank some coffee and water. There are water stops during the race - every two or three miles. I probably hit most of the water spots but drank only a gulp -- I usually grab two cups of water, take a swallow from one and pour the other over my head.

WHO MONITORS THE RACE? ARE PEOPLE AVAILABLE TO ASSIST RUNNERS WHO GET INTO TROUBLE?

Lots of volunteers make the run successful. There are timers at every mile marker who give you your time as you run by. There are 15-20 people per water stop giving water to the runners who stop completely to drink or to others who just slow down their pace. Along the path of the race for the last two years there have been people on bikes to assist distressed runners. For runners who can't finish the race there are vans to pick them up.

WHAT KINDS OF PROBLEMS ARE ENCOUNTERED?

--The heat. It causes you to dehydrate and can be a very big problem (probably the biggest).

--Cramps. Especially in your side. Beware of drinking too much water during the race or eating the wrong kinds of foods before the race.

--Bathrooms (the lack of).

--Chafing clothing, ill fitting running shoes.

Generally, the less you prepare, the more prone you are to injury.

THE DAY FOR THE RACE LOOKED BEAUTIFUL -- WAS IT A GOOD DAY FOR RUNNING?

Temperatures were hotter than predicted and caused people to start feeling sick at about the 10-mile mark.

WHAT SATISFACTION DO YOU GET OUT OF A RACE LIKE THIS?

It is one thing in my life that I can control. You meet a lot of people in events leading up to the race. When the race starts, it is marvelous to see all of those people running side by side with crowds cheering them on. Songs like those in the movie "Rocky" are blaring out over tape recorders. Those minutes before the race are exciting -- you wonder if you can make it to the finish line. Crossing the finish line is satisfying.



WHAT DO YOU THINK ABOUT WHILE YOU ARE RUNNING? ARE YOUR THOUGHTS IN THE FIRST HALF-HOUR DIFFERENT FROM THE LAST HALF-HOUR?

first half-hour: "This is fun!"  
"I'm going to finish in under two hours!"

(And you wave to the crowd as they cheer you on.)

final half-hour: "I drank too much water."  
"Is it hot!"  
"I have to outrun this stomach cramp."  
"I just want to finish."

DO THE OTHER RUNNERS AFFECT YOUR PERFORMANCE? DO YOU COMMUNICATE WITH THEM?

Sometimes you can focus on a runner near you to pace yourself. You can actually meet people during a race, and exchange casual conversation. Sometimes people run with a buddy during the whole race and carry on great conversations -- joking, laughing. I see people and meet people that I don't see for another year until we meet in the Mini again.

ARE THERE "RULES OF THE ROAD" TO OBSERVE IN A MARATHON LIKE THIS? DO SOME RUNNERS HAVE BAD HABITS THAT IMPEDE THE PROGRESS OF OTHERS?

Runners with headsets who are not able to hear could cause people to have problems around them. At the beginning of the race, it is a good idea to start roughly in a position within the pack where you expect to finish and be patient--remember, you can't run as fast as you would like at the beginning of the race because of the crowd. At the end of the race you have to run through a chute--you should keep running after you come through the chute to get out of the way of the people coming up from behind.

DO YOU EVER FEEL LIKE GIVING UP? IF SO, HOW DO YOU DEAL WITH THAT?

Yes. Some races have been very hot. But I try to keep a constant pace which is good for me. I may pick a runner ahead of me whom I am going to try to outrun eventually. I start out slow during the first three miles and then start to pass people. Some spectators really encourage you to finish the race. On 16th Street there are generally school children on the street who hold out their hands for you to slap as you run by. Sometimes just one friendly little old lady or man gives you courage to finish the race. Once I hit the 500 race track, I always feel like I will finish that last 2 1/2 miles even if I have to crawl.



Several of my friends who viewed the race commented: "I really envy the runners -- next year I will be in the race!" Actually, when the first person crosses the finish line the race technically is over, but all of the thousands of participants get satisfaction competing against themselves and just knowing they can finish.

Other runners from the dental school who participated in the 1985 500 Festival Mini-Marathon included: Nestor Reyes, Peter Gronet, Craig Leland, Neal Yoder, Kent Smith, Robert Relle, from the Class of '85; Christine Root and Robin Thoman, Class of '86; Christine Borkowski, Class of '87; Amy Ewing, instructor in dental hygiene; Toby Derloshon, pedodontic resident; and Danny Faulk, a resident in Oral and Maxillofacial Surgery. Dr. Faulk and Ms. Root did especially well -- Dr. Faulk took just 80 minutes to complete the race, unofficially crossing the finish line in the 100th position, and Ms. Root (who jogs 16-18 miles daily) finished unofficially in 16th place in the women's division at 1 hr. 30 min.

Carolyn Brown isn't the only one with a story about running these days! Between the AADS and AADR meetings in Las Vegas in March, Preventive Dentistry faculty members Drs. Arden Christen, Jim McDonald and Byron Olson, seeking a respite and adventure, rented a car and spent half a day visiting Death Valley. The following is a brief description of their experiences as told by Jim McDonald.

Death Valley is an arid, desert region in southeast California named by survivors of a party of 30 who were attempting to find a shortcut to the California goldfields in 1849. The highest official temperature in the United States--134 degrees F--was recorded in the region in 1913, although ground surface temperatures as high as 190 degrees F have been reported. Much of the valley is below sea level and is composed of salt flats and the famous borax deposits which are almost totally enclosed by mountain ranges, volcanic in origin and brilliant in color. Only sparse vegetation is present including stunted mesquite, cacti, desert grasses and shrubs.

For reasons known only to me, I had always wanted to jog in Death Valley and, in a deranged moment, Arden had agreed with the plan. Meanwhile, Byron claimed to have "a bad knee" and so declined to run with us, but courageously volunteered to remain with the car throughout the adventure. Since I wanted to run a little farther, the plan was for Byron to drive a ways down into Death Valley, drop me off, continue down the road a mile or so, let Arden off, drive another mile or two, and wait for us.

What had seemed like an outstanding idea during the planning stage quickly lost its appeal as I watched the car containing Byron and Arden slowly fade away in the distance. Finding myself alone in the expanse, solitude, and quietness of the surroundings, I almost immediately



felt scorching heat and a burning thirst (even though the temperature was only about 80 degrees F). Fortunately, the mid-March temperatures in Death Valley are moderate and comfortable. However, it was unsettling to realize that I was probably the only two-legged living creature within a radius of several miles (for sure I was the only one foolish enough to be out running in the mid-day heat). In the back of my mind, I could imagine Byron just driving the car on to Acapulco and making plans to pick me up sometime in 1996 during the next AADR meeting in Las Vegas. Mercifully, the run ended some 25 minutes later when I finally reached the parked car where Byron and Arden patiently waited.

As we resumed our drive into Death Valley, we saw no signs of animal life. Presumably, rabbits, rodents and insects are plentiful in the zone of shallow ground water bordering the salt pan; however, they are virtually non-existent on the salt pan itself as well as on the bare badland hills. The burro is one of the few animals that have thrived in Death Valley. Abandoned by the prospectors who brought them into the Valley, these animals have flourished and in fact are undergoing a population explosion that has many naturalists concerned.

At one point in our drive, we spotted what appeared to be a simple gravesite some 200 yards off the road out in the desert. After parking the car and hiking out to the site, we observed a neatly stacked pile of rocks approximating the length of a man. There was a crude 5-foot wooden cross driven into the ground at the head of the grave. Nothing else was present to shed any light upon the circumstances of the burial. Giving free rein to our imaginations, we speculated that it might be the final resting place of some fearless prospector who had died in the insufferable heat attempting to get his gold out of the desert.

Despite the bleakness and lack of fertile soil, we were astonished to see and photograph a number of beautiful desert flowers. These solitary denizens of the desert floor were living out their brief life script, adding some beauty to this savage wilderness.

Driving on, we passed Death Valley's luxurious hotel known as the Furnace Creek Inn, which is situated right at sea level, and headed toward Badwater, the lowest point on the North American continent (280 feet below sea level). Much of the "lethal" nomenclature of the land is a reflection of the potential danger residing there, e.g., Coffin Canyon, Hell Gate, Dead Man's Gulch, and Skeleton Mine. The salt pan itself lies at the lowest point in Death Valley and from a distance, shimmers in the sun like a white lake. It actually rests upon damp mud and is devoid of flowering plants and almost all animal life. What water exists on



the salt pan is saltier than seawater, is quite undrinkable, and usually evaporates very quickly.

During the early 1900s, the Death Valley area produced most of the borax used in the United States. Moving the borax out of the Valley was made possible by the use of the legendary Twenty Mule Teams. However, since 1928, little borax has been mined in Death Valley.

Driving east of Death Valley, we soon approached Rhyolite, Nevada, a mining town in the early 1900s, but now just a ghost town. In 1906 more than 10,000 people mined, drank, gambled, and otherwise existed there. Today, crumbling concrete walls of dynamited buildings that once stood three stories high stand along the strip of desert that once was the main street. The only complete structure we found remaining was the Depot Saloon, and since all of us were hot and dry, we stopped there to hear a little local history and quaff our thirst. Within we found three individuals: a loquacious bartender, a middle-aged man who worked as a radiation detector for the desert atomic test sites, and an old woman.

After some small talk, we inquired about why there were two bullet holes in the base of the bar. This led to an interesting story going back to the gold rush days as told to us by the bartender. It seems a gunslinger was firing wildly at another man who took cover behind the bar. The guy who was hiding behind the bar returned the fire and managed to shoot his opponent through the heart. As the dead man fell to the floor, he squeezed the trigger twice. His bullets found their mark, killing his crouched adversary! At this point, the bartender paused, dramatically wiped the bar, and exclaimed, "This is the only case in history in which a dead man actually killed another man." (This episode was later written up in Ripley's Believe It or Not.)

Suddenly our attention focused on the ageless woman whose craggy face had probably seen at least 80 sun-scorching summers and strongly resembled the wrinkled roadmaps of California and Nevada that we had been following. This lady had obviously been at the bar for quite some time, as indicated by her slurred speech, uncertain demeanor, and blood-shot eyes. She asked us what we did for a living. Arden, ever quick to seek out a little fun, replied, "Why don't you try to guess what we do?" After surveying the three of us intently for some time, she said, referring to Arden, "Well, I don't know about that bushy-headed guy, but those two bald-headed so-and-so's look like lawyers to me!!"

Following this cutting remark, Byron and I figured we'd had enough for one day, so we three returned to Las Vegas--not soon to forget our adventures in Death Valley!