

Alumni Bulletin

SCHOOL OF
DENTISTRY

Fall 1983

Indiana University

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Dentistry, the Universal Language

Richard Wagner, Class of 1971

Tandarts, *tandläkare*, *médecin-dentiste*, and *Zahnarzt* are all terms that I have come to learn to mean *dentist* in Dutch, Swedish, French (as spoken in Switzerland), and German, respectively. I learned these words because of a decision I made during my senior year at Indiana University School of Dentistry (1970-71). That decision led to my living and working in The Netherlands, Sweden, Switzerland, and West Germany during the next several years.

In the fall of my senior year, I weighed the usual options open to a graduating dentist and decided instead to try something that I had always wanted to do—live for a time in a foreign country. Through foreign travel that I had experienced as a student, I had been able to see mostly just the places that every tourist visits. However, the time that I had been able to spend among the citizens of other lands made me think of how interesting it would be to be able to communicate with these people in their own language, to learn their ways of thinking, and experience their life-styles. It would also be enlightening not only to observe but to get first-hand knowledge of their methods in dentistry. I realized that the only way to do this would be to live and work in a country for a time of perhaps two years.

Also, having lived in Indiana my whole life and having spent the previous seven years in university surroundings, I thought that this change would be good not only for my professional growth, but also for my personal growth. So I decided to seek a foreign position for two years and then return to America after that, but somehow that two-year stay in one country became extended into over

eight years in four countries.

In my naivete, I thought that as a dentist with an American education it would not be difficult to obtain such a position. Of course, it did not turn out that way. It was a time-consuming, almost year-long letter-writing task that at times was frustrating and disappointing. But success in finding such a position made the effort well worthwhile.

Getting Started

My search began when I wrote to the Council on International Relations of the American Dental Association. From that office I received a list of the national dental associations; a list of the dental schools outside of the United States; a pamphlet entitled *Opportunities Abroad for Dentists from the United States*, listing programs possibly available in Switzerland, Germany, and Scandinavia; and a notation concerning possible institutional work in England and the acceptance in Australia of a foreign dental degree. I also had requested and received in the same letter addresses of U.S. government agencies that I could write to for lists, by country, of American firms with



Wenner-Gren Center, Stockholm

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overseas branches that might employ dentists to care for their work force. In general, the tone of the letter from the ADA stressed that opportunities for foreign employment were limited. This was the first indication that this might be difficult after all and perhaps was not a very common thing to do.

Anyway, I began typing letters to countries all over the world, not only to Europe, since at that time I had no preference. In addition, I corresponded with several American firms; but this led nowhere since at the time their employees were receiving dental treatment from local practitioners.

My inquiries ranged from Finland to South Africa, from Canada to Argentina. I wrote to all possibilities: dental schools, public health clinics, school-children's clinics, dental associations, private practitioners, etc. Many letters went unanswered, and many produced negative replies. Some were returned due to incorrect addresses. Some were forwarded by the addressee to other people who would then respond. Others were answered with lists of more names and addresses for correspondence, which sometimes led to still others. Some letters were in various languages that friends or teachers would translate. One dental school answered that they could not make a decision since they had no dean at that time; while another answered that certainly I could teach there—without a salary. A few responses stated that there was no position for an oral surgeon. The DDS degree can cause some confusion!

After all of this searching, I decided to begin as an assistant dental surgeon practicing in Melbourne in the state of Victoria, which was one of the states in Australia where my dental degree would be recognized. As an aside, concerning the word "assistant", in most foreign countries it has a different connotation

than in the United States. It means a dentist who is employed by another dentist, rather than an auxiliary ("dental nurse"). I could not legally accept a specific position until I was in Australia, but the dental board assured me that there would be no problem finding such a position and several dental companies wrote proposing to aid in this. I began the immigration procedures and registration of my dental degree and all the paperwork that goes along with that. In the meantime, I received a reply from the chairman of the Department of Prosthetics of the University of Amsterdam in The Netherlands offering a full-time faculty position. It came as somewhat of a surprise, since I had written to that university months earlier with no reply. Since this offer seemed more challenging, I changed my future course and decided on Amsterdam. The position would begin in November, 1971, and continue for two academic years.

More Writing

In preparation, I wrote again to the Council on International Relations for information concerning the University of Amsterdam and dentistry in Holland in general. However, since the dental school had only begun in 1964 and graduated its first class in 1970 (dental education in Holland at that time consisting of six years and since changed to five), no specific information was available concerning this university. All I had was my correspondence with the professor of the department, stating that my future duties would be divided between clinical instruction and patient treatment. I would like to mention here also that the term "professor," as used in most European dental institutions, is reserved for one person, the chairman, in each department. (However, even some chairmen may not yet have achieved this title.) Due to the limited number of per-

sons holding it, the title carries with it a different aura of importance than is found in America.

In the latter part of October, I left for Amsterdam. Even on the flight I was anxious to learn something of the university and asked several of the stewardesses, thinking that they might have friends who were students. Again, however, I found no information since the school they knew the most about was the oldest Dutch dental school, in Utrecht.

Upon my arrival I was warmly greeted by Professor F.J. Tempel, with whom I would be working, and welcomed to rainy Amsterdam. This friendliness I was to learn during my stay would continue to be most common—as was this type of weather.

My first impression of Amsterdam was the great mass of bicycles being ridden by people of all ages and from all walks of life. You have not really experienced Amsterdam until you have ridden on the back of a bicycle through the city during rush hour! Of course, the next most impressive sight was the canals and “canal houses” from the 1600’s.

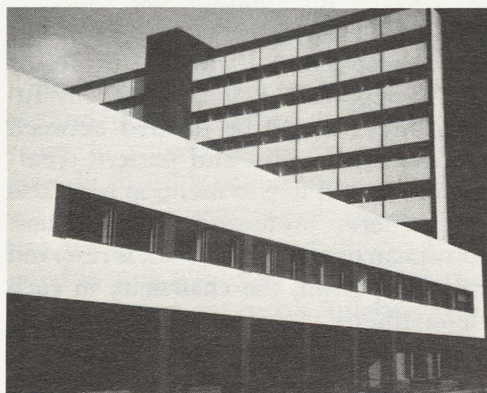
Luckily, one of my colleagues was able to find an apartment for me in one of the 17th century houses which was situated a block from the palace in the cen-

ter of the city. This was perfect to help me become accustomed to my new surroundings.

New Facilities

The dental school was located in a suburb approximately 45 minutes by tram from downtown. The facilities were new, not yet completed, in fact—since the school had moved into the building from a temporary location in the previous year. During my two academic years there, I was able not only to see the completion of the facilities but also, and more important, the development of a progressive dental curriculum.

My clinical teaching began with the fourth year students who were just starting to treat patients. I would continue teaching this class the next year, in their fifth year. It was customary to follow one class through their first two years of clinical practice and perhaps into their last year and then begin again with a new class. The class was composed then of 60 students, with approximately 25% being female. This contrasted with my own graduating class with a 2% portion being female. This difference would become even more striking when I would later teach in Sweden, and there would be a 50% female student body.



Dental School, University of Amsterdam



Staff and Faculty birthday celebration, University of Heidelberg

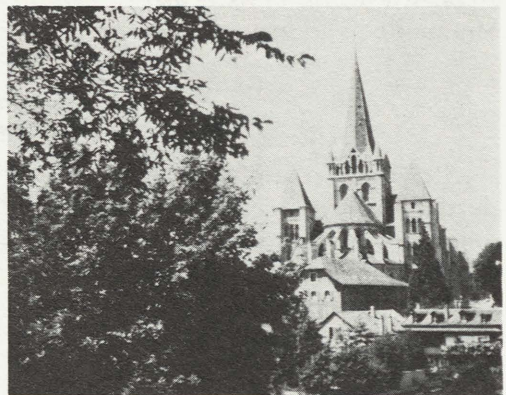
What impressed me most about the students was the ease with which they were fluent in several languages. In addition to their native language, they spoke English, German, and French. Later, I would find the same to be true in Sweden, where the students' knowledge of foreign languages included English, German, some French, and the other Scandinavian languages of Norwegian and Danish. This can be explained by the fact that citizens in these countries (where only 14 million people speak Dutch and 8 million people, Swedish) need to know other languages wherever they go outside the country's borders or correspond with other parts of the world. Few of their foreign contacts speak Dutch or Swedish. Therefore, the children begin to learn languages in school at an early age.

In the beginning, I spoke only English with the students. But with the assistance and patience of the students, through night courses in Dutch, and through dealing with everyday life in the city, I was able gradually to learn enough Dutch to be able to do my clinical teaching in Dutch or English depending on what language the student preferred. Some wanted to speak English and learn the American dental terms to help them in reading literature and at international meetings. Others preferred to speak only Dutch. Later, in Sweden, basically the same situation prevailed concerning my learning Swedish and conversing with the students. The only difference there was that I received a salary from the university to attend language school at night. It was a Swedish law that the employer must pay his foreign employee a comparable salary for the hours spent learning Swedish. However, when I worked in Switzerland and West Germany, the situation concerning language was much different and will be dealt with later in the article.

Indiana Texts

In both Holland and Sweden many of the textbooks we used were in their original languages, since the market was too small to translate these books. So the students were reading about dentistry in several languages. I remember one orthodontic textbook used in Stockholm that contained chapters in Swedish, Norwegian, and Danish; and as the student progressed through the book there was the necessity of changing the thinking process from one language to another. As an Indiana University graduate, I noticed that these two countries used several textbooks from Indiana, including Phillips' *Science of Dental Materials* and Shafer, Hine and Levy's *Oral Pathology*.

In Amsterdam, I found that most of the techniques and principles taught at the dental school were comparable to those I had been exposed to as an American-trained dentist. Other procedures that I learned were in accordance with the philosophy of the particular school. An example was in endodontic therapy. Using instruments developed in Switzerland, the single canal or the largest canal of a multirooted tooth would be filled after canal enlargement by placing a pre-fitted, Xylene-softened 4 mm-long gutta percha point to the apical extent



Cathedral, Lausanne, Switzerland

of instrumentation. Therefore, the remainder of the canal would be already instrumented to receive a post during the restorative phase.

It may sound strange that as a member of the prosthetic department I was also involved in the instruction of endodontics; but clinically I taught treatment planning, basic periodontics, endodontics, and operative dentistry in addition to prosthodontics. In each clinic, there were approximately 20 students, each with an individual permanent partitioned unit. There were usually two instructors per clinic—one from the conservative department (which included operative dentistry and endodontics) and one from the prosthodontics department. For some reason, the prosthetic instructor was supposed to teach both what was taught by his/her department and what was taught by the conservative department, including complete treatment planning. On the other hand, the instructor from the conservative department taught only the appropriate disciplines of his/her department and only the treatment planning involving this aspect.

One of the most rewarding professional experiences in Amsterdam was the possibility for me to introduce the members of my department to the use of the arcon articulator, in particular the Whip-Mix model, and instruct them in it.

A Return Trip

After the two academic years in Amsterdam passed quickly by, I decided to follow my original time-schedule for the future and returned to the United States. However, within three months, I decided that I wanted to return to a foreign country, began studying German at night, and started the letter-writing process once again. This time it was somewhat easier, since I had more

knowledge of how to go about seeking a position and had a reference from a European dental school. There was even an invitation for an interview at one of the embassies in Washington D.C. I ended up with a choice among four affirmative responses from London, Sweden, Switzerland, and South Africa. After weighing all factors, I chose Sweden; and less than a year after returning, I was on my way to Stockholm to teach in the Department of Cariology at the School of Dentistry at Karolinska Institute.

Here I would develop a very good professional relationship and friendship with Professor Yngve Ericsson, chairman of the department. Again, I was graciously greeted by Professor Ericsson on my arrival and taken to the center of Stockholm to Wenner-Gren Center, which would be my home for the next two and a half years. This apartment complex is specifically for visiting scientists and other academic people from abroad. It was an unusual place to live, since one was able to meet people from all over the world—a small United Nations.

Stockholm is a much smaller city than Amsterdam, and there was a contrasting plain, somewhat austere look to its buildings. The most interesting part of the city to me was the “Gamla Stan,” or old town, which is situated on one small island and contains the royal palace. The city itself consists of a series of islands, earning it the name of “Venice of the North.” Striking features about living in Sweden include the extremes of very short days in the winter and very long days in the summer, the so-called “midnight sun.”

The dental school was situated in an older building in the center of the city. While I was there, a new school was opened in Huddinge, a suburb of Stockholm. At one time both schools were in full operation. But with the excess of

Swedish dentists, the older school is gradually being phased out and will be closed within 1-2 years, as originally planned.

In my position at the school (the old building) I taught clinically half-time and treated patients the other portion of my time in the so-called "teachers' clinic." Here the Department of Cariology was involved in the teaching of operative dentistry and preventive dentistry. There were more specialties in Sweden than in Holland, so there were more individual departments.

Five-Year Curriculum

The curriculum consisted of five years (10 semesters) with a new class beginning every half year. Each class consisted of approximately 50 students and, as stated before, 50% were female.

I taught the seventh and eighth terms

of clinical cariology. Since the students had begun with their first clinical experiences in the sixth term, I was not starting with them from the beginning.

The methods, materials, and education in Sweden are extremely modern and, in my opinion, probably the best in Europe. Also, this dental school and the others in Sweden are involved in much research.

The biggest adjustment I had to make was to the instruments and materials used, since the Swedish are very partial to their own products. For example, I learned of the Nyström system amalgam carvers and matrices, the use of extremely fine so-called "gold diamonds" for polishing tooth-colored restorations which are being advocated in parts of the U.S. now, and the Eva system for removing interproximal restoration overhangs.

In Sweden, as in Holland, at least 50%



"Old City" and Neckar River, Heidelberg

of the patients preferred to have restorative treatment without local anesthetic. For example, during the preparation of a tooth to receive full coverage, a patient with no anesthetic would show no discomfort.

The school had many traditions that continued with each class. On St. Lucia Day, the thirteenth of December, the student dental "nurses" would dress in long white gowns and place tinsel in their hair. Each would carry a lighted candle and one would wear a crown of lighted candles on her head. They would pass through the school singing old religious songs, and the high point of the day would be a school lunch with glögg (a warm spiced wine). Another tradition was "Spex," a play presented by each class at the end of their seventh semester. All the faculty were invited, but on entry to the dinner preceding the play, they were required to give one liter of alcohol. The play consisted of a musical comedy about the faculty, the life of a dental student, and dentistry in Sweden.

On the Road Again

When my second year in Stockholm was drawing to an end, I reapplied for the position which I had previously been offered in Switzerland. Fortunately, I again was accepted and was to begin there in the Fall of 1976. So that spring in Stockholm, I began learning French through Swedish. That was an experience: learning one foreign language through another foreign language.

I went to Switzerland directly from Sweden, but not before having a chance to observe the festivities surrounding the royal wedding in Stockholm of the Swedish king and a German commoner from Heidelberg, a city that would later figure in my future.

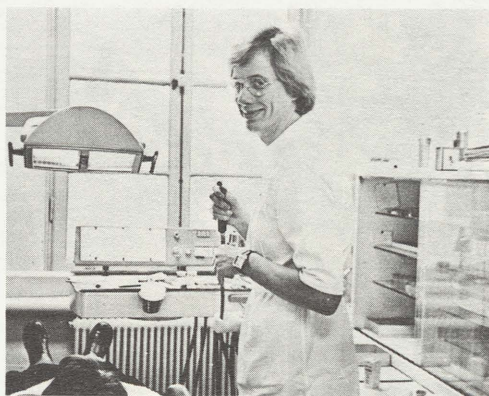
My position in Switzerland would be

as a dentist with the clinic associated with the medical school in Lausanne, a small city on the shore of Lake Lemman and close to Geneva.

As I was to find from the first day in my new position, only French would be spoken by my assistant, the patients, and most of the inhabitants. Here, English was not a second language. If anything, that would be German, since that is the native language of the largest portion of the Swiss population, followed by French, Italian, and Romansh. Also, the French spoken by the Swiss varies somewhat from the French spoken in France. But through the perseverance of my assistant and colleagues and through continuing night school, I became accustomed to the language.

Here I had an apartment with typical European high ceilings and wooden floors. From the living room window, there was a view over the lake to the French Alps that was very soothing to watch as the sun set. I walked to and from the clinic every day, passing through the beautifully manicured park of the original headquarters of the Olympic Games and past the Supreme Court of Switzerland.

As with every country, there were customs to adapt to, such as the two-hour daily lunch when the stores and busi-



Dr. Wagner in a Dental School clinic, Stockholm

nesses were closed, and a city center dominated by banks and jewelry stores.

My dental position also had its unique aspects, such as providing bedside emergency treatment using portable dental equipment for hospitalized patients, and carrying out diagnosis and treatment of patients being cared for by physicians who were still following the focal infection theory. Another interesting aspect of the position was the treatment of patients receiving general anesthetic administered by an anesthesiologist.

Teaching in Germany

My last position in Europe was in the conservative dentistry department at the University of Heidelberg in West Germany. This department included the teaching of operative dentistry, endodontics, and periodontics.

Upon arriving in Heidelberg, my wife and I (I had since married one of my former students in Stockholm) were greeted by Professor Dr. Dr. H.F. Overdiek, who is addressed as per German custom by both his medical and dental doctor titles. He had arranged an apartment for us in the "Gästehaus" of the university, a complex donated by the Volkswagen Corporation to the university to house visiting foreign instructors, a situation similar to the one I had encountered in Stockholm. The complex was in the hills of a suburb called Schlierbach, not far from the famous castle of Heidelberg. There was a beautiful view looking down on the Neckar River.

Heidelberg has retained most of its quaint, historic buildings, including many at the university, which is the second oldest in Europe. We had arrived



Royal Wedding, Stockholm (King Carl Gustav and Queen Sylvia)

in October, 1978, just in time for the annual Heidelberg Fall Festival, to celebrate the harvesting of grapes for the wine industry of that area.

Here, as in Sweden, the dental curriculum consists of five years (10 semesters) with a new class entering each semester. However, in Germany, the study of dentistry is the most difficult to gain entry into. This may be due in part to dentistry being the highest paid profession.

When I began my position there, there were fourteen students per class. However, this was changed to 28 students due to a revision in government regulations by the time I had my second class of students.

The dental school was an early 1900's building in the center of Heidelberg. A new school was in the process of being built in a suburb where other new university buildings were being placed. Already, orthodontics and the basic pre-clinical technique courses were being taught in this new area.

I began as the head of the pre-clinical course of operative dentistry and endodontic techniques. The German regulations concerning foreign dentists were somewhat different from those I had encountered in the other countries. In the others, I had been granted permission quite easily to teach clinically and/or treat patients in a university setting. However, in Germany, even to teach clinically within a university, one must receive permission from the state in which one is working, the same as any foreign dentist in a practice there. This is mostly done through paperwork, but it requires much time. Therefore, since I had not yet received this permission, I was not able to teach clinically from the onset; and once I received this permission, I had already established myself in the technique course.

The German students had studied English as a prerequisite for entering the

school, but many had had little or no experience conversing in English. Therefore, in the beginning, until my German became better through studying at night again, my demonstrations would be simultaneously translated by my assistant, who luckily was fluent in English. The dental books were also originally in German or translated into German. The students did not have to study in a foreign language, as in Holland and Sweden.

In teaching, I had to remember to grade backwards from what I had been accustomed: a grade of 1 was the best and 4, the worst. Also, I had to learn not to be startled by the custom of the students rapping their knuckles on the desk as a sign of approval of a demonstration or lecture.

Some of the differences in the technique taught in Heidelberg as opposed to the other schools included the more prevalent use of cast restorations as opposed to amalgam, more extension of the cavity preparations, and the use of the Sargenti method of endodontic treatment.

Since my return to the U.S. at the end of 1980, people have often asked me which place I liked the best. For me, that is an impossible question to answer, since each place had its own charm and own characteristics to savor and appreciate.

During the period abroad, I was able to meet and communicate with people from various countries where I had lived and through which I had travelled. I have learned and tried to understand their feelings concerning not only dentistry, but also political and social issues. I have made friendships with people in several countries with whom I continue to correspond and visit.

And, lastly, I have mastered the technique of packing for moving anywhere and have acquired the patience required for government processes, be they work permits, visas, or the inevitable taxes.

Reflections on 'Starting Over'

Thomas P. Byrnes*

Vivid memories of my first day at dental school remain. It was an August afternoon, and the entering class at Stony Brook had been forced to gather in a circle and introduce themselves. Most of the responses went something like: "Hi, I'm Stew Mandell. I graduated from Albany in 1977 with a B.S. in biology." Things were going rather smoothly, with everyone equally ill at ease, until I said: "Hi, I'm Tom Byrnes. I graduated from Brooklyn College in 1969 with a B.A. in history." As 1969 fell from my lips, I could see the heads of my classmates turn toward me as one multi-headed beast. Most of them had their eyes rolled up, trying to calculate just how old I really was. Up until this point I guess that they had assumed we were all more or less the same age. From that point on, I was the "old man" of the class.

According to ADA statistics, approximately 4% of the entering freshman class of 1980 were over 30. There was even a 48-year-old starting out at LSU. I was 29 when I started, and I can only imagine how that person felt on his first day. I can't count the number of times that a lecturer would say, "I'm sure that none of you can remember . . .," and half of the class would yell out, "Tom can." As everyone in the class was needled about something, I never really minded these jokes, and anyway, it was true, I was "old." Most of my classmates had been in grammar school when I was in the Army. Not one of them could appreciate my disappointment over the Yankees' defeat in the '55 World Series. They'd never even heard of Joe Collins or Andy Carey. In '65 I was 17, and on my way

to college, while they were nine and on their way to recess. Our college experiences had been vastly different. The liberal arts major of the sixties had given way to the preprofessional of the seventies. Grades were inflated, and had become all important. College courses were now professional prerequisites. In many ways, my classmates had gone through a four-year pressure cooker that I had never experienced.

Changing Times

In some ways, the changing times explained why so many students in the seventies *knew* that they wanted to be "professionals." The economic bubble of the '50s and '60s had burst, and the "stagflation" of the '70s had set in. The college diploma was no longer a guarantee of success; one needed more. Wealth was once again respectable, even flauntable. Gold chains and operating-room shirts had replaced fatigue jackets and faded jeans as student clothing staples (the student uniform). Harder times, and changing values, probably accounted for a good deal of the rise in applications to professional schools during the seventies. All of this, however, did not explain why they were entering dental school immediately after college, while it had taken me an additional eight years to find my way. Though preprofessional students in the late sixties were fewer in number, there were members of my college graduating class who had gone directly into dental school. In fact, the associate dean of my school was actually a college classmate that I had known way back when. This was great. He called me "Tommy," while I was *allowed* to call him "Dr. S ____." This one

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"old joke" was a bitter pill to swallow. As a late comer I was haunted by feelings of wasted time, and he served as a constant reminder that I was years behind.

"Late for Class"

Why had I, and so many others, shown up late for class? A classmate of mine told me that he had wanted to be a dentist ever since he was nine years old. As there were no dentists in his family, and he had very little dental work in his mouth, I wondered about his source of inspiration. When I pressed him regarding how, as a nine-year-old, he had "known" that he wanted to be a dentist, he explained, "I just knew." Obviously, not all of us "just knew."

I certainly hadn't received the calling at such an early age. Having always been interested in current events, politics, and social studies, history had been a natural college major. I had entertained hopes of a teaching career. After graduation, however, I was given a job offer with the United States Army that I simply couldn't refuse. Upon my discharge in 1971, I realized that hopes of pursuing a career as a history teacher were slim. The field had become saturated. I eventually landed a job as a life insurance underwriter, but found this position to be stifling. There was little room for personal initiative and decision-making.

Eventually I found a more challenging position with the New York City Fire Department. After a two-month training period, I was assigned to Engine Company 221 in Williamsburg, a Puerto Rican, Hassidic, Black, and Polish neighborhood in Brooklyn. This was one job that I truly loved. The "house" was fairly busy. We averaged about 20 runs a day. While many of these were false alarms, and the majority of fires had been set in abandoned tenements, firefighting was nevertheless exciting. At one time I was called upon to extinguish a blaze single-handedly. We had received a report of

smoke from a sixth floor tenement apartment. Upon arrival, the engine began to stretch the line, and I climbed up the stairs with the "can" (fire extinguisher). When we reached the apartment, we pushed through the door and wound up right in the middle of a heated family dispute. The smoke was emanating from a valise that an irate husband had set on fire when his wife attempted to walk out the door. Under the captain's watchful eye, I nonchalantly "knocked it down."

A Spirit of Sharing

There was a great deal of camaraderie in the house. Danger, feelings, and meals were shared equally. We looked upon each other as family. The esprit de corps found in the unit could be matched only by something you might see in a John Wayne movie.

After a short time as a firefighter, however, I was forced to leave the department because of a minor heart problem (in no way disabling for other pursuits). At 25, I had been cut adrift. My world had been turned upside down, and I was disturbed at the thought of how little control I had over the situation.

Something had to be done to turn this bitter blow into a positive opportunity. I had to look upon this as a beginning and not an end. After tasting the challenges of firefighting, returning to the insurance firm, or a similar position was impossible. I had to find another challenge in a field that would offer more personal control. That very night, after tossing and turning for hours, I received the "calling." After wracking my brain for people who enjoyed their work as much as I had liked being a firefighter, the face of Jack Bernstein, my family dentist, came into focus. Dr. Bernstein was an affable individual who had often extolled the virtues of the dental profession to me. The field would certainly pose

a challenge, and would offer an opportunity for a good deal of personal control over my destiny. Over the next few months I was informed on countless occasions by many knowledgeable, and semi-knowledgeable individuals that my chances of ever becoming a dentist were nil. I was too old, my GPA was too low, and I'd never pass organic chem. Turning a deaf ear, I re-enrolled at Brooklyn College for biology and chemistry and started on my way back.

Various Occupations

To cover expenses while accumulating the prerequisite credits, I worked at various times as a gas station attendant, chauffeur, and taxi-cab driver. I can assure you that pumping gas at 27 years old can be both a frightening and enlightening experience for a college graduate. Acquaintances were skeptical, family and friends were worried, and at times I was scared stiff. After completing 60 additional undergraduate credits, I applied to dental school.

I felt that I had hit the ball as hard as I could, and it was out of my hands whether or not it made the fence. Thankfully, with the wind blowing out, I received a letter of acceptance prior to any of my rejection notices.

While many older students have not had this type of cathartic experience, their choice of dentistry is often derived from an arduous methodical process. One student mentioned that he added up all the things that he liked to do, and those that he didn't, and decided upon dentistry as a career that would emphasize the former and diminish the latter. There is little doubt that most older students are quite determined to succeed. A fellow graduate student completed a pharmacy degree during the six years it took before he was accepted to dental school.

First-Year Rigors

This is not to say that older students

are in any way academically or clinically superior to their younger classmates. Some do well in school; others do quite poorly. A critical factor appears to be the length of time that the individual has been away from studying. For those who have not recently been accustomed to academic rigors, the first year of dental school can be harrowing. Many older students find it quite difficult to concentrate and organize at the level needed to succeed in dental school. Even some former high school teachers have been overwhelmed by the homework during that first year.

Some have questioned the amount of time that older students will practice. Is it right, they ask, for taxpayers to subsidize students who may not practice for as many years as their "on time" classmates? One answer is that if per capita dental needs continue to decrease, there will be less concern over limited practice potential. Certainly, as applications to dental schools decline, opportunities for older applicants will increase. This could be quite beneficial to the profession. Few would dispute the statement that many "old timers" add a certain spice and variety to an otherwise homogeneous group. Older students are bringing with them more baggage than many of their younger counterparts. Some have advanced degrees, and most have a background of employment and other life experiences that would be uncommon in the recent college graduate. Many of these skills and experiences could prove valuable in patient communication and practice management. Late-comers might be more empathetic to patient needs, having spent more time on the other side of the doctor-patient relationship. In addition, their interaction with fellow practitioners might aid in broadening the overall perspective of the profession.

Taken in this light, it really wasn't wasted time. At least, I like to think so.

Sharing and Caring . . .

A Faculty Extramural Seminar

*Ralph G. Schimmele, Associate Dean
for Program Development & Extramural Programs*

Every other year, in the summer heat of mid-July, a group of highly dedicated dental practitioners from all areas of the State gather at the Indiana University School of Dentistry. These practitioners are the very special and much appreciated faculty members of the Dental Student Extramural Program who, at the invitation of Dean Ralph E. McDonald, meet to discuss their role as faculty members involved in the education and training of future dental colleagues within the confines of their private dental offices. And so it was on Wednesday, July 13, 1983.

Registration began at 8:45 a.m. and was ably managed by Mrs. Carol Hany and Mrs. Diana Kuebler, with each of the 72 registrants being presented with a name tag, a packet of "take home" information, and a program of the day's activities. This article summarizes those activities, including a sampling of reports from an unusual and very well received series of "table seminars" chaired by School of Dentistry department chairmen and other key faculty members on developments in their respective fields. Some key findings from Dr. Leonard Koerber's survey of reactions to the extramural program from recent graduates will also be presented, along with a major part of Dean McDonald's luncheon talk on the state of the Dental School.

In the first morning session, Dean McDonald extended the thanks of the entire School to the registrants for their cooperation in helping to make the Extramural Program a success and for the countless hours they contribute to the total process of dental education. The Dean also gave a narrated slide pres-

entation ("The West Side Story") on the history, growth, and future plans of the Dental School.

Dr. Leonard Koerber, Director of Instructional Development at IUSD, then offered his analysis of a recent survey of graduates from 1980, 1981, and 1982. Of the 332 survey forms distributed, 160 (53%) were completed and returned. In general, results from the individual classes were similar, except that 43% of the '82 graduates indicated that they were planning to enter practice associations, while only about 20% of the '80 and '81 classes chose that option. More than half of the respondents (59%) reported that the extramural program had been helpful in preparing them for practice, with many of these respondents specifying the program's value in giving them an understanding of patient management, office and personnel management, and the business aspects of private practice. Nearly half of the respondents reported being helped by the program in making decisions on dental equipment (47%) and office design (44%). Again, 47% said they had been helped in many ways to gain



Dr. Schimmele opens the program.

a better understanding of community and professional relationships. A smaller, but significant proportion (25%) said the program had made them more willing to choose a type of practice they had not previously considered, and 16% said they had been helped in locating in communities where dentists were needed.

Dr. Koerber stressed that the day-to-day operation of the private dental office, the long-term relationships with patients and the daily business aspects of dental practice are experiences that are impossible to provide in a dental school setting. He noted that for a student to be involved in an active office operation is a tremendous learning experience, comparable in many ways to the student-teaching experience required in the training of all new teachers.

At this point in the day's proceedings the group embarked upon a new direction, in program format, and began the first of three Table Discussion Periods with Clinical Department Chairman. Three 45-minute periods were set aside to enable each participating Faculty-Practitioner to informally meet with department heads of their choosing. The idea was to establish a rapport and understanding between the departments and the Faculty-Practitioners which would further enhance the students' extramural experience.

Questions and answers, comments and concerns, conversation and more conversation were the order of the day as the registrants sat down with the respective table moderators for the first of the three periods. Moderators included Dr. Ralph W. Phillips (Dental Materials), Dr. David Avery (Pedodontics), Dr. John Risch (Complete Denture), Drs. La-Forrest Garner and Donald Ferguson (Orthodontics), Dr. Timothy J. O'Leary (Periodontics), Drs. S. Miles Standish and David Dickey (Oral Diagnosis/Oral Medicine), Dr. James Dirlam (Oral Surgery/Therapeutics), Drs. Melvin Lund and Ronald Harris (Operative Dentistry), Dr.

Roland Dykema (Fixed and Removable Partial Prosthodontics), Dr. Myron J. Kasle (Radiology), Dr. James McDonald (Preventive Dentistry), Dr. Carl W. Newton (Endodontics). For each discussion period, one of the participants was asked to serve as group recorder. Material collected from the recorders was collated and distributed to each Faculty-Practitioner of the Dental Student Extramural Program, and a sampling is offered here as a matter of general information.

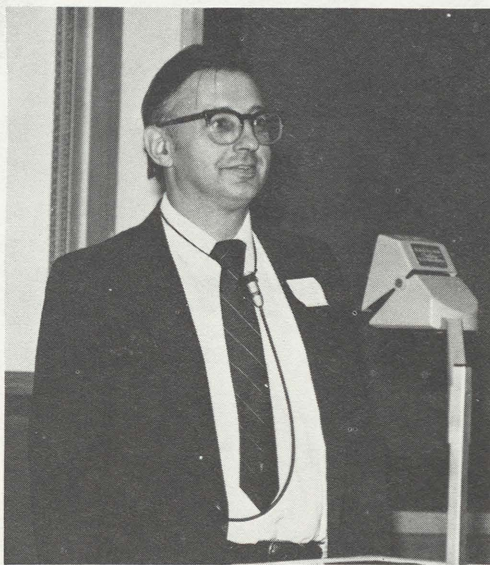
Periodontics

Dr. Timothy J. O'Leary, Chairman

Dr. Charles Hassel, Recorder

The three discussion periods covered a wide range of subjects, including:

- current information on the limitations of radiographic techniques for the diagnosis of incipient to moderate periodontal disease.
- the increasing importance of thorough root preparation in treating periodontal pathosis.
- use of various chemical agents for treating root surfaces and the fact that there is no objective evidence of the efficacy of any of these agents.



Dr. Koerber analyzes survey.



Dr. Carl W. Newton meeting with visitors



Dr. Myron J. Kasle, moderator, and seminar group



Dr. James L. McDonald, Jr. with visitors



Dr. Roland W. Dykema and registrants

- use of bone grafting materials, including the synthetic materials that have been available for the past two years.
- the "Keyes" technique (peroxide salt-soda rinse) and the complete lack of data substantiating its value.
- the availability of short courses and formal long-term training in periodontics.
- the indications for splinting teeth. Studies have shown that splinting should be avoided, as it makes effective oral hygiene much more difficult. The only valid indication for splinting is when two weakened abutment teeth are joined to improve their stability.
- the relationship of traumatic occlusion to inflammatory periodontal disease. Currently available data indicate that traumatic occlusion does not initiate or accelerate the progression of inflammatory periodontal disease and bone loss. Traumatic occlusion results in a widening of the periodontal ligament space and increased tooth mobility. In treatment, the rule is to first eliminate all signs of active inflammation, then to evaluate the occlusion and see if adjustment or other forms of treatment are indicated and are desirable.
- the relative roles of bacterial plaque and calculus in periodontal disease. Bacterial plaque is the primary etiologic agent and must be removed from the involved root surfaces by the dentist and then routinely removed from the gingival-tooth interface by the patient if treatment is to be successful. Calculus, although a secondary contributing factor, must also be completely removed, as its rough surface harbors plaque and endotoxin. Thorough planing of the root surface to remove endotoxin that has adhered to or penetrated into the root is necessary to make the surface biologically acceptable to the contiguous soft tissues.

Fixed & Removable Prosthodontics

Dr. Roland Dykema, Chairman

Dr. Henry Heimansohn, Dr. Bill Peet,

Dr. Keith Yoder, Recorders

- Q.** What aspect of crown construction should a fourth year student be able to accomplish?
- A.** A fourth year student should be able to accomplish all aspects of crown construction, including laboratory procedures.
- Q.** In removable prosthodontics what does the student do relative to surveying the case, etc.
- A.** The student does everything from treatment planning to finishing.
- Q.** Do students perform wrought wire work?
- A.** In this department only as wrought wire is or could be embedded into a casting.
- Q.** Are students doing any Maryland bridges?
- A.** We consider Maryland bridges experimental.
- Q.** Is the hydrocolloid impression technique taught?
- A.** Only on an elective basis—most people are not interested in it.
- Q.** What impression material do you use?
- A.** Polysulphide rubber, cost being a major concern. Yes, students are asked to remake impressions at times.
- Q.** Are non-precious metals used for bridge construction?
- A.** No, non-precious alloys are much more difficult for the student to handle. We use gold.
- Q.** What metals are used in partials?
- A.** We use a 25% gold-75% chrome cobalt alloy. Finishing of the casting continues to be of concern.
- Q.** Do you teach precision attachments?
- A.** Yes, we teach some.
- Q.** What kinds of articulators are used by your department for fixed prosthetics?
- A.** We use Whip Mix articulators for everything.



Dr. James H. Dirlam with faculty group



Dr. Melvin R. Lund and faculty group

Q. What type of tooth do you use with partial dentures?

A. The ideal is porcelain but as you know, this is not always possible.

In addition to the above questions and answers, there was a general discussion pertaining to:

- a) types of preparations taught to students and their instrumentation
- b) finishing of margins
- c) cementation procedures and evaluation of cements currently used
- d) partial denture design
- e) need for, and design of retainers
- f) occlusion—TMJ
- g) impressions; materials for dies; models and articulation; cementation and finishing

Oral Diagnosis/Oral Medicine
Dr. David Dickey, Chairman
Dr. William Peet and Dr. Charles Hassel, Recorders

The first session began with a general discussion of procedures and forms used by students when assigned to O.D., including changes soon to be adopted. This information, with copies of the forms, was distributed to familiarize the extramural faculty with what the students experience at school. The level of experience of each of the classes was discussed so that the Faculty-Practitioner would have an idea of the level of student performance to expect. Although it has been noted that students require more time to accomplish office procedures, it was agreed that students are well accepted by patients even to the point that patients, at time of recall, in-



Drs. S. Miles Standish and David M. Dickey leading discussion



Dr. John R. Risch moderating session

quire as to the progress of students seen at the time of the last visit.

Student taking of histories was described as very good. The medical consult form used at school was discussed and sample copies were distributed. How is history taking beneficial to the student? The student takes the history and prepares the case writeup. The Doctor then reviews the history, the patient, and radiographs and together they develop a treatment plan. This works very well and is of tremendous value to the student.

The consensus was that a four-day student experience in a private office seems to work out pretty well. This amount of time seems to keep the student busy, and provides time to learn office procedures, to become familiar with job descriptions of auxiliaries, and to observe the coordinated effort of a dental team in operation.

Operative Dentistry
Dr. Melvin Lund, Chairman
Dr. Charles Hassel and Dr. John
Borkowski, Recorders

Discussion began with the current philosophy of cavity preparations and the use of hand instruments in conjunction with the preparations. The conservation of tooth structure in cavity preparation was stressed, along with the total elimination of infused enamel.

Criteria and recommendations for the use of pins in pin alloy restorations were discussed at length. The rule of thumb to remember is one pin per cusp, and the pin should be placed 2 mm into the tooth. If several pins are involved, it may be well to consider a spherical amalgam as it will be more closely adapted to the pin.

The use of varnish and cements drew the attention of the group, with the emphasis being on which products are considered to be the best and why. The status of posterior resins was reported as not

yet reliable for routine use. They tend to break down in spots. Light cure versus chemical set was also discussed, with the belief that light-cured resins will eventually be the leader because of more consistent curing. A 40-second curing cycle is recommended. As for polishing resins, it was suggested that pumice not be used.

As in previous years, the highlight of the luncheon was Dean McDonald's report to the faculty on "The State of the School." The Dean's comments concerning admissions, quality of student applicants, etc. are always of great interest, particularly to faculty members who do not have the advantage of day-to-day personal contact with "in-house" faculty at the Dental School.

Dean's Comments

I hope you have enjoyed this luncheon and the table discussions this morning, and I know you will enjoy the afternoon sessions, too. This is just a small way of saying thanks to all of you for what you are doing for the school and for our students. I mentioned this morning that I think this program has been very successful and it is because of you, the input you have, and the support you have given.

During lunch there was some discussion at this table about admissions and enrollment, so I am going to touch upon some of these areas that I hope will be of interest to you.

You have probably read that there is a marked decline nationally in the number of students taking the Dental Aptitude Test. In fact, 21,000 students took the test in 1974, and there are fewer than 9,000 taking it at present. We are very fortunate here at Indiana to have maintained a good applicant pool. Good students continue to apply and again it is because you are helping us in recruiting them.

This year, even though we rejected probably 100 applicants because of low grades or low aptitude test scores, we had 457 applicants for the first year class. Of that number, 119 were residents of Indiana and 338 were nonresidents. We selected 115 students and 40 alternates. I checked with Dean Bogan's Secretary yesterday and she said it will change a bit, but right now we have 32 nonresidents in the class and 30 women. I don't know how many alternates we have picked—maybe 15 or 20—but normally some additional places open up and I feel confident that there are people at home now, sitting by the telephone waiting to see if they will have a chance to go to Dental School.

We know there is going to be a decline in applicants unless we continue to recruit. The college age student group will be declining for another 15 or 16 years. Fewer people will be available to go into

professional schools and, of course, we are in competition with engineering and business schools. Students realize that it doesn't take as long to finish these programs, and the rewards are perhaps considered equally good. A related factor is the high cost of dental education.

Excellent Applicants

In any event, I am pleased to report, and Dean Bogan will verify this, along with Dr. Lund and Dean Phillips who also serve on our admissions committee, that we will have a good group of well qualified students and that their grade point average will again be above B.

There will be a 20-30% reduction in first year students nationwide this fall, due to schools cutting back their enrollment, some of them to a marked degree. We look forward to reviewing an Indiana Dental Association manpower sur-



Table discussion with Dr. Ralph W. Phillips

vey soon to be released. As you know, Morton Marcus conducted this in conjunction with the State Board of Health and while you have heard some of the early reports, as I have, they are just preliminary; however, this will be useful information for our School as we plan our class size in the future. Mr. Marcus has reminded me that last year 82 dentists in this State left the profession either through retirement or death. And so we are losing people in the practice of dentistry each year. The current ratio of dentists to population in Indiana (I know we are criticized when we talk about ratios) was 1:2714 dentists in the State of Indiana, which is higher than it was 15 years ago when it was 1:2640. Of course, we are much more productive in the dental office now, and we have trained auxiliaries to provide greater dental care of our patients.

You have heard me indicate that as we decrease enrollment, certainly our

fixed costs and the cost of education go up. This is a factor that many schools which have cut their class sizes in half didn't take into account. When they cut the class size they lost that amount of tuition and income from the clinics. The cost of dental education ranges from about \$10,000 per student per year up to the high of \$23,000 per student per year. Our cost is about \$18,000 per student per year. In the small schools—Harvard, for example—the cost exceeds \$26,000 per student per year.

Funding Discussed

We are often asked, "What are your dental school funding sources?" "Where do you get the money for your program?" Our total annual budget is approaching \$14,000,000. This figure includes heat, lights, janitorial services, etc. Tuition accounts for no more than 13% of the cost of our program. Clinic income brings in a little more than 10%.



Dr. Timothy J. O'Leary leading seminar

As you might expect, 65% of our support comes from tax dollars. We have not had any Federal capitation funds for about three years. The State has made up a portion of that lost revenue, but currently Federal funds amount to only about 13% of our total budget. These dollars are the grant funds we receive, as is also the case with funds from industry for research. Alumni gifts amount to about one-half of one percent of our total budget. Alumni gifts are very helpful but we cannot build a budget on alumni gifts alone. They do buy extra things for us, such as equipment, and they provide scholarship and loan money—we certainly don't want to underestimate the value of our greatly appreciated alumni gifts.

Private dental schools are, of course, in great financial trouble. They have raised tuition to the point that if they go any higher, it will be out of range of the average student or the average family. They can't raise clinic fees. In many pri-

vate schools clinic fees are comparable to private practice fees now, meaning that they are locked in there. And unfortunately, many of the private schools are required to turn back money to the University, with the result that they cannot use all of the tuition income they receive. So what they are doing, and I think it's tragic, is reducing their programs, cutting out auxiliary programs, including dental assisting, dental hygiene, dental laboratory technology, and TEAM programs. I think this will have an ill effect on educational programs within the next decade when they do this as a means of trying to meet their budget.

Curriculum Review

We continually examine, revise and upgrade our curriculum. This Extramural Program was added five years ago, and I think it has worked very well. We are, of course, concerned about the overcrowding of our total program. You



Dean Ralph E. McDonald presenting "State of the School" message at luncheon

recent graduates are well aware that there is essentially no free time in the first two years and we keep adding courses. The curriculum committee has talked about a number of changes. They have considered moving some of the basic science courses to the pre-dental years. That is an option the committee will continue to study. Maybe they could move physiology or biochemistry to the pre-dental years—but the problem is that our students come to us from at least 40 different schools. Whether these schools could offer an in-depth course in biochemistry or physiology, we really don't know at this time. These are some of the changes we are considering in order to free up more time during the first two years.

You have heard talk about the possibility of adding a fifth year to the dental curriculum. I think this is totally unrealistic and most of the other Dental Deans do also. First of all, we don't have adequate facilities for another class. We would be adding another year of cost to dental education and this again, I believe, would further reduce the number of applicants if they realized they would have to go another year. So although you hear talk about this, I don't think it is realistic to consider a fifth year.

We had our accreditation visit in April—from the ADA Commission on Accreditation. There were 21 Commission members and consultants to review the undergraduate, auxiliary and specialty programs. They were here four days. Preparing for the visit took a lot of time and effort on the part of Doctors Sagraves and Roche. They spent almost full time for a year and one-half on this task, and other faculty members spent many hours also. It has been estimated that preparing for an accreditation visit costs a school up to \$200,000. As yet we have not received even the preliminary report and we do not expect the final report until January, 1984, but during the final conference the comments by

the members were quite complimentary. Our facilities were reported as good and basically adequate, with the exception that we need additional Library space and more space for our administrative offices. And we can't really expand any of our programs in research unless we do acquire additional space. A committee is studying this space problem to learn if sometime down the road we can attract monies to add to the school, not for more students, but for increased facilities to improve our programs.

Good Report Expected

The Accreditation Committee was very impressed with the fact that we have been able to maintain our dental auxiliary programs, including the program to train students in four-handed dentistry. They were impressed with the good clinical research going on throughout the School. So I am encouraged that we will get a good report. There are some things we will have to do: for instance, they will probably suggest that we offer clinical orthodontics for all students. We now have an orthodontic technique course for our students and some do work with patients, but not all. It is said that we should also add a genetics course. The genetics course is one that might be moved into the pre-dental years. They also want us to reduce the amount of laboratory work our students do. I am sure you would agree with that. But where would we put a staffed laboratory to serve student needs? We don't have space for that, nor at this point do we have the money to employ laboratory technicians to work with the students. But we will certainly want to consider that later on.

I think the future for the School is bright. We are attracting good students. They are becoming active in organizations while they are in school. Last year we had 25 students who were members of the American Society for Geriatric Dentistry. There were probably 30 or 40

participants in the Student Oral Cancer Society. So they are getting involved while they are in school, which I think is a good sign.

I have heard, as you have, that you should never begin or end a talk on a negative note but I want to share a negative matter with you that I think you need to know, and that is related to our State Board Examinations in June.

We learned this week that of 112 candidates who took the examination, 51 (46%) failed. Of the 112 candidates, 86 failed the pathology and radiology examination. Contrast that to our students' achievement on the National Board Examinations in pathology and radiology. In the last examination our students scored in the highest percentile of all the schools in the country: there was less than a 1% failure rate. Yet on the State Board examination 86 out of 112 failed. Now that didn't mean they failed the entire examination, but they did fail that section.

Regional Board Result

The Northeast Regional Board examination was given at our School in May. This is relatively new to us, but they come here each year now and examine our dental students and dental hygiene students. The students who pass this examination can practice in 15 states in the Midwest and the East. We had 30 students take this Regional Board examination and there was a 5% failure rate, well below the national average.

Looking back, in 1982 we had an 8% failure rate on the Indiana State Board examination. I don't have the figures for 1981, but in 1980 five of our I.U. students failed the examination.

Many of these young people who failed the examination this year were ready to go into practice, and this high failure rate is of great concern to us and to their parents. You can imagine how many phone calls we have had already.

I recall (going on to something a little bit lighter) that there used to be a hardware store down here on West Michigan—Emerick's Hardware Store—with a sign over the cash register that said: "We've been insulted, cheated, robbed, assaulted, and the only reason we stay in business is to see what is going to happen next." I sometimes feel like that too, and so what is going to happen next? Well, after the morning session today, I went back to my office and there was a letter that had come to me addressed "To Whom It May Concern." The letter went on to say: "I have had a gum problem for 15 years and it keeps getting worse. I am on Social Security and Medicaid but Medicaid said they will not pay for dental reconstruction. I can't afford it. I wrote the President and received his reply. I would like an appointment at your early convenience."

And this was the reply that the letter writer had received from Washington: "Thank you for your letter to the President. He regrets he cannot answer it personally. I was sorry to learn of the problem you are experiencing in getting the care you need. You may wish to get in touch with Indiana University School of Dentistry (and gave our address)." So, I will have to write and thank the President for referring a patient to us.

I know we don't have time to go on but I would like to again express our appreciation for all the fine work you are doing and I hope you will continue to participate in the Program and give Ralph the support he needs to get the job done. It takes a lot of time—yours and his. He has other jobs, you know. He is involved in clinical testing and all sorts of things—Dental Auxiliary Education—he's my liaison man for all the programs around the State—involved in recruitment for faculty, etc. My thanks to Ralph, and thanks to all of you for coming.

(Continued on pg 95)

Military and Civilian Patients: Some Contrasts in Motivation

*Stephen A. Cook, Class of 1978**

Following my graduation from dental school, I spent four years as a general dental officer at both a large Air Force regional hospital in Texas and a small Air Force clinic in Indiana. During part of this period, I also had a part-time civilian practice. Performing in both capacities simultaneously brought into sharp focus some potential differences between two broad population groups—active duty military and civilian—regarding motivation for and appreciation of dental care.

In relating some of my observations and opinions concerning these differences, I do not mean to suggest pat answers to the problems that are implicit in the situation. Perhaps the most important point of this discussion will be to emphasize the necessity for individualization of treatment for each patient.

Our profession is a business. The success of that business rests on our ability to create a demand for our services in our patients. To begin with, we must have the knowledge and skill to provide those services, and we must be enthusiastic about our ability to provide them. However, no matter how well we can serve our patients and look forward to doing so, we cannot provide what the patients don't want or feel they don't need. The patient's motivation for seeking dental care, and its value in the patient's eyes, will largely determine our chances for having our treatment plans accepted as presented.

Comprehensive dental care is not only available but is mandatory for active duty military personnel. Taking repeated sick leaves due to neglected dental problems is a court martial offense, and this fact may encourage certain patients to seek care that otherwise would not do so. However, most military patients are as concerned about esthetics, function, and overall oral health as their civilian counterparts. They would have annual or bi-annual examinations and prophylaxes, would agree to restoration of carious or defectively restored teeth, and would generally be amenable to periodontal and endodontic therapy when necessary to save teeth. They would perhaps more readily agree to complex restorative treatment plans, since it would cost them nothing.

Differences Noted

While the opportunity to receive comprehensive care is perhaps greater today than ever, due to the rapidly growing number of dentists practicing in this country, the rising cost of such services appears to be putting them out of reach for more and more civilian patients. I have encountered many patients, usually young adults, who have been accustomed to receiving routine care while still at home with their parents. In seeking continued care when out on their own, however, they suddenly realize the expense relative to their income, and too often decide to cut back or completely stop their routine and preventive care.

In both the military and civilian populations, there are many who would avoid routine dental care simply because

*Dr. Cook is a graduate student in Periodontics at the Indiana University School of Dentistry.

of fear or ignorance. Civilians of this type don't have a built-in incentive program, such as the threat of punishment that hangs over a neglectful serviceman, and unfortunately many of them refuse or neglect even basic dental treatment. They assess their oral health thus: "If it doesn't hurt, there's nothing wrong."

The potential for an ultimate irony in the basic differences between the military and civilian dental patient is often encountered within the same household. Consider the case of a young enlisted airman who came from a lower middle income family of eight. His civilian dental care had been limited to alleviation of acute pain via extraction of several permanent teeth. On the day he reported for his mandatory examination, I noted the presence of several large carious lesions, three horizontally impacted third molars, and early signs of occlusal collapse due to failure to replace the missing teeth. The suggested treatment plan which I outlined to him included restoration of the carious teeth (some of which would require endodontics), removal of the impacted wisdom teeth (one of which displayed radiographic evidence of possible cystic involvement), and prosthetic replacement of the missing teeth. He was resistant at first, and grudgingly agreed to the plan only after being reminded of the disciplinary action he faced should any of his now diagnosed dental problems result in lost duty time because of his refusal of recommended care. He was subsequently referred to the necessary clinics for implementation of this treatment plan.

The Cost Factor

One evening not long thereafter, when I was the dental officer on call, I saw the young airman's wife. She came from an upper middle income family of four. Her past dental care included annual examinations and prophylaxes, several restorations and complete orthodontic

treatment. They had married right after high school, just before he joined the Air Force. She was complaining of acute pain from the mandibular posterior area. Dependents are seen only on an emergency basis for alleviation of acute symptoms. They are not entitled to the comprehensive care afforded their spouses.

Upon examination, I arrived at a diagnosis of acute irreversible pulpitis (#30) associated with a deep occlusal carious lesion. A cursory examination of the rest of her mouth revealed several other active lesions and anterior crowding in the mandible, possibly associated with partially impacted #17 and #32. I asked her why, after receiving regular care for so long, she had not had these problems corrected much earlier. Tearfully, she told me that with four people to feed, clothe and shelter, on a salary of \$600 a month, she simply could not budget for her necessary dental treatment. Accordingly, faced with the alternatives of root canal treatment or extraction of #30, she had to elect extraction since the \$400+ bill for completion of endodontic treatment and suitable restoration was nearly a month's income.

Patient Attitudes

While this may seem an extreme example, I found this an all-too-common situation. On one hand, the comprehensive ideal dentistry is available whether it is desired or not, and on the other hand, compromised treatment may be all that can be provided.

Appreciation of dental treatment affects patients and dentists alike. As dentists and businessmen, our fees for service are certainly a significant motivating factor for our providing high quality dentistry. However, there is something beyond the fee that motivates us to maintain quality service. The value that patients place upon their oral health and the appreciation they display are their acknowledgment of our professional

judgment and capability. While it is an admitted simplification of a complex interaction, the cost of receiving dental care represents at least a relative value which the average patient would assign to it. And if we consider dental treatment in the same manner as any other investment, the larger the investment, the more it is likely to be valued.

I am not implying that military people in general do not appreciate what they receive free of charge, or that civilians appreciate it principally because they have paid for it. I have treated many military patients who were sincerely grateful for the care they were receiving. The pleasure in treating these patients often exceeded my "salary." I also have treated many patients in the service who obviously did not value my efforts on their behalf. I was able to live with this, at least in the beginning, because of the personal satisfaction I derived from providing high quality care. After 2-3 years, though, it was becoming increasingly hard to push myself for patients to whom it made no difference. After one of these frustrating days, I would enter my civilian practice in the evening to see a half dozen patients needing comprehensive care. When it came to discussing treatment plans, second or third choices would often be settled on because of cost.

Insurance plans have helped to offset escalating costs of dental treatment, but even with this aid, many patients still find their share of their treatment costs to be prohibitive. How insurance affects the value the patient places on his dental work is not clear. While it directly reduces the cost of treatment to the patient, the patient views his insurance as part of his compensation for his occupation and therefore it has its own value.

3 Groups Described

As I see it, there are three groups into which patients from both populations fall. First, some patients will both accept and truly appreciate ideal dental care.

My experience leads me to believe that most military personnel fall into this group. Although this care does not cost them in dollars, most members of the Armed Forces consider their care as part of their total pay and benefits and they truly appreciate the quality care available to them. I feel that many civilian patients also fall into this category. Insurance has helped bridge the gap between ideal and compromised care for many patients and they appreciate being able to receive quality care.

The second group consists of patients who receive ideal care but have no appreciation for it. While there are certainly a few wealthy civilians for whom the expense of even ideal care is insignificant and who may not necessarily value the service, far and away the majority in this group are military members. High quality dental care is the standard of treatment for all patients regardless of individual dental values. The young airman described here is but one of a substantial number of military patients who have no appreciation for the quality care they are receiving.

The final group includes the civilian patients that most of us will be dealing with throughout our practice life. Although a great many of them would like to receive ideal care, its expense is prohibitive. The art of compromise may be the real key in the success of tomorrow's dental practice, as we practitioners must be able to offer these patients alternative treatment plans which meet their needs without compromising their dental health.

In treating each of these groups, I found that patient attitude had a definite effect on my own feelings about treating particular individuals. Working with patients on ideal treatment plans was most enjoyable when they understood the value of the services they were receiving and appreciated my efforts on their behalf. In treating patients who did not

(Continued on pg 94)

Nippon Dental University:

A Visitor Reports

*Gregory F. Pratt**

As a graduate student in the Operative Dentistry Department from 1978 to 1980 I had the pleasure of meeting and becoming acquainted with a Japanese dentist studying for one year with the Dental Materials Department. His name is Dr. Yoshiroh Katoh and I learned he was Chairman of the Department of Operative Dentistry, Nippon Dental University, Niigata, Japan. At the time this meant very little to me.

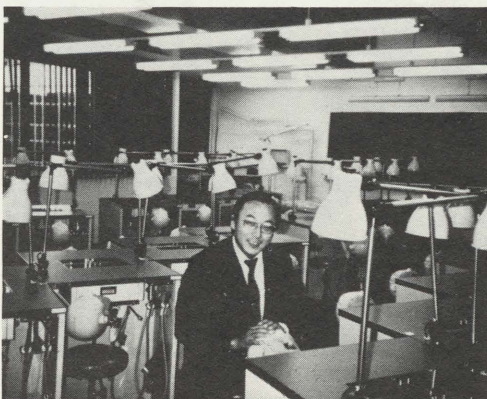
My graduate program at the School of Dentistry was sponsored and funded by the United States Air Force. As the program drew to a close, I was elated to receive orders to a base in Japan, as I had requested. Dr. Katoh and I made plans to continue our friendship in Japan, which we did via letters and phone calls. However, I had been in Japan for more than two years before we found a convenient time to meet again face-to-face. I agreed to visit the Nippon Dental University in Niigata and provide two lecture series to the staff and students. I knew that in return I'd get a first-class tour of a leading Japanese dental institution and an insight into dentistry in Japan that few foreigners ever receive. This article is about my visit and my impressions of dental education and dentistry in Japan.

I live at the northern tip of Honshu, the main island of Japan. The city associated with the air base is named Misawa and has a population of about 45,000. Niigata is a city of 500,000 on the west coast of Honshu, facing the Sea of Japan and Korea. When I arrived at

the Niigata airport about 1 p.m. on October 20, 1982, Dr. Katoh and one of his graduate students were there to meet me and drive me to my hotel in the biggest Toyota I had ever seen. I had been in Japan long enough to realize that the narrow, winding streets near the center of the city were a good indication that the area had escaped Allied bombing during World War II.

The next day the same graduate student picked me up at my hotel to make the 15-minute drive to the dental school, an imposing, five-story, dark brown building that is the Niigata branch of Nippon Dental University. The parent school in Tokyo has a comparable number of students (about 150 per class), but older facilities.

We entered through the main doors and walked by a central records room and modern waiting room complete with color television. Mounted between double elevators was a lighted directory to the different floors. It was fortunate that I was accompanied because my rudimentary knowledge of Japanese couldn't begin to decipher "Operative Dentistry"



Dr. Yoshiroh Katoh

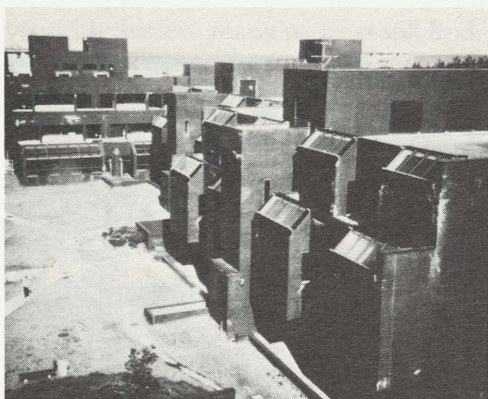
*Dr. Pratt is a Major in the Dental Corps of the U.S. Air Force.

from the symbols on the wall. We took the elevator to the fourth floor and were soon being served tea and cookies in Dr. Katoh's skylighted, Operative Department office by his cordial secretary.

During my tour of the building, Dr. Katoh told me about the school and its facilities. He is rightfully proud. The eleven-year-old dental school building is part of a complex of buildings in a relatively new area of the campus. It is connected by hallways to a medium-sized medical facility that provides a full range of patient care but is not involved in physician education. Also in the immediate vicinity is a school of gymnastics and an athletic field for use by dental students and staff. On the day I was there, groups of students were deeply involved in games of baseball, soccer, and rugby.

Across a courtyard from the main dental school building are a restaurant and a new building that will house a school for dental assistants/hygienists (no distinction is made between the two in Japan). Dr. Katoh is the head of this new school and has been involved with it since its conception. He helped design the classrooms and has been speaking at various high schools so that the first class, beginning in April, will have a full complement of students.

Other buildings surrounding this



**Nippon Dental University
At Niigata**

shaded courtyard include the preclinical dentistry facilities, lecture halls, an amphitheater, and an office tower. On the first floor of the office tower building is a small dental supply and bookstore. Displayed among the Japanese dental texts I saw several by prominent Indiana University School of Dentistry authors such as Dr. Melvin Lund and Dr. Ralph Phillips.

Clinics

The main building has four floors devoted to various clinics. From the top floor the deep-blue Sea of Japan is easily seen. The Korean Coast lies about 500 miles across this Sea and the capitol city of Seoul is 600 miles due west of Niigata. The first floor, in addition to a business office and the central records room, has specialty areas for oral surgery and treatment of the handicapped. The Oral Surgery Department has several of its own operating suites, each complete with general anesthesia capabilities and a glass wall separating it from a tiered, student observation room.

The five-chair clinic for the handicapped is equipped with specially designed dental units. Each unit has a small, powerful light on a long, flexible, gooseneck cord that can be moved to any conceivable position. The dental chair is flat and parallel to the floor. It can not only be raised up and down and tilted back and forth, but is also capable of rotating from side to side so that a patient's head can be immobilized with no loss in the number of operator working positions.

The second floor houses the Orthodontic and Prosthodontic Clinics and the third floor is for pedodontics and periodontal therapy. The Pedodontic Clinic contains a special instruction area for the education of all child patients prior to beginning treatment. The new Periodontal Clinic contains a special patient diagnosis and motivation room equipped with every electronic device even re-

motely related to dentistry. These include kinesiographs, myomonitor, biofeedback devices, and video-tape players.

The fourth floor contains the Operative and Endodontic Clinics. It is here that Dr. Katoh, assisted by a young and energetic group of dedicated staff and graduate students, heads one of the top Operative Dentistry Departments in Japan. The clinic utilizes equipment, materials, and techniques from both the United States and Japan. I was impressed with the similarity between this clinic and any new, well-equipped dental school in the United States. Several departments within the school have their own scanning electron microscope and the school has an additional one for general use.

Education and Research

Students often assist each other in the clinic. All the students I saw wore disposable face masks and many also wore rubber gloves. Dr. Katoh strongly encourages the routine use of a rubber dam, and it was evident that the students were responding well. The clinic now uses sterilizable tray set-ups that Dr. Katoh initiated after returning from his year at Indiana. I saw tray set-ups for amalgam, gold foil, and endodontics. Unlike Indiana, the students must buy their own trays and instruments. On the clinic floor the students are able to use Dispersalloy, Tytin, and Indiloy brands of amalgam and Concise, Silar, and Clearfil brands of resin restorative materials.

Dr. Katoh is actively involved in dental research and writes frequent articles for Japanese dental journals. He has three graduate students in his department who are at different levels of experience, and stay with him for four years each. Many are involved in research projects using methods and techniques Dr. Katoh brought back with him from Indiana. These include the Ca⁴⁵ microleakage test

pioneered by Professor Marjorie Swartz, clinical comparisons of resin restorative materials using the United States Public Health Service criteria, scanning electron microscope evaluation of replicated restorations, and the effects of moisture contamination on amalgam samples. The research is well documented and the quality appears quite good. I was amazed at the amount of information Dr. Katoh brought back to Japan after just one year at Indiana. Surprisingly, Dr. Katoh has time for patients and treats an average of three a day. He has also designed a special set of placement and carving instruments for use with resin restorative materials that will be marketed soon.

As a profession, dentistry is relatively new to Japan and for many years there was no great demand for dentists. At the turn of the century Japan had a total of seven dental schools; now there are 27. Approximately 50% of these schools are private institutions, such as Nippon Dental University.

Of the approximately 150 students in each class, one-fourth are women. Students enter dental school after high school and stay for six years. The first two years are spent in general college courses in other areas of the campus, and the students have little to do with the dental school. Preclinical studies begin for students at the start of their third year in the University. During the second half of the fifth year students become actively involved in patient treatment. This gives them about 16 months of comprehensive clinical experience prior to graduation. Specialty training usually takes an additional four years after the basic six-year program.

Graduating seniors must pass a written National Board Examination and are then eligible to practice dentistry anywhere in Japan. At present the Board is given twice a year, but this soon may be reduced to once. The failure rate for Nippon Dental University is very low.

Students and Teachers

The Japanese dental student displays many similarities to his American counterpart, but also some important differences. Education is taken extremely seriously in Japan from preschool age on, and graduation from a university with a respected name is a major factor in launching a successful career in any field. Consequently, the Japanese dental student takes his six years at dental school very seriously. Everything else seems to be secondary to successful completion of the dental school curriculum and he is industrious to the extreme. The students come early, leave late, and do not seem to mind the long hours, or at least realize that it is expected of them. This became most evident to me when one lecture series I gave on a Friday evening was attended by 500 students and faculty members of the University. I couldn't imagine myself or many of my friends spending our Friday night this way when we were in dental school. Most of the students even managed to stay awake and act interested.

Because of the importance of education in Japan and the formality that is commonplace, professors such as Dr. Katoh are shown the utmost respect. The Japanese word "sensei" is loosely translated as teacher or mentor but literally means "born before." The polite way of referring to a department head, such as Dr. Katoh, is Katoh Sensei, and he is rarely called anything else. At the beginning of lecture periods students rise and bow to Dr. Katoh and at the end he is thanked in unison. Students passing Dr. Katoh in the hallway unfailingly lower their eyes and bow their heads. When he and his family and I entered the crowded Niigata airport restaurant, dental students gave up their table so that we could be seated.

Conclusions

As I sat on the Tao Domestic Airlines

flight for the return trip to Tokyo and Misawa, I thought about what I had seen and experienced and tried to draw some conclusions. In my opinion, there are places in Japan where dental education approaches American standards. One such place is the Operative Dentistry Department at Nippon Dental University, Niigata, Japan. I was very impressed with the facilities, the quality of research, and the dedication of Japanese educators and dental students. I had a very satisfactory visit but left with the somewhat uncomfortable feeling that future generations of American dentists may be learning lessons from the Japanese, just as the world is doing now with robotics, electronics, and automobiles.

The views expressed in this article are the author's and do not necessarily reflect those of the U.S. Air Force.



March 1, 1983

Dear Mr. Scott:

It has just recently come to my attention that you have been selected to receive the Special Service Award of the Indiana Dental Association in April. I not only want to offer you my sincere congratulations on receiving this award, but to also tell you how much I appreciate your thirty eight years of service to Indiana University and to the Dental School in particular. Not many people are either willing or able to give that many years of service to a job, let alone to only one place. I hope this indicates you have been happy during those years of service.

Sincerely yours,

John W. Ryan
President

JWR/nl

Richard C. Scott, Director
Illustrations Department
Indiana University School of
Dentistry

Mr. Richard C. Scott ("Scotty" to many generations of dental students) received this tribute from Dr. John W. Ryan, IU President, for the special award Scotty received and for nearly four decades of service to the Dental School as Director of Illustrations.

Dr. Pinnell's Comments At Annual OKU Luncheon

The following comments by Dr. W. George Pinnell, Executive Vice President of Indiana University and President of the IU Foundation, were made at the annual luncheon of Omicron Kappa Upsilon, dental honorary society on April 29, 1983.

In this time of final examinations and commencements, it seems appropriate to repeat the students' prayer handed down from generation to generation. Perhaps you have heard it before. It is called the "23rd Qualm" . . .

The professor is my quizmaster, I shall not flunk.

He maketh me to enter the examination room;

He leadeth me to an alternative seat;

He restoreth my fears;

Yea, though I know not the answers to those questions,

The class average comforts me.

I prepare my answers before me in the sight of my proctors.

I anoint my exam papers with figures.

My time runneth out.

Surely grades and examinations will follow all the days

Of my life.

And I will dwell in this class forever.

I know, of course, you have left exam worries behind and many of you here are literally counting the days until commencement. And, while I congratulate you on "surviving" four years in the School of Dentistry, I want to challenge you—all of you—to keep on being students. You must never give that up, for you not only must spend your careers learning, improving and practicing your profession to be a truly successful dentist, but also you must continue to grow

if you wish to become truly responsible citizens and leaders in your communities.

You have already come a long way. When some of you first started, you didn't know the buccal from the lingual side of a tooth. (Some of us still don't!)

You've come a long way. You've come through physiology, anatomy, histology, radiology. You've come through craniofacial growth and development. You've come through periodontics. You've come through *hours* and *hours* and *hours* of clinical work. You've come through preventive dentistry and operative dentistry. You know a great deal about almost every part of the human body. The only other branch of medicine that you don't have much in common with is podiatry.

And you are about to enter a noble and ancient profession.

People have had gold mountings in their mouths since Roman times . . . and patients have been shelling out gold since Roman times.

Speaking of gold, archaeologists found a gold toothpick in a tomb which dates back to 3000 B.C. I guess we've been having the problem of finding the perfect gift for the person who has everything for a long time.

Your instructors here have given you the most current knowledge. You learned about procedures and therapies that have only recently come from the progress of basic and clinical research. You have knowledge and practice in procedures and therapies which would have been novel in the education of dentists just a few years ago.

And it should sober you to consider that the greatest proportion of what you

have learned here was never taught to your instructors when they were students. Most of what your instructors have taught you is material they have learned since they took their degrees . . . and which they learned because they, like you, are students.

One final reason why you must remain students for your entire careers.

Even now your instructors are planning the incorporation of new material into the lesson plans of the courses you have completed. The classes coming behind you will learn this material and be ready to put it into practice when they graduate. For the whole of your careers, year after year, new graduates will be coming into your profession just as you are today . . . schooled and skilled in the most current knowledge of dentistry. So, if you want to stay at the head of your profession, you must always study. If you do not, sometime, just a few years from now, you will be passed by a new generation of dentists.

I not only want to challenge you to continue to be students of dentistry but also to practice your profession as humanitarians as well. You are truly well educated as dentists, but I ask you never to regard your patients as so many impacted wisdom teeth, or root canals, or diseased gums. Patients are people. All the science we have learned is only a partial description of the individual men, women, boys and girls you must treat.

You are now taking your place in society as educated persons. Therefore, you ought to be in a position to be truly human. I refer now to that part of your academic experience not related to the hard sciences, the part that relates to the humanities and a liberal education.

Dr. Kenneth Gros Louis, Vice President of Indiana University, Bloomington Campus, explained that an education offers an individual vision. It allows one to see far into the past, to know where we have come from, how we have de-

veloped as people, how our values have been shaped and determined, in what ways we are like and unlike our predecessors and ancestors. It also means that one has a vision into the future—to know how to analyze trends and foreshadows, how to identify and assess the factors, scientific and non-scientific, that will do much to create our future. Liberal education means vision in the sense of seeing out of ourselves, beyond ourselves, to other people with whom we come into contact in our daily lives, to other cultures past and present, across the oceans and elsewhere in our country, with which we may or may not come into contact, but with which we share this world.

In our world today, education becomes more important than ever. Liberal education makes possible an endless voyage to self-discovery and prepares an individual to respond to experiences that transcend vocational education. Carrying the banner of liberal education in an age of clanking functionalism is not easy. But it is up to students such as yourselves and the faculty of a great institution like Indiana University to make known the inescapable tragedy we all experience if liberal education is denied. Without a sense of value and purpose, the lawyer becomes a manipulator of the law; the politician deceives the people; the physician, the dentist, the nurse, treat life with the attitude that a mechanic has for an engine.

The lack of values and purpose in our lives came home in a most startling way when many of the key actors in the Watergate affair, young lawyers, graduates of our best and most prestigious universities, admitted that they had never questioned whether what they were doing was right or wrong. They admitted that they just did whatever seemed to get the political results they wanted, irrespective of any moral considerations, which to them seemed irrelevant. The world around them was moving much

too fast and they did not have the mind set to put the happenings into perspective and to see the ramifications of their actions on a country as a whole. They sought only immediate gratification and immediate results.

Today, the archetype of progress is being openly questioned. It is certainly no longer evident that all societies are evolving toward democracy, that science and technology will eventually solve all human problems, or that today's situation is really "better" than that of 100 years ago. What is not open to question is that we are all a creation of our past and we all are moving toward a future.

It may not put more bread into our mouths to know about the logic of Aristotle, nor will it slow down the arms race to know the thoughts of John Stuart Mill and John Locke on the concept of natural rights. Nor will it free the oceans of their contamination to comprehend the contrasting views of Kant and Hegel on human purpose. But such liberal education and knowledge will enlarge the capability of the human mind to know the sequence of historical thought and to know how wild dreams are converted into reality. For what is most promising about human life is not just its ability to build computers and space crafts, but to conceive of new ideas and possibilities.

There is a Japanese proverb that says, "After a victory tighten your helmet strap". And maybe you must tighten your helmet straps because there are big challenges ahead.

But this is a celebration and we have much to celebrate. While there are challenges—hurdles, if you will—ahead, there are also wonderful opportunities. (Sounds like a commencement speech here, doesn't it?)

But it is true. You will be serving peo-

ple, helping people achieve a wholeness of health that will allow them to achieve a fullness of life. And you will be influencing lives in other ways. All of us remember the dentists of our childhood, just as we remember the teachers, the preachers, the *other* doctors of our childhood.

Let me tell you a very short story. In the midst of the depression of the thirties, a little boy was sent from one of those hillside farms in West Virginia into the big city to go to school because they only had six grades in the one-room school house where he had been going. Those were difficult years for many people but in the rural areas one of the needs ignored both for economic and availability reasons was dental care—particularly *PREVENTIVE* dental care. So it was expected that the little boy was going to have a toothache the first week of school. The teacher called her own dentist and asked if he would see the boy. He did. He fixed the problem. He fixed the others too—including some in front which might soon have changed the boy's entire personality. All this despite the boy's protestations that he wasn't sure his dad could afford to pay for the work.

But with all his great education, talent, and skill as a dentist, that man never lost sight of the fact that a part of his mission was to serve his fellow human beings. He may have felt that "I ought to help this kid—he might grow up to be president". Well, the boy didn't make it that far—but he did make it far enough to have the honor of addressing the *HONOR STUDENTS* of the I.U. Dental School on one of the more important days of their lives.

Yes, I was that boy! And now you know why I like dentists and you know that when I wish you unlimited success—I *REALLY MEAN IT!*

Modifying Oral Hygiene Behavior: Causes, Effects, and Rewards

*Rick Holguin**

There is considerable evidence for a cause-and-effect relationship between lifestyle and health; to the extent that behaviors which affect such disorders as cardiovascular disease and lung cancer can be modified, rates of morbidity and mortality can be reduced markedly. A similar situation exists in dentistry. It is now clear that caries and periodontal disease are largely preventable; however, avoidance of these diseases also necessitates changes in behavior patterns, self-control, or even a minor restructuring in lifestyle. Dentists who start plaque-control programs soon learn that many patients do not adequately follow recommendations. Many researchers have recorded improvement in the plaque scores and gingival indices of patients who receive intensive oral hygiene instruction. However, Lindhe¹ (1967) and Suomi² (1973) have shown that without prolonged professional supervision, even patients who initially follow instructions do not maintain their new behavior.

Concern about the patient's welfare is often reflected in the amount of time the dentist spends presenting, reviewing, and discussing oral hygiene techniques. The information provided need not become overly technical with detailed etiology, histopathology, and sequelae of dental disease, but the information must be relevant to the patient's own situation.

Applied behavioral analysis is a relatively new technique based upon the concept that all behavior is learned and that an individual's behavior is a func-

tion of the environmental situation. It has been used successfully in the management of such diverse problems as autism, mental retardation, neuroses, phobias, obesity, smoking, alcoholism, and hypertension. The "ABC's" of the scheme are: A—antecedent conditions of the behavior, B—the behavior to be altered, and C—consequences of that behavior. Most procedures for changing behavior emphasize altering the immediate consequences. People intuitively recognize that the consequences of their behavior today affect their behavior tomorrow; various systems of rewards and punishments are used within the family, in the schools, and in business.

Behavioral Cues

Antecedent events affect behavior because through experience they become associated with particular consequences. Antecedents are best thought of as cues or signals that a particular type of behavior will be followed by a particular consequence. For example, to a motorist, the sight of a police car is a cue that the consequence of his speeding will be a ticket. A cue for brushing may be as simple as placing the toothbrush in a highly visible place.

Lattal's³ 1969 study of 8- to 12-year-old boys attending a summer camp illustrates how a behavior that needs to be altered, attention to brushing in this case, can be modified by manipulating the consequences of behavior. When permission to swim was made contingent on toothbrushing, the rate of brushing went from almost zero to nearly 100 percent. Typically, the subjects brushed immediately before swimming time. In a study by Martens⁴ in 1973, second grad-

*A graduate of the University of California at Los Angeles. Dr. Holguin is a graduate student in the Department of Periodontics and a resident at the Veterans Administration Hospital.

ers received rewards and prizes to reinforce desired brushing behavior. Children in control classrooms received no brushing instruction or rewards. The experimental group maintained lower plaque scores than the controls over a 6-month period, which included summer vacation when no incentives were given. There was nearly equal response to the program by boys and girls, and at all reading levels.

Although behavioral modification techniques hold great promise for preventive activities, few studies of adult oral hygiene behavior have been reported. Using sophomore dental student subjects, Zaki and Bandt⁵ (1970) found that modeling proper oral hygiene and providing reinforcement in the form of knowing that brushing and flossing improve oral health, resulted in the accumulation of less debris when measured in a surprise examination 10 weeks later.

Testing Behavior

The basic behavioral strategy being tested by the author at the Veterans Administration Medical Center in Indianapolis is based on the behavioral change model described by Weinstein and Getz.^{6,7} The first step consists of identifying the problem and its cause. When the patient does not feel he has a problem or does not desire change, it is best not to press him. If he does desire change, it is necessary to determine whether the problem is related to the patient's lack of knowledge or skill, or to his inability to manipulate the environment so as to establish behavior patterns of long duration. The latter problem is called a "management deficiency." To determine which problem applies, this question should be answered: "Could the patient perform the desired behavior if he really had to?"

If the problem is a management deficiency, specific instances should be discovered of when and where brushing

occurs or does not occur. To do so, it is necessary to arrange for the patient to collect baseline data, even before a change is initiated. Baselines provide evidence of the nature and seriousness of the problem, help establish realistic goals, permit determination of whether the new procedures are successful, and may by themselves alter patterns of behavior. A one or two week calendar in which the patient records each time he brushes/flosses is suggested.

At the next appointment, the baseline data are examined, and overall goals and intermediate objectives are set. Instead of requesting patients to brush and floss "more often" or "every day," it is usually more effective to state as an intermediate objective, a specific and realistic number of times to brush and floss per week. A patient who brushes twice a week may be successful in increasing brushing to four times a week—brushing daily is perhaps too high a goal initially. In this way, focus is maintained on the patient's improvement in home care, rather than on failure.

Again, cues for hygiene may be as simple as placing the toothbrush, dentifrice, and floss in a highly visible place. Taping the monitoring chart to the bathroom mirror is another mode. Suggesting a different time for brushing and flossing can be useful; this strategy is based on the "Premack Principle"⁸ (Premack, 1959). If behavior B_1 naturally occurs more frequently than B_2 , then B_2 can be strengthened if it is made to occur before B_1 . For example, although most people shower or wash their faces every morning, they are less likely to brush or floss. By making an agreement (under some form of "honor system" or "playing the game") that the patient will not bathe until after brushing and flossing, the probability of regular dental home-care behavior is increased. Similarly, if a patient always brushes, it can be agreed that flossing will precede brushing.

Rewards Cited

In time, the intrinsic rewards of good oral hygiene and the compulsive nature of the habit will emerge. However, immediate and continuous rewards are needed as the habit is being established. With willing participation from a receptive patient (and here again the patient must be agreeable to changing behavior and "playing the game") the use of tokens, such as recorded points which can be accumulated for future rewards (e.g., a movie, a new tennis racket, a weekend vacation), can be helpful. This phase generally takes 2-4 weeks. The second phase involves reviewing and modifying the management plan, objectives, or even goals.

An end to the project must be carefully planned to avoid backsliding. Though care has been taken in planning and effecting changes in behavior, many people find themselves falling back into old habits and behavior patterns . . . plans should be made to minimize these effects. A self-maintenance routine must be established and plans made for short-term and long-term followup visits, telephone calls, letters, or all of these.

As an illustration, consider the case of a 23-year-old Army veteran who is being treated for generalized marginal gingivitis, localized periodontitis, and bruxism. He is of short stature and about 25 pounds overweight; he has no systemic illness. He joined the Army at age 18, not having graduated from high school. While stationed in West Germany, he received training in munitions ("I learned how to blow up things"). He received an honorable discharge in December, 1981. When he was unable to find employment, he attempted to reenlist in early 1982. Unfortunately, he failed the Army written admission examination twice. He appears to have the mental age and level of maturity of a person in the early teens.

After appropriate explanations of the

rationale for oral hygiene and considerable practice on dentofrom models, he was able to perform toothbrushing and flossing in his own mouth at a level comparable to the average VA periodontal patient. Using the O'Leary Plaque Control Record, his initial score was 67%; at a return visit one week later, his score was 62%. Brushing and flossing instruction was repeated. The next week his score had decreased only to 58%. He then admitted that he "forgot to floss during the last two weeks." To help improve his memory, the Weinstein and Getz^{6,7} motivational method was employed.

Formula Described

The one-week baseline data revealed a twice daily brushing pattern; however, flossing occurred only a total of five times. Plaque accumulation decreased to 44%. A goal of continued twice daily brushing and daily flossing was deemed achievable. The Premack Principle (flossing before brushing) and cues (highly visible oral hygiene aids and monitoring chart) were suggested. Since the young veteran enjoys seeing movies with his sister, this was established as a major reinforcer. He was requested to score one point on the monitoring chart for each brushing episode and two points for each time he flossed. We allowed two points for flossing to increase its attractiveness. In the agreed-upon formula, he was entitled to see a movie when he had accumulated 50 points.

He had collected well over 50 points within the first week due to flossing numerous times per day, and had reduced his plaque score to 21%. The scoring system was adjusted the next week to allow one point for each time he brushed or flossed, up to four points a day. At the appointment two weeks later, the chart showed that he had practiced hygiene procedures twice daily and had achieved a plaque score of 14%. At the following two visits, scores of 8% and

10% were recorded. The monitoring chart was discontinued.

Unfortunately, this story does not have a happy ending. Whether the novelty had worn off, whether the patient should have received telephone reminders for continued oral hygiene, or whether the patient merely had a bad memory is uncertain—in any event, when he returned five weeks later, he had “forgotten” to floss and had a plaque score of 30%.

The techniques and ideas presented by Weinstein and Getz^{6,7} may well be useful with selected patients. This patient demonstrated a marked improvement in oral hygiene level during the period of active initial therapy. Careful implementation of all phases of the behavioral change pattern, including short-term followup, might have led to greater success.

A final note: Some of my colleagues tell me that they would be reluctant to approach a more mature adult with techniques of this kind, such as encouraging the patient to “play the game” through such means as assigning rewards (designated and provided by the patient) for the accumulation of points earned by performing oral hygiene procedures. I will grant that the patient must be a receptive type, but my response to the suggestion that this approach is too childlike is simply this: Consider the game of golf (popular with adults) and the dedication expended in whacking a small white ball into 18 separate cups planted in a grassy terrain.

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Former Student Recalls Dr. Furnas's Teaching After 60-Year Lapse

Dr. I. Lester Furnas, a 1910 graduate of Indiana Dental College, who went on to earn an international reputation in prosthetic dentistry, recently received a remarkable note addressed to him at his home at 5775 Chelsea Avenue, La Jolla, California 92037. The note, reproduced here, is from a practitioner in Pennsylvania and shows that good teaching can be memorable!

Dear Doctor:

In the year 1922 at a meeting of the Susquehanna Dental Society held in the Hotel Casey in Scranton, Pa. . . .

At that meeting you gave a course in Full Dentures. I was fortunate enough to be one of your students and I wish to extend my thanks to you for all it has helped me in sixty years in practice.

I do hope this letter finds you in good health.

Sincerely,

Bob Goodall

A Scandinavian Odyssey

Henry C. Heimansohn, Class of 1950

Our Scandinavian Odyssey began in October, 1982, when my wife, Hilda (an R.N.), my daughter, Sharon, and I were flown to Stockholm from Paris for a two-week visit with Ann-Christin Steilind, a young lady who had stayed with us in Danville 10 years previously.

Our vacation in Europe started off badly. The original plan was for us to stay in Paris a week, then take a leisurely train ride through Switzerland, West Germany and Denmark during the second week, and spend the third week with our friends in Sweden. However, at the entrance to the Paris Metro at Concorde, I was robbed of my passport, Eurail pass and 500 francs by two gypsy women pickpockets using a baby as an accomplice! I was very depressed over this and so we decided to fly directly to Stockholm via SAS Airlines from Paris. A quick telephone call to Sweden assured us that it would be satisfactory to spend the extra week there.

Ann-Christin had an apartment in Stockholm and we stayed there one week. She took us all around Stockholm and, inasmuch as she is a native Swede, our problems with the language, choosing what places to visit, etc., were taken care of. In other words, for this week we were not tourists, but lived the same routine as the average Swede.

The second week Ann-Christin's father, Arne, took us to his home in Atvidaberg, which is about 225 kilometers south of Stockholm, to meet his wife, Barbro. Arne took a week's vacation from his work in Facit, an electronics factory, and used this week to drive us all around the central area of Sweden and to explain the historic castles, etc.

Dental Picture Stressed

I will emphasize the dental aspects of

Sweden in this article. Unknown to me, Arne had arranged a visit to the one-year-old dental clinic in Atvidaberg, which has a population of 13,000. This newest dental clinic is on the second floor of a building on the town square. The director, Dr. Marjareta Lindstrom, explained (through my interpreter, Arne) that it was 700 square meters in size (6300 square feet, or about 80 feet long and 80 feet wide). Seven dentists, 13 dental assistants and one hygienist are employed there. Four of the 13 dental chairs are used for prophylaxis.

Essentially the Swedish system is a state-operated dental and medical system. There are few private dentists—there were just three in Atvidaberg at the time of our visit.

Their system is also oriented more toward children. There are four schools in Atvidaberg. One school has its own dental clinic and the other children come to this clinic and are treated free of charge. Orthodontists come twice a year and oral surgeons once a week from Linköping, the next largest town.

Now for some statistics: 3600 children and 1500 adults were treated here last year; 300-400 dentures and 150 partials were constructed. For adults, the dental fee is 60%, as every Swede pays 40% income tax and the tax covers 40% of their dental fees.

I was told that adults have to wait three years for a routine dental appointment but dental emergencies are treated immediately. The long wait is due to the backlog of patients before this new clinic opened; they expect the situation to improve now.

I was impressed by the sophisticated dental equipment. For operative sterilization, instruments are put in special trays and placed in special autoclave



Children and older patients in reception room



Dr. Heimansohn with Dr. Lindstrom, Clinic Director

racks. There is a recording graph on the top of the autoclave.

A Historical Note

To understand Sweden, one has to understand its history. Around the 1880s, there was a severe depression in Sweden, and many Swedes starved. One out of every four Swedes emigrated to the USA. Arne said that this was a sad time as people left Sweden knowing they would never see their families again. I think this has made the Swedes very frugal. Also, most Swedes have relatives in the USA.

Due to the low density population and the affinity of Swedes for the USA, Sweden is a most favorable place to visit—certainly more so than Paris in my case! Gustav Vasa is the “George Washington”

of Sweden and Arne took us to one of his castles that is surrounded by a real moat. There are two very large lakes that run vertically through Sweden and the castle was on one of the lakes.

In Stockholm we visited the City Hall where the Nobel Prize recipients receive their testimonial dinner. The gold room in this building has 17 million pieces of inlaid tile.

One day we were visiting the palace where Sweden’s king lives and I was taking a picture of the guard in the central courtyard. He had a machine gun and kept trying to tell me something, but I don’t understand Swedish. He pointed the gun at me and I finally got the message that visitors were not supposed to cross a line on the ground in front of the guard! This was not in the tourist season and I was the only visitor there.



Four-handed dentistry, Swedish version

My impression of Sweden was that the Swedes are much more oriented toward children than we are, not only in dentistry but in everything. For example, in Stockholm many mothers use baby carriages and they are allowed to enter the rear door of a bus, park the carriage in a special place, and sit with the baby free of charge. All other passengers have to enter the bus in front and pay the fare.

Longevity Analyzed

I had heard before that Swedes live longer than people in any other civilized country and also have the lowest infant mortality. Since I am now also in the older age group, I wondered what they attributed their longevity to. Their diet is definitely different from ours. They use very dark bread not seen in the U.S. and eat lots of fish. They don't use much milk, but lots of cheese. They have practically no hamburger or other fatty meat in their diet. They probably get more exercise than we do. I remember seeing many older people in Atvidaberg riding bicycles to their local supermarket.

It is true: most Swedes are tall, blond and blue-eyed. The unemployment rate is 2%; however, the world depression has also affected Sweden. Our host, Arne, was well versed in all aspects of world affairs and I learned very much listening to him.

Our daughter, after a week on Swedish food, began to have "withdrawal symptoms" from American food and we made an emergency visit twice to McDonald's to get her "fix."

One thing I wondered about—how did those Vikings do all that sailing when other people did not at that time? It seems that their boats were the only ones constructed that could be carried over land and also they had a special mast.

Finally, one interesting note: the Swedes have not been in any war since 1814!



On a recent visit to the South, Director of Illustrations Richard Scott and his wife did some old-fashioned panning for gold and gems in Franklin, South Carolina. Scotty is busy at the sluice in the bottom photo, and Virginia is second from the right, above. Their "catch" included rubies, amethysts, and sapphires (not quite enough to make Charlie and Lady Di envious, though).

Dental Auxiliary Education On the South Bend Campus

*Shant Markarian**

Occupying modern quarters in Riverside Hall on the north bank of the St. Joseph River, the 15-chair clinic, classrooms, x-ray stations, and faculty offices of the Dental Auxiliary Education Division at Indiana University-South Bend furnish a scenic overlook of the picturesque river.

Forty-two students are admitted each fall: 21 to the one-year certificate program in assisting and 21 to the two-year associate of science program in hygiene. Hygiene applicants must present evidence of satisfactory completion of a minimum of 30 credit hours in general education at an accredited college or university before admission.

Instruction is by three full-time faculty members (the two program supervisors and the director) and 21 adjunct faculty members. Both programs are accredited by the Commission on Dental Accreditation of the American Dental Association.

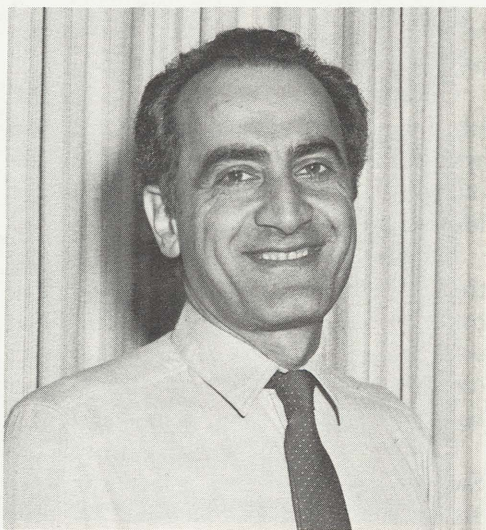
Graduates of the division may continue their education by working toward the bachelor's degree in health occupations education or in general studies.

Dental assisting and hygiene were established at IUSB in 1969 as part of a statewide undertaking by the School of Dentistry to locate such facilities in areas of designated need. The main objective of the dental division is to respond effectively to regional demand for qualified dental assistants and hygienists.

The factor of distance—IUSB, for example, is more than 100 miles from Indianapolis—should theoretically place the regional dental units at a disadvan-

tage in relation to programs at the School of Dentistry. Lack of access to faculty, services, patients, hospitals, and other health care facilities normally associated with a dental school could hamper the operation of a regional educational unit. Fortunately, such problems do not arise, mainly because of academic and administrative support from the regional campus and the Dental School, along with assistance of various kinds from professional and lay publics. A variety of resources enable our faculty members to educate students without the impediments that could arise because of geographical separation from the School of Dentistry. The interrelationships are many and complex; the following shows some of the principal straight-line relationships:

1. Staff: division secretary, IUSB support services



Dr. Shant Markarian

*Dr. Markarian is Director and Associate Professor of Dental Auxiliary Education at Indiana University-South Bend.

2. Faculty: community, IUSB, dental school (via television)
3. Externship program: community dentists
4. Patients: community, IUSB faculty
5. Advisory committee: community dental health professionals
6. Equipment: IUSB, professional dental organizations

General Background Of the IUSB Campus

Indiana University first offered courses in South Bend in 1922, mainly to help school teachers meet their requirements for licensure. In 1940, the University broadened educational opportunities by establishing an Extension Center offering two-year programs of study. The Center became a regional campus in 1963, and graduated its first seniors in 1967. In the following year it was officially designated Indiana University at South Bend.

Dr. Lester Wolfson, a native of Indiana, has been IUSB's only chancellor. He was appointed chief executive officer in 1964. Since that time IUSB has undergone an eight-fold expansion in physical facilities and a three-fold increase in student population. More than 75 associate, bachelors' and masters' degree specializations have been developed. The university is accredited by the North Central Association of Colleges and Schools.

IUSB is east of downtown and north of the neighboring St. Joseph River. Most of the 5,800 students come from the region's two most populous counties—St. Joseph and Elkhart—and commute to the 38-acre campus from within a radius of 30 miles. Recent high school graduates account for 25% of the student body; the remainder are older adults and graduate students. Flexible scheduling allows part- and full-time study in day and evening classes. Slightly more than half the undergraduates and the major-

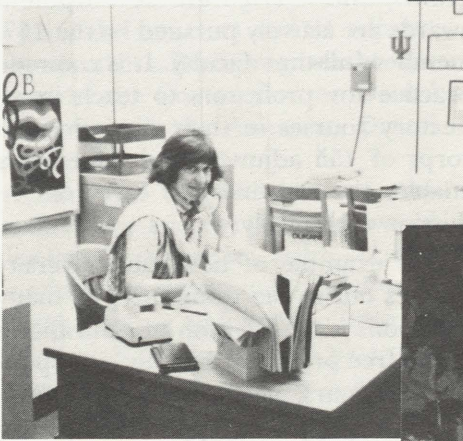
ity of graduate students are enrolled part-time.

As a comprehensive degree-granting institution, IUSB offers baccalaureate degree programs in arts and sciences, general studies, and nursing; and bachelors' and masters' degrees in business and economics, education, music, and public and environmental affairs. An honors program is available to qualified students.

Teaching Is Stressed

A primary objective of the university is to provide students with liberal and professional educations marked by quality and relevance. IUSB faculty have been recipients of distinguished teaching awards in 10 of the past 12 years. Teaching is emphasized, but scholarship and research are certainly not ignored. Dr. Gerald Harriman, Dean of Faculties, is a strong advocate of scholarship and faculty development. Fellowships, research grants, and curriculum development awards are actively pursued by the 157-member full-time faculty. It is common practice for professors to teach introductory courses in their disciplines. A corps of 155 adjunct faculty members enables the university to carry out its mission realistically.

One example of how the university reaches out to the community in many directions is the Division of Education's credit-free program. The division sponsors seminars, conferences, institutes, and workshops, computer camps for children, courses in fine arts, and many other offerings. In addition to public performances and exhibitions by faculty in music, communication arts, and fine arts, similar projects in such varied departments as history and business offer the community the benefits of their expertise and research. Health services are provided by dental hygiene and nursing. The university library contains 300,000



Scenes from the South Bend Campus

volumes and 150,000 microforms and can accommodate 800 persons for study.

Other factors being equal, a regional unit's potential for achieving its educational objectives is directly proportional to the cooperation and assistance from the faculties and administrations of the particular campus and the Dental School, local dental health professionals, and the community itself. At IUSB, special credit goes to division faculty and secretary, the South Bend Dental Assistants' Association, the South Bend Dental Hygienists' Association, those in the professional community who contribute by teaching; and North Central, Mishawaka, and St. Joseph Dental Societies, whose members have sustained dental auxiliary education with academic and financial support since its inception.

Faculty and staff members of the Di-

vision of Dental Auxiliary Education are: Dr. Shant Markarian, Director; Nanci Yokom, R.D.H., M.S.B.A., Supervisor of Dental Hygiene; and Barbara A. Pasionek, C.D.A., B.S., Supervisor of Dental Assisting; Drs. Rebecca F. Apple, Douglas C. Bateman, Michael L. Freid, William A. Gitlin, John M. Stenger, William J. Walsh, and Harvey Weingarten; Jacqueline Badics, R.D.H., A.S.; Barbara M. Blume, R.D.H., B.S.; Pamela S. Borden, R.D.H.; Deborah Jo Canfield, R.D.H., B.S.; Sandra Curry, R.D.H., A.S.; Amelia Hazlewood, R.D.H., A.S.; Jenny S. Huffman, A.S.; Linda H. Jesswein, R.D.H., A.S.; Susan P. Jones, R.D.H., A.S.; Jennifer A. Klein, R.D.H., B.S.; Martha B. Moriconi, R.D.H.; Corinne A. Patton, R.D.H., B.S.; Donald E. Sloan, M.S.; Carin Weingarten, R.D.H., A.S.; and Ms. Ann R. Grant, Secretary.



A well attended staff picnic last summer was the first major project of the newly formed IUSD Staff Council. Its officers are: President, Cathi L. Eagan; Vice-President, Nancy Stillabower; Secretary, Drew Beck; and Faculty Advisor, Dr. Robert Bogan.

Observations on Dentistry (and other things) in Malaysia*

Simon Katz, Professor of Preventive Dentistry

If your ideas concerning Malaysia match those of my boyhood, you may be thinking of mystery, intrigue, crime and double-crossing in the middle of impenetrable rubber plantations; or of pirates with eye patches and peglegs sailing Chinese sampans in the murky waters of neighboring Singapore; or of cutting all sorts of sinister deals in the tortuous alley-ways of that port city. This is of course pure overheated imagination, and certainly is not the only "hot" thing about Malaysia. The weather is also hot—85° average year round, with dailies reaching into the 90's and above and humidity to match. Also hot, and very hot, is the progressive spirit and dynamism of the Malaysian people, who are endeavoring to push their country full speed toward an advanced stage of development. And hot, too, is the drive of the dean of the Dental School of the University of Malaysia to obtain the best possible dental education for his students, and the efforts of the health authorities to improve the level and degree of dental care that is delivered to the people.

But let's consider first what to our occidental eyes may be some oddities.

Malaysia is a federated monarchy, but the king is elected. Kings serve for five years, and then are replaced by a new one who is elected by, and from, a group of 9 "rulers" who are the heads of 9 of the 13 or 14 states that compose the Malaysian federation. Would you believe that during the last royal election two of the rulers declined the honor, forcing a third

ballot? They have a parliamentary system, with an elected prime minister, pretty much along the British model.

The population comprises three main groups: about 50% are Malays (Moslems); 40% are of Chinese descent, and 10% Indian-Pakistani. Perhaps the biggest oddity (in the world in which we live) is that the three groups seem to live in perfect peace and harmony, and thrive together beautifully. I found plenty of examples of this spirit of acceptance of others in the Dental School, the Dental Division of the Ministry of Health, and just walking along the streets of Kuala Lumpur (as much as you can walk when it is 95° and stickily humid). The Malaysians are giving the world an example of tolerance and understanding that I wish our politicians would hear.

Golden Arches

In addition to U.S.-style fast food outlets (McDonald's, Kentucky Fried Chicken, even A & W's), I saw multitudes of street vendors with local foods that I could not identify. Many were very tasty; most were too spicy for me. Many small snacks come affixed to one, two, even three toothpicks. You ask for them, and the vendor gives you a plate and invites you to pick them up, eat them, and lay the toothpicks on the plate. He counts the toothpicks, and charges you at so much per unit.

Kuala Lumpur is a beautiful and clean capital city. You are immediately impressed by the buildings being constructed, and roads being opened, paved and/or widened. Roads are very good; I

*Reprinted from School of Dentistry Newsletter

saw several well kept "interstate like" highways. Following British tradition, they drive on the left side of the streets. And cars have the steering wheel on the right. I never saw such a concentration of deluxe European cars: Mercedes, Volvos, BMW's. And, of course, the ubiquitous Toyotas, Hondas, Datsuns, Mitsubishis and the like.

Talking Shop

Relative to population, Malaysia is ahead of the U.S. in fluoridation. While we are just now reaching the figure of 50% of our population being served by fluoridated water, the Malaysians reached that mark in 1977, when 75 fluoridation plants served half of the 12 million people living in the Malaysian peninsula. Likewise, there are "Triennial Development Plans" which call for many new fluoridation plants.

One driving force behind the fluoridation movement in Malaysia was Dr. Haji Abdul Rahman, past Director of Dental Services of the Ministry of Health and currently Head of the Department of Preventive Dentistry, of the Dental School. Dr. Abdul Rahman (translation "Servant of God"), a devout Moslem, brought a sort of religious fervor to the task of promoting fluoridation. "I believe," he said, "that God put me on this earth for a purpose, and that it is my obligation to fulfill such purpose. When I get up in the morning, immediately after the early prayers, my first thought is: 'What is the task God intended for me today?'" And it was my perception that he felt very strongly that it has been within the divine design that he pursue a career in dentistry, and later a doctorate in Public Health in Toronto, Canada, to serve his people as best he could. And that fluoridation was the tool that was given to him to accomplish God's design. When my wife and I left his office, I told her that while he was talking

I had the strong perception that Anwar Sadat must have been a man of this sort. She said she had thought the same thing!

An Attractive Campus

The Dental School occupies a very modern building within a sprawling, beautiful, tree-covered campus, very close to the Medical School and an impressive University Hospital. They have a four-year curriculum: two preclinical years, with many of the subjects being taught at the medical school, and two clinical years. The school is very well equipped, with modular dental units quite similar to ours. I visited the Department of Oral Surgery, where they have facilities for minor operations, with a recuperating room and the like.

We in Indiana should be very proud of having contributed to the improvement of dental education in Malaysia through the efforts of an alumna of our graduate program, Dr. Rahimah Abdul Kadir, who is on their Preventive Dentistry Faculty now. I have before me a "Handbook in Oral Health Care for Year One Dental Students," and its pages strongly reflect material that we taught Rahimah, and furnished to her, while she was in Indianapolis. In a way, they have gone one up on us: they have a new wing devoted to clinical preventive dentistry, with a big room devoted to patient education in dental health and oral hygiene that I wish we had.

I was extremely impressed with the level of preparation of the Dental School Faculty that I met. All of them have pursued courses of advanced study abroad, most of them in the United Kingdom, with which Malaysia keeps close ties. The very young Dental Dean, Dr. Mohammed Ariffin, who holds an advanced degree in Dental Public Health, is very progressive, as evidenced by the fact that 11 of his faculty are enrolled in advanced programs abroad (several are

working toward Ph.D.s) under scholarships provided by the Malaysian government through the Dental School.

Notes on Research

The School was started only about 10 years ago. I think that they excel in two aspects of the University mission: teaching and service, and that the time has come for them to start the third: research. In fulfilling my role as an "External Examiner" (this is part of a traditional British institution whereby faculty from other universities participate in the final examination given each academic year), and also in talking with some of the younger faculty members, I found that little or no research is conducted. What the students had learned (and obviously what was taught) seemed rather "bookish" and somewhat dogmatic. This is white, and this is black, and this is the way it is.

Those of us who have lived in a world of research, or at least are used to breathing in an atmosphere of research, know that scientific truth is elusive and, even worse, elusively changing; what appears rock-solid truth today may become shaky ground tomorrow. When author "A" states: "My results indicate this," but our own experience suggests a different answer, and perhaps another author comes to yet a third conclusion, we realize that in a way our knowledge is like swiss cheese: it has substance, but also holes. It humbles us to be forced to recognize that factors participate in a problem which we did not anticipate when we planned our research. But it is this humility that gives us a sound dose of critical skepticism, prevents us from being dogmatic, and in the process makes us better teachers.

As External Examiner, I plan to suggest in my report to the Vice Chancellor, University of Malaysia, that the time has

come for the School of Dentistry to start a program in research. In fact, the seeds have already been sown in the form of a project to assess caries risk that I proposed and where the necessary know-how will be provided by Indiana's Oral Health Research Institute and the Department of Oral Microbiology. Research is a field in which our School, with its vast expertise, can be of tremendous help to our sister School in Malaysia to acquire the "seasoning" that I believe it needs to become an outstanding center of dental education. That brings me back to Dr. Abdul Rahman and his mission on earth. Wouldn't this be an opportunity to contribute, within our possibilities, to make our world a little better?

Private practice is very limited in Malaysia. Most of the required dental services are provided by the Dental Health Division of the Ministry of Health. Insufficiency of human resources is a serious limiting problem, and they have approached it by establishing priorities: school children, pregnant women and preschool children. There are over 700 dental clinics in hospitals, rural health centers, and the like. They have also a number of mobile dental units. Fluoridation is helping them to reduce the magnitude of the problem, in that it not only reduces the total number of carious lesions but also, and in even greater proportion, the number of extensive lesions requiring multi-surface restorations. The need for extractions is also drastically reduced. All of this will permit them to use dental nurses (the New Zealand type), for simple cases, and to use the time of their dentists for the more complex cases. There is a belief that as the country develops the time is approaching when private practice will become much more prevalent, and they are looking into American Dentistry for the required know-how. Here again our School could make a valuable contribution.

Awards Given at Honors Program

The Indiana University School of Dentistry Honors Program was conducted on May 15, 1983, with Dean Ralph E. McDonald presiding. The following awards, certificates and honors were given.

The American Association of Endodontists Award of certificate to the graduating student showing interest and proficiency in the field of endodontics was presented to Dr. Ronald K. Allen; the Indiana Society of Oral & Maxillofacial Surgeons (Glenn J. Pell Memorial Award, top 10% in oral surgery and upper $\frac{1}{3}$ of class; must have internship) went to Dr. Dan E. Faulk; and the C. V. Mosby Awards for scholastic excellence were presented as follows: in Fixed and Removable Partial Prosthodontics to Dr. Carolynn Haumann Spandau; Dental Hygiene to Ms. Susan Ray Henry; and Dental Assisting to Ms. Winnie Arnold (presented at the Dental Assisting Graduation Ceremony on May 16).

The Rossya Kauffman Memorial Award in Dental Hygiene for proficiency in patient education went to Ms. Sherri Lynn Brown and Ms. Cynthia Ann Thornton; the A. Rebekah Fisk Memorial Award (one year membership in state and national organization) by Indiana State Dental Hygienists Association to the dental hygienist showing the greatest proficiency in clinical practice during her senior year was given to Ms. Cynthia Fay Fryar; and a certificate for proficiency in radiology from the American Academy of Dental Radiology was presented to Dr. C. Edwin Wentz. A certificate from the American Academy of Oral Medicine for achievement, proficiency and promise in the field of Oral Medicine was presented to Dr. Pamela A. Steed.

The American Academy of Periodon-

tology Award of one year's subscription to the Journal of Periodontology for proficiency in periodontology went to Dr. Scott B. Boltz; the Indiana Society of Periodontists Award (\$50) to a graduating student who has demonstrated interest and an outstanding achievement in clinical periodontics was presented to Dr. Micahel J. Hayduk; an Award (\$50) to the graduating student who plans to continue in the graduate pedodontic program from the Indiana Society of Pediatric Dentistry went to Dr. Jaime O. Lemna; a Certificate of Merit from the American Society of Dentistry for Children, membership in the Society for one year, a one-year subscription to the Journal of Dentistry for Children, and a cash award of \$25 from the Indiana Chapter were awarded to Dr. Murray Dock.

The Academy of General Dentistry Award, plus an award by the Indiana Chapter of this Academy were presented to Dr. Donald E. McNamara; a certificate to the senior showing interest in development of the orofacial complex from the American Association of Orthodontics went to Dr. C. Edwin Wentz.

Senior Essay Awards were as follows: First (\$200) to Dr. Thomas R. Shoemaker, "Dental Ethics"; Second (\$100) to Dr. Lawrence G. Falender "In Pursuit of Postgraduate Residency Programs."

Table Clinic Awards were as follows: First (\$100 and plaque) to Dr. Raymond L. Christine, "In Vivo Plaque pH Measurement Using an External Microelectrode System"; Second (\$75) to Dr. Scott B. Boltz, "Case Report: Maxillary Class IV Removable Partial Denture"; Third (\$50) to Dr. Pamela A. Steed, "Adverse Drug Reactions of the Geriatric Patient." Best Dental Hygiene Table Clinic (\$15 each), Ms. Rosemary English, Ms. Amy

Ewing, and Ms. Kim Smith, "Brace Yourself and Smile." Winners of (\$15 each) the Dental Assisting Table Clinic Award were: Ms. Sherri Bush, Ms. Jane Garr, Ms. Cathy Doyle and Ms. Kelly Mitchell, "E.T."

The Indiana University School of Dentistry Alumni Association Plaques (The Maynard K. Hine Award) were presented to Dr.Carolynn Haumann Spandau, and (The Harriett F. Hine Award to a Dental Hygienist) Ms. Louise Ellen Cull; the International College of Dentists Award for outstanding achievement during his years of dental study to Dr. Dan E. Faulk; Award of a plaque and a \$50 bond by the Indiana Dental Association in recognition of services to organized dentistry through student A.D.A. to Dr. John E. Moenning; an Award from the National Chapter of Alpha Omega to the student who earned an outstanding scholastic record for four years of dental study at Indiana University School of Dentistry to Dr. Frederick L. Steinbeck.

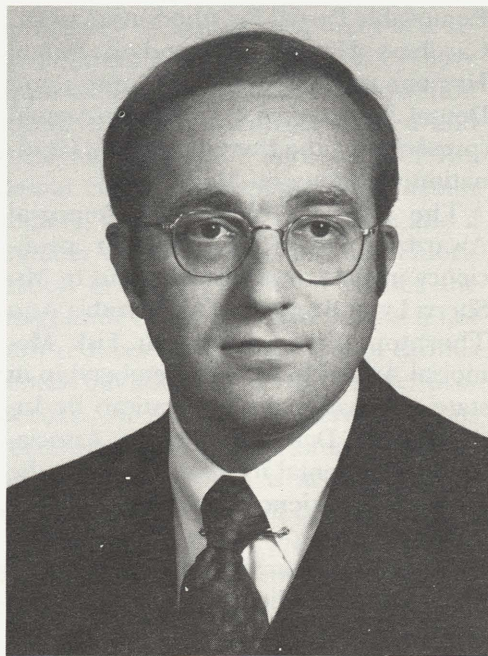
Sigma Phi Alpha, Dental Hygiene Honorary Society, certificates and pins were presented to Ms. Alicia Brant-Crabtree, Ms. Paula Jeanne Underwood, Ms. Rosemary English and Ms. Amy Jean Carole Ewing.

The following students were elected to membership in Omicron Kappa Upsilon (the National Dental Honor Society); Dr. Frederick L. Steinbeck, Dr. Douglas C. Shindollar, Dr. Steven F. Tempel, Dr. Murray Dock, Dr. Mark E. Catton, Dr. Paul A. Sergio, Dr. Nancy Lee, Dr. Howard E. Stevenson, Dr. Benjamin G. Turow, Dr. Ronald K. Allen, Dr. Carolynn Haumann Spandau, Dr. C. Edwin Wentz, and Dr. David B. Clark.

The winner of the Pierre Fauchard Award, given at the end of the third year to the student showing highest level of clinical maturity, was Dr. Ronald K. Allen; the Academy of Operative Dentistry Award to Dr. Murray Dock; The Amer-

ican Academy of Gold Foil Operators Award to Dr. Henry C.M. Fung; the Hufriedy Award to Ms. Louise Ellen Cull; the American Academy of Oral Pathology Award to Dr. Frederick L. Steinbeck; the American Association of Women Dentists Award to Dr. Martha E. Skelton; and the Academy of Dentistry for the Handicapped Award to Dr. Pamela A. Steed.

The James L. Maus Memorial Scholarship Award was presented to Dr. Pamela A. Steed. (This Award must be presented one year late because of the criteria, which specified the winner should be the student who moved the most places upward in class rank from the freshman year to the end of the junior year.



Dr. John F. Helfrick, Class of 1967, has been re-elected Chief of Staff at Sinai Hospital, Detroit. Dr. Helfrick chairs the Hospital's Department of Dental and Oral Surgery and is Chief of Oral and Maxillofacial Surgery. He is also Co-Director of the Head and Neck Tumor Clinic, and Director of the Cleft Palate Clinic and the Oral and Maxillofacial Surgery Residency Program.

Class Presidents' Remarks at 1983 Honors Program

During the School of Dentistry Honors Program which preceded the Commencement ceremony, Dr. John Moenning, President of the Dental Class, and Ms. Janet M. Pirillo, President of the Dental Hygiene class, offered these parting comments, Dr. Moenning's first:

It is a privilege for me to address each of you today on behalf of the Class of 1983. It seems nervousness often accompanies public speaking, but I shall do my best anyway. A familiar story comes to mind. Upon entering a room in a Washington hotel, a woman recognized a well-known government official pacing up and down. When she asked what he was doing there, he said: "I'm going to deliver a speech shortly." "Do you usually get very nervous before addressing a large audience?" "Nervous?" he replied. "No, I never get nervous." "In that case," demanded the lady, "what are you doing in the Ladies Room?"

Each of us has family, friends, and spouses to thank for all their support over the past four years. You have been someone to talk to when the going got tough, someone to encourage us when we were down on ourselves, and most of all, you have been the ones who cared when no one else took the time. My simply saying "thank you" from all of us does not acknowledge all the credit you deserve but it is a beginning for each of us as individuals to later express our appreciation.

Phillip Brooks wrote on Helpfulness: "The truest help we can render an afflicted man is not to take his burden from him, but to call out his best energy that he may be able to bear the burden." We all have heard of Vince Lombardi, George Patton and of course IU's own Bobby Knight. In one way or another each of these leaders has made a group of individuals call out his best energy and perform to his greatest potential to reach a goal. Our instructors have been

like these leaders in that their helpfulness has made us call out our best energy and perform to a greater potential than would have been possible had we been on our own. All of us during the past four years have seen and experienced the obstacles of school—now it is time we see the objectives that we were being taught. Those objectives are to practice ethical dentistry and to perform dentistry to its highest standard of excellence. Since no goal is an accomplishment if it comes easy, we would like to thank the faculty of Indiana for all their time, effort and helpfulness in teaching us our objectives of excellence in dentistry and for making our accomplishment so special to all of us.

Now I want to be one of the first to congratulate my classmates upon entering our new profession. This is a great day for each of us because it signifies achievement of an important goal in our lives. This achievement possessed two main characteristics: first, dedication in aiming for that goal, and second, the development of exceptional skill in our progress toward it. When we began dental school we all had the common purpose of finishing the next four years and today we have accomplished our purpose. Now it is time to formulate a new set of goals. Each of us will go in a new and different direction. But we will all take with us the same objectives of excellence that we were taught. The only difference is that now we will not have a leader, an instructor, to push us to provide the best possible dentistry. The only one who can push us toward excellence and avoid mediocrity will be ourselves.

There is an old Hindu legend that at one time all men on earth were gods, but men so sinned and abused the divine that Brahma, the God of all Gods, decided that the head should be taken away from man and hidden someplace where he would never again find it to abuse it. "We will bury it deep in the earth," said the other gods. "NO," said Brahma, "because men will dig down in the earth and find it." "Then we will sink it in the deepest ocean," they said. "NO," said Brahma, "because man will learn to dive and find it there, too." "We will hide it on the highest mountain," they said. "NO," said Brahma, "because man will some day climb every mountain on the earth and again capture the god head." "Then we do not know where to hide it where he cannot find it," said the lesser gods. "I will tell you," said Brahma. "Hide it down in man himself. He will never think to look there." And that is what Brahma did. Ever since then, man has gone over the earth digging, diving, and climbing, looking for the god-like quality which all the time is hidden down within ourselves.

Now it is time for us to look within ourselves and find that spirit deep within us that pushes us a little further and leads us to an excellence in dentistry and avoids mediocrity. This challenge will be with us daily, to find within ourselves that spirit that will lead us to do our best. We must have faith that striving for our best is the only way. We must dare ourselves to perform to our highest potential. I pray that each of us can capture that spirit, so when our days of practice have been completed we will look back and find contentment and happiness, but most important our patients will have received the best in dentistry.

Finally, it has been my privilege to serve as president of our class and I have enjoyed working with the faculty, my fellow officers, and most of all getting to know my classmates. I hope that when

we gather together in the future and remember all the good and even the trying times of school, we will always laugh and know that our good times were far greater than the bad. I want to thank my classmates for giving me the honor to serve them and sincerely wish each one a happy and fulfilling career. Thank you!

John Moenning

I would like to take this opportunity to welcome our distinguished faculty as well as the guests of both graduating classes. It is an honor to appear before this audience on this special occasion which signifies the culmination of years of hard work and perhaps a few instances of fun!

Throughout our learning processes we have all encountered experiences that, at the time, were not exactly pleasant.

Whenever I had "one of those days" or several of "those days," for that matter, a wise old sage Frank C. Pirillo—I call him 'Dad' for short—would tell me "It's good for you, Janet. It builds character!"

Ralph Waldo Emerson, another sage, whom I did not know as well, said, "The force of character is cumulative."

Thanks to the Indiana University School Dentistry I do not think anyone in either graduating class is deficient in character! However, it is obvious that such a process did not begin here nor will it end here. To quote Aristotle: "Our characters are a result of our conduct."

On behalf of the Dental Hygiene class of 1983 I would like to express our sincere gratitude to all who provided the motivation, the patience, and not to mention the finances, which were so crucial in helping us to attain our goals. It was your conduct which allowed your characters to take on new dimensions.

Finally, we would like to congratulate the Dental Class of 1983 and offer our

(Continued on pg. 94)

Mission in Haiti Becomes Busy Extramural Site

As a fourth year dental student, Dr. Steven F. Tempel, who is now a General Practice Resident at IUSD, spent two weeks of extramural experience in January, 1983, with a dental clinic operated by a Methodist Mission in Jeremie, Haiti. Here, reprinted from the School of Dentistry Newsletter, is a brief account of some of his experiences there:

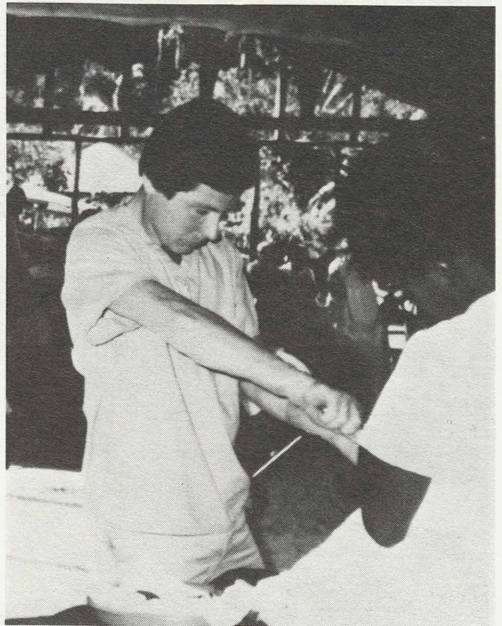
After a routine flight from Miami to Port-au-Prince and a brief stay in a hotel there, I made the last leg of the trip on a Cessna flight from Port-au-Prince and before we could land in Jeremie, cattle had to be shooed off of the runway. After checking into the guesthouse, we went to Dr. Charles Benedict's house (he is Director of the Dental Clinic at the Methodist Mission) to discuss the next day's schedule. That first night, just as I was beginning to doze off, a voodoo ritual started up about 11:30 p.m. and there was a lot of noise for about an hour.

At 7:30 the next morning Dr. Benedict and I opened the dental clinic, which had a vintage dental chair in one room and a fold-down chair in another. Dr. Benedict examined and anesthetized the patients while I extracted most of the teeth. We treated over thirty patients in 4½ hours. I probably extracted thirty or more teeth, and it was the first time that I had ever done a surgical extraction with hammer and chisel! During the day I also tried to learn some Creole words (it's a good thing the assistants were tolerant).

Getting to work in Jeremie was an experience. We drove down the street slowly, blowing the horn and hoping everyone would scatter out of the way in time. On the second day in the clinic we had fewer patients, but those that we treated really kept us busy. For the next

couple of days it rained constantly, and the patient load was even lighter—it seems that rain keeps the Jeremie residents away from the clinic, probably because the roads turn into mud pits. I tried to call home to Indiana four or five times in the evening but couldn't get an operator. The weather finally cleared up for the weekend (the clinic is closed on Saturday and Sunday). We had barbecued goat for Saturday dinner, which was excellent. I still couldn't get an operator on the phone.

On Sunday the thought of attending but not understanding a three-hour service in Creole at the church in town prompted us to hold services at the house. In the afternoon I enjoyed a visit to the beautiful beach where the ocean seemed a little rough, especially since I was the only one there. I tried to body-



Dr. Tempel in the clinic

surf, but with little luck: either the waves weren't right or I wasn't any good. That evening I went to bed at 9:30 to catch up on sleep (the dogs and chickens had been waking me daily at 5:00 a.m.).

A 30-mile trip to the mountains to treat the people there took two hours on a rocky road so rough that at one point I could have walked faster than we drove. The final three-quarters of a mile was driven over a "path" that may not even have been intended for a car's passage. We treated 55 patients, using flashlights to illuminate surgical procedures. One patient had a draining fistula from mandibular molars. Back in Jeremie that night I was awakened at 4:00 a.m. by drums and wailing, apparently marking the death of one of the townspeople.

Another trip into the mountains turned into a long day, with Dr. Benedict and I seeing 107 patients. We started at 9:20 a.m. and worked until dusk, with 20 minutes for lunch.

The next day we again worked in the field, treating 117 patients. I did nine

surgicals and approximately 80 extractions. Again we finished in the dark, working by flashlight. The next day I faced the long drive to Port-au-Prince and the flight home. I figured I had done approximately 300 extractions and 27 surgicals in the past two weeks.

On the drive to Port-au-Prince our Land Rover was stopped by a roadblock. I didn't know what was going on, but the soldier who opened the door had a rifle and when the driver told me to get out, I moved! Soon we were allowed to drive on. That night at the hotel I met the team of dentists going to Jeremie the next day. We sat around the pool for awhile and then went to see a movie which was entirely in Creole. I understood nothing.

Our flight was an hour late in taking off, making us late for all of our connections. Luckily the other flights were held for us, and I arrived in Indianapolis at 1:30 a.m. I had had a good time in Haiti and learned a lot, but I was really glad to be home again.



A Haitian street scene

Notes From The Dean's Desk

Ralph E. McDonald

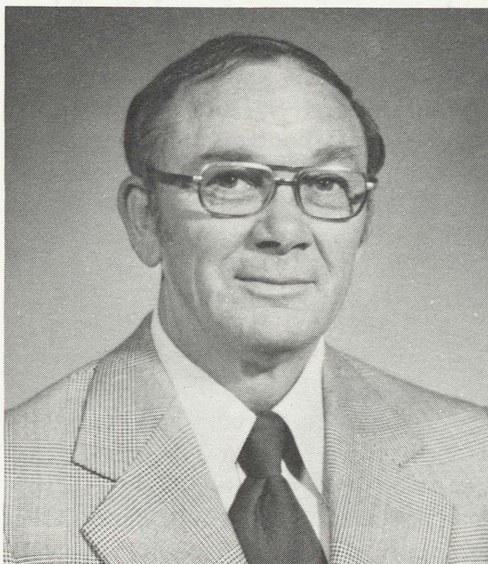
Dr. Paul E. Starkey concluded a distinguished career in education, research and practice when he chose to take early retirement in December of 1983. Paul has excelled in virtually every area of Pedodontics during his career. Prior to coming to Indiana, he combined part-time teaching of Pedodontics at Ohio State University with a full-time practice. In 1958 he was certified as a Diplomate of the American Board of Pedodontics.

Dr. Starkey began a second career in dentistry in 1959 when he joined the full-time faculty of the School of Dentistry after giving up a very successful practice limited to Pedodontics in Dayton, Ohio. His activities in the American Society of Dentistry for Children culminated in his Presidency in 1966-67. He continued his work with the society, and was one of the organizers of the ASDC Foundation. Very recently he was asked to serve as Chairman of the Long-Range Planning Committee for the association. He has played an active role in the American Academy of Pedodontics and also the Association of Pedodontic Diplomates, serving as President in 1979-1980.

Dr. Starkey's students and peers have recognized his talents as a teacher. In 1963, early in his career in dental education, he was named Teacher of the Year by the senior class. In 1968 he received the Frederick Bachman Lieber Distinguished Teaching Award, an all-University award presented annually in recognition of excellence in teaching. Paul has presented several hundred lectures to dental societies throughout the United States and has been in great demand as a clinician in foreign countries. His activities have been particularly noteworthy in Brazil. He received a citation and medal from the Federal University of Rio Grande do Sul for

contributions to education and research at that University. He also was given honorary membership in the Brazilian organization of orthodontic and pedodontic professors, the first honorary membership ever given. He holds an honorary membership in the Rio Grande do Sul Partners of the Americas; only one other individual has been so honored, the Governor of the State of Indiana. He was named the American Society of Dentistry for Children "Great" for his contributions to the Society in 1981.

Dr. Starkey was one of the early leaders in the use of audiovisual teaching aids at our school and produced 25 television tapes for use by undergraduate and dental auxiliary students. In 1965 he was chosen by then Dean Maynard K. Hine to serve as our school's first Chairman of the Annual Teaching Conference and continued in that capacity for several years. This past year the



Dr. Paul E. Starkey

school held its 19th Annual Teaching Conference and the participants recognized Paul for his many years of service to the Teaching Committee and the Teaching Conference.

Dr. Starkey was of great assistance in organizing and developing the School of Dentistry Faculty Council in the early 1970's, the governing body of the School. For more than 10 years he served as Parliamentarian for the School of Dentistry faculty.

Dr. Starkey has been a continuous contributor to the dental literature, both in scientific articles for refereed journals and in textbooks. He has contributed 10 chapters to textbooks and recently was author of an excellent monograph *Pulp Therapy in Dentistry for Children*. Just before his retirement, a textbook which he co-authored, *Managing Children's Behavior in the Dental Office* was published by the C.V. Mosby Company.

It will be no surprise to Paul's many friends that in retirement years he plans to spend a great deal of time at his summer home on Rice Lake, near Hastings, Ontario, and at Coos Bay, Oregon with a son, Scott. Paul and Arlene will also spend a few months of the year at their Indianapolis home where they will have a chance to be with their other three children, Henry, Jan and Susan.

Paul's departure from the faculty will leave a great void in our educational and research programs, but his favorable influence during the past 24 years is recognized with appreciation.

Dr. Charles Howell (1924-1983)

Dr. Charles L. Howell, former Assistant Dean at our School, former Dean of Dentistry at Temple and Ohio State Universities and past President of the American Association of Dental Schools, died suddenly of a heart attack in Columbus, Ohio on May 30, 1983. Dr. Howell was

born in Chalmers, Indiana, and attended Purdue University and Indiana University at Bloomington before earning his dental degree from the Indiana University School of Dentistry in 1946. He received a Master's Degree in Public Health from the Johns Hopkins University in 1948.

Dr. Howell served with the Dental Division of the Indiana State Board of Health from 1948 to 1953 and as the Division's Director from 1955-1961. In 1961 he was appointed Assistant Dean at the School of Dentistry and assisted Dean Maynard K. Hine until he left Indianapolis to become Dean of Temple University School of Dentistry in 1964. In 1975 he became Dean at Ohio State University College of Dentistry, a post he held until June, 1980, when he resigned the Deanship to become Director of Continuing Education.

Dr. Howell made many outstanding contributions to dental public health. In



Dr. Charles L. Howell

a special dental research project he tested the effectiveness of a chairside dental assistant in the Woonsocket, Rhode Island, and Richmond, Indiana, areas while on duty with the United States Public Health Service.

Dr. Howell was among the pioneers in demonstrating the effectiveness of topical fluoride applications in reducing dental caries in children. Even today, researchers continue to refer to his clinical studies on the effectiveness of topically applied stannous fluoride. He originated the Dental Caravan Program of continuing education for dentists in Indiana. He initiated and directed a state-wide inservice teacher training program for Public and Parochial schools in Indiana.

On a national level, Dr. Howell served as Chairman of the American Dental Association Council on Dental Research in the early 1970's and was a member of the ADA Council on Dental Education from 1975 to the time of his death. The Indiana University School of Dentistry Alumni Association honored Dr. Howell as its Distinguished Alumnus in 1970. Temple University presented him with the Outstanding Service Award in 1973. Dr. Howell is survived by his wife Ruth and two children, Connie and Susan.

Postdoctoral Student In Dental Materials

Dr. Yiming Li of Shanghai, the People's Republic of China, began his second year of Postdoctoral Education in Dental Materials in August, 1983. Before entering the Graduate Program at our School, Dr. Li was a Research and Teaching Assistant in Dental Materials at Shanghai Second Medical College. Following the completion of his Graduate Program in Dental Materials, Dr. Li will enter a Ph.D. Program in Preventive Dentistry. Dr. Ralph Phillips, Associate Dean for Dental Research, was

able to obtain a scholarship to assist Dr. Li as he continues his study at our School.

Softball Championship

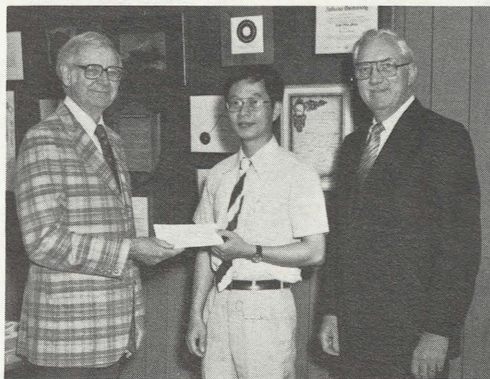
Pedodontic Faculty members, Dental Assistants and Pedodontic Residents at the James Whitcomb Riley Hospital for Children's Dental Clinic won the Campus Softball Championship in the Fall of 1983. The "Riley Dental Drill Team" softball members are pictured with these notes, following the championship game.

American Dental Society of Europe

Several former Postdoctoral students attended the Annual Meeting of the American Dental Society of Europe at St. Peter Port, Guernsey, Channel Islands, early in July 1983. Membership in the Society is limited to dentists who have earned the D.D.S., M.S. or Ph.D. Degrees in the United States. The Dean, who is an honorary member of the Society, was joined by six former I.U. students during the four-day meeting.

Dr. Sagraves Named

Dr. Glen O. Sagraves, who has served for several years as Director of Curriculum Development, accepted the additional duties of the Office of Clinical Affairs on June 17, 1983 and was named



Dr. Ralph W. Phillips, Dr. Yiming Li, and Dean Ralph E. McDonald

Acting Assistant Dean for Clinical Affairs. Dr. Sagraves earned the D.D.S. from Indiana University in 1958 and began his faculty career that year as a part-time teacher in Crown and Bridge and Oral Diagnosis. In 1960 he received a full-time appointment as Director of Clinics and Professor of Oral Diagnosis/Oral Medicine. In 1972 he became Director of Curriculum Development. He continues in that endeavor, while entering with enthusiasm into his new role as Acting Assistant Dean for Clinical Affairs.

Pedodontic—Orthodontic Specialist

Dr. Walter A. Doyle of Lexington, Kentucky, who received his M.S.D. in Pedodontics in 1961, has become the first combined Orthodontic and Pedodontic Specialist in the world to be recognized by both the American Board of Orthodontics and the American Board of Pedodontics. He is a past Chairman of the American Board of Pedodontics and Past President of the American Society of Dentistry for Children and the South-

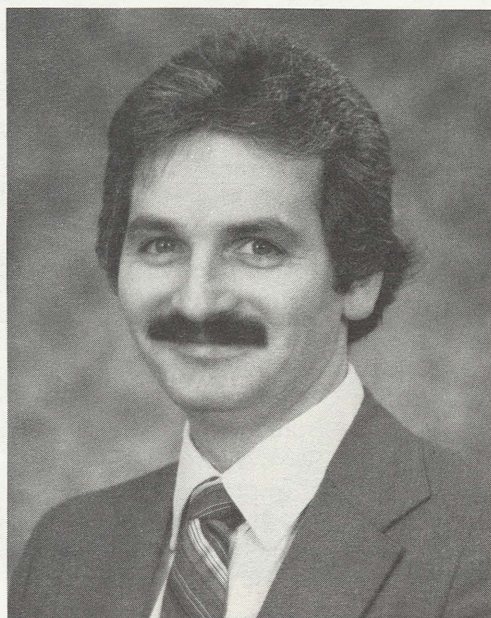
eastern Society of Pedodontics. After practicing Pedodontics for a number of years, Dr. Doyle enrolled in the Post-doctoral Program in Orthodontics at Boston University. He has lectured widely in the United States and throughout the world and currently practices both Orthodontics and Pedodontics in Lexington. Dr. Doyle offers postgraduate courses in orthodontics for pedodontic practitioners.

New Chairman of Endodontics

Dr. Carl Newton, Associate Professor of Endodontics, who served as Acting Chairman of Endodontics following Dr. Samuel S Patterson's resignation, was officially appointed Department Chairman in April of 1983. Dr. Newton's appointment came at the end of a nationwide search when he was chosen over a number of well qualified candidates. Dr. Newton received his dental degree from I.U.S.D. in 1975 and the M.S.D. degree in 1977. In a relatively short time since his graduation from dental school,



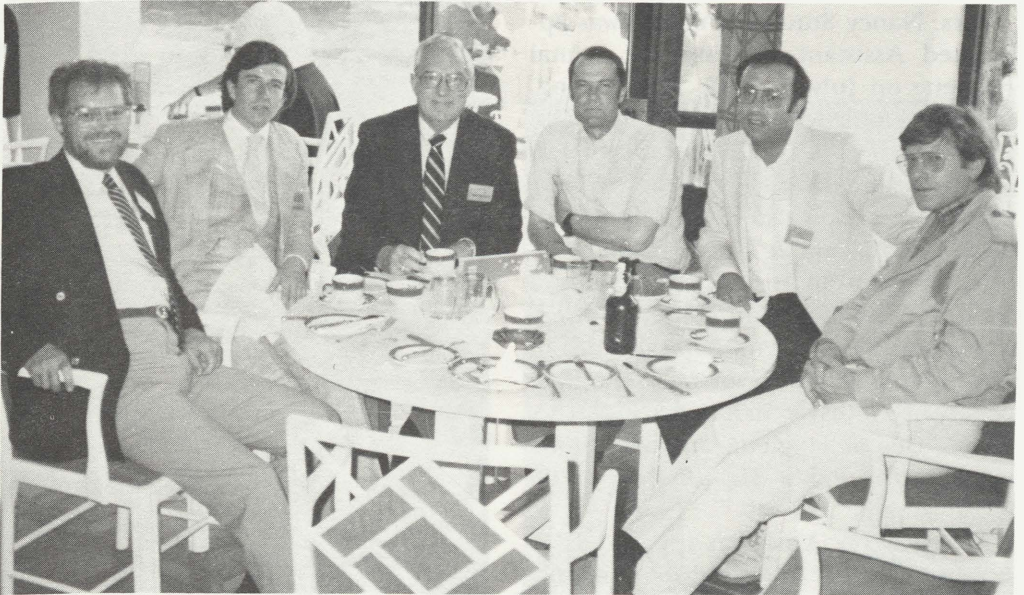
Dr. Glen O. Sagraves



Dr. Carl W. Newton



Riley Dental Drill Team Softball Team: (left to right): Dr. James A. Weddell, Sharon Smith, Gary Smith, Sue Schultz, Mary Grote, Lynn Schoentrup, Dr. Mark Morrissey, Dr. William Johnson, Dr. Jaime O. Lemna, Dr. Theodore R. Lynch, and Dr. John Hennette. Members not pictured are: Dr. Robert Rust, Dr. Olaf Plotzke, Carla Markland, Dr. Steven Kees, Cindy Palmer, and Richard Bright.



Pictured at a luncheon meeting with former School of Dentistry students attending the American Dental Society of Europe Meeting on the Isle of Guernsey, June 28-July 1, 1983, are: Dr. Kenneth Snawder, Jeffersonville, IN; Dr. Declan Thompson, London, England; Dean Ralph E. McDonald; Dr. James Page, Tunbridge Wells, England; Dr. Michael D. Wise, London, England; and Dr. Nicholas Mahon, Dublin, Ireland. Dr. Martin J. Walsh, of Dublin, also attended the meeting but is not in the picture.

Dr. Newton has become recognized as a leader in Endodontic Education and Research. During the past year he served as President of Theta Theta Chapter of Omicron Kappa Upsilon.

New Faculty Appointments

Ms. Sharon B. Kantor was appointed Assistant Professor and Supervisor of Dental Assisting at the Indiana University School of Dentistry Northwest Campus at Gary in July, 1983. Ms. Kantor has an excellent background in education with a Certificate in Dental Assisting from the University of Minnesota in 1976, a Certificate in Dental Hygiene from Northwestern University in 1978, a Baccalaureate Degree from Wichita State University in 1979, and a Master's Degree in Education from Loyola University in 1981. Before joining our program at the Indiana University Northwest Campus, she served as Supervisor of the Dental Assisting Education Department at Northwestern University.

Mrs. Nancy Stutsman Young was appointed Assistant Professor of Dental Hygiene on July 1, 1983. Mrs. Young, who was awarded the A.S. degree in Dental Hygiene in 1973 and the B.S. in Public Health Dental Hygiene in 1974 from our School, also earned the M.Ed. degree from Temple University in 1980. She has been an Instructor in Clinical Dental Hygiene at Montgomery County Community College in Pennsylvania, an Associate in Dental Hygiene at the University of Pennsylvania, and an Instructor in Dental Hygiene at our School, teaching the Public Health Dental Hygiene course.

Dr. Bruce W. Vash was appointed Assistant Professor of Pedodontics in July of 1983. Dr. Vash earned his dental degree from Case Western Reserve University in 1977 and is a candidate for the



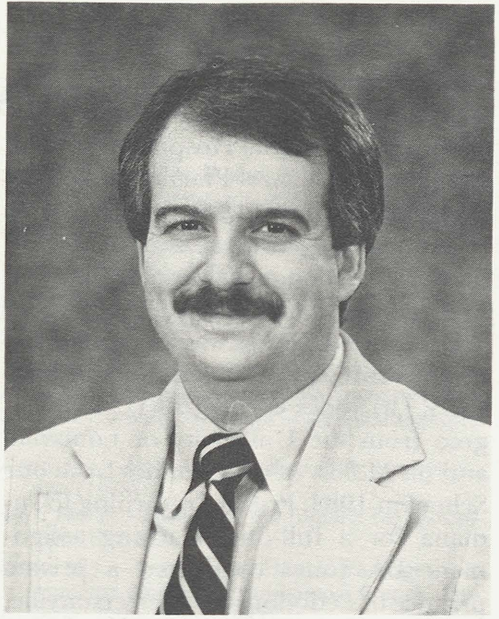
Prof. Nancy A Young



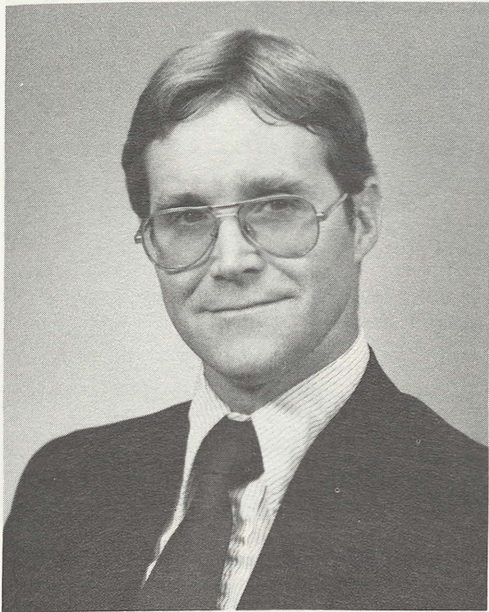
Prof. Sharon B. Kantor



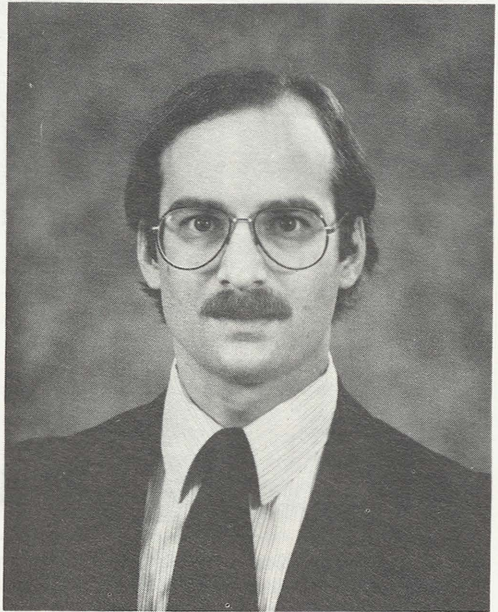
Dr. A. George Wagner



Dr. James E. Jones



Dr. Thomas M. King



Dr. Bruce W. Vash

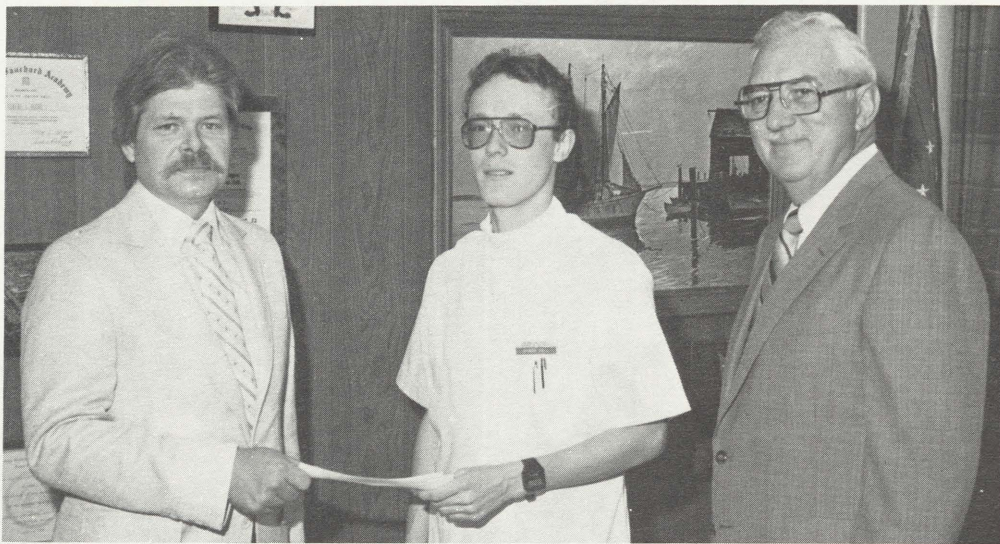
M.S.D. Degree at Indiana University. Before coming to our school to enroll in the Residency Program of Pedodontics, Dr. Vash spent four years at Oklahoma Children's Memorial Hospital, where he completed a General Practice Residency Program. He served for three years as an Administrator of the clinical and didactic education program for General Practice Residents.

Dr. James E. Jones was appointed Assistant Professor of Pedodontics in July, 1983. Dr. Jones earned his D.M.D. Degree from the University of Louisville and his M.S.D. in pedodontics from our School in 1983. Prior to returning to Indiana for a full-time teaching assignment Dr. Jones conducted a private practice of Pedodontics in Jeffersonville, Indiana and also served as a part-time pedodontic faculty member at the University of Louisville.

Dr. Thomas M. King was appointed Assistant Professor of Endodontics in July, 1983. Dr. King received his dental degree from our school in 1972 and his M.S.D. in Endodontics in 1981. Following completion of his Postdoctoral Pro-

gram, he entered the United States Air Force and served as Chief Endodontist at the Air Force Regional Hospital at Marsh Air Force Base in California. Dr. King returns to Indiana as a full-time teacher and researcher in Endodontics.

Dr. Allyn George Wagner will join our faculty as Professor and Chairman of Complete Denture in March, 1984. Dr. Wagner is a native of Sioux Falls, South Dakota, and received the Baccalaureate Degree from Albion College, the Dental Degree from the University of Michigan and the Master of Science Degree from the University of Missouri at Kansas City. He is a Diplomate of the American Board of Prosthodontics, a member of Omicron Kappa Upsilon, a Fellow of the American College of Prosthodontics and a member of the Federation of Prosthodontic Organizations. In 1977-78 Dr. Wagner served as President of the Society of American Military Prosthodontics, and he has contributed substantially to the prosthodontic literature. His background will prepare him well to assume the duties relinquished recently by Dr. Robert Derry.



Mr. Gregg A. Noll, fourth year student at Indiana University School of Dentistry (center), was the recipient of the Premier Dental Products Company Award of \$500 for his student table clinic presentation titled "Treatment of Perforating Internal Resorption." Dean Ralph E. McDonald looked on as the award was presented by Mr. Doug Saxton, Regional Representative for Premier Dental Products Company.

Contributions to the Literature

By IUSD Faculty Members

In conjunction with the accreditation visit last spring, Dr. Maynard K. Hine assembled a list of contributions to the dental literature by faculty members at the Indiana University School of Dentistry. The total, as of late last year, included 69 textbooks and 154 chapters in texts, innumerable articles in the scientific journals (41 in a 6-month period last year alone), countless teaching manuals and monographs, and hundreds of graduate theses (667 on file in the Library now, and the list continues to grow rapidly).

Some particulars follow:

Textbooks

- Arens, Donald, Adams, W.R., DeCastro, R.*—Endodontic Surgery (1981) Translations in Japanese, French and Spanish
- Baum, Lloyd, Phillips, Ralph, Lund, Melvin*—Textbook of Operative Dentistry (1981)
- Bernier, Joe and Muhler, Joseph C.*—Improving Dental Practice Through Preventive Procedures (1975)
- Christen, A.G. and Harris, N.O.* (co-guest editors)—Environmental Protection in the Dental Operatory (1978)
- Christen, A.G. and Harris, N.O.* (co-guest editors)—Proteccion ambiental en la consultorio dental (1978)
- Chalian, V., Drane, J.B. and Standish, S. Miles*—Maxillofacial Prosthetics (1972)
- Coolidge, E. and Hine, M.K.*—Periodontia, Third Edition (1958)
- Cottone, James A., Standish, S. Miles*—Outline of Forensic Dentistry (1982)
- Dykema, R., Cunningham, D., and Johnston, J.F.*—Modern Practice in Removable Partial Prosthodontics (1969)
- Gilmore, H.W., Lund, M.R., Bales, D.J. and Vernetti, J.P.*—Operative Dentistry, Fourth Edition (1982)
- Gilmore, H.W. and Lund, M.R.*—(Portuguese) Dentistico Operatoria, Segunda Edicao, 1975
- Healey, H.J.*—Endodontics (1960)
- Harris, N. and Christen, Arden*—Primary Preventive Dentistry (1982)
- Hine, M.K.* (Editor)—Epidemiology of Selected Dental Conditions (1964)
- Hine, M.K. and Phillips, Ralph*—Review of Dentistry, 7th Edition (1979)
- Johnston, J.F., Mumford, G. and Dykema, R.W.*—Modern Practice in Dental Ceramics (1967)
- Johnson, J.F., Phillips, R. and Dykema, R.W.*—Protese de coroas e pontes na pratica atual, 1964
- Johnston, J.F., Phillips, R., Dykema, R.W.*—Modern Practice in Crown and Bridge Prosthodontics, Third Edition (1971)
- Johnston, J.F., et al*—Modern Practice in Crown and Bridge Prosthodontics, Third Edition (In Spanish) (1969)
- Johnston, J.F., et al*, German translation (1964)
- Kasle, M.J.*—Dental Radiographic Anatomy (1977)
- Kasle, M.J.*—Basic Principles of Oral Radiography (1981)
- Kasle, M.J.*—Intra-Oral Radiographic Interpretation (1978)
- Carr, Jack D.*—History of the Indiana Dental College 1879-1925.
- Kasle, M.J.*—An Atlas of Dental Radiographic Anatomy (2nd ed.) Translations: French, Japanese, Portuguese (1983)
- Kasle, M.J.*—An Atlas of Dental Radiographic Anatomy. (2nd ed.) (1983)
- Kasle, M.J. and Langlais, R.P.*—Basic Principles of Oral Radiography (1981) Translations: Italian, Spanish, Japanese
- Katz, S., Muhler, J.C. and Mercer, V.H.*—Preventive Dental Practice. (1970)
- Katz, S., McDonald, J.L., Jr. and Stookey, G.K.*—Odontologia Preventive in accion. Spanish translation by S. Katz (1975)
- Katz, S., McDonald, J.L., Jr., and Stookey, G.K.*—Preventive Dentistry in Action (3rd edition). Spanish translation by S. Katz, Editorial Medica Panamericana, Buenos Aires, 1981
- Katz, S., Light, J.M. McDonald, J.L., Jr., and Stookey, G.K.*—Introduction to Oral Biology and Preventive Dentistry, Soft-Cover textbook (1971)
- Katz, S., McDonald, J.L., Jr. and Stookey, G.K.*—Preventive Dentistry for the Dental Hygienist, for the Dental Assistant. (1977)
- Katz, S., McDonald, J.L., and Stookey, G.K.*—Preventive Dentistry in Action, 3rd edition (1980)
- Katz, Simon, et al*—Preventive Dentistry in Action (1979)
- Langlais, R.P. and Kasle, M.J.*—Intra-oral Radiographic Interpretation (1978)
- McDonald, J.L., Jr. and Olson, B.L.*—Chemistry and Nutrition for the Dental Hygienist. 5th edition (1981)
- McDonald, Ralph and Avery, David*—Dentistry for the Child and Adolescent 3rd. edition (1978)
- McDonald, Ralph* (Editor)—What You Should Know About Your Child's Teeth (1964)
- McDonald, Ralph E.*—Dentistry for the Child and Adolescent (1975) (Spanish translation)
- McDonald, Ralph E.*—Dentistry for the Child and Adolescent (1974) Japanese translation
- McDonald, Ralph E.*—Dentistry for the Child and Adolescent (1977) Portuguese translation

- McDonald, Ralph E.*—Japanese translation of the 3rd edition of *Dentistry for the Child and Adolescent* that lists Dr. David R. Avery as co-author
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- Mitchell, D.F., Standish, S.M.* and *Fast, T.B.*—*Oral Diagnosis/Oral Medicine* (1969)
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- Muhler, Joseph C.*—*52 Pearls and Their Environment* (1965)
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- Phillips, Ralph*—*Elements of Dental Materials for Dental Hygienists* (1977)
- Phillips, Ralph* and *Swartz, Marjorie*—*Materials for the Practicing Dentist* (1969)
- Phillips, Ralph*—*Skinner's Science of Dental Materials*. 8th edition (1982)
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- Phillips, R.W.*—*Dental Clinics of North America, Symposiums on Dental Materials*, Editor
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- Park, K.C.* and *Kim, J.W.*—*Public Dental Health* (in Korean). Textbook. (1965)
- Park, K.C.* and *Kim, J.W.*—*Preventive Dentistry for Junior Dental Students* (in Korean). Textbook (1967)
- Raper, Howard Riley*—*Man Against Pain; the Epic of Anesthesia* (1945)
- Raper, Howard Riley*—*Radiodontia* (Dental Radiography and Diagnosis), questions and answers (1927)
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- Shafer, W.G., Hine, M.K.* and *Levy, B.M.*—*A Textbook of Oral Pathology*, 4th edition (1983) (Spanish edition, 1977)
- Standish, S.M.* and *Stimson, P.G.* *Symposium on Forensic Dentistry: Legal Obligations and Methods of Identification for the Practitioner* (1977)
- Standish, S.M.*—*Early Cytologic and Histologic Changes in Experimentally Induced Tumors in the Submaxillary Salivary Glands of Weanling and Adult Albino Rats* (1956)
- Starkey, Paul*—*Pulp Therapy in Dentistry for Children* (1982)
- Starkey, Paul*—*123 Most Asked Questions About Their Children's Teeth* (1971)
- Swartz, Marjorie*—Contributor to *Clinical Dental Terminology*, *Science of Dental Materials*, 8th edition, and *Elements of Dental Materials*, 3rd ed.

Chapters in Books Not Edited by IU Faculty

David Avery (8), Varoujan Chalian (1), Arden Christen (6), LaForrest Garner (4), Charles W. Gish (2), Jeri Gruner (1), Hala Henderson (2), David K. Hennon (5), Maynard K. Hine (3), J.E. Jones (6), Abdel H. Kafrawy (1), Myron J. Kasle (4), Simon Katz (2), Arthur Klein (3), L.G. Koerber (1), T.R. Lynch (1), James Matlock (1), David Mitchell (6), Carl W. Newton (1), Timothy J. O'Leary (7), Samuel S. Patterson (3), Ralph W. Phillips (14), James R. Roche (11), William G. Shafer (4), S. Miles Standish (22), Paul E. Starkey (12), George Stookey (10), Marjorie Swartz (2), James Weddell (9).

Annual Reports

Bound copies of the Annual Reports of the Dental School Dean prepared by Deans M.K. Hine and Ralph E. McDonald since 1946 are on file in the Dean's Office.

Administrative Committee Minutes

Bound copies of minutes of the Dental School's administrative committee meetings since 1934 have been compiled by Dean Ralph E. McDonald and are on file in his office.

Editors

Faculty members who are present or former Editors of journals include: Dean Ralph E. McDonald, *Journal of Pediatric Dentistry* 1983- ; Dr. David F. Mitchell, *Journal of Dental Research*, 1969-1975; Dr. Maynard K. Hine, *Journal of Dental Research*, 1975-1976 (Interim Editor); Dr. Maynard K. Hine, *Journal of Periodontology*, 1950-1970; Dr. Timothy J. O'Leary, *Journal of Periodontology*, 1970- ; Dr. Joseph C. Muhler, *Indiana Dental Journal*, 1952-1973; Dr. H. William Gilmore, *Indiana Dental Journal*, 1973- ; Dr. David K. Hennon, *Journal of the Indianapolis District Dental Society*, 1971-1976; and Dr. Ralph W. Phillips, *School of Dentistry Alumni Bulletin*, 1946-

Dr. Shafer Receives Callahan Award at Ohio Meeting

Dr. William G. Shafer, Distinguished Professor and Chairman of the Department of Oral Pathology at the Indiana University School of Dentistry, was the recipient of the 61st Callahan Memorial Award presented at the annual meeting of the Ohio Dental Association on August 5 in Columbus, Ohio.

An international honor bestowed on persons who make outstanding contributions to the dental profession, the Callahan award was established in 1920 in memory of John R. Callahan (1853-1918), an Ohio dentist who pioneered in endodontics and dental research. Shafer joins an impressive list of Callahan medal recipients including Drs. William Gies, George Paffenberger, Harold Hillenbrand, Maynard K. Hine, Lindsey Pankey, Ralph W. Phillips, and others.

A native of Toledo, Ohio, Dr. Shafer earned his dental degree in 1947 from Ohio State University and a master of science degree in pathology in 1949 from the University of Rochester. He joined the faculty at the IU School of Dentistry in 1950, and in 1971 was named a Distinguished Professor.

Recognized nationally as an outstanding oral pathologist, Dr. Shafer has completed extensive clinical studies of odontogenic cysts and tumors, precancerous lesions of the oral mucosa and malignancies of the oral mucosa. A well-known author of scientific literature, he has published more than 120 articles in medical and dental journals, and is senior author of the popular "Textbook of Oral Pathology" by Shafer, Hine and Levy.



Dr. William G. Shafer

Dr. Hine Honored

At the recent annual meeting of the American Association of Endodontists, Dr. Maynard K. Hine was given the Edgar B. Coolidge Award "for leadership and exemplary dedication to Endodontics and Dentistry." Dr. Hine taught endodontics at the University of Illinois for many years and was one of the early presidents of the A.A.E.

DENTAL AUXILIARY EDUCATION

NORTHWEST

Edward W. Farrell

A change in ceremony format this year involved the combining of the graduation for the dental assisting students, along with the capping of the assisting and hygiene students in May. Heretofore capping occurred at the conclusion of the fall semester in early December. Comments regarding this change have been complimentary and suggest it will be continued in 1984.

Fourteen dental assisting students were graduated on Friday, May 13, 1983. They included: Theresa A. Anguiano, Gola Rheaellen Cain, Kimberly K. Elliott, Kristi L. Erwin, Mary D. Garner, Lori R. Lascoe, Amy M. McCarthy, Colleen J. McMillion, Karen J. McMillion, Pamela Metz, Lora E. Monacy, June M. Puntillo, Odalis A. Toledo and Robin L. Wyllie. These students likewise received their caps and pins. Robin Wyllie received a scholarship award from the auxiliary of the Northwest Indiana Dental Society. She also received the DAE department's award for academic achievement. Kim Elliott was recognized by the department for top clinical performance. Honored guests who participated in the ceremony in addition to the regular full-time faculty were Pastor David Voll of the Zion United Church of Christ in Dyer; Dr. Ralph Schimmele, Associate Dean of I.U. School of Dentistry; Mrs. Peggy Elliott, special assistant to IUN Chancellor; Dr. Arnold Felten, President of Northwest Indiana Dental Society and the main speaker; Mrs. Carol Blaine, chairperson of the scholarship committee of N.I.D.S. Auxiliary; and Mrs. Carla Hendricks, president of Beta Tau Chapter of Sigma Phi Alpha Society.

Joining the full-time faculty as an Assistant Professor and Supervisor of the

Dental Assisting Program is Sharon Kantor, and we are pleased to welcome her. Sharon received her certificate in dental assisting and Associate in Arts degree from the University of Minnesota. Her Certificate in Dental Hygiene was obtained from Northwestern University, and her Bachelor of Health Science in Dental Hygiene was earned at Wichita State University. In 1981 she graduated from Loyola University with a Master's degree in Education. Sharon comes to us from Northwestern University where she was Supervisor of T.E.A.M. and D.A.U. departments.

Many thanks are extended to the following dentists for contributing to the support of the I.U. Foundation Fund (DAE/Gary): Drs. Reuben E. Blumberg, Charles A. Byer, James A. Evans, Edward A. Martin, Norman R. Novak, George J. Parker, Donald C. Roberts and Francis J. VanderWall.

Northwest Indiana dentists who continue to support the DAE/Gary programs by serving as instructors at the school or by making their private offices available for extramural assignments include Drs. C. Richard Altenhof, Daniel M. Bade, Reuben E. Blumberg, Wesley L. Carroll, Gilbert V. Carter, Charles D. Coburn, Billy E. Coppes, Mark R. Dertert, Matthew I. Enzer, David M. Fairchild, Henry B. Feinberg, Harry G. Frank, Darryl S. Graden, John L. Havlick, Jon A. Herrold, Steven Holm, Richard E. Jones, Daniel R. Kozlowski, Joseph H. Lovasko, Robert E. McMahon, Abraham J. Ochstein, David M. Radovich, Eugene T. Rumas, John Sikora, Thomas W. Surber, S. Peter Tauras and Eugene Witkin. We are indebted to these gentlemen for their participation.

Our hats are off to Mrs. Nancy Erick-

son for her first year with DAE/Gary. Nancy was nominated by her students for the IUN Founders Day Teaching Award. She was the recipient of the IUN Class of 1983's Outstanding Faculty Recognition Award. She has been appointed as Supervisor of the Dental Hygiene Program. Congratulations, Nancy.

DENTAL HYGIENE NORTHWEST

Nancy Erickson

During February of 1983 the dental hygiene students participated in Dental Health Month activities at Northwest Indiana shopping malls. The play, "Happy Days at Arnold's Tooth Palace", was enjoyed by both the children and adults of the Community.

Fund-raising activities throughout the year enabled the students to attend the Chicago Dental Society Midwinter Meeting in Chicago, Illinois. In addition, the second year students organized a student banquet and "Roast" for all of the dental hygiene students and faculty.

Fifteen dental hygiene students graduated from the I.U.S.D./N.W. program in May, 1983. At the Graduation-Capping Ceremony the following students received awards: Beth Halfman, A. Rebekah Fisk Award; Nancy Moss, Oral Health Education Award; Karyn Natzke, Professionalism Award; and Ronda Henning, the Hu-Friedy Golden Scaler Award. Ronalyn Hanley, of the Class of 1984, received a scholarship from the Auxiliary of the Northwest Indiana Dental Association. Carla Palmer ('77) President of the Beta Tau Chapter of Sigma Phi Alpha Dental Hygiene Honor Society, presented Beth Halfman and Mary Julovich with membership in the Society. The Class of 1983 also participated in the Commencement Ceremony at Indiana University Northwest and members received Associate Degrees from Dr. Ralph E. McDonald, Dean of

Indiana University School of Dentistry. Three of these students, Mary Julovich, Susan Ritter, and Beth Halfman, graduated with honors.

After a busy summer of preparation, the dental hygiene classes will return to begin the fall semester. Thirteen second year and 14 first year students, along with the faculty, are expecting a productive year.

DENTAL AUXILIARY EDUCATION — EVANSVILLE

Gordon Kelley

The Dental Auxiliary Education Programs in Evansville have begun classes for the 13th consecutive year, a figure we hope is not bad luck. I hope all of our bad luck was exhausted last year when we found out what it was like to have the Program's Director suddenly taken to the hospital with paroxysmal epistaxis, resulting in hospital stays of over six weeks, plus much other time off for Dr. Kelley. As a result, all of his classes had to be taken over in mid-stream by competent replacements who had to carry on for the months of March and April. The programs owe many thanks to Mrs. Anne Denner and Dr. Hugh Ferguson, who stepped in and took over the classes in Human Pathology and Pharmacology. Dental Hygiene Clinic coverage posed another problem, which was resolved by our very fine staff of semi-retired volunteer dentists pitching in. Without the devotion and compassion of Dr. Jack Bryan, Dr. Jim Bryan, and Dr. Robert Berman, our dental hygiene clinic would have been severely restricted. By the end of the spring semester, all students finished on time with all requirements completed.

Recruitment activities this year were carried into the summer months because the applicant pools were not as large this year. There still seems to be some lack

of applicant sharing among the various state-wide schools which needs addressing this next year. For the first time, the dental hygiene program did not begin school with a full complement of students.

The programs are anticipating the future installation of a terminal for the University Computer in the office area. This terminal will allow us to keep many academic records at our fingertips to better serve our students. Also in the near future are plans for a new Health Sciences building which will allow all of our health programs to be in the same area. New, modern dental clinic and laboratory facilities are planned to be an integral part of this building.

DENTAL LABORATORY TECHNOLOGY EVANSVILLE

Paul Robinson

The entering students for 1983 are: Jana Ashby, Henderson, KY; James Deranek, South Bend; Cynthia Forston and Amanda Schmidt, Newburgh; Michael Suris, Merrillville; Robert Woolsey, Hammond; Pamela Hadley, David Brinkmeyer, and Mary Julian, all of Evansville. The faculty sincerely welcomes these eager scholars to academic Dental Laboratory Technology.

The curriculum has been altered somewhat to expand the course offerings in ceramics and orthodontics/pedodontics appliances. This new emphasis will permit us to train the students more thoroughly as there are more demands for graduates with these skills.

We want to extend congratulations to Richard Ubelhor, class of 1981, on the opening of his new dental laboratory. Much success, Dick.

DENTAL HYGIENE EVANSVILLE

Deborah Henry

On May 7, 1983, seven dental hygiene

students were graduated from the program; most are currently employed in various areas of Indiana and one in Texas. Twelve second year students will be returning this fall to complete the last year of their education. Several of these students have indicated that they will return to ISUE in the fall of 1984 to complete their baccalaureate degree in Dental Hygiene Education.

The Dental Hygiene Program is pleased to welcome a 1976 graduate, Mrs. Terri Grant, to the faculty as a full-time temporary instructor. Terri is replacing Mrs. Phyllis Maddox, who is on maternity leave. Phyllis and her husband Mike became the proud parents of a son, Jacob Michael, on July 15, 1983. Phyllis will return to ISUE on December 1, 1983.

The second year dental hygiene students will host a welcoming picnic the first week of school to meet the incoming students. This annual tradition has developed into an ideal way for students and faculty to become acquainted and reacquainted. The levity of the occasion soon gives in to the very serious and challenging business of preparing the students to become professionals that we will all be proud to consider as colleagues. The faculty at ISUE wishes everyone teaching throughout the state a very successful year in which we can all grow along with the students during their metamorphosis from students to licensed dental hygienists.

DENTAL ASSISTING EVANSVILLE

Glenda Miller

The Dental Assisting Program is ready to begin a new year with 16 students: Sheri Dezember, Evansville; Dianne Dick, Evansville; Krista Ellis, Evansville; Joyce Flamion, Tell City; Diane Goodge, Chandler; Bonnie Grizzard, Evansville; Elizabeth Jellison, Santa Claus; Karen Logsdon, Evansville; Sheila Merrbach, Evansville; Angela P'Pool, Newburgh;

Linda Shrode, Evansville; Lynette Snider, Uniondale; Jami Sons, Bedford; Kathryn Bennett, Boonville; Janelle Schneider, Tell City; and Sharon Williams, Tell City.

The students will get a short reprieve when the dental assisting faculty attends the Teaching Conference. We are looking forward to a very productive year.

DENTAL HYGIENE INDIANAPOLIS

Evelyn Oldsen

Congratulations to the members of the Class of 1983, who received their diplomas on May 15. Commencement and the Honors Program are always happy occasions which provide an opportunity to recognize all new graduates. Alicia Brant-Crabtree and Amy Baldwin were graduated with high distinction and Lisa Sawyer and Paula Underwood were graduated with distinction. New members of Theta Chapter, Sigma Phi Alpha, include Alicia Brant-Crabtree, Paula Underwood, Rosemary English and Amy Ewing. The A. Rebekah Fisk Award was presented to Cynthia Fryar, and the recipients of the Rossya Kaufman Memorial Scholarship were Sherri Brown and Cynthia Thornton. Susan Henry received the C. V. Mosby Award and Louise Cull was presented with the Hu-Friedy Award and was also selected by her classmates for the Harriett Hine Award.

We have just begun another school year with 72 Associate Degree students and four Baccalaureate Degree students enrolled. Mrs. Nancy Stutsman Young has joined our full-time faculty as an Assistant Professor. Nancy is an I.U. alumna and has had teaching experience at the University of Pennsylvania as well as private dental practice experience. In addition, Mrs. Tracy West is a new part-time faculty member. Tracy is an 1978 graduate of our program and has been employed in private dental practice since graduation. We welcome our new stu-

dents and faculty and look forward to a busy and productive year.

DENTAL ASSISTING INDIANAPOLIS

Pauline Spencer

Graduation ceremonies were held Monday evening, May 16, 1983 for 19 dental assistants. Dr. Maynard K. Hine, Chancellor Emeritus of IUPUI, gave the address. Ms. Leslie Harbison received the Marjory H. Carr Highest Academic Achievement Award and Ms. Winnie Arnold received the C.V. Mosby Book Award. Ms. Lisa Underwood was recognized for having received first place in the paper reading competition at the State Meeting.

The following students were named to the Dean's List for the second semester: Winnie Arnold, Fillmore, Indiana; Leslie Harbison, Monrovia, Indiana; and Beth Johnson, Knightstown, Indiana.

Twelve 1983 graduates completed the E.F.D.A. summer course: Carolyn Anderson, Winnie Arnold, Sherri Bush, Teresa Clark, Cathy Doyle, Jane Garr, Leslie Harbison, Patricia McGee, Kelly Mitchell, Mary Myers, Susan Spencer, Aimee Tharp.

The Admissions Committee has selected 24 students for the 1983-84 Class. The faculty and staff are again looking forward to a good school year.

DENTAL AUXILIARY EDUCATION FORT WAYNE

Peter T. Zonakis

Dental Auxiliary Education at Fort Wayne started another school year on August 22, with 103 students enrolled in the three programs (24 in Dental Assisting, 39 in Dental Hygiene, and 40 in Dental Lab Tech). We are pleased to have an experienced and dedicated faculty returning this year. We have one change in the Dental Hygiene Program with the

addition of Elaine Foley, L.D.H., B.S., M.S., as a visiting instructor. Mrs. Foley brings to the program a wealth of talent and enthusiasm as she joins us on a full-time basis. She has taught several courses for us as a part-time faculty member. She replaces Connie Poston, who has moved to Wisconsin where her husband will be completing his ministerial education. The faculty, staff and students will miss her expertise and knowledge.

The two new laboratories in DAE are now fully operational and will enhance our teaching. The Dental Lab Tech Program will be the largest benefactor and will utilize these labs in the teaching of the various specialties in this program. The added laboratory space will alleviate the scheduling problems that we have had and will allow us to schedule more laboratory time for the students.

DENTAL HYGIENE FORT WAYNE

Gloria Huxoll

Picture-taking is already a way of life here at the Fort Wayne Campus in the dental hygiene department. The second year class is trying to capture all the fun and excitement as they return for their last year of classes. They had a big pool party for their "little Sis," and birthday cakes are being brought in to catch up with celebrating summer birthdays.

We have 19 second year students, one of whom has transferred from the South Bend program. Donna Bisson, being a native of Fort Wayne, tells us that she feels very much at home in our program through the helpful efforts of concerned classmates and faculty. Our first year class consists of 20 students and they come to us from many areas—Anderson, Berne, Columbia City, Farmland, Francesville, Ligonier, Modoc, Montpelier, New Haven, Ossian, Portland, West Lafayette, and of course Fort Wayne.

We are most delighted to welcome Elaine Foley ('68) as a full-time faculty—not a new member, but we will see much more of her in the clinic and classroom.

On May 4, 1983 our Annual Honors and Awards night was held in the Student Union building. Lori Day and Patrice Wilichowski were elected to membership in Alpha Iota Chapter of Sigma Phi Alpha. The A. Rebekah Fisk Award was presented to Rhonda Mowery and the Gloria H. Huxoll Award to Lori Day, both from Wabash, Indiana. Dr. Phillip O'Shaughnessy presented Connie Cooper with the award he has established in honor of Dr. Maynard K. Hine. Dr. Tim Shambaugh presented his Oral Pathology award to Maggie Bolinger. Sheila Wilson received the Outstanding Dental Hygiene Educators award presented by Isaac Knapp Dental Hygiene Association. Two members of the first year dental hygiene class, Christy Benz and Stephanie Will, were awarded \$300 scholarships by the I.K.D.H. Association. The dental hygiene association also hosted the annual event and served refreshments following the program.

Fourragers from the Alumni Association for outstanding academic achievement were presented by Dr. Helen Gibbons, Coordinator of University Ceremonies. Maggie Bolinger received cords for high distinction. Receiving cords for distinction were Penny Dalton, Lori Day, Patrice Wilichowski and Sheila Wilson.

Nineteen graduates entered the professional world following graduation on May 11th and completion of state boards. Patrice Wilichowski passed the Central Regional Examination and now resides and is employed in Cheyenne, Wyoming. Lauri Bertram and Sheila Wilson have accepted positions in Marion, Indiana. Penny Dalton is employed in Warsaw; Cynthia Bolenbaugh in Bloomington; Rhonda Mowery in Wabash; Becky Munson in North Manch-

ester; Maggie Bolinger in Montpelier; Cindy Wenrick in Rensselaer; Lori Day in Veedersburg; Susan Snyder in Auburn; Cynthia Bradtmueller, Shelly Chavez and Christina Vollmer are in Fort Wayne. Two names were changed this summer: those of Gloria Fonner Hull, who is employed in Leo, Indiana, and Lori Meister Winters, who recently returned to Fort Wayne. Rhonda Schrank drives to Angola and she and husband David are very proud of Zachery Alyn, who was born in July. Lori Cook is in Bluffton and Connie Cooper in Muncie.

Members of the class of 1983 are now dental hygiene alumnae; we welcome and look forward to seeing them on April 14, 1984. So other alumnae, please mark your calendars and plan for a day of reminiscing and picture exchanging.

Summer is exciting for me as news of graduates comes in many ways. Becky Gremeaux Ross ('67) called from Santa Cruz, California and said she had just finished an in-depth continuing education course which included anesthesia, soft tissue curettage and expanded restorative functions. She enjoys the new challenges but does take time to join her husband when he drives their sports cars in the races at Monterey. She has driven in several races there and loves it!

Cheryl Roembke ('74) called from Denver, Colorado to inquire about finishing her B.S. degree. She is in private practice and also has joined the Almore International Dental Company as a sales representative and will be involved in district and national dental meetings. Further news from Denver was Judy VanGheluwe ('76) moving closer to the dental school and getting prepared for her freshman dental classes. Another telephone call came one evening at home from Bervia Kanning Jennings ('71) from McClure, Ohio. She is working full-time in dental hygiene and helping her husband work their 125-acre farm.

Speaking of the class of '76, Connie

Poston stopped by Fundamentals Lab the other day to say "Hello". Yes, we have lost Connie from the faculty to Nashotah, Wisconsin, for a few years until husband Ron completes his ministerial education. As Cathy Beal Nevogt, ('76) hubby Glen and little ones David and Julia Grace were returning from vacationing in the Wisconsin Dells, they stopped in but I missed them by 5 minutes. She left me a note about some of her other classmates. Nancy Rowe Spitznagle has a new baby girl to keep her busy along with a one-year-old son. Marsha May LeClere also has a new baby to keep her 3-year-old son company. She also said that Becky Stoll Smith is just fine and has a 4-year-old son. Sorry I missed you, Cathy, but surely enjoyed the news.

Other news comes from Susan Brown Shellenbarger ('69) who has completed her Master of Arts degree in Organizational Communication from the University of Cincinnati. She is still working 3½ days in dental hygiene and her two children are growing up fast. She said it's been 5 years since she lost Rex and they are doing okay.

Speaking of losses, we were very saddened by the loss of Gina Williams' ('79) husband, Mike, this past March due to an automobile accident. Many of you may remember that Mike was a dental laboratory technology student. She is still working full-time in Michigan. News of Gina's classmates came from the stork department for Kris Brickley Reade. Jody Neufelder Paridean has left our area for Greenfield, Indiana. Roni Erbe Dye completed her B.S. in Education this year. She and husband Allen vacationed in Mexico at the time of graduation. Roni's news from Kay Whybrew is that she is still in Bloomington with the same dentist full-time.

Letters came from Susan Fivel Falender ('79) and Beth McCallister ('78). Susan has moved to Hackensack, New

Jersey. Her husband Larry received his D.D.S. degree this past May and has been accepted into the Oral Surgery graduate program at Lincoln Medical Hospital in the south Bronx. She works part-time in New York City, which is about 20 minutes away. She hopes to contact classmate Jo Plunkett, who also works in New York City. It's a very exciting city, she says, and she plans on working some in New Jersey also. She plans to be back for her fifth year reunion, so classmates start planning now. Beth's letter came from Switzerland where she has been in private practice for 2 years. She is returning in November and hopes to start courses to complete her B.S. degree in Education. Before leaving from Switzerland she completed a three month program, "Dental Education in Care of the Disabled," at the University of Washington.

The stork also left a little girl for JoEllen Detweiler VanAnda ('78), a member of our faculty, and a boy for Debra Maxwell Zehr ('71).

Two visitors during the spring were Janet Tallman ('74), who is Acting Director of the Dental Division for the State of Michigan. She lives in Lansing, Michigan and is very excited about her work. Julie Thieme Minnick ('79) was in town visiting from Farmington, Michigan where they had just moved following a promotion for her husband. She was getting papers signed for the NERB examination.

Linda Brandt Kernohn ('66) was back from Lakewood, California, a few weeks ago and is still practicing dental hygiene three days a week. They have two children.

The National Dental Hygiene Directors' Conference was held in Provincetown, Cape Cod, Massachusetts this summer, and Lois Skinner McComb ('71), who is Director of Dental Hygiene at Sinclair Community College in Dayton, Ohio attended many meetings with

me. Her classmate, Alice Smith Derouen ('71), is on the dental hygiene faculty at Loyola University in New Orleans, Louisiana, according to her director, who was at the conference. I always get the latest news about Nannette Friend Hornberger ('67) also, as she is still a faculty member at Miami-Dade Community College in Miami, Florida, according to her director, who attended the conference. All excellent reports, and for that I am proud. Looking forward to future news of all.

DENTAL LABORATORY TECHNOLOGY FORT WAYNE

Charles A. Champion

As usual, the school year has begun at a very fast pace. The Class of '84 has 18 returning students, and our new Class of '85 has 22 students, all from Indiana. All students from the recently graduated Class of '83 have successfully passed their R.G. examination and are currently employed. Mr. Christopher Kearns ('83), will be entering his first year as a dental student at Loyola University. Congratulations, Chris, and best of luck.

Mr. Albino M. Perez ('76) has taken over his duties as Assistant Supervisor with his usual flair and dedication. Mrs. Denise Shirey Schock and Mrs. Theresa Boyer Bohde, also from the class of '76, have joined us as associate faculty members. Welcome aboard, everyone!

Our first Alumni Dinner was judged to be a great success. Only one class, the Class of '80, was not represented. Seeing old friends and classmates was very enjoyable and the dinner ran well past its scheduled ending time. We hope to repeat this event in the near future.

The second of our new laboratories is now fully operational. This laboratory and our porcelain laboratory have greatly

improved facility usage and student access to equipment.

DENTAL ASSISTING FORT WAYNE

Rosemary M. Kovara

The 23 Dental Assisting students graduated on Sunday, May 8, 1983 from Indiana University-Purdue University at Fort Wayne. Professor Connie Poston honored the class by presenting the address. Chancellor Joseph P. Giusti presided over the ceremony.

As in previous years, four awards were presented during the ceremony. Lisa Logue, of Fort Wayne, received two awards as well as graduating with highest distinction. Lisa was presented with the Maynard K. Hine Award for academic achievement by Dr. Phillip O'Shaughnessy, as well as the Ruth White Award from the Isaac Knapp Dental Auxiliary.

The Isaac Knapp Dental Assistants' Society, represented by Lisa Seibt, presented their annual award to Lisa Wiley of Fort Wayne.

Jane Ahlersmeyer, of New Haven, received the Supervisor's Award as the overall exemplary dental assistant. Jane also graduated with high distinction.

Kathleen Smith of Fort Wayne graduated with high distinction and Diana Klopenstein, of Fort Wayne, Juliann Lengerich, of Decatur, and Susan Reams, of New Haven, graduated with distinction.

Other graduates included: Jean Brady, Katie Flynn, Suzanne Glosson, Annette Harber, Theresa Herber, Lorraine Jehl, Amy Jellison, Maria Kelty, Jane Mensing, Tonnya Paul, Katy Sanborn, Brenda Schortgen, Lori Steiner, Amy Thompson, Kary Walker and Dorene Wine.

Our congratulations and best wishes are extended to each graduate.

The Class of '83 participated in the Papers, Posters and Table Clinics Competition at the 62nd Annual Session of the Indiana Dental Assistants' Association. Lisa Logue and Katy Sanborn received first place for their table clinic. Lisa Logue also won first place for her poster.

The Class of '84 has gotten off to an excellent start this fall. The 24 dental assisting students come to us from Albion, Angola, Fort Wayne, Grabill, Huntington, Kendallville, Muncie, New Haven, Spencerville, Warren and Zanesville.

The Dental Assisting faculty extends best wishes to Professor Connie Poston and her family. Professor Poston has resigned her position in the Dental Auxiliary Education Division to move to Wisconsin.

DENTAL AUXILIARY EDUCATION SOUTH BEND

Shant Markarian

In April the Trustees of Indiana University accepted the recommendations of faculty and administrators that Nanci Yokom, Assistant Professor and Supervisor of Dental Hygiene, be awarded tenure. Nanci will become the first person in the division of dental auxiliary education to receive this distinction.

Barbara Pasionek, who has been serving as Acting Supervisor of Dental Assisting, is now Supervisor. Pam Borden has been selected as Instructor in dental assisting and dental hygiene.

Jennifer Klein, Instructor in Dental Hygiene, has been invited to participate in the third "Caries Prevention in Public Health Programs" conference sponsored by the National Caries Program on September 19-20 at the National Institutes of Health headquarters in Bethesda, Maryland.

Jaci Badics, of our adjunct faculty, was named as the recipient of the Indiana Dental Hygienists' Association Outstanding Service Award for her contribution to dental health education, legislation, and community service.

The North Central Dental Society extended an invitation to all dental auxiliary education students to attend the spring scientific meeting featuring Dr. Gordon Christensen.

Marie Sparks, Director of Library Services at the School of Dentistry, visited the IUSB library and evaluated the dental auxiliary collection. The time and effort she spent in coming to the campus and preparing her report were sincerely appreciated.

At the annual meeting of the Indiana Dental Association, Jan Tyler, dental assisting, placed second in the paper competition; and Jodi Barnhart, Carleen Back and Karen Reiter, dental assisting, won second place in the table clinic competition.

Dental Auxiliary Education wishes to thank Martha Moriconi, Dr. James Douglas, Secretary, and Dr. Michael Johns, Chairperson, for their service as members of the University's dental assisting and dental hygiene liaison and resource committees.

New members of the committees are Amy Hazlewood, Dr. John Harrington, and Dr. William Gitlin.

A dry heat oven, gift of the Mishawaka Dental Society in memory of the late Dr. Joseph Pesut, IUSB faculty member and dental practitioner, is now in operation in the dental hygiene clinic.

Dr. Charles Hassel, Chairman of the North Central Dental Society's IUSB dental auxiliary education fund, announced successful completion of their '82-'83 project, a new X-ray unit. The total amount raised was \$4,380.

Dr. Daniel F. Lindborg, President of the North Central Dental Society, and Dr. Charles E. Hassel, North Central

Project Chairman for IUSB, inaugurated the installation of the X-ray unit. A plaque identifying the Society's gift to the University was placed in the radiographic operatory.

This major gift was made possible by the following members of North Central Dental Society: Dr. Robert R. Allen, Dr. Rebecca Apple, Badell Dental Clinic (Knox), Badell Dental Services (Plymouth), Dr. Douglas C. Bateman, Dr. Larry Beachy, Dr. Wilber C. Boren, Dr. Ralph E. Brennan, Dr. Walter R. Burns, Dr. Stanley Carr, Dr. Carleton T. Cook, Dr. Patrick Craven, Dr. James R. Davis, II, Dental Associates, Dr. M. Gilbert Eberhart, Dr. Frank N. Ellis, Family Dentistry, Dr. E.L. Geyer, Dr. George Glass, Dr. Mark R. Green, Dr. Michael Griffee.

Also, Dr. John F. Harrington, Dr. David J. Harris, Dr. Charles E. Hassel, Dr. Russell Heyde, Dr. W. Kimbriel, Dr. Betty Koss, Dr. Tim Kulik, Dr. Jeffrey E. Landrum, Dr. Edward A. Lawton, Dr. John B. Lehman, Dr. J.O. Lentz, Dr. Daniel F. Lindborg, Dr. D.R. Lindborg, Dr. Albourne Long.

Also, Dr. M. Longnecker, Dr. Wm. E. McCloughan, Dr. James Macri, Dr. T.F. Mager, Dr. Shant Markarian, Dr. Ronald G. Melser, Dr. Dennis Miller, Dr. Edward Molenda, Dr. William S. Mull, Doctors L & M Nevel, North Central Dental Society, Dr. John Nyberg, Dr. Edward Packard, Dr. Larry Pampel, Dr. William Paul, Dr. Roger Pecina, Dr. Frank Portolese, Dr. R.M. Pownall, Doctors John & Marjorie Reuthe, Dr. Francis Shembab, Dr. Donn Spilman, Dr. Robert Sriver, Dr. John Stenger, Dr. Richard Strait, Dr. Gene Stutsman, Dr. John S. Szakaly, Dr. Martin Szakaly, Dr. Lynn Vance, Dr. Douglas C. Walter, Dr. C. Eugene Ward, Dr. Dan White, Dr. Gregory Winteregg, Dr. J.M. Wright, and Dr. J.C. Zimmerman.

We wish to thank everyone who contributed to the '82-'83 campaign, and

particularly to the officers of North Central Dental Society for their support and campaign contribution from the society.

DENTAL ASSISTING AND DENTAL HYGIENE SOUTH BEND

Barbara Pasioneck and Nanci Yokom

Spring Semester, 1983 was marked with many memories for all of us in Dental Auxiliary Education.

Dental Hygiene Alumni Day was held at Morris Park Country Club on March 26. The Class of 1973 (10 years) and 1978 (5 years) were honored. It was a pleasure for all to hear the guest speaker, Pam Steed ('73). In May of this year, Pam received her D.D.S. from IUPUI and her presentation highlighted her experiences and accomplishments these past four years in Dental School. We are all very proud to say she started here at IUSB.

Members of both Dental Assisting and Dental Hygiene classes were recognized this semester for their achievements. Dental Assisting students receiving awards this year at graduation were: Darlene Barnes, Academic Excellence; Pansy Burek, Clinical Excellence; Janice Tyler, Student Award; Shawn Cook, Ralph G. Schimmele Award.

At Honors Day in April, the Dental Hygiene students received the following awards: Karen Christ, A. Rebekah Fisk Award; Sheryl Mann, Excellence in Dental Hygiene; Vicki Meier, Clinical Faculty Award; Diana Weinkauff, IUSB Honors Scholarship.

Kathy Bacon received the Elkhart Dental Auxiliary Award for Excellence in May, and Deborah Polonka Meyer received an IDHA Scholarship. Nineteen Dental Hygiene students graduated on May 10, and 20 Dental Assisting stu-

dents graduated on May 4. Dental Assisting graduation was especially memorable this year for three reasons: (1) Dr. William Gitlin, a favorite Assisting instructor, delivered a delightful and inspiring charge to the class; (2) for the first time the Dental Assisting students were dressed in white caps and gowns, and (3) the reception was held in Riverside Hall instead of Northside Hall. Assisting students set up displays in Riverside 107 with textbooks, projects, and materials they used throughout the school year. All attending enjoyed seeing how the graduates spent the past year.

We do wish all the 1983 graduates success and happiness as they begin their new careers.



Dr. Rolando A. DeCastro, Director of Dental Art at Indiana University School of Dentistry, recently received an attractive certificate of appreciation for his services to the International College of Dentists. For several years Dr. DeCastro has prepared a plaque called the Spark Plug Award of the Year, to be given to one of the International College leaders. The plaque includes a spark plug used in the car which won the Indianapolis 500-mile race. The certificate was presented by Dr. Maynard K. Hine, Chancellor Emeritus of IUPUI and former Dean of the Dental School.

Alumni Notes

Ruth Chilton

Greetings! We send best wishes from the Dental School to all of you. Sure hope the weather has not been too hot and unpleasant for you. I must say I have never seen weeds grow so fast, while the hot sun seems to simply wilt the grass and flowers.

I thought you might be interested in these tidbits of info:

Dr. Maynard K. Hine, Chancellor Emeritus of IUPUI, recently received the Edward D. Coolidge Award for "leadership and exemplary dedication to endodontics and dentistry" from the American Association of Endodontists . . .

Dr. Roland W. Dykema, Chairman of Fixed & Removable Partial Prosthodontics, was elected President of the American Board of Prosthodontics . . .

Dr. William G. Shafer, Chairman of Oral Pathology, has been reappointed for a second four-year term on the American Registry of Pathology Board of Members . . .

Dr. Carl W. Newton has been named Chairman of the Department of Endodontics by the I.U. Board of Trustees . . . replacing Dr. Samuel S Patterson, who has retired as Chairman but continues to teach on a full-time basis during the academic year . . .

Just off the press is the Fourth Edition of the text *Dentistry for the Child and Adolescent*, by Dean Ralph E. McDonald and Dr. David R. Avery . . .

The Second Edition of *An Atlas of Dental Radiographic Anatomy* by Dr. Myron J. Kastle has recently been published . . .

The Fifth Edition of *Oral Pathology* has recently come off the press. The authors are Dr. William G. Shafer, Dr. Maynard K. Hine, and Dr. Barnet M. Levy, with contributions by Dr. Charles E. Tomich. It is the most widely used textbook in Oral Pathology.

And now for news of the

Class of 1922

Dr. Richard C. Leonard died April 6, 1983.

Class of 1924

We are sorry to report the death of Dr. Colin Munro, South Bend, In.

Class of 1925

We are sorry to have to report the death of Dr. Paul R. Scollard, Jacksonville, Fla.

Class of 1926

We are sorry to report the death of Dr. James Borders, Indianapolis, Indiana.

We are also sorry to report the death of Dr. G.C. Crouse, Anderson, Indiana.

We have received a change of address for:

Dr. Hilbert L. Hoffman
712 Winding Way
Anderson, Indiana 46011

Class of 1927

We are sorry to report the death of Dr. Carl Nichols, Indianapolis, Ind.

Class of 1928

We have received a change of address for:

Dr. Lewis M. Davis
1881 Hudson Crossing Road, Apt. 8
Tucker, Georgia 30086

Class of 1929

We have received the following note

from Dr. Charles Kem of 2030 Chester Blvd., Richmond, Indiana: *For the Class of 1929 news: I have retired and closed my office as of January 28, 1983.*

We are sorry to report the death of Dr. Alonza E. Purkey.

Class of 1931

We are sorry to report the death of Dr. Harold A. Buses.

Class of 1932

Dr. H.M. Glass
8728 Ridgeway Av.
Skokie, IL 60076

sent us the following report on the Class of 1932:

On Saturday, May 1, 1983 during the State Dental Meeting in Indianapolis, Harry Glass and wife, Iva, Glen Lake and wife Margaret, Meredith Tom and wife Helen and Lyn Vance and wife Verna plus the Vances' son Gregory, Dr. Vance's daughter Mrs. Patty Weaver, had lunch together at the Porche dining room in the Hyatt Regency. This was sort of a get together of our class. We spent the afternoon in Vance's room amid cocktails and reminiscing, having a good time and betting on a horse race that was being televised. Eight of us had dinner together that evening and six of us had breakfast together in the morning. We decided to do the same thing next year, and hoping for a few more to be able to attend. This was our 51st year since graduation.

Ralph Kroot wrote in to say that he and his wife Pauline would not be able to attend this meeting, that they had purchased a motor mobile home in which they were making an extended sight-seeing tour to the West Coast. William Milligan and wife Mary, who spend a share of their winters in Avon Park, Florida, wrote in to say that they would not be able to attend because of the early date of our meeting but that they would hope to be there

next year. Both of them are fine but Bill mentioned a sad note on the shameful golf he is playing, just another penalty of aging. Meredith Tom mentioned that they visited with son Lee and his wife in Boca Raton and that they were just fine and really enjoying life. Another letter I received was from Mrs. Becky Coombs, daughter of Kenneth Smithson who said that her dad was not well at all, that he was undergoing surgery in a hopsital in Winchester, Indiana because of a diabetic condition. The group present at our meeting all signed a get well card. However, the real sad part of this is that I received another letter from Mrs. Coombs in early June telling me that Kenneth had died on May 14. This was too sad to be true. This makes 17 known deceased from a graduating class of 35.

(signed) Harry M. Glass

We are sorry to report the death of Dr. Seiya Nakamori, Honolulu, Hawaii, on December 28, 1982.

Class of 1933

We are sorry to report the death of Dr. Victor Jordan, Jr., Newburgh, Indiana, on March 29, 1983.

We are also sorry to report the death of Dr. Ralph E. Stucky of Ames, Iowa, on February 8.

Class of 1934

We received a change of address for:

Dr. Richard G. Smith
8035 Broadway
Indianapolis, Indiana 46240

Dr. Smith sent a little note with his address change, and I am delighted to give you this bit of information: *Received the Alumni Bulletin yesterday—August 1, the first anniversary of my retirement. The address should read 8035 Broadway. No great problem! Thanks for mentioning my name.*

Believe me, we are most pleased just to have little items like that sent to us, and we do appreciate your correction. Write to us again! (Ruth Chilton)

Class of 1935

We have received a change of address for:

Dr. Joseph E. Cockerill
58 E. Dixon Avenue
Dayton, Ohio 45419

Class of 1936

Dr. Harry R. Barton, Whiting, Indiana, would like for this class to know that it is long overdue for you to have a class reunion! If interested, he says to correspond with him at 1240 119th St., Whiting, IN 46394, and his phone number is 219-659-0766.

Dr. W.L. Hammersley
1500 S. Williams Road
Frankfort, Indiana 46041

dropped us a note that he was retiring after 46 years of dentistry, most of which were spent in the same location, which will be occupied by Dr. Terry Geisler on August 1, 1983. Dr. Hammersley does plan to be "in and out" of the office for a while, and he plans to "loaf and enjoy life." We hope you have a most happy retirement, Dr. Hammersley!

Note: During the summer of 1983, Dr. Hammersley spent two different sessions in Methodist Hospital in Indianapolis. One visit was to have a second cardiac bypass operation. The latest report is that he is recovering satisfactorily. (The Editors)

We are sorry to report the death of Dr. Irvin L. Weinraub, Fort Wayne, Indiana, on September 12, 1982.

Class of 1938

We have received a change of address for:

Dr. Edward L. Pease
Rural Route 5, Box 129P
Ernaklin, Indiana 46131

Class of 1939

(see following copy of Dr. Jack Carr's Newsletter dated April 11, 1983)

CLASS OF '39 NEWSLETTER

The class of '39 will have a reception during the Indiana Dental Association Meeting on Friday, April 29, 1983 from 3 till 5. The state meeting is getting so condensed that it is difficult to arrange any special class meetings. There is no open night for a dinner unless class members want to stay over for Sat. evening. I'll be glad to make reservations if enough want to stay for Saturday night.

Last fall we awarded Frank Jones with an honorary membership and Herman B Wells has indicated that he will accept membership so all we have to do is arrange a time to present it to him.

I talked to Stanley Herman ("Sol's" nephew). He said that Sol is still a patient in Drake Hospital in Cincinnati and would enjoy a visit by any of our class.

Ralph McDonald reported that Dale Harvey suffered a stroke and was in the hospital at Fort Meyers. Ralph will be in Florida this week and will keep us informed about his condition.

The Pells spent some time in Florida and reported lousy weather. They visited their twin sons, one in St. Pete and the other in Hollywood. Their youngest is an attorney in Brazil and the other son is with State Farm Insurance in Petersburg, IN.

Talked to Vendes and he didn't have too much news. Was busy moving furniture when I called.

Manny Green wrote that he was still bowling and enjoying his grandchildren. His son's wife is to have another child—that will be Manny's 6th grandchild. He sent a check for the class fund.

Mintz is doing fine and he and Eva are celebrating their 25th Anniversary next April 23. They are also celebrating Harold's 70th birthday. Their son Mike is doing well in dental school and daughter Mindy is doing great as a newscaster in Indianapolis.

John Pell is on the clinic program during the IDS Meeting.

Margo Boren's brother Bill Gilmore is the new 7th district trustee to the ADA.

I became 70 years old last month and my five children and numerous grandchildren gave me a great party. Bill, J.B. and David are dentists, Barbara teaches school, and Charlie is a salesman. David is a dentist with the 82nd airborne at Fort Bragg. Looks like he will stay in the Army. I have 9 grandchildren and 3 more that I inherited when Barbara remarried.

I have had 70 great years and I'm grateful for all of my good fortune. My years with the class of '39 are treasured memories. You all are the greatest.

Regards,
Jack

P.S. If anyone wants a dinner on Sat. night on May 1 please let me know right away so that I can make reservations.

Class of 1942

We have received a change of address for:

Dr. S.M. Starcher
907 Antigüe Ave.
Ft. Pierce, Florida 33450

Class of 1943

We are sorry to report the death on March 19 of Dr. Clark H. Scholl of Springfield, Ohio.

Class of 1944

We have a change of address for:

Dr. Paul T. Worster
205 Somerville Road
Anderson, Indiana 46011

Class of 1945

We are sorry to report the death of Dr. Leo M. Cohn in Clearwater, Florida, on December 28, 1982.

Class of 1948

We have a change of address for:

Dr. Frederick W. Hamp
4448 Four Seasons Circle
Indianapolis, Indiana 46226

Class of 1952

We are sorry to report the recent death of Dr. James Barnes, Indianapolis, Indiana.

Class of 1953

We have received the following changes of address:

Dr. David B. McClure
1017 East Seventh
Port Angeles, Washington 98362

Dr. Thomas W. McKean
12724 Lincolnshire Drive
Potomac, Maryland 20854

Class of 1954

We have the following address changes:

Dr. Albert L. Cabage

6214 Morenci Trail S100
Indianapolis, Indiana 46268

Dr. Theodore C. Clarke
2915 Pruitt Drive
Columbia, South Carolina 29204

Dr. Hugh P. Snyder
845 Centinela Lane
Santa Barbara, California 93109

Class of 1956

We received an address change for:

Dr. Robert L. Lackey
514 Anderson Bank Bldg.
Anderson, Indiana 46016

Class of 1958

We have the following address changes:

Dr. Ralph E. Beatty
3436 Burton Place
Anderson, Indiana 46015

Dr. H. William Gilmore
715 Round Hill Road
Indianapolis, Indiana 46260

Dr. William L. Shaffer
6642 St. Joe
Fort Wayne, Indiana 46815

Class of 1959

We have an address change for:

Dr. William J. Brown
609 Hillcrest Drive
Kokomo, Indiana 46901

And we are very sorry to have to report the death of Dr. George T. Stratigos, Long Island City, New York, on December 16, 1982.

Class of 1961

Dr. Walter A. Doyle (M.S.D.) has recently become the first combined orthodontic and pedodontic specialist in the world to be recognized by both the

American Board of Orthodontics and the American Board of Pedodontics. He graduated from Emory Dental School, trained in orthodontics at Boston University, and received his graduate specialty training in pedodontics at I.U.S.D. He practices both specialties in Lexington, Kentucky.

We have changes of address for:

Dr. James D. Higgason
729 Reddoch Street
Memphis, Tennessee 38119

Dr. James E. Vaught
Route 4, Box 111
Maryville, Tennessee 37801

Class of 1962

Address changes for:

Dr. Jack D. Brooks
1818 Brook Hollow Road
Johnson City, Tennessee 37601

Dr. Harold T. Rodgers
1230 Indian Mound
Anderson, Indiana 46013

And we are very sorry to report the death of Dr. Peter L. Shideler, North Judson, Indiana, on June 10, 1983.

Class of 1963

Address changes have been received for:

Dr. Robert All
3205 South Third Place, Honey Creek West
Indianapolis, Indiana

Dr. Don E. Abel
P.O. Box 296
Olney, Illinois 62450

Class of 1964

We have received changes of address for:

Dr. Richard M. Kortokrax

2934 Simcoe Drive
Fort Wayne, Indiana 46815

Dr. John I. Parsons
6057 McGregor Blvd.
Fort Myers, Florida 33907

Dr. Ronald M. Patterson
2155 W. Madero Ave.
Mesa, AZ 85202

Class of 1965

A change of address for:

Dr. Richard Alzamora
P.O. Box 320
Hollywood, Florida 33022

Class of 1966

Dr. Carl Andres says, "Please change box # in my address. It should read Col. Carl J. Andres, PSC #3, Box 15551, APO, San Francisco, CA 96432."

Class of 1967

We have changes of address for:

Dr. Peter D. Christman
7 Kirby
Ft. Leonard Wood, Missouri 65473

Dr. Phillip Sherman, Jr. (M.S.D.)
6514 Kirby Woods Drive
Memphis, Tennessee 38119

Class of 1968

We have received the following address changes:

Dr. Ronald V. Duch
2212 Maplecrest Road
Fort Wayne, Indiana 46815

Dr. Timothy A. Ravencroft
P.O. Box 267
Rochester, Indiana 46975

Dr. Nicholas H. Watson
5321 N. Pennsylvania Street
Indianapolis, Indiana 46220

Class of 1969

Changes of address have come in for:

Dr. Thomas M. Hassell
Department of Periodontics
University of Maryland
666 W. Baltimore St.
Baltimore, Maryland 21201

Dr. Carl F. Peek
112½ W. Washington
Lebanon, Indiana 46052

Class of 1970

We have a change of address for:

Dr. Gavin P. Aitkens
Box 255
Covington, Louisiana 70434

And Dr. Phillips had a letter from Cleona Harvey McCreight reporting she has had a letter from Sue (Howard) Beasall telling her they live at Fallbrook. She said Howard is on the list for the U.S.S. Kitty Hawk in June but is presently (her letter was dated February 16, 1983) head of the Oral Surgery Dept. at Camp Pendleton's main clinic. After his tour of sea duty he hopes to get into a hospital in California.

We received a change of address for:

Dr. Gary R. Pippenger
1241 E. Eckman
South Bend, Indiana 46614

Class of 1971

We have received the following address changes:

Dr. John W. Brooks
1126 Hildreth Street
New Albany, Indiana 47150

Dr. Norman E. Bruns
General Delivery
Martinsville, Indiana 46151

Class Reunion Time



At the Fall Conference



Reunion Group From the Class of 1963



Dr. Charles E. English
417 Waverly Drive
Augusta, Georgia 30909

Dr. Martin S. Lebowitz
11150 4th Street, N. #3013
St. Petersburg, Florida 33202

And a letter from:

LtC. M.J. Scheidt
89th Medical Det. (D.S.)
APO New York 09102

reports that he took the final portion of the Perio Boards in April and has recently received notification designating him as a Diplomate of the American Board of Periodontology. He is a Lt. Col. in the U.S. Army and Chief of Periodontics Section in a military hospital in Heidelberg, West Germany.

Also, we have had a change of address for:

Dr. Daniel J. Schellhase
108 Ephesus Church Road, #212
Chapel Hill, North Carolina 27514

Class of 1972

We have the following address changes:

Dr. David J. Bales (M.S.D.)
Dept. of Restorative Dentistry
University of Washington
Seattle, Washington 98195

Dr. David B. Clem
2900 E. Chandler
Evansville, Indiana 47714

Dr. Leonard H. Garceau
604 4th Ave., Northeast
Hazen, Indiana 58545

Dr. Thomas N. King (M.S.D. '81)
6641 West Road 200 North
Bargersville, Indiana 46106

Class of 1973

We have address changes for the following:

Dr. Stephen O. Raibley
P.O. Box 330
Boonville, Indiana 47601

Dr. Harold J. Smith, II
9017 Cinnebar
Indianapolis, Indiana 46268

Dr. Dennis P. Zimmerman
P.O. Box 88
Cicero, Indiana 46034

The April 13, 1983 issue of the Indianapolis News carried an article about:

Dr. Tom Ley
6302 Rucker
Indianapolis, Indiana

and I want to quote the article:

"A 34 year old Indianapolis dentist pulled the victim of a suspected heart attack from his car and revived him after the man veered off the road and struck a telephone pole today.

"Dr. Tom Ley, 6302 Rucker, told police he was driving north in the 400 block of Delaware between 11:30 and noon when he saw a car in front of him swerve off the road and strike a telephone pole on the east side of the street.

"He just hit the pole. I thought it was kind of weird," Ley said.

"He stopped and found the driver of the car, who was not identified, slumped over the wheel. The man was not breathing, Ley reported. Ley, who had received Red Cross cardio-pulmonary resuscitation instruction during his medical training, pulled the victim from the car and revived him.

"The father of three and a graduate

of the Indiana University School of Dentistry, Ley said he had used CPR successfully once before . . ." I don't know why I did it," he said, when asked why he got involved. "I just reacted."

Well, we are most proud to report this reaction! And wanted all you class members to know what he had done. (R.C.)

Class of 1974

We have the following address changes:

Dr. William E. Hurley
2511 South St.
Lafayette, Indiana 47905

Dr. Charles P. Jones
815 Longfellow Road
Anderson, Indiana 46011

Dr. John R. Ladd
808 South Berkley Road
Kokomo, Indiana 46901

Dr. Carson L. Mader
12853 Climbing Ivy Drive
Germantown, Maryland 20874

Class of 1975

We have a change of address for:

Dr. Michael P. Muller
1964 State Street
New Albany, Indiana 47150

Class of 1976

We have received address changes for:

Dr. Stephen K. Buckingham
2382 Merrigan Place
Tallahassee, Florida 32308

Dr. Gregory A. Hardin
3156 Fairway Court
Greenwood, Indiana 46142

Dr. James R. Nicholson was honored by the American Association of Orthodontists during their annual meeting in Boston this May, being selected as a win-

ner of one of five national research awards conferred by the Association.

Class of 1977

We have address changes for:

Dr. Gregory S. Glassley
8514 Ramshire Lane
Fort Wayne, Indiana 46815

Dr. John A. Gregoline
2534 W. 63rd Court
Merrillville, Indiana 46410

Dr. James R. Hull
3713 Chadam #2C
Muncie, Indiana 47302

Dr. Thomas M. Murray
Gibson General Hospital
1808 Sherman Drive
Princeton, Indiana 47670

Dr. Stephen F. Rosenstiel (M.S.D.)
4 Kingsley Court
W. Hartford, Connecticut 06110

Dr. Keith C. Winterheimer
General Delivery
Columbus AFB, Mississippi 39701

Class of 1978

The following changes of address have been received:

Dr. John L. Ancich
1802 Robinhood Blvd.
Schererville, Indiana 46375

Dr. Valerie Brest Fertel
14 Meadowood Path
New Rochelle, New York 10804

Dr. Linda J. Kirchoff
U.S.A. Dentac
Ft. Ord, California 93941

Dr. Tisa E. Ladd
808 South Berkley Road
Kokomo, Indiana 46901

Dr. Gerald Levin
801 Main Street
Lapel, Indiana 46051

Dr. Theodore R. Lynch
6117 Beachview Drive, Apt. 183
Indianapolis, Indiana 46224

Dr. Gregory F. Pratt
PSC #1, Box 21886
APO San Francisco, California 96230

Dr. David P. Zandi
618 Woodland Avenue
Peru, Indiana 46970

Class of 1979

Dr. Mark S. Levinsky reports that he has opened a new office for the practice of Oral & Maxillofacial Surgery at 1010 East 86th Street, Suite 24, Indianapolis, Indiana 46240 (telephone: (317) 846-7700).

Also, we have the following address changes:

Dr. Joseph P. Dudding
P.O. Box 45
Brainerd, Minnesota 56401

Dr. Matthew B. Logmann
Box 602, 107 Shore Drive, Ogden
Dune
Portage, Indiana 46368

Dr. Radamee Orlandi-Alvarez
1611 Southeast Goucho Avenue
Port St. Lucie, Florida 33452

Dr. Randall DJ Yee
324 Liliuokalani Street
Pukalani, Hawaii 96788

Class of 1980

We have changes of address for:

Dr. Patricia H. Clark
2731 Harrison Ave.
Terre Haute, Indiana 47803

Dr. Robert J. Dickson
8202 Kenwood
Indianapolis, Indiana 46260

Dr. Peter K. Dillon
P.O. Box 1755
Arvada, Colorado 80001

Dr. Stephen J. Fairchild
411 South Third Street
Vincennes, Indiana 47591

Dr. Allan L. Goins, Jr.
67 Long Street
North Vernon, Indiana 47265

Dr. Kenneth H. Kahn
665 Beacon Street
Boston, Mass. 02215

Dr. Steve E. Wilhite
1517 Makiki St., Apt. 803
Honolulu, Hawaii 96822

Dr. George Zundo
216 Denvale Drive
Danville, Illinois 61832

Class of 1981

We have the following changes:

Dr. Mary Anne Bain
1711 Pugh Street
Fayetteville, North Carolina 28305

Dr. Mark V. Bohner
8741 Shelbyville Road
Indianapolis, Indiana 46259

Dr. Charles E. Crane
4020 Centergate Blvd.
Sarasota, Florida 33583

Dr. Paul Dunkerly
Box 656
Linton, Indiana 47441

Dr. Stephen L. Gloss
1548 Meyer
Elgin, Illinois 60120

Dr. Owen E. Gross-Rhode (M.S.D.)
General Delivery
San Angelo, Texas 76902

Dr. Arthur M. Kammerman
1805 Rambling Ridge Lane, Apt. T1
Baltimore, Maryland 21209

Dr. Craig Light
1 Citizens Plaza, Suite 406
Eighth and Main Street
Anderson, Indiana 46015

Dr. Gene J. McElhinney
2205 Mockingbird Lane
McAlester, Oklahoma 74501

Dr. Eleonore Paunovich
2542 Babcock Road, Apt. B = 201
San Antonio, Texas 78229

Dr. Thomas P. Prather
2901 W. Carter
Kokomo, Indiana 46901

Dr. Ronald L. Receveur
1221 Lafayette Drive
New Albany, Indiana 47150

Dr. Randall A. Schmidt
2128 Dogwood Lane
Chesterton, Indiana 46304

Dr. Gregg A. Sweeney
Fortune Villa, R.R. 1, Apt. 8
Clinton, Indiana 47842

Class of 1982

We have changes of address for:

Dr. Cynthia L. All
3205 S. Third Place, Honey Creek
West
Indianapolis, Indiana

Dr. Jay R. Beagle
2083 Fairmont Court, Apt. 9
Lexington, Ky. 40502

Dr. Robert H. Beaumont (M.S.D.)
Route 3, Box 537-C
Edenton, North Carolina 27932

Dr. Gregory C. Browning
681 Hale Circle
Richmond, Indiana 47374

Dr. George R. Cooper
5726 River Run Trail, Apt. B
Fort Wayne, Indiana 46825

Dr. William R. Grider
4335 South U.S. 31
Kokomo, Indiana 46902

Dr. Christopher K. Kesling
0611 West 250 South
LaPorte, Indiana 46350

Dr. James M. Lipton
1305 Tamarack Drive
Munster, Indiana 46321

Dr. Terrance P. Mahoney
52365 Valley Forge Lane
Granger, Indiana 46530

Dr. Gordon E. Newlin
1307 Forest Drive
Morristown, Tennessee 37814

Dr. Julianna Novotny
333 Orange Ave., Apt. 16
Coronado, California 94118

Dr. Nancy K. Pruett
7429 North Shadeland Ave.
Indianapolis, Indiana

Dr. Mark A. Smith
1208 South Bloomington Street
Greencastle, Indiana 46135

Dr. Michael J. Stohler
105 West Madison, #1
Pendleton, Indiana 46064

Class of 1983

Dr. Jay Asdell, Dept. of Oral Surgery, St. Lukes-Roosevelt Amsterdam @ 114th St., New York, NY 10025, wrote Cleona Harvey McCreight to say that after graduating he started a Residency in Oral and Maxillofacial Surgery on July 1, 1983, a 3-year program.

We have changes of address as follows:

Dr. Paul M. Loeffler
385 Orange Blossom
Irvine, California 92714

Dr. Mark J. Sauer
5505 South Peoria
Tulsa, Oklahoma 74105

Dr. Paul Sergio
4327 Chesford Road, Apt. 2F
Columbus, Ohio 43224

Dr. Richard K. Wilson
333 Orange Ave., Apt. 16
Coronado, California 94118

MILITARY AND CIVILIAN

(Continued from pg 32)

appreciate my services, neither I nor the patient enjoyed the experience, although I sincerely believe that they received the highest quality of care I was able to provide. Probably my greatest satisfaction came from working with the third group. Although I was unable to perform the ideal treatment, the challenge of developing suitable alternatives for patients who truly desired the best treatment they could afford was most rewarding. I am looking forward to this aspect of practice when I return to private practice.

For us in the dental profession, the satisfactions can be maximized and the frustrations minimized if we remember to treat patients individually, looking at difficult management cases as challenges rather than as sources of frustration. If we can increase the awareness of the importance of dental health in our patients, then motivation levels should at least rise toward the ideal. When motivation is present but finances are limited, the dentist is obligated to develop the best possible treatment alternative that the patient can afford. If these things are done, the dental experience can be as rewarding as possible for both the dental patient and the dentist in either a military or a civilian practice.

CLASS PRESIDENTS

(Continued from pg 58)

best wishes for a successful future. And remember, you can only fully develop your characters by incorporating a competent Dental Hygienist in your private practices! I just happen to know 35 of the most competent in the State of Indiana!—the Dental Hygiene Class of 1983! Thank you.

Janet M. Pirillo

SHARING & CARING

(Continued from pg 29)

And so it went on Wednesday, July 13, 1983 when approximately 100 faculty members who are vitally interested in dental education and its product—the dental student and the dental practitioner—gathered to learn; to exchange ideas and experiences; and to examine and probe, through questions and comments, various ways of enhancing their knowledge of a Program that represents a portion of the total curriculum, a program of which they are an integral part.

Dr. O'Leary Makes Distant "House Call" In Abu Dhabi

Dr. Timothy J. O'Leary, Professor and Chairman of the Department of Periodontics at Indiana University School of Dentistry, made an unusual "house call" this past summer. He was asked to go to Abu Dhabi in the United Arab Emirates to examine and prepare a comprehensive treatment plan for the ruler. One of the people accompanying and working with him on the trip was Dr. Ned Van Roekel, a former faculty member at Indiana University who now heads the Fixed Prosthodontics Section at the Mayo Clinic.

They flew to Abu Dhabi from St. Louis with a short layover in London.

As one might expect, temperatures were extremely high in Abu Dhabi, a city

on the Persian Gulf, and quite humid. The humidity dropped considerably only a few miles inland, and the temperature became more tolerable.

Large-scale land reclamation was underway, including numerous groves of young date trees, watered by a very precise and effective irrigation system. The water for irrigation was provided by a modern desalination plant.

The hospital where the king was seen and examined was a modern facility offering most of the diagnostic and treatment services available at U.S. hospitals. A large part of the professional staff came from England, Australia and the United States and several staff members had served there for a number of years. The dental clinic, although small, was well equipped and staffed by dentists from England and the United States.

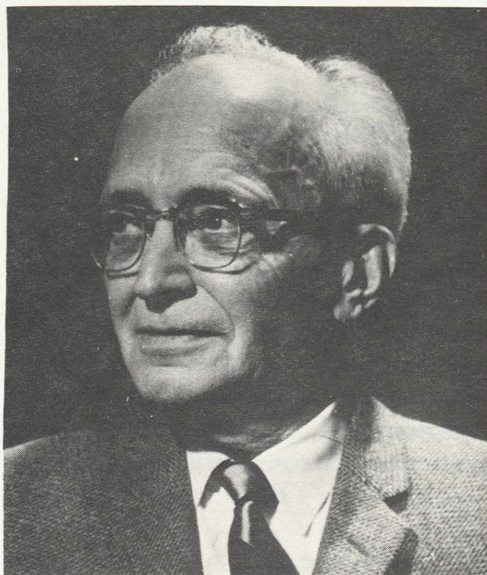
Dr. O'Leary found the king to be very knowledgeable about world affairs and current happenings in the United States. Obviously deeply aware of his responsibilities, the king spoke of progress in improving his people's standard of living and ongoing and future plans for modernization.

In speaking with one of the king's sons, Dr. O'Leary learned that he was a jet pilot and had spent considerable time training in the United States. Familiarity with the United States was common.

In summarizing the trip, Dr. O'Leary said that both he and Dr. Van Roekel found their introduction to another culture in a distant part of the world to be both interesting and educational.

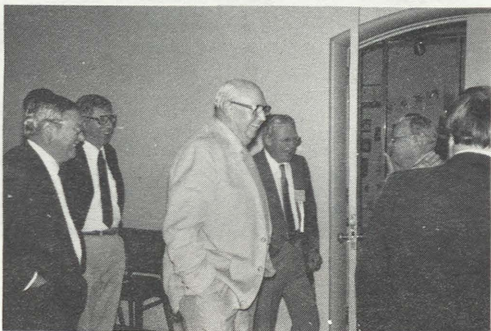
MKH

Dr. Richard R. C. Leonard, a 1922 graduate of Indiana Dental College, died April 6, 1983 after a month-long illness. Dr. Leonard, a native of North Manchester, Indiana, received an M.S. degree in Public Health from the University of Michigan in 1942. He was Maryland's first director of the Division of Dental Health of the State Department of Health and was a founder and first president of the American Association of Public Health Dentists. Dr. Leonard was widely known for his support of the fluoridation of public water supplies. He is survived by his wife, Margaret Ann, a son, Richard R. C. Leonard, Jr., four grandchildren and four great-grandchildren.

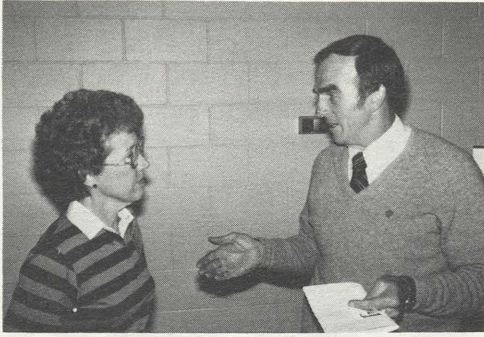


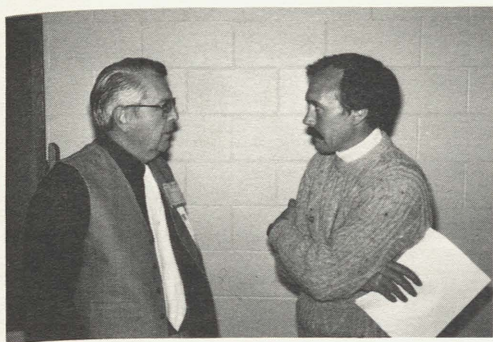
Dr. Samuel S Patterson (third from left) was awarded a Certificate of Appreciation on August 17, 1983 for his 24 years of service as Director of the Endodontic Residency program at the Veterans Administration Medical Center, Indianapolis. Presenting the award is Mr. Terrence Johnson, VAMC Medical Director. Others in the photo, from left, are Dr. Carl Newton, new Director of the Endodontic Residency Program, Dr. Richard Smith, Chief of the Dental Service, and Dr. Kenneth DeNardo, second-year resident in Endodontics. Dr. Patterson will continue his appointment as a Consultant to the VA program in its association with the Indiana University School of Dentistry.

Scenes From The Passing Parade*



*Parade Marshal: Dr. Jack Carr





Iceland's Dental Dean

Dr. Sigfus Eliasson, who received his M.S.D. from Indiana University in 1974, has been appointed Dean of the Faculty of Odontology at the University of Iceland in Reykjavik. After completing his graduate program in Operative Dentistry here, Dr. Eliasson taught at the University of Minnesota before returning to his homeland.

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