

Alumni Bulletin

SCHOOL OF
DENTISTRY

Spring 1985

Indiana University

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To Our Readers

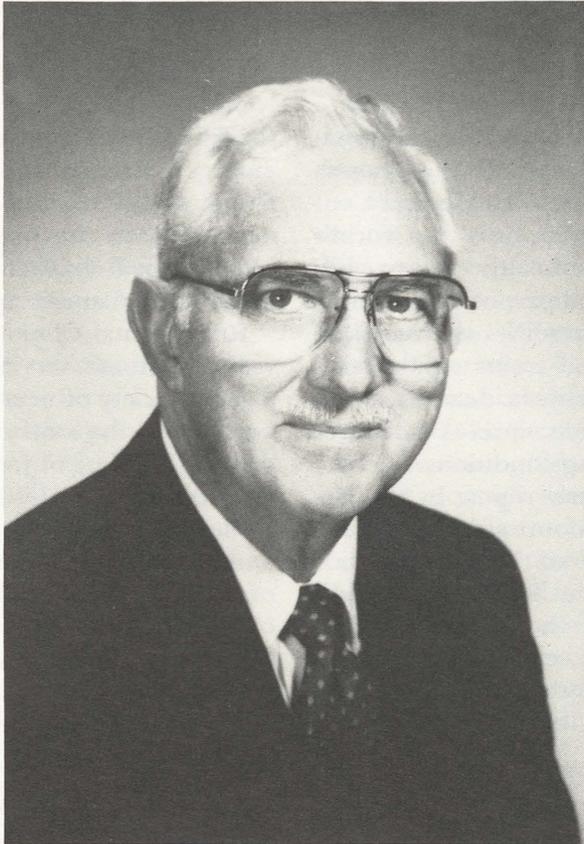
With this issue, Dr. Ralph E. McDonald has contributed the 33rd and last of his consistently interesting and informative columns, "Notes From the Dean's Desk." During the nearly 17 years of Dr. McDonald's tenure as Dean, these columns have been in effect letters-from-home to our alumni, with regular updates on the progress of our school. We salute Dean McDonald on his truly remarkable record of achievement as teacher, scholar, and administrator—also for his unfailing interest in alumni activities and for his encouragement and support of the Alumni Bulletin.

On the subject of loyal alumni, readers are invited to enjoy in this issue the latest in a splendidly readable series of reminiscences by Dr. I. Lester Furnas, Class of 1910. His tales of student life at Indiana Dental College evoke a special magic.

A period of more than 30 years of service to the Dental School and the University at large ended with the death on January 7, 1985, of Mrs. Ruth Chilton, former Executive Secretary and Administrative Assistant to Dr. Maynard K. Hine. Mrs. Chilton's dedicated service included several years of compiling the Alumni Notes section of this publication. Although she was unable to carry out her plan of contacting a number of class officers for news of themselves and their classmates, Assistant Editor Susan Crum has followed through with the project. The first results are in this issue, and we think that alumni of all classes will find these communications fascinating. We hope that more and more of you will write to us with news of yourself and others.

Now, with best wishes to all, we'll let you get on with your reading!

The Editors



Dean Ralph E. McDonald

Riley Hospital Dental Clinic: Dedicated to the Child Patient

*David R. Avery, Chairman
and Professor of Pedodontics*

The James Whitcomb Riley Hospital for Children, on the sprawling campus of the Indiana University Medical Center in Indianapolis, is one of the world's great providers of health care to children. As an integral part of the hospital, Riley Dental Clinic serves the needs of young patients and trains residents in pedodontics to provide dental care to children with a wide variety of diseases and other disabling conditions.

A recent quarterly report by the Department of Pedodontics at the Indiana University School of Dentistry, which staffs and supervises Riley Dental Clinic (RDC), contained the following information on special services provided by RDC personnel throughout the hospital:

- Hemophilia Clinic
(22 patients evaluated)
- Oral Facial Clinic
(146 patients screened)
- Cerebral Palsy Clinic
(243 patients screened)
- Pulmonary Clinic
(92 patients evaluated)
- Crippled Children's Clinic
(25 patients screened)
- LaRue Carter Dental Clinic
(9 patients screened)

These activities involving patients in other clinics were in addition to the nearly 3,000 children, both in-patients and out-patients, who received treatment in the RDC proper during the same period. Other services that are regularly provided include dental screening of all heart patients, interdisciplinary patient evaluations at Tumor Conference and

the Child Development Center, 24-hour emergency dental care for hospital patients, dental treatment under general anesthesia in the operating room for handicapped children, and dental care for severely handicapped adults.

Riley Dental Clinic does indeed provide pedodontic services to patients with a great variety of needs. Located on the first floor in the southeastern wing of the original building of James Whitcomb Riley Hospital for Children, the clinic includes over 5000 square feet of space and it seems that not even a square inch of space is wasted. RDC is not only one of the finest facilities anywhere serving the dental needs of a busy children's hospital, but it also houses the major portion of the clinical activities of an excellent

10,000 Visits

More than 10,000 patient visits for dental care were recorded at Riley Dental Clinic for 1984 (approximately 200 patients per week) and other patient contacts in the hospital by RDC staff (consults, rounds, special clinics, operating rooms for general anesthesia, etc.) exceed 4,000 per year or roughly 80 per week. Approximately 60% of the patients seen on an out-patient basis at Riley Dental Clinic are medically, mentally, and/or physically compromised. In addition, virtually all patients seen elsewhere in the hospital by RDC staff are also disabled in some way.

postdoctoral specialty training program in pediatric dentistry.

A Modest Beginning

Making dental services available to in-patients and out-patients of James Whitcomb Riley Hospital for Children has always been the primary function of RDC. Since 1926, about 15 years before pedodontics was recognized as a specialty, dental services for handicapped and medically compromised children have been offered at Riley Hospital. The dental clinic opened as a one-room, one-chair facility.

Dr. J. B. Carr treated the first patient in 1925, and he was one of the eight to ten dentists who provided care at the Riley Dental Clinic. The first patient treated was Mark Noble, a young man with poliomyelitis. Dr. Carr was a part-time faculty member of the School of Dentistry and was responsible for teaching the course in Dental Practice Administration. He maintained a private practice office and worked at Riley Dental Clinic as a volunteer.

Then in 1942, the Federal government made funds available through the Indiana State Board of Health to completely refurbish Riley Dental Clinic with new equipment sufficient for a three-chair patient treatment area.

Dr. J. Frank Hall, Chairman of the Department of Oral Surgery at the Dental School, was named "Director of the Riley Dental Clinic." He was assisted in the management of patients by Dr. James Matlock, an oral surgery intern.

Restorative work at the Clinic was directed by Dr. Drexell A. Boyd, who was assisted by Dr. Quentin Royer, a recent graduate of the School of Dentistry. In 1946 Dr. Boyd was named Chairman of the Operative Dentistry Department and Dr. Ralph E. McDonald, newly appointed to the pedodontic faculty, assumed the responsibility for treating patients at the Riley Dental Clinic.

In 1948 Dr. James R. Roche joined the pedodontic faculty on a part-time basis and shared the responsibility for treating dental patients at Riley with Dr. McDonald.

Growth and Change

As the specialty of pedodontics grew (today it is often referred to as pediatric dentistry), RDC also grew as the need for more dental services in the hospital setting became apparent. Additionally, it was recognized that the dental clinic was ideally suited as a training facility, and in the mid-1950s it became a site for training specialists in pedodontics.

Dr. Cosmo Castaldi was named Director of the Riley Dental Clinic in August 1952. He was a graduate of the University of Toronto School of Dentistry and completed his pedodontic specialty training at Northwestern University where he received his M.S.D. Degree. Dr. Castaldi successfully initiated the formal pedodontic training internship at RDC which eventually evolved into the current 24-month residency training program.

Dr. Guthrie E. Carr was the first intern in the pedodontic training program under Dr. Castaldi's tutelage during the 1954-55 year. Although Dr. Carr's training was in pedodontics, the actual position he held was available through the Oral Surgery Department. Thus Dr. Carr's certificate confirms satisfactory completion of an Oral Surgery Internship rather than one in Pedodontics. It was actually the second intern in Pedodontics, Dr. Robert Johnson, who received the first certificate from I.U.S.D. that verified completion of a Pedodontic Internship at the end of the 1955-56 training year. Dr. Castaldi accepted a position in Canada in 1956 and he credits Dr. Carr and Dr. David McClure, both part-time staff, with "keeping the program going" until a new director was named.

Dr. Castaldi was followed by Dr. John Mink as director during the late 1950s and early 60s. During the later 1960s and early 70s, under the direction of Dr. W. Bailey Davis, an increase in manpower and a significant expansion of the clinic facilities occurred, making a much wider range of dental services available to many more patients. This expansion and renovation was made possible through the support of several people in the university family but notably through the efforts of Dr. Davis, Dr. Morris Green, Chairman of Pediatrics, and Dr. Ralph E. McDonald, then Chairman of Pedodontics. Dr. Davis served for 16 years at RDC after completing his pedodontic training. Dr. Charles Poland, III, was then Acting Director at RDC for a period of time. Currently Dr. James Weddell, Associate Professor of Pedodontics, is Director of Riley Dental Clinic and Dr. David Avery directs the Postdoctoral Training Program.

Dental Services Department

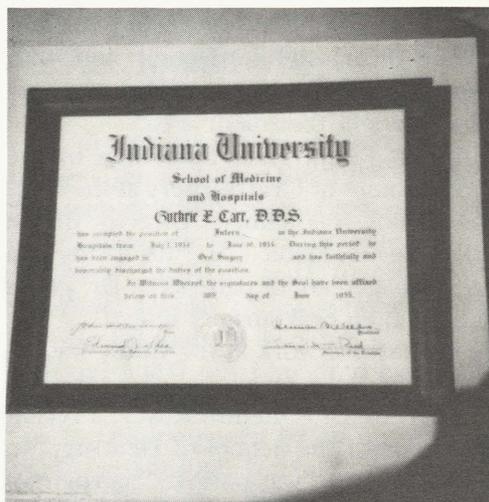
Pedodontics at Riley Hospital is a division of Hospital Dental Services. The Department of Dental Services includes pedodontics, oral and maxillofacial surgery, maxillofacial prosthetics and general practice. The department was established in 1978. Currently, the Dean serves as Acting Director of the department. Before the department was formed, pedodontics and oral maxillofacial surgery were considered a division of surgery on the Medical Center Campus.

Today RDC has 13 treatment chairs and functions with the assistance of eight full-time residents in pediatric dentistry, five full-time faculty members (three have permanent offices at RDC), nine part-time faculty members, and 23 clerical and technical support personnel.

In addition to these employees of Riley Hospital and the Pedodontics De-

partment, RDC receives regular assistance with patient care from four other dental specialties through the Departments of Endodontics, Oral and Maxillofacial Surgery, Orthodontics, and Periodontics. Representatives from other dental specialty areas are available if needed, and expertise from the various sections of pediatrics is always available.

The RDC staff enjoys excellent relationships with all other professional sections in Riley Hospital which ensures the highest quality of care for the patients, in addition to complementing our educational program. Maintenance of oral health, optimum oral function and esthetics often requires a multidisciplinary approach to treatment, especially when dealing with the health needs of patients who are medically, mentally, or physically handicapped. This approach requires the RDC staff to participate regularly in the activities of various hospital clinics including Cardiology, Cerebral Palsy, Child Development, Crippled Children's, Hematology/Oncology, Hemophilia, Oral-Facial Anomalies, and Pulmonary. Pedodontic faculty or residents also attend daily in-



Certificate awarded to Dr. Guthrie E. Carr, first intern in pedodontic training program (see text)

patient rounds with the hematology service to become more familiar with the needs of this special group of youngsters who often require oral care while undergoing chemotherapy.

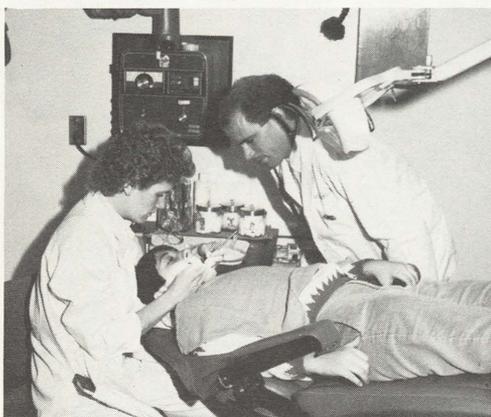
The Educational Mission

Although providing appropriate patient care is the primary mission at RDC, the educational mission of the facility cannot be overlooked. The full-time dental faculty at Riley Hospital devote a major effort to the postdoctoral pedodontic training program. A typical work-week for the full-time staff includes five half-days of clinical teaching in the outpatient clinic and/or staffing the special clinics in RDC or at other locations in the hospital; three half-days for teaching preparation, research, and clinic administration; and two half-days in such self-improvement activities as continuing education, direct patient care, additional research and/or "catch up" time.

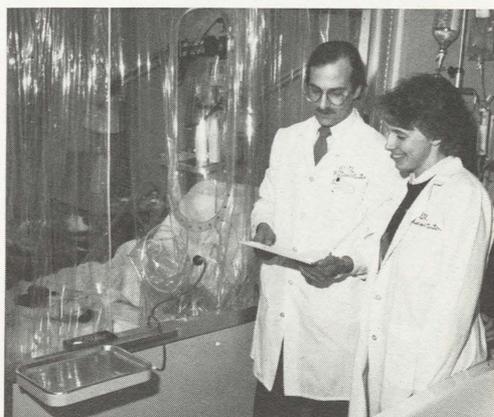
The educational component of RDC prepares pedodontic residents to practice the specialty of pediatric dentistry. They are also encouraged to obtain the

Master of Science in Dentistry degree through the Graduate Dental Program. Part of the residency program is devoted to the study of related subjects such as dental materials, dental radiology, education, genetics, oral pathology, preventive dentistry, psychology, and speech pathology. An important but limited portion of the clinical training for residents in other fields is also provided at RDC (general practice, endodontics, orthodontics, pediatrics, and periodontics). All undergraduate dental students, dental assisting students and dental hygiene students at IUSD in Indianapolis likewise receive hospital clinical exposure at RDC.

The keen competition for residencies at RDC ensures quality appointments. The training program covers 24 months of rigorous activity. First-year residents have two weeks vacation, second-year residents have three weeks, and there are six recognized holidays. Resident staff members are available for dental emergencies 24 hours a day every day of the year; full-time pedodontic staff members are also always available to offer additional expertise or assistance



Hygienist Sue Schultz and second-year resident Dr. Jaime Lemna confirm that patient, Carl Proctor, is ready to have his name placed on the six-month recall list at RDC.

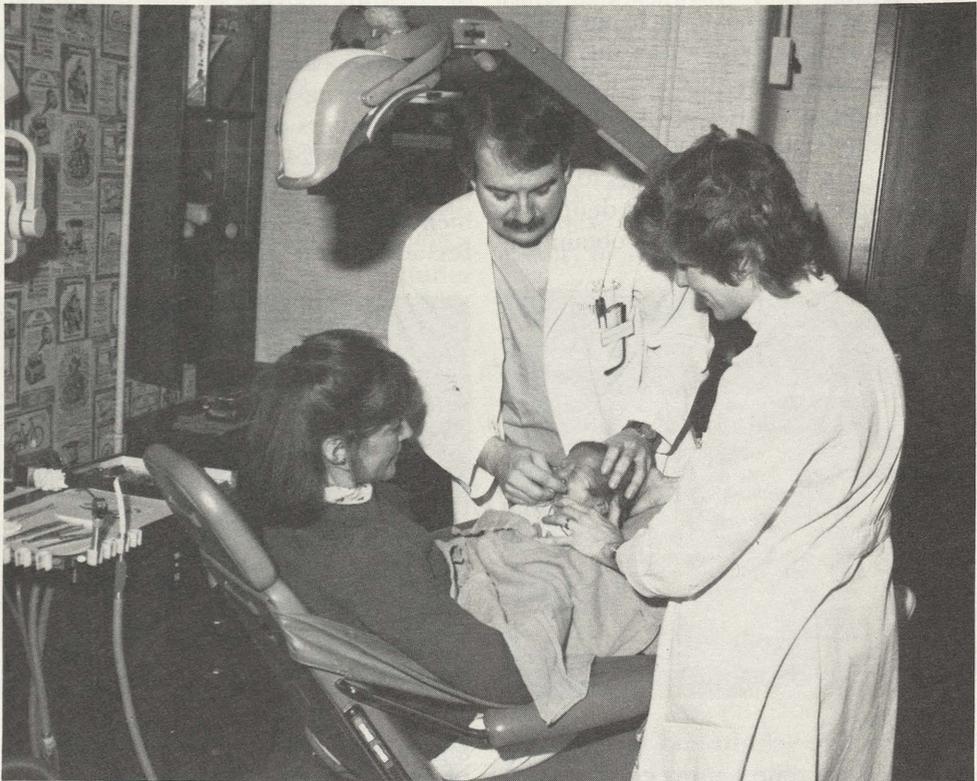


Dr. Bruce W. Wash, Assistant Professor of Pedodontics, and Dr. Carol J. Braun, first-year resident, review the medical record of a patient for bone marrow transplant in the laminar air-flow room of Riley Hospital.

when required for difficult emergency care. During the normal five day work-week, first-year residents average 12 hours a week in the classroom and second-year residents spend about five hours a week (these averages may vary slightly depending on the elective courses chosen by individual residents). Over the two-year training period, the residents may have approximately four hours per week reserved for research. This research time may be accumulated and used in blocks of time if the particular research project warrants a concentrated effort at one time. The remainder of the residents' scheduled time focuses on clinical activity which includes participation in rotations of general anesthesia, medicine, and the various other special clinics.

Special Clinics Cited

In addition to the special clinics mentioned earlier that occur throughout the hospital, RDC conducts special clinics for patient service and resident training in endodontics, expanded functions, occlusion development, periodontics, sedation, and traumatic injuries. Second-year residents also spend one half-day per week treating selected patients in the School of Dentistry. They teach approximately 24 half-day clinic sessions in the undergraduate pedodontic clinic at the Dental School. In their "spare" time, the residents provide "routine" dental care for out-patients at RDC, roughly 60% of whom are medically, mentally, and/or physically disabled. Each resident must earn 21 credits in the graduate Dental



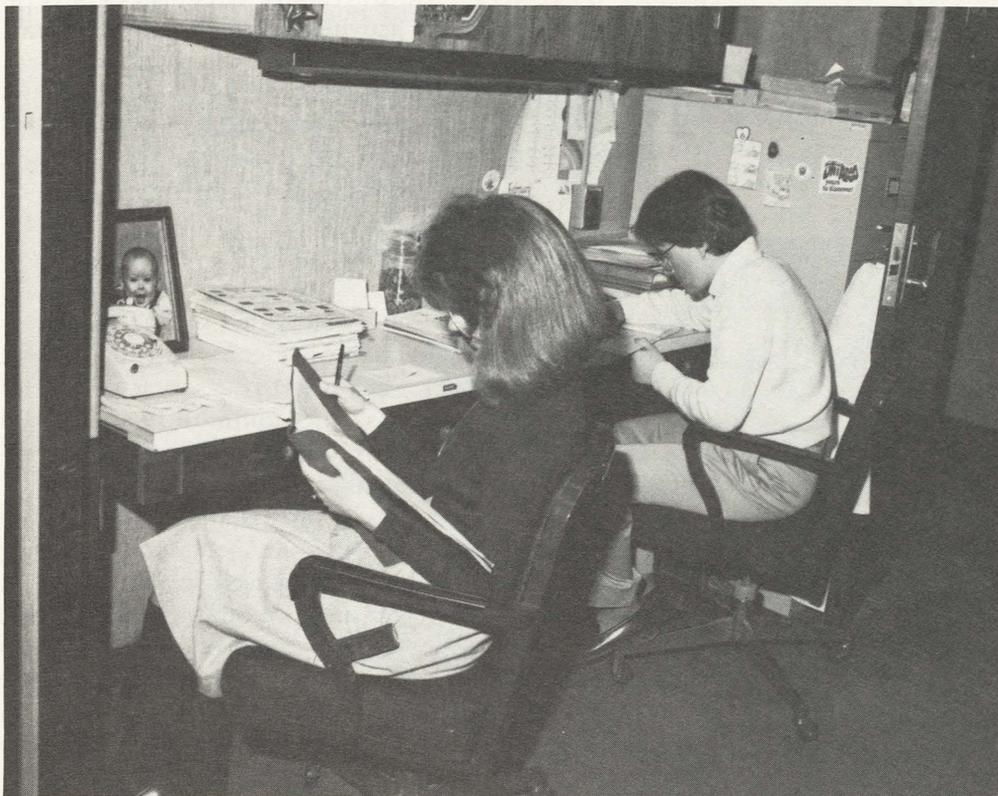
Dental Assistants Penny Meade and Anne Edwards comfort infant patient with a cleft lip and palate while Dr. James E. Jones, Associate Professor of Pedodontics, examines infant before making an impression for fabrication of a feeding obturator and maxillary orthopedic appliance.

Program to graduate with a certificate in the specialty. A minimum of 30 credits is required for the M.S.D. degree with pediatric dentistry as the major subject.

The pedodontic specialty training program at Indiana University is one of the largest and oldest among all such programs. It is also one of the finest, owing in great part to the dedication and desire to serve and to improve as professionals which are inherent attitudes among the faculty and residents. Likewise, there is no doubt that the quality, skill, and dedication of our auxiliary staff contribute significantly to the overall success of the program. The support staff consists of administrative and clerical personnel as well as dental assistants, dental hygienists and a dental laboratory

technician. In addition to their formal training, all of these dedicated staff members have received indoctrination focusing on effective interaction with the special patients encountered daily. The simple and basic desire to serve mankind, and in particular the special patient population seen at RDC, is largely responsible for the high quality of the program.

The School of Dentistry, the School of Medicine, and the Indiana University Hospitals all contribute substantially to meet the operational costs of RDC. The School of Dentistry acknowledges its commitment to the educational mission of RDC by providing the salaries of the associated dental faculty (who are also active medical staff members). The



First-year resident Dr. Carol McKown and second-year resident Dr. Priscilla Johns do some last-minute studying in the Residents' Room before an examination.

School of Dentistry also pays the salaries of six RDC dental auxiliary and clerical positions. The United Cerebral Palsy Research and Educational Foundation supports RDC financially by providing funds for a fellowship equal to a half-time faculty position. The Riley Child Development Program provides 20% of one full-time faculty salary and approximately 60% of one full-time pedodontic resident's salary, in exchange for RDC's very active participation in the Child Development Program. The remainder of the RDC staff salaries, the lion's share of the salaries of the pedodontic residents (also pedodontic graduate students), and the funds required for operating expenses and supplies are provided by I.U. Hospitals' funds.

Aid for Indigent Patients

Some funds from private philanthropic organizations are available to offset the costs of dental care at RDC for indigent patients who do not qualify for



RDC Administrative Assistant Bonnie Kitson is processing supply requisitions for the clinic.

government assistance. Betty Kalyvas, RDC Dental Auxiliary Supervisor and Patient Representative, works with the parents or guardians of RDC patients to assist them in obtaining financial assistance when required.

Financial support, from the university and private donations, is provided for research by the dental staff. Research projects to help identify improved diagnostic, oral hygiene, and therapy methods in acutely and chronically ill children and physically handicapped children are strongly encouraged. Current research projects involve patients with blood dyscrasias, solid tumors, cerebral palsy, cleft palate, oral electrical burns, and testing restorative techniques and materials.

The university encourages several other activities of the pedodontic staff which contribute to the patient care and training thrust of RDC. The maintenance of a dental facility at Camp Riley that is staffed during camp sessions is one example of community service by RDC employees. Similarly a dental facility is maintained at one of the Indianapolis Boys' Clubs where dental services are provided by one RDC resident and one hygienist one evening each week. Staff visits to nursery schools, state hospitals, and community-sponsored health fairs are other examples of services provided.

For several years Indiana University had two separate pedodontic training programs: one based in the School of Dentistry and the other based at RDC. In 1976 these two programs were combined into a single program and since that time the major portion of all pedodontic postdoctoral clinical experiences has been provided at RDC.

During the past 35 years more than 170 specialists in pediatric dentistry who completed their training at Indiana University received at least a portion of their

clinical experience at RDC and well over half of them experienced the major portion of their clinical activity at Riley Hospital.

Individuals Recognized

Over the years many people have contributed to making RDC an exemplary children's dental clinic and it would be difficult if not impossible to name them all in this article. However, certain names of former full-time faculty members stand out when one reviews the history and development of RDC. In addition to those persons cited earlier, recognition should be afforded Dr. Lyman T. Meeks, former Chairman of Pediatrics; Dr. Frederic R. Henshaw, Dr. William H. Crawford, and Dr. Maynard K. Hine, all former dental Deans; and Dr. Paul

E. Starkey, former Pedodontic Department Chairman of IUSD. These people all played a major role in either the development or continued support of RDC. The dedication and commitment, now as in the past, of Indiana University and in particular the Pedodontic Department to the restoration and preservation of the oral health of our children are unsurpassed.

Full-time faculty members assigned to the Riley Dental Clinic are Dr. David R. Avery, Dr. David K. Hennon, Dr. James E. Jones, Dr. Bruce W. Vash, and Dr. James A. Weddell.

Part-time faculty members include Dr. Joseph G. Benham, Dr. John A. Bozic, Dr. Charles O. Hazelrigg, Dr. Gary J. Hinz, Dr. Arthur I. Klein, Dr. John T. Krull, Dr. Craig T. Mueller, Dr. Jerry L. Rinehart, and Dr. J. Keith Roberts.



Dr. David Avery, Professor and Chairman of Pedodontics, reviews the appointment schedule for "Trauma Clinic" at RDC with receptionists Chris Elliott and Marti Rogers while Donna Gunther (in background) confirms an appointment on the telephone.

Staff members at RDC are Alane Bensing, Lisa Brandt, Martin Buchheit, Lois Carnes, Lorri Civils, Anne Edwards, Christine Elliott, Donna Gunther, Rosalyn Hryc, Janice Hummer, Betty Kalyvas, Cheryl Kooyers, Suzanne Lemna, Lee McConnaughey, Barbara McDonald, Penny Meade, Cindy Palmer, Marti Rogers, Lynne Schmaltz, Suzanne Schultz, Sharon Smith, Armando Villa, and Kimberly Welsh.

Among the pedodontists (including 1984-85 residents) who have received all or part of their advanced education at Riley Dental Clinic are the following:

Dr. George A. Adams
 Dr. Gerald Albert
 Dr. William E. Alexander
 Dr. A. Scott Anderson, III
 Dr. Robert W. Aubuchon
 Dr. Robert S. Austgen
 Dr. David R. Avery
 Dr. Alvin J. Ayres, Jr.
 Dr. Donald W. Baker
 Dr. G. Richard Baker
 Dr. Douglas H. Barton
 Dr. Aly Eloui Bastawi
 Dr. Michael P. Baumgartner
 Dr. Carol S. Beckert
 Dr. Soraya M. Beiraghi
 Dr. Carl D. Bell
 Dr. Paul A. Bender
 Dr. Joseph G. Benham
 Dr. Richard W. Blake
 Dr. Michael F. Bigler
 Dr. Harry Bopp
 Dr. Donald F. Bowers
 Dr. Donald F. Bozic
 Dr. John A. Bozic
 Dr. Stephen R. Branam
 Dr. Carol J. Braun
 Dr. June A. Brose
 Dr. Robert R. Buckley
 Dr. J. Barry Burgess
 Dr. Joe H. Camp
 Dr. Elaine C. Nelson
 Dr. James A. Carey, Jr.
 Dr. Guthrie E. Carr
 Dr. Walter W. Y. Ching
 Dr. Peter B. Claussen

Dr. Chester T. Coccia
 Dr. Liam P. Convery
 Dr. Ronald K. Corley
 Dr. Rosane Costa
 Dr. William H. Craig
 Dr. Virginia W. Crose
 Dr. William L. Croxton
 Dr. Walter Ray Davis, Jr.
 Dr. W. Bailey Davis
 Dr. Wayne L. Dawes
 Dr. Jeffrey A. Dean
 Dr. John H. Deppen
 Dr. Tobias M. Derloshon
 Dr. Robert J. Dickson
 Dr. Diane H. Dilley
 Dr. Gary J. Dille
 Dr. Roland R. Ditto
 Dr. Rebecca S. Donnelson
 Dr. Walter A. Doyle
 Dr. Dennis L. Duffield
 Dr. Clifton O. Dummett, Jr.
 Dr. Eugene S. Eggers
 Dr. Ronald A. Eichel
 Dr. C. James Ellis
 Dr. David W. Epstein
 Dr. Erick D. M. Erickson
 Dr. L. Rhett Fagg
 Dr. Annette T. Farthing
 Dr. Stephen Fehrman
 Dr. Max E. Fetters
 Dr. Francis M. Fischer
 Dr. Robert L. Fisher
 Dr. James L. Fleck
 Dr. Patrick A. Fleege
 Dr. Joe E. Forgey



A major expansion job

Dr. Donald E. Gardner
Dr. LaForrest D. Garner
Dr. Julian S. Geller
Dr. William C. Gillig
Dr. Rogerio Gleiser
Dr. Thomas J. Guthrie
Dr. D. Christopher Hamlin
Dr. Robert L. Harmon
Dr. Darryl C. Harris
Dr. Charles O. Hazelrigg
Dr. Hala Z. Henderson
Dr. Lorraine M. Henderson
Dr. John D. Hennette
Dr. David K. Hennon
Dr. Millicent Henry
Dr. Stanley C. Herman
Dr. Gary J. Hinz
Dr. Richard R. Hori
Dr. Burton A. Horwitz
Dr. Alejandro J. Ibarra
Dr. Richard D. Jackson
Dr. Richard E. Jennings
Dr. James E. Jerger
Dr. James C. Jinks
Dr. Michael R. Johns
Dr. Priscilla Johns
Dr. Robert J. Johnson
Dr. William R. Johnson
Dr. James E. Jones
Dr. William A. Keaty
Dr. Stephen R. Kees
Dr. Maurice J. Keller
Dr. David B. Kennedy
Dr. B. Charles Kerkhove
Dr. Thomas Kiebach
Dr. Arthur I. Klein
Dr. H. Raymond Klein
Dr. Lorne Koroluk
Dr. George E. Krull
Dr. Mace J. Landau
Dr. Brian D. Lee
Dr. Jaime O. Lemna
Dr. Michael H. Lerner
Dr. Nick Limbert
Dr. Evan G. Long
Dr. W. Randall Long
Dr. Theodore R. Lynch
Dr. Ronald B. Mack
Dr. Richard E. Malecz

Dr. Michael E. Mann
Dr. Richard A. Martin
Dr. David B. McClure
Dr. Ralph E. McDonald
Dr. James P. McKnight
Dr. Carol G. McKown
Dr. Gene F. Meyer
Dr. David M. Miller
Dr. Phillip H. Miller
Dr. John R. Mink
Dr. Robert M. Moore
Dr. David L. Morgan
Dr. Thomas H. Morse
Dr. Arthur P. Mourino
Dr. Craig T. Mueller
Dr. Steven Mullin
Dr. Anita C. Murray
Dr. Robert J. Musselman
Dr. J. Daniel H. Navarro
Dr. Gayle V. Nelson
Dr. Ronald F. Nirschl
Dr. Daniel N. O'Brien
Dr. James Page
Dr. Phillip R. Pate
Dr. Gary R. Pippenger
Dr. Olaf B. Plotzke
Dr. Charles Poland, III
Dr. James W. Preisch
Dr. Richard M. Quinn
Dr. Keith L. Ray
Dr. Jack J. Reynolds
Dr. J. Gunnar Richardson
Dr. Robert F. Rimstidt
Dr. J. Keith Roberts
Dr. James R. Roche
Dr. Joacir Rodrigues
Dr. Charles H. Rosenbaum
Dr. Robert D. Rust
Dr. K. Douglas Schmidt
Dr. Paul E. Schneider
Dr. Richard E. Seib
Dr. James A. Shupe
Dr. Roger E. Shurr
Dr. Joseph L. Sigala
Dr. Frederick H. Simmons, Jr.
Dr. Richard J. Skinner
Dr. Kenneth D. Snawder
Dr. Philip Sokoloff

(continued on page 79)

First-Year Dental Class: An Attitudinal Profile

*Kenneth K. Kaneshiro,
Associate Professor of Periodontics*

On August 20, 1984, the Orientation Committee members, together with Dean Ralph E. McDonald, welcomed 117 first year dental students. Of that total, 103 were Indiana residents from 32 counties. The 14 non-resident students came from 10 states: four from California, two from Illinois, and one each from Hawaii, Maryland, Massachusetts, New York, Ohio, Pennsylvania, Texas and Washington.

Although there were many more applications, only 488 qualified records were reviewed. After personal interviews, 117 students were selected. The ratio of those selected to qualified applicants was 1:417 at IUSD, compared to the nationwide applicant pool of 1:1.3 for every position in the first year class. Of our 488 qualified applicants, 342 were men and 146 women. Those selected included 80 men and 37 women. Average age for the incoming class of '84 was 23.5 years.

Pre-dental Education

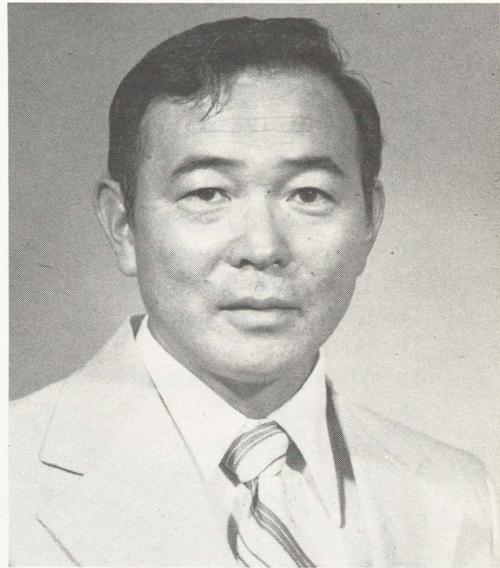
Seventy-one percent, or 83 students, completed either a Bachelor of Arts or Bachelor of Science degree. Nineteen percent, or 22 students, completed four years of college but received no degrees. Twelve percent of the class, or nine students, completed three years of college. Three percent of the class, or three students, have either a Master of Arts degree or Master of Science degree.

Overall grade point average of the class was 3.16. The Indiana residents' GPA was 3.17 and for the non-residents it was 3.13. Overall Science GPA was 3.02.

The average dental aptitude (DAT) results were: academic 4.49; P MAT 4.26, and total Science 4.42.

The Minority Affairs report listed the incoming class of 1984 thus:

White males	76
White females	26
Asians	8 (4 females)
Blacks	4 (3 females)
Hispanics	2 (1 female)
Native American	1



Dr. Kenneth K. Kaneshiro

In recent years, the number of dental applicants has been steadily falling. The exact reasons are not known but the following have been frequently mentioned.

1. The cost of dental education has increased over the past few years so that the additional four years of higher education has become an economic hardship to many students.
2. Over the past decade, dental schools increased their enrollment so that many practicing dentists today believe there is a surplus of dentists.
3. Some dentists are not as busy as they want to be. This may be the result of recent economic conditions and the dramatic reduction of dental caries.
4. Also noted was the improved oral health of the population due to better dental hygiene and fluoridation.

Dental schools throughout the nation have reduced their first year class size. The number of college age students is also declining, and fewer young people are selecting dentistry as a career each year.

An informal survey of the first-year dental class at Indiana University was carried out early in the spring semester of the academic year 1984-85 to shed some light on student attitudes toward dentistry at this early stage in their professional education. The survey consisted of eight questions about such matters as career choice, future plans, motivation, relations with faculty and classmates, academic and clinical work, difficulties and satisfactions, etc.

Sample Comments

Ninety-five students (out of 114) returned their survey forms which offered opportunities for subjective comments on each topic.

On the first question, concerning the factor or factors affecting their career choice, the students' answers were arbitrarily placed in nine categories, as typ-

ified by comments like these (in descending order of frequency):

"The dental profession seems ideal for my mental and technical skills. I like working with my hands. . . ."

"A career where I run my own office (be my own boss)."

"I enjoy working with and for people with dental needs."

"The dental profession is well respected." (Family dentists were often cited as examples.)

"Financial reward."

"A general interest in scientific and medical field."

"Father is a dentist." (Or other family member—grandfather, uncle and wife were also listed.)

"A profession that allows selective working hours."

"Support from the family to become a dentist."

Asked to characterize the relationships among classmates (competitors, friends, supporters, tutors or some combination of these and other relationships), many students listed two or three choices. Comments such as "helpful friends" were mentioned most, followed by "hard core competitors." Various combinations of these descriptions were listed, and the willingness of individuals to "tutor" classmates was noted several times. Two persons said the words "cliqueish" and "snobbish" should have been included as choices to describe some class relationships.

Concerning their view of faculty members (as teacher, friend, father figure, employer, counselor, policeman, or

some combination of these and other roles), more than half of the class chose "teachers." About one-fourth opted for a combination of "non-compassionate father," "policeman" and "drill sergeant." Others used the terms "friend," "dictator," "counselor," "mother" and a few stated that the faculty were "just doing a job."

To the question on what they have found most satisfying about their dental career so far, typical responses were:

"Learning the skills that will be used to help people with dental disease."

"The realization that I think I am really going to like the profession and that I am capable of the manual skills required."

"Experience received in direct dental techniques in the laboratory, (operative dentistry) and the clinical experiences in pedodontics."

"Meeting and getting to know classmates and working with them to improve in clinical skill and to learn more has been the most satisfying."

"Just successfully completing a semester of tough academics is satisfying."

A few had reservations, like these:

"I never hear anything positive. Your artistic work is subjective and is always criticized. A little positive input would make one work harder and enjoy it more."

"I'm a survivor. It's great learning so many new ideas but sometimes I feel there is way too much material to be able to hold on to it for long."

Opinions were divided about what has been most difficult about their education (academic, laboratory, clinic, etc.) so far.

Fifty-five students responded that their academic work load was most difficult. Comments included:

"Mere bulk of non-applicable materials."

"Academic, by far. The clinics and labs are self-motivating and easily realizable if you have any manual dexterity. The academics tend to be rote memory for the sake of that passing grade."

"Having the time to do the best I can in every class."

Forty-one students responded that their laboratory work was most difficult.

As to whether their motivation for a dental career was different from what it had been before they started school, more than half of the students said their motivation for a dental career was stronger than it had been. One student said it was "much stronger—because I've had the chance to see some of it a little more clearly and it is all the more interesting and appealing to me."

About a fourth of the survey group reported that motivation was about the same. Twelve students indicated that their motivation for a dental career was weaker. Comments representative of this view were:

"Because of workload and time commitment."

"Definitely weaker. Calling what we have done so far a dental career is depressing. School has offered very few rewards. I feel like I am being pushed beyond my abilities and yet expected to perform far superior to my abilities. So why bother,

because I will never be perfect and that is what is expected."

Most responses to the question on plans following graduation indicated that a solo private practice or associateship in general dentistry is the goal of most. Graduate work in preparation for specialty practice looks attractive to about one-fourth of the group. Military dentistry appeals to about 10 percent, but only three intend to join the service as soon as possible. The others see it only as an option. Four students are leaning toward graduate work in preparation for a career in teaching. Several students said they have nothing definite in mind at this time, stating "First things first," perhaps meaning to complete the four years of dental education first. Surprisingly, one student indicated that sales work in the dental field is something to consider.

As a final question, the students were asked whether they thought their introduction into dentistry could have been made more personally satisfying to them. Representative comments follow:

"Less emphasis should be placed on biochemistry and other sciences and more emphasis on the dental courses."

"As a first year student, one needs to see more of the clinical side of dentistry rather than an academic barrage."

"Maybe we could have been eased into the curriculum a bit, rather than as fast as we were thrown into it."

"It might have been a little more satisfying if at the beginning we had received more definite instructions in some areas of lab/technique courses."

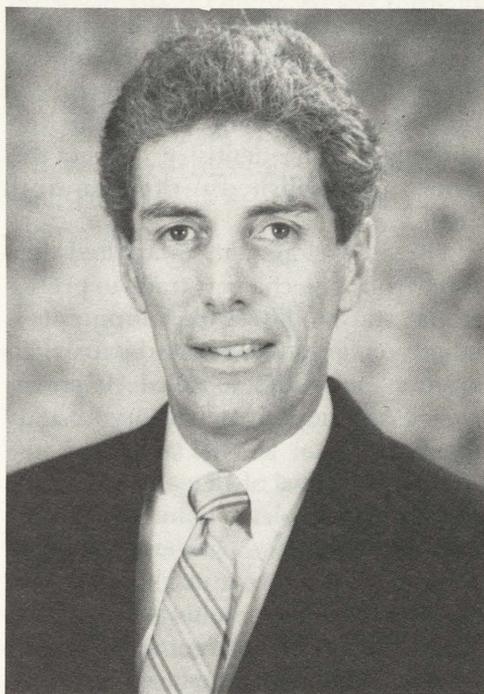
"If I had worked in a dentist's office."

"My introduction was handled fine."

"I think a better undergraduate awareness of what is expected of the dental student would have been very beneficial. I felt a definite adjustment period and I was unprepared for the time demands and the academic demands. A better realization beforehand would ease the transition and result in a more satisfying first semester."

"I don't know. One has to pay one's dues to get through dental school."

Sincere appreciation is extended to Ms. Cathi Eagan and Prof. Myra Mason for their assistance.



Mr. John Schoultz, for the past five years Financial Aid Program Officer for graduate and professional students at IUPUI, has accepted a position as Associate Director of University Student Financial Aid at Loyola University in Chicago. Mr. Schoultz made weekly appointments in the Dental School to provide financial aid counseling to dental students.

The Eight Dental Specialties: Their Origin and Rise

Sara Anne Hook,*
Public Services Librarian

Dentistry has apparently been a separate field of health care since antiquity. Orland¹ reports that the papyrus dealing with medical diagnostic procedure that was uncovered at Thebes by Ebers listed dental prescriptions. Herodotus observed that dentistry in Egypt was practiced as a specialty. Yet dentistry can also be considered a very young profession. This is particularly evident in America. Although dentists have been practicing in this country since the Revolutionary War, dentistry did not become an established profession until 1840.

Three developments catapulted dentistry from a mechanical trade to professional status. These developments—education, organization, and journal literature—form the so-called “triumvirate” of American dental history. In 1839 the first dental journal appeared, the *American Journal of Dental Science*. The first dental school, the Baltimore College of Dental Surgery, was established in 1840. That same year marked the birth of the first official dental organization, the American Society of Dental Surgeons. These three firsts set dentistry apart from medicine and transformed it into a profession in its own right.

If dentistry can indeed be viewed as a young profession, younger still are the various specialty groups within dentistry: periodontics, orthodontics, pedodontics, oral and maxillofacial surgery, oral pathology, prosthodontics, endo-

dontics, and public health dentistry. While the scientific achievements of the dental specialties are important and interesting, the development of the organizations which supported these specialties is equally valuable for understanding the history of the dental profession in America.

In 1947 the Council on Dental Education of the American Dental Association adopted requirements for the approval of the examining boards in dental specialties. According to the Council,² a specialty in dentistry is “a field of practice which calls for intensive study and extended clinical and laboratory experience by a dentist beyond the training offered as a preparation for general practice in the undergraduate curriculum.” Dentists interested in the various specialty fields were forming associations and boards in the early 1900s, but these groups did not actually have specialty status until they were officially rec-



The author deep in research

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ognized and approved by the American Dental Association.

This article summarizes key events in the development of specialty organizations in dentistry, and identifies a number of the far-sighted individuals who helped create and foster these organizations.

Periodontology

Historical archives from Greece, China, and Egypt reveal references to periodontal diseases. According to Wickham,³ "Hippocrates in 460 B.C. and Democritus in the first century A.D. recognized the association between lack of cleanliness and inflammation of the gums." However, until the early 1900s, little progress had been made in either the prevention or treatment of these diseases. The founding of the American Academy of Periodontology was a major step toward dealing with periodontal problems.

Establishment of the American Academy of Periodontology was largely due to the efforts of Drs. Gillette Hayden and Grace Rogers Spaulding. A committee of five, which included Drs. Spaulding and Hayden, as well as Drs. Herbert J. Hood, John O. McCall, and J.W. Jungman, met in February, 1914, to discuss the need for an organization devoted to periodontology. In May of that year, the newly formed Academy held its first meeting, with 10 members present, and elected its first president, Dr. Austin F. James.

The American Academy of Periodontology continued to meet annually, and as its membership grew, it became increasingly involved in educational and organizational activities to support the practice of periodontics. Most significant of these activities was the introduction of the first periodical in the field, the *Journal of Periodontology*. The premier

issue appeared in 1930 and was dedicated to the memory of Dr. Hayden.

The American Board of Periodontology was organized in 1939 in an effort to improve the standards of periodontal care as well as define qualifications needed to practice periodontics. The board incorporated in 1940 and held its first meeting of candidates in February 1941. Between 1940 and 1948, 115 certificates were issued by this board.

An application for ADA approval for the American Board of Periodontology had already been submitted to the Council on Dental Education when it adopted its requirements for specialty boards in 1947. This board was formally recognized and approved by the ADA in the following year. Members of the board at this time were Dr. Arthur H. Merritt, chairman; Dr. Harold J. Leonard, secretary-treasurer; Dr. Dickson G. Bell; Dr. Samuel R. Parks; and Dr. M. Monte Bettman.

Orthodontics

As with periodontology, the roots of the specialty of orthodontics can be traced back for centuries. However, in the early days of this specialty, orthodontic treatment was based on the extraction of teeth. The modern practice of orthodontics has existed for less than a century. In the late 1800s, Dr. Edward H. Angle, considered by many to be the father of Orthodontics, began promoting the method of straightening teeth by the use of appliances rather than by extracting the teeth. Proponents of this method, called "regulators," represented a recent development compared to the traditional "extractionists." According to one source,⁴ the regulators "did not thrive until after the U.S. Civil War, though we might except the Etruscans, who used wires to straighten teeth circa 40 B.C." In 1900, Dr. Angle

founded the first school teaching the "Angle Method" in St. Louis, thus establishing the regulator theory of orthodontia.

The American Society of Orthodontists was formed in 1901, with many of Dr. Angle's students in its original membership. Dr. Angle was elected president, with Dr. William John Brady as vice-president and Dr. Milton Watson as secretary-treasurer. With the Angle School of Orthodontia and the American Society of Orthodontists both firmly established, all that the specialty needed was a journal. In 1907 the American Orthodontist was introduced, the first independent publication for orthodontics. This journal was published only sporadically for several years, but it provided a foundation for later journals, such as the International Journal of Orthodontia and the current American Journal of Orthodontics.

With the creation of the American Board of Orthodontics in 1929, the specialty became the first to have its own board. The board was incorporated in the following year, and elected Dr. Albert Ketcham as its first president. However, this board was not approved by the ADA until 1950.

Pedodontics

Although the dental profession grew steadily throughout the second half of the 19th century, most dental practitioners preferred to care for adults rather than children. However, with the turn of the century came increased interest in the dental needs of this group of previously "undesirable" young patients. By the 1920s enough dentists had limited their practices to pedodontics to warrant an organization devoted to this specialty. There were actually three such organizations responsible for the rise of pedodontics from a handful of dentists

interested in treating children to an accepted specialty.

After several failed attempts, the first official organization for pedodontics, the American Society for the Promotion of Children's Dentistry, convened in Detroit in October 1927. This organization was an outgrowth of the Detroit Pedodontic Study Club, which had been formed a year earlier by Dr. Samuel D. Harris. The first meeting attracted over 50 potential members, who adopted a constitution and bylaws and elected the following officers: Dr. Walter C. McBride, president; Dr. F. Blaine Rhobotham, vice-president; and Dr. Harris as secretary. This society is especially interesting because it emphasized the formation of state and local units as vital to the success of the national organization. In 1941 the name was changed to the American Society of Dentistry for Children.

This organization has been responsible for two very important developments in pedodontics. In 1934 the society introduced the first journal for children's dentistry, the Review of Dentistry for Children, which is now published as the Journal of Dentistry for Children. It also sponsored the creation of the American Board of Pedodontics in 1940. The board was recognized by the Council on Dental Education in 1941 and given official approval as a specialty board in 1948. First examinations were held in February, 1949, with five of the 13 candidates receiving certificates: Drs. Willard T. Hunnicut, Vincent M. Johnson, Sidney I. Kohn, Hugo M. Kulstad, and J.B. Peabody.

The latest organization for children's dentistry was founded in February, 1947, when 40 dentists met in Ann Arbor, Michigan, to form the American Academy of Pedodontics. Its purpose was "to achieve by mutual study and cooperative activities, a high and ethical standard of

practice, teaching and research in the art and science of dentistry for children.”⁵ A board of directors, including Drs. S.A. MacGregor, Walter McBride, John Brauer, Ralph L. Ireland, Maury Masler, Ruth Martin and Kenneth Eastlick, was elected at the first meeting. This group was not in competition with the American Society of Dentistry for Children, although membership in the Society was required before a dentist could join the Academy. While the American Society of Dentistry for Children had been created to provide better dental care for children, this new organization was initially more concerned with the research and teaching aspects of the specialty.

Oral and Maxillofacial Surgery

Before dentistry became an established profession, the extraction of teeth was in the realm of the general surgeon. This was not thought of as a difficult procedure. Bear⁶ reported that even Hippocrates considered the removal of teeth an easy operation. According to Bear, Hippocrates said: “These are the instruments necessary to the doctor’s operating room and in the handling of which the disciple should be exercised; as to the pincers for pulling out teeth, anyone can handle them, because evidently the manner in which they are to be used is simple.” However, as the field of dentistry grew and developed, more effective procedures helped oral surgery to part from medicine and become identified with this new profession. Although Bear considered oral surgery to have become a specialty in the mid-1800s, an organization devoted to it was not founded until after the turn of the century.

In August, 1918, the American Society of Exodontists was created in Chicago at an American Dental Association

meeting. In response to invitations from Dr. M.R. Howard from Denver, 28 potential members from 15 states attended this first gathering. From these members, Dr. Howard was elected president; Dr. J.P. Henahan, vice-president; Dr. C.F.B. Stowell, secretary; and Dr. Frank W. Rounds, treasurer. Within three years, the organization grew to over 230 members. The name was changed also, first to the American Society of Oral Surgeons and Exodontists, and later simply the American Society of Oral Surgeons. Today this organization is known as the American Association of Oral and Maxillofacial Surgeons.

Like most of the other specialty organizations, the group felt that an independent journal of oral surgery was needed. With the leadership of Dr. Howard C. Miller, the quarterly Journal of Oral Surgery was introduced in January 1943. After several title changes, it is now being published as the Journal of Oral and Maxillofacial Surgery.

In 1946 the American Society of Oral Surgeons authorized formation of the American Board of Oral Surgery. The founding directors were Drs. Howard C. Miller, Carl W. Waldron, Leslie M. FitzGerald, Frank Hower, Athol L. Frew, Aubrey L. Martin, and James R. Cameron. One year later, this board became the first to be recognized and approved by the ADA.

The first examinations for the American Board of Oral Surgery were held in July, 1947. Thirty-nine candidates were certified at that time. In 1985 the American Association of Oral and Maxillofacial Surgery has 4,611 members and the American Board of Oral and Maxillofacial Surgery has 3,080 diplomates.

Oral Pathology

Bernier⁷ has stated that “pathology of the oral regions has existed since the very beginning of the dental profession. In-

deed, the therapeutic aspects of dentistry have always been based upon the treatment of pathologic changes occurring in the oral regions." However, oral pathology did not begin to develop as a separate specialty until the present century. The real impetus came from the American Registry of Dental and Oral Pathology, which was established in 1933 to collect specimens and disseminate data for use in research and teaching in oral pathology.

The American Academy of Oral Pathology was created in 1946 after a survey indicated interest in a national society devoted to oral pathology. A temporary executive committee included Drs. Kurt H. Thoma, Lester A. Cahn, Donald Kerr, James R. Blayney, Hamilton B.G. Robinson, and Lt. Col. J.L. Bernier, with Dr. Henry Swanson representing the American Dental Association.

The first annual meeting of the new Academy was held in February, 1947, in conjunction with the Chicago Dental Society's mid-winter meeting. Sixty-one practitioners attended. A constitution and bylaws were approved and members of the temporary committee were formally elected as officers. The possibility of forming a specialty board was also discussed.

The American Board of Oral Pathology was founded and incorporated in 1949. Members of the new board and its directors included some of the same individuals who had started the Academy two years earlier: Drs. Cahn, Robinson, Bernier, Thoma, and Kerr, along with Drs. Henry M. Goldman and Paul E. Boyle. Examinations were scheduled for the fall of that year. In 1950 this board was recognized and approved by the ADA.

Prosthodontics

Throughout history attempts were made to restore natural dentition with

artificial substitutes. This has been documented in the written record as well as by artifacts. However, Furnas⁸ has stated that "the subject of prosthetic dentistry for many years might almost be described as dormant because very little was done to develop its scientific aspects until about the turn of the century. Physiologic and anatomic problems then began to arise, leading to confusion in what had been accepted as functional facts, and men interested in the subject began to question and investigate vigorously." In addition to scientific investigation, the appearance of organizations devoted to the practice of prosthodontics was influential in the development of this specialty.

The American Academy of Denture Prosthetics was founded by Drs. William A. Giffin, I. Lester Furnas, Alex Patterson, George H. Wilson, Milus M. House, and B.F. Theilen in August, 1918. The first official meeting of this organization was held later that month, with 31 people in attendance out of 49 who had been invited to be members. A constitution and bylaws were adopted at this meeting, with Dr. Giffin elected president, Drs. House and Patterson, vice-presidents, Dr. Payton D. Campbell, secretary, and Dr. Russell W. Trench, treasurer.

Three other organizations were influential in the early history of the specialty of prosthodontics: the American Denture Society, the Pacific Coast Society of Prosthodontists, and the American Academy of Restorative Dentistry. In 1951, these four groups cooperated to begin publication of the *Journal of Prosthetic Dentistry*, which continues today under the same title.

While all of these groups helped to establish prosthodontics as a specialty, the American Academy of Denture Prosthetics was especially significant because of its sponsorship of the American Board of Prosthodontics. The board was

established in 1946 and incorporated in 1947. Members of the first board were Drs. C.O. Boucher, O.M. Dresen, R.W. Trench, C.J. Stansbery, B.L. Hooper, I.R. Hardy, F.M. Elliot, D.W. MacLean, and R.H. Kingery. The first official meeting was held in March, 1947. Drs. Stansbery, Hardy, and Hooper were elected vice-president, secretary, and president, respectively.

The ADA recognized and approved the American Board of Prosthodontics in 1948. First examinations were held in Chicago in the following year, with 14 candidates certified.

Endodontics

The youngest specialty in American dentistry is Endodontics. Although the early history of this specialty has not been well documented, Grossman⁹ stated that "the scientific development of endodontics dates from the third decade of this century." Endodontics grew increasingly popular in the 1930s and by the early 1940s practitioners interested in this area of dental care decided that a national organization for endodontics was needed. In 1943, a small group of dentists met in Chicago to form the American Association of Endodontists. The group included Drs. Lester R. Cahn, Edgar D. Coolidge, E.A. Jasper, Louis I. Grossman, John H. Hospers, E.G. Van Valey, Morton F. Yates, Harry B. Johnston, George G. Sharp, and Ralph F. Sommer. When the first annual meeting was held the following year, the program attracted over 200 potential members and guests.

It is interesting that the same triumvirate of education, organization, and journal literature that helped to establish dentistry as a profession in America in 1840 also marked the advent of endodontics as a specialty 100 years later. During the 1940s dental schools began

to include endodontics in their curriculums. In March, 1946, the American Association of Endodontists introduced the *Journal of Endodontia*, the first journal devoted to the practice of endodontics.

The American Association of Endodontists sought specialty status for endodontics during the next decade. The American Board of Endodontics was founded in 1956 and was recognized by the Council on Dental Education in 1957. However, the board was not officially approved by the ADA until July, 1963.

Public Health Dentistry

Few people outside the dental profession may be aware of the specialty of public health dentistry. Although dentists had of course been concerned with the overall health of their patients prior to the 1900s, interest in the relationship between dental health and public health was slow to develop. In 1918, dentistry was finally included as a part of the North Carolina public health program. During the next two decades, more states followed that example and added dental services, so that by 1940 a total of 23 states included dental programs in their public health services. But the real recognition of dental public health came about with the creation of a specialty organization.

The American Association of Public Health Dentists was founded in 1937 during an annual American Dental Association meeting, with Dr. Richard C. Leonard elected as president. Originally intended to be an organization for dentists within the U.S. Public Health Service, the association was soon open to any dental practitioner working in public health. In 1941 its own journal was published: the *Bulletin of the American Association of Public Health Dentists*, which is now being published as the *Journal of*

Public Health Dentistry. By this time, 76 members were listed on this association's roster.

A committee consisting of Drs. Walter J. Pelton, Charles E. Presnell, and William A. Jordan from the American Association of Public Health Dentists conducted a survey on the need for a specialty board in dental public health. The results of the survey were encouraging, and the American Board of Dental Public Health was established in October, 1949. Members were Drs. Pelton and Jordan, along with Drs. Philip E. Blackerby, John W. Knutson, and Robert A. Downs. The first meeting was held in June, 1950, with Drs. Pelton, Downs, and Blackerby elected officers.

The American Board of Dental Public Health was approved by the ADA in 1951 and first examinations were held in September, 1952. Out of 12 candidates, the following were certified: Drs. Chrietzberg, Dwyer, Hagan, Gerrie, Sebelius, Nevitt, Law, Kroschel, and Fulton.

* * * * *

Although there may be evidence that dates the *practice* of various specialties to ancient times, these specialties are actually very young when one considers that they were all *recognized* and *approved* by the ADA within the last 40 years. The impetus for the rise of these specialties from a handful of interested practitioners to specialty status came from the organizations that sponsored and supported them. The establishment of dentistry as a profession in 1840 was due in part to organization: the founding of the first dental society. Similarly, the specialty academies, associations and boards were vital to the development of the dental specialties. These groups were also important to the strength and continued growth of the dental profession as a whole.

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Magazine Story Features IUSD Television Unit

The television teaching program of the Indiana University School of Dentistry is spotlighted in an article in the January 25th issue of "International Television." The article relates the history of the program, which began in 1967 and is directed by Dr. Leonard Koerber, Professor and Director of Instructional Services. The article notes that our videotape library contains 400 tapes, nearly all produced by the IUSD unit. The TV group includes Dr. Koerber; Harold K. Jaynes, Producer-Director; and Donald Jackson, Engineer.

In addition to tapes for supplemental teaching and self-study, the article points out that a number of courses are presented live in the Dental School TV studio and transmitted within the building and to other locations throughout the state by IHETS (Indiana Higher Education Telecommunications System). A telephone talk-back system enables students to ask questions and take part in discussions.

Apexification of Necrotic Teeth

*Dennis J. Zent**

Trauma to the anterior permanent teeth is an everyday problem associated with growing children and young adults. Patients with teeth that have non-vital pulps and/or discolored crowns appear frequently in the dental office. Many times these pulps have been devitalized prior to apical root closure. Because the open apical area does not allow for an apical resistance form in the root canal preparation, apical sealing through conventional root canal treatment is compromised. Surgery is a possibility, but apprehensive patients sometimes preclude this option. Additionally, the thin apical dentin walls that are present make it difficult to achieve a proper seal.

Apexification of these teeth is a possibility, as shown by the early work of Cook and Rowbotham.¹ Frank^{2,3} popularized a technique which improved the canal environment by removing the contaminated tissue and placing a paste of calcium hydroxide as a temporary canal filling material. The resulting improvement of the apical tissue allows the apexification process of root development and closure to continue.

This article presents a case in which a modification of the Frank technique induced apical development in a tooth with necrotic pulp and permitted conventional canal obturation.

Case Report

A 21-year-old woman presented to Indiana University School of Dentistry seeking dental care. She desired comprehensive dental treatment and com-

plained about a discolored anterior tooth. Upon examination and review of her radiographs, an asymptomatic darkened permanent maxillary left lateral incisor with an apical radiolucency was noted. The patient related a history of trauma to the tooth approximately 10 years earlier. The patient's medical history was essentially negative.

The radiograph (Fig. 1) revealed arrested apical formation and a wide open apex. Treatment options discussed included extraction, root canal therapy with immediate apicoectomy, and apexification. The apexification treatment was decided upon because of the patient's desire to keep her tooth and apprehension about apical surgery.



Fig. 1. Pretreatment radiograph revealing arrested apical formation, open apex, and associated apical radiolucency.

* Dr. Zent, Class of 1979, is a graduate student in Endodontics at IU. He is also a Captain in the U.S. Air Force.

A rubber dam was placed and the canal was debrided and prepared. Hedstrom files were used to ensure debridement, along with frequent irrigation with sodium hypochlorite. The canal was dried with paper points and a CaOH paste (Pulpdent)* was placed into the canal. (The handy self-contained syringe applicator seen in Figure 2 eliminates the mess of mixing and makes the use of Pulpdent as simple as replacing its disposable needle.) A rubber stop was placed on the disposable needle at the previously determined working length (Fig. 2) and placed into the canal at that depth. Slowly the applicator was withdrawn as the CaOH paste was expressed. Radiographs were taken to confirm proper placement of the CaOH filling material (Fig. 3). IRM was used to seal the access opening.

The patient was recalled at three- and six-month intervals to check for apical development and reapplication of the Pulpdent; if required. The nine-month

* Pulpdent, Pulpdent Corp. of America, Brookline, MA

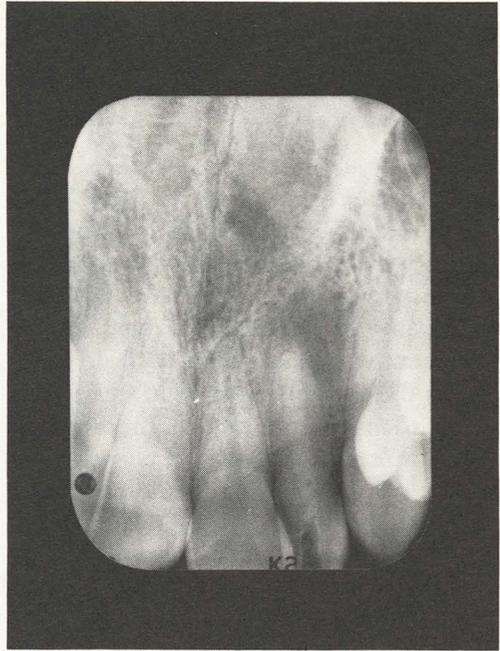


Fig. 3. Radiograph confirming proper apical placement of CaOH paste.

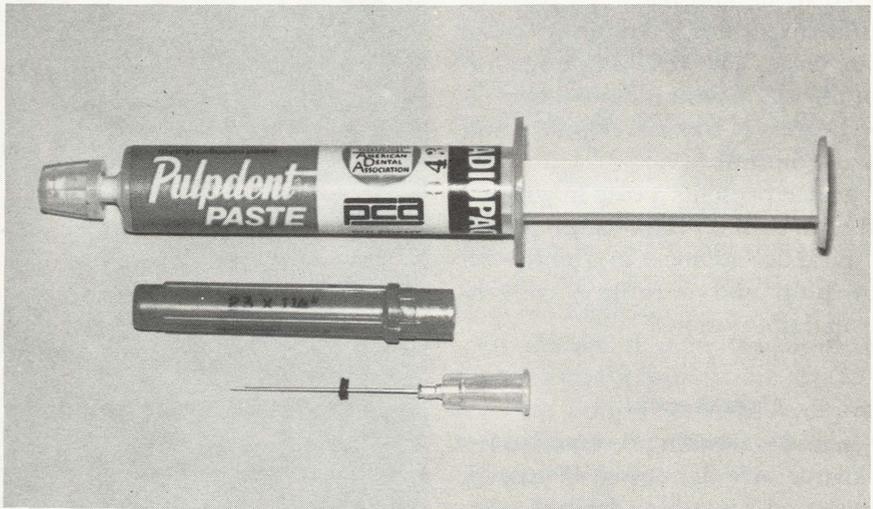


Fig. 2. Pulpdent syringe and application needle showing rubber stop placement at canal working length.

recall shows (Fig. 4) apparent apical closure which was confirmed clinically when a firm apical stop was encountered by a file placed in the canal. At this point, root canal obturation was performed with a customized gutta percha point and sealer utilizing lateral condensation (Fig. 5).

Discussion

Calcium hydroxide application is an effective technique that can predictably induce apical closure. Conventional endodontics can be accomplished more readily after the formation of an apical stop. It is not always essential to obtain complete apical development before placing a permanent fill, just enough to allow for utilization of conventional condensation.

This technique offers an alternative to extraction, apical surgery or attempting canal obturation of a wide open apex. Increased resistance form with apical closure and a strengthened root with added dentinal thickness are the objectives of this technique. The ease with which it can be accomplished and ready patient acceptance make this a valuable treatment alternative.

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The views expressed are those of the author and do not necessarily reflect those of the U.S. Air Force or the Department of Defense.

The author wishes to acknowledge Dr. Carl W. Newton and Dr. Kenneth Spolnik for their helpful suggestions.

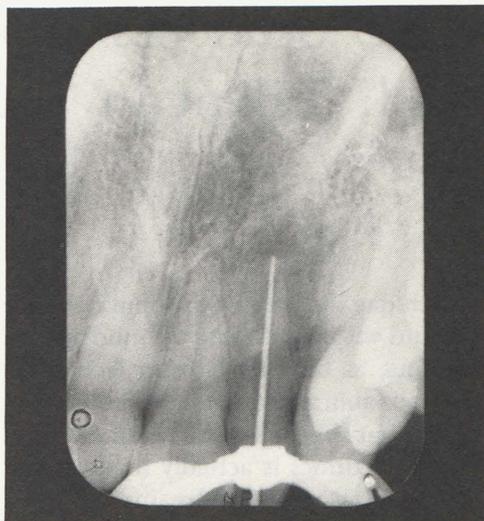


Fig. 4. Nine-month recall showing file placed in canal to confirm apical stop. Note resolution of apical radiolucency.

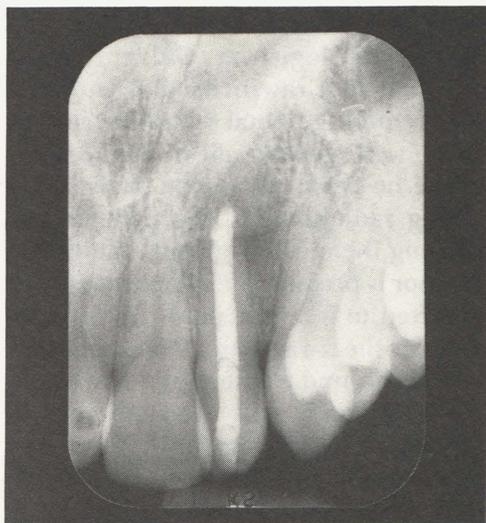


Fig. 5. Posttreatment radiograph showing canal obturation with gutta percha and sealer.

IUSD Students Show Versatility, Skill, Talent in 'Outside' Jobs

*Susan Crum and
Ralph G. Schimmele**

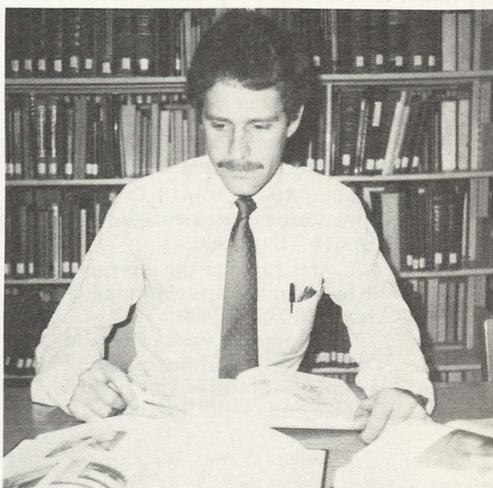
Each day the halls of the dental school resound with the clamor of hundreds of students, as they dash from lecture to clinic to laboratory. It would be easy to forget that this daily whirlwind of clinic coats and tunics is actually made up of individuals with goals, dreams, and special talents that have led them to dentistry. A small sample of students from those who are currently enrolled follows, with a brief account of their backgrounds and particular activities that set them off from their classmates.

For two years **Mark Alexander**, of Indianapolis, was the chief nuclear medicine technologist at Culver Union Hospital in Crawfordsville, Indiana. Since entering dental school he continues to work periodically at the hospital, where he performs tumor scans by injecting radioisotopes into patients and imaging them with a gamma camera. If a tumor is present, the radioisotopes are attracted to it and it shows up as a hot spot on the x-ray film. "Nuclear medicine may sound frightening," Mark says, "but the tumor scan is actually one of the easiest exams available. It's quick, painless, and since the scan is used as an early screening device (60% of those examined are outpatients), the results are usually negative."

Mark enjoyed his career in nuclear medicine but was frustrated at not being the diagnostician (a physician must interpret film results). "Med school meant

more years of schooling than I was prepared to undertake," he says, "but dentistry seemed like a good choice, too. I knew something about it through my sister, Jill Alexander Borst, a hygienist who worked in the IUSD TEAM Clinic as an expanded functions instructor." Mark is happy with his decision. "Dentistry gives me the patient contact I love and also lets me be my own boss."

Besides nuclear medicine Mark performs ultrasound technology at Culver Hospital, where most patients are pregnant women. A baby's gestational age can be determined by measuring the baby's head (the image appears on a computer screen). Ultrasound can also diagnose the presence of gallstones without the aid of radiation. Some patients



Mark Alexander, second year dental student and part-time technologist in nuclear medicine and ultrasound

* Ms. Crum is IUSD Coordinator of Publications. Dr. Schimmele is Associate Dean for Program Development and Extramural Programs.

wind up being seen by Mark both in nuclear medicine and the ultrasound room.

Mark says his experiences at Culver Hospital have given him an edge in patient management skills he will need in dentistry. He has his eye on an associateship in North Carolina after he graduates in 1987, and plans eventually to set up a solo practice.

Third year student **Tim Dudley**, of Indianapolis, was trained on-the-job for his position at Westview Hospital as an EKG technician, part-time work that he recommends highly to other dental students. "My chairside manner in the dental school clinics has been greatly enhanced because of all the experience I'm getting by talking to patients at bedside," he says.

Tim works primarily with intensive care patients, attaching them to a mobile EKG machine and administering the examination. Computerized results are then interpreted by a cardiologist. The typical patient undergoing this diagnostic treatment is over 40 years old, so Tim was a bit shaken the first day on the job when he had to attach the EKG chest leads to two 18-year-old girls.



Tim Dudley readies mobile EKG unit for a patient at Westview Hospital.

The work gradually became more routine, although things can always go wrong. "A thrashing patient may get the limb leads switched around," he explains, "which will throw off the tracing readout." He's seen all types of patients, from hypochondriacs to those who deny their illness. Working around people with health problems has motivated Tim to keep physically fit by eating sensibly and belonging to a health club. He plans to join his father, Dr. William Dudley ('60), in his private practice in Indianapolis after graduation in 1986.

While fulfilling the externship requirement for her pharmacy degree, **Terri Logan Ford**, of St. Louis, worked with Dr. Murray Dock ('83), who was then a part-time pharmacist and dental student. Already attracted to dentistry, Terri become even more so after getting to know this enthusiastic dental student. "Dentistry offered me an opportunity to be more in control and to work with my hands," she says. After two-and-a-half years as a staff pharmacist at St. Vincent Hospital in Indianapolis, she entered dental school. As a first year student Terri continues to work part-time at St.



Staff pharmacist Terri Logan Ford on the job at St. Vincent Hospital

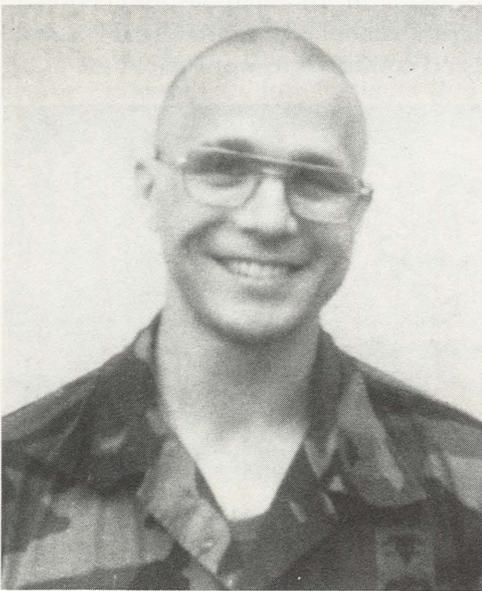
Vincent's and plans to keep up her pharmacy license after she becomes a dentist.

Of her professional background, Terri says, "As a hospital pharmacist I interact with physicians. They often call me for advice and I especially enjoy helping the student doctors. I have even been invited to lecture to nurses."

As she looks forward to the challenge of dentistry, Terri is grateful for her pharmacy training. "I should have a better understanding of my dental patients' overall health and their physicians' perspective."

With graduation still years away, Terri is concentrating on doing well in dental school. She says that balancing a part-time job with full-time studies has been made easier because of the emotional backing she receives from husband, Anthony.

When **Robert Cinatl** entered dental school he also entered the Army, thinking ahead to interesting challenges and yearly paid duty tours. This Peru, Indiana, native decided to train in the in-



Robert Cinatl in military garb

fantry even though his second lieutenant rank in the Dental Corps would have exempted him from basic and other physical training. "I wanted to understand the enlisted man's priorities," he explains, "especially the Ranger, who is trained to make spur-of-the-moment decisions and put the mission first."

Robert completed Airborne school in 1982, the Air Assault helicopter training and expert combat medic test in '83. As a dental officer he had some difficulty getting into the Ranger program but finally made it on a "space-available" basis. In Ranger school he says he learned "the light infantry tactics of sudden, violent, aggressive action to maximize enemy losses, then quickly break contact. Such actions require decisions and discipline. The teaching effect is compounded by lack of normal sleep, food, and facilities."

For Robert, the worst thing was never knowing what was coming next. "I like organization but for two months was unable to plan the next 30 minutes." He developed a good bond with his squad members, who at first found it peculiar to have a grunt dentist.

"It's hard to justify self-pity about school," he says, "when you know life could be much harder." Robert admits this kind of Army training is not for everyone. He recommends it only to students who are willing to put their own needs last and expect to be challenged physically and mentally.

Robert will enter a general practice residency at Fort Jackson, South Carolina, in June '85, and hopes for an assignment in Europe or the Orient.

As a high school senior in Lapel, Indiana, **Mark Fulton** was considering an offer from a small college to play football when he became bedridden with ulcerative colitis. At the end of the school year Mark underwent surgery for a total colectomy (removal of the colon). Al-

though all ideas to pursue athletics in college were permanently shelved, Mark had no intention of missing out on college. He entered IU in the fall, showing the determination that has since made him a successful counselor for young patients who must deal with similar health problems. Mark spent an extra year in Bloomington to earn a second degree in psychology and has found it beneficial in his volunteer services at St. Vincent Hospital in Indianapolis and hospitals in Anderson. "Facing this type of surgery is traumatic," Mark says, "especially for young people. But I tell them that life for me after the operation has been very normal, and that seems to help. More than anything these patients need a good listener, which is what I try to be. I measure my success as a counselor by whether or not a patient returns to his normal routine after surgery. And most do."

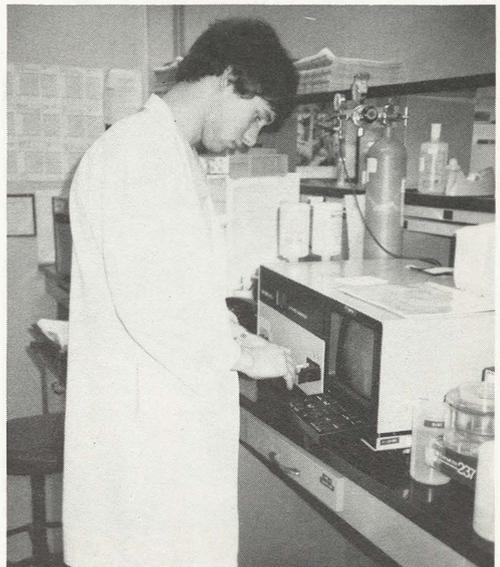
Mark's love of the basic sciences and understanding of the human psyche steered him toward a career in dentistry.



Mark Fulton, second year class president, chats with class secretary Brad Igney.

He is now in his second year and as president of the class enjoys being a liaison person between the faculty and his classmates. "My counseling job has given me valuable experience in dealing with *all* kinds of patients," Mark says, "including those I will be treating in my dental practice. I plan to continue counseling even after I graduate, just as long as I feel I am helping people to overcome a difficult situation and get on with their lives."

Second year student **Kevin Coghlan**, Bloomington, does not recommend his part-time job to anyone who needs a regular night's sleep. As a medicine blood gas technician in the Pulmonary Department at University Hospital, Kevin works every fifth night in shifts ranging from 17 to 24 hours. Although his main responsibility is to test blood samples for their oxygen level by running them through a machine in a laboratory, he is also present when the physician draws blood. The patients he has contact with in cardiac intensive care and on the wards

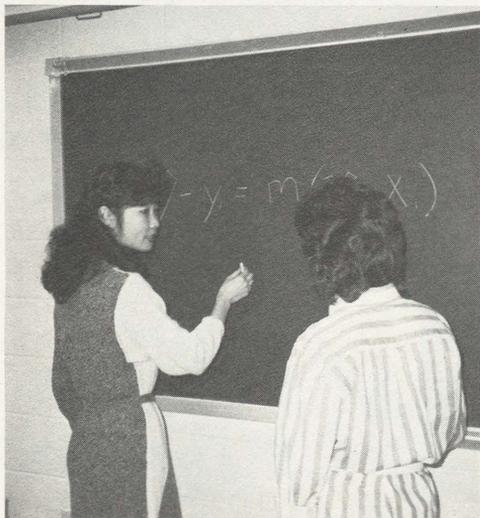


Kevin Coghlan maintaining equipment in the medicine blood gas lab

are very sick, and the injections they must endure are extremely painful.

Kevin is called to the bedside of 10 patients per night on the average, and considers the most unpleasant part of the job to be boredom on nights when he is not called and has only a television for company. "You can't count on using the time for studying, either," he says, "since you never know if it's going to be slow." On the other hand, some shifts may require his services for 30 or more patients. "Then things may get frenzied if a technician is needed in more than one place at once and I'm the only person on duty. Seeing how a hospital works has been a valuable education."

Kevin is enjoying dental school so far but cautions students to hold off getting part-time work, if possible, until the hectic second year is over. Although graduation is a long way off, Kevin is looking ahead to the possibilities for postgraduate studies. He is the son of Dr. and Mrs. Charles Coghlan (MSD '74). Dr. Coghlan is an orthodontist in Bloomington.



Carol Paik discusses algebra problem with IUPUI student.

Having admired her parents' occupations as professors of physics (father), and mathematics (mother), on the IUPUI campus, **Carol Paik** was attracted to teaching as a way to earn some money while working on her dental degree. In her third year of dental school, she was hired by IU to teach college algebra and finite math, and for two years has found the experience rewarding and pleasant. "I enjoy sharing knowledge with students who want to learn," she says, "and I like being the person in charge."

She has discovered that she budgets her time better when she has a lot to do than when things are less hectic. The few occasions when dental school interfered with her teaching schedule, Carol made sure her class was looked after by an excellent substitute: her mother.

Carol lectures to classes of 30 to 40 people, most of them business majors. She thinks that being a teacher helps her to be a better dental student in that she feels more empathy for the dental faculty. She also tries not to make excuses for herself in her dental studies since as a teacher she has listened to her share of student excuses. Carol sees her teaching background as being of great value to her dental career, noting, "One of my favorite areas of dentistry is prevention, which requires skill in communicating effectively with the patient in much the same manner that a teacher relates to a student."

Carol recommends college teaching as part-time work for dental students, although the jobs are not all that easy to get. When she graduates from IUSD in 1985, Carol will enter a pedodontic residency at Northwestern University. The teaching methods that Carol most admires from her dental training are those of Drs. Ray Maesaka, Ronald Harris, Donald Hubbard, and Donald Schmitt.

Ronald Zentz, of Bremen, Indiana, uses his pharmacy degree by manning the phones at the Indiana Poison Center, a division of the Indiana State Board of Health, located at Wishard Hospital. Ron is a certified Poison Information Specialist who draws on a drug library and poison index to identify drugs to callers within a matter of seconds. The most common calls for help concern children who have gotten into colognes, after-shaves and toilet bowl cleaners. Food poisoning is also common, and Ron notes that many people do not use common sense. "I'll get a call from someone who has eaten a can of food even though it smelled bad when it was opened. As an afterthought they call the Poison Center to see if they'll be O.K. Then there are the people who own a PDR and call up to quiz the pharmacist."

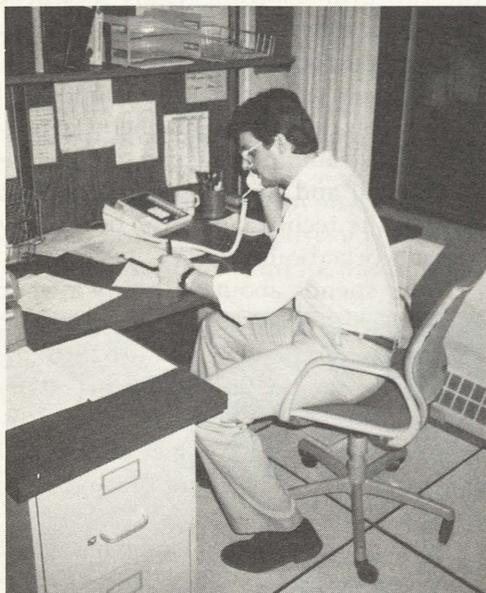
The Center also receives many calls from hospital emergency rooms. Every

time the phone rings there is the potential for a life-threatening situation.

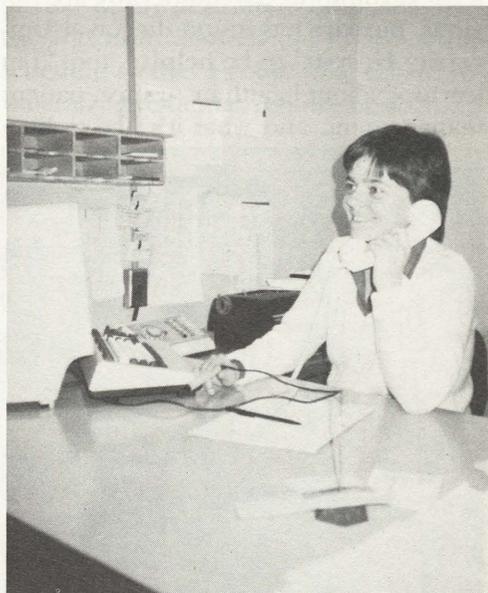
Ron thinks his pharmacy background has made dental school somewhat easier for him (he tested out of the microbiology courses). When he graduates in 1985 he is headed for a general practice residency at the VA Hospital in Indianapolis.

His advice to us as a poison specialist is: Go to the public library to read up on food poisoning and keep a bottle of Ipecac syrup (which induces vomiting) on hand in the home. Dentists needing quick information can call the Center at 800-382-9097.

Dentistry has appealed to **Barbara McElhiney**, of Indianapolis, ever since she was a childhood patient of Dr. Or-brey Phipps ('56), but college counselors in the 1970s steered her from what they considered a male-dominated profession into educational psychology in-



Ron Zentz takes a call at the Indiana Poison Center.



Barbara McElhiney in Emergency Admitting office at University Hospital

stead. After graduation she worked as a psychotherapist at the Mental Health Center of Fort Wayne (now Park Center) and at Ivy Tech. She enjoyed the work but felt frustrated at being unable to see the long-term results. After two years of night school and with encouragement of Fort Wayne friends (and dentists) Drs. Ralph Schimmele ('52), James Herber ('77), and Phillip O'Shaughnessy ('60), Barbara enrolled in dental school in 1984. To support herself through school she's taken a job as an emergency admitting clerk at University Hospital.

For Barbara the drawback to working weekends and going to dental school is that there is no time left for anything else—namely, a social life! "Some friends who have been out of school for years have trouble relating to my demanding schedule," she says, "and I also miss my 'alone' time."

While the benefits for a dentist to have a background in psychotherapy are obvious, Barbara has found the job at University Hospital to be helpful, too. "I'm learning about health insurance, patient management, and what it's like to be a

part of a health care system," she reports. She considers the receptionist a key employee in any office. "For my dental practice I plan to look for someone who understands the importance of relating to the patients as people. I really look forward to supervising my dental team—I hope to support my staff as much as they support me."

Craig Leland, Class of 1985, has worked his way through dental school by performing dental laboratory services for area dentists, including his father-in-law, Dr. V.R. Williams ('55). After three years at Goldcrafts in Fort Wayne as a Certified Dental Technician in crown and bridge ceramics and by taking pre-dental courses, he was accepted for dental school. "My boss, Mr. Jack Stilabower, supported my decision and gave me much encouragement," he says.

The fundamental difference between the two professions, as Craig sees it, is that dentists deal with their patients face-to-face and receive immediate feedback for services rendered, whereas technicians rarely deal with their clients in person. They communicate over the phone or by mail and, unless something goes wrong, the technician never hears how a case worked out.

Craig spends about 25 hours a week on his part-time job. When stress builds, the load is lessened by time with the family (he became the father of twins in October). "My wife, Susie, is extremely supportive and, as a hygienist, she understands what I'm going through," he says.

Like all technicians, Craig has filled every request imaginable. He was once horrified by an impression he received in the mail until he read the accompanying prescription to find that the dentist wanted a gold crown made for his English bulldog.

Craig advises young graduates to establish a good relationship with their



Certified Dental Technician Craig Leland in his laboratory

chosen laboratory by 1) visiting the lab and meeting the people, 2) writing clear prescriptions, and 3) providing occasional reinforcement (a quick note or phone call) to the technician in recognition of a good job.

Craig will practice in Greenville, Ohio, near his hometown of Coldwater.

William Davee, of Madison, Indiana, did not originally plan to stray from his career as a college anatomy and physiology teacher until one of his students invited him on a tour of the School of Dentistry. That visit made a lasting impression, so after six years of full-time teaching at IUPUI, Bill decided to study dentistry. Returning to school at the age of 28 was no problem for Bill, who realized that he would have had to go back eventually for a Ph.D. degree in order to be promoted on the faculty. Now in his fourth year of dental school, he has continued as a part-time teacher at IUPUI, partly for the money but mostly because he still enjoys it. "Teaching at IUPUI has been especially rewarding," he says, "because you get to work with students of all ages. The variety of people keeps it interesting."

Bill's master's degree in physiology exempted him from the physiology course for dental students, and he was hired to

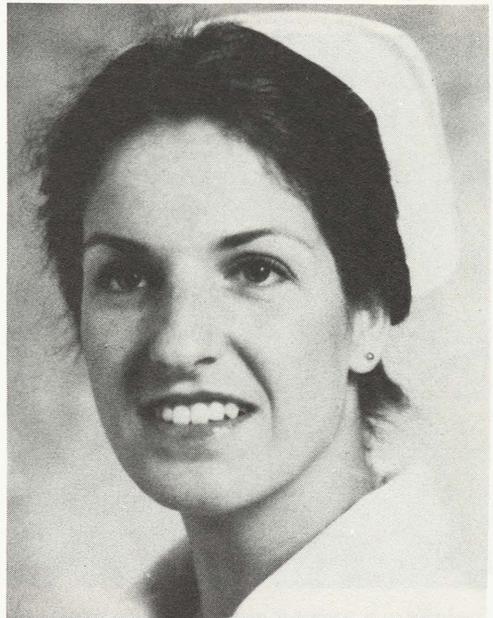
teach the lab section of this course to his own classmates. Bill took the assignment in stride and says that being older than most of the dental students has never prevented him from being accepted as a regular member of the class.

For the present Bill is looking into dental associateships in the Indianapolis area. A long-term goal is to set up a private practice in the South and do some teaching, too.

Carole Thiemann, of Terre Haute, has played many roles in dentistry: receptionist, assistant, hygienist and, as of fall, 1984, dental student. Although she enjoyed being a hygienist in her hometown, after a couple of years she began to feel limited. "We received an excellent background in science and diagnostic tools in hygiene school," she says, "but in practice I was restricted in their use, so I decided to go back for the DDS. The dentists I was working for were very supportive of my decision to become a dentist and even allowed me to adjust my schedule so that I could take classes toward my pre-dental requirements."



Physiology teacher William Davee guiding Saturday lab session

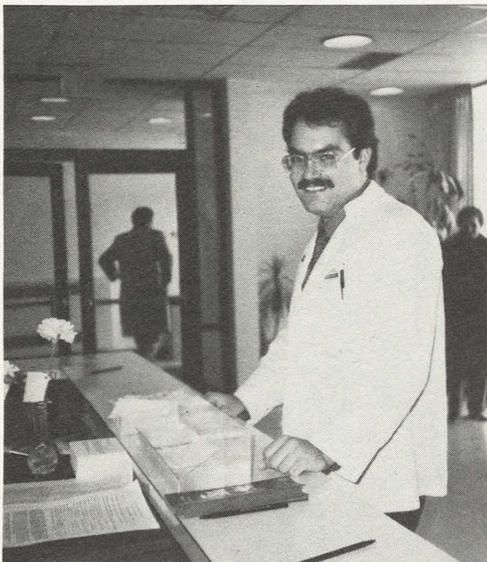


Carole Thiemann

Carole now works part-time as a hygienist to support herself and has found her dental hygiene training a tremendous asset in dental school. "My advantage over many first year students is that I can easily visualize what the lecturers are describing," she notes, "and am already well versed in dental terminology—which can sound like a foreign language at first! From working in dental offices in the 'real world,' I also have a realistic idea of what to expect when it comes to managing a dental practice."

As to the future, Carole is keeping her options open. "Having a family and a happy home, like the one I was raised in, is my first priority. And I hope to be active in some aspect of dentistry, be it public health, teaching or private practice."

Michael Mintz's part-time job lets him work his muscles instead of his mind—a perfect complement to the mental rigors of dental school: He is a restaurant waiter, currently at the Adam's Mark Hotel. "You get a lot of exercise carrying trays that are loaded with 12 dinners," he says.



Mike Mintz at IUSD information desk

Mike is also a banquet waiter at the Hyatt Regency. He describes his approach to waiting tables as "formal, but friendly" and thinks that the restaurant business provides a wealth of experience in relating to all kinds of people. "There are similarities between restaurant customers and dental patients," Mike says. "Both want a service and both can be demanding, only as the dentist I will have more control over the situation. I see that some people respond when you are very nice to them while others seem to appreciate a firmer approach." He also sees similarities between falling behind schedule in restaurants and in dental offices. When that happens, his advice is: "Don't panic. With experience you learn to avoid problems."

Mike thinks he is a good waiter because of the reactions from customers. His favorite customer is one who observes the quality of his service; the least favorite is an impatient person who talks in a booming voice and thinks the entire restaurant revolves around him. Mike admits that a loud, obnoxious customer may prompt larger tips from other customers who sympathize with the waiter. Tips can be excellent, up to \$150 for a six-hour shift in the better places.

After graduation in 1986, Mike plans to return to northwest Indiana and set up a dental practice near Chicago. He is the son of Dr. and Mrs. Harold Mintz ('39), of Munster, Indiana.

If you stop by Pinella's drugstore on the eastside of town some Saturday, you are likely to see **David Krause** behind the pharmacist's counter, making use of the pharmacy degree he earned at Purdue in 1981. When asked why the pharmacist is usually placed in an elevated position in drug stores, the fourth year student from West Lafayette speculates that it is a throwback to the early days when pharmacists owned and managed the stores and needed to keep an eye on the whole place. "Back in those days,"

David says, "pharmacy was still very much an art of prescription compounding, quite different from the largely pre-packaged products of today." Despite this change, David believes that the drugstore pharmacist's role is still a vital one since there will always be a need to counsel and educate people about prescription and over-the-counter drugs.

David had his eye on dentistry or medicine early and pursued pharmacy as a foundation for additional training in the health professions. He is happy with his decision to enter dentistry but also enjoys pharmacy and would like to work part-time even after he becomes a dentist. "The best reward in both professions is the people contact," he says. "Drugstore customers like being talked to and put at ease, just as dental patients do. My pharmacy background helps me look at the whole person. As a dentist I want to provide treatment to people, not just mouths."

Jamie Roach-Decker's career as a physical therapist includes a year at Petersburg Hospital in Virginia and two years as director of New Hope of Indiana, a 200-bed residential home for the

handicapped in Indianapolis. As a second year dental student, she works part-time for Bodimetric Health Services in Indianapolis, limiting herself to one patient at a time. Her current patient is George, a 28-month-old child with progressive spinal atrophy. He is learning to walk with the aid of a body brace. Sometimes, after a hectic day at school, facing George when he is in an uncooperative mood can be tough. "By the same token," Jamie says, "when George is in high spirits he can bring anybody out of the dumps."

Jamie's most rewarding case involved a brilliant high school student and athlete with plans to become a sports journalist. On a public basketball court he was severely beaten by a gang, receiving head and body injuries that placed him in a wheelchair. Jamie worked on getting him to walk again and will never forget the day they slowly walked together to the hospital computer, where his "non-ambulatory" status was changed to "ambulatory." Jamie still keeps in touch and encourages him not to give up his dream of writing. "He is extremely slow in everything he does," she says, "but has



Pharmacist David Krause assists a caller at Pinella's drugstore.



Jamie Roach-Decker begins a physical therapy session with patient.

managed to take some college journalism courses, and wrote a beautiful poem for my wedding.”

Jamie loves physical therapy and will keep her license active when she is a dentist. Her dental office will be fully accessible to the handicapped, and she hopes to complement her practice with a part-time job as dentist for an organization such as New Hope.

“I admire Dr. Virginia Crose ('68), who does an excellent job as the dentist at New Hope. I'd like to make similar contributions to dentistry,” Jamie says. She is from Lewiston, New York, and will probably go back east after graduation. She credits her husband, Mark, with helping her to handle the stress of working and going to school.

“Don't pay for a dead horse on credit” may seem like strange advice from a first year dental student, until you learn that **Tom Fuller** used to be president of the First National Bank of Monticello, Indiana. That financial wisdom (given to Tom by one of his older customers) translates thus: “Don't put consumable items such as gas and food on your charge card.”



Tom Fuller gets at-home lab help from daughters Katie, left, and Kelly.

Tom found early success in banking but decided after a while that it just wasn't interesting any more. He saw dentistry as a way of expressing himself artistically and having more personal control over the quality of his work than in the tightly regulated banking business. Tom commuted from Monticello to Kokomo (an hour each way) in the evenings for two years to take the pre-dental basic science requirements at IU. “My wife, Elizabeth, has been very supportive and my young daughters, Katie and Kelly, are excited that Daddy is going to be a dentist and understand why I must spend so much time with my nose in school books. Many of my friends reacted to my career change by saying, ‘I wish I had the nerve to do what you have done.’”

Tom is not employed now and finds dental school a tough, full-time challenge. At the age of 37 he readjusted easily to student status, approaching his new role with a sense of humor. He thinks that his experience with bank clients will help him to establish rapport with dental patients.

Laura Dalton, of Hammond, maintains a schedule that would have most of us gasping for breath. In addition to her dental studies, she teaches anatomy to nursing students, works as a hygienist for Dr. David Kilgore ('72), and models for L.S. Ayres department stores.

Laura began modeling for Marshall Field in Chicago after finishing charm school at the age of 12. She is not the first of her family to step in front of the camera; her grandmother, Mrs. Ann Schuman, modeled for Saks Fifth Avenue in New York City in the 1920s. Laura has also taught a modeling course in St. Louis and finds modeling a great way to relax. She weighs in (about 118 pounds at 5'8") once a week at Ayres as part of the job requirement. Fashion shows in the store or on the mall are the typical assignments; bridal fairs are the most fun. Laura prefers fur coats over other



Laura as a part-time model during dental school days



Laura Dalton's grandmother as a Saks Fifth Avenue model (early 1920s)

fashions, but enjoys the challenge of modeling outfits that don't appeal to her personally. "That's when you get to use your acting skills," she says.

Laura exudes self-confidence and reports that everything seemed to come naturally for her until she enrolled as a dental student. That was a real test of her confidence, she says, but she got over the hump, "thanks to an incredibly supportive family and my fiance, Dr. Garry Ecker (MSD '82), who helped me see that in the end, it would all be worth it. And he was right." Laura works to help her parents defray the cost of putting two children through dental school (her brother, Chris, is a fourth year student at Case Western Reserve).

Although Laura has been accepted for a general practice residency in Dallas, when she graduates in 1985 she and Dr. Ecker plan to marry and move to his home in Perth, Australia, where she will look into practice possibilities.

So the School of Dentistry continues to show its cosmopolitan nature, with students (as well as faculty members) coming from a great variety of backgrounds and with many vocations and avocations.

IUSD Graduate Reports On Meeting With Lech Walesa

*Joseph F. Karpinski**

Dr. Karpinski (Class of 1948), an oral and maxillofacial surgeon in Auburn, New York, travels annually to Poland for the Medical Commission of the Polish American Congress Charitable Foundation (his 1983 trip was featured in the spring, 1984 issue of the *Alumni Bulletin*). Dr. Karpinski's mission is to insure that charitable contributions reach their proper destinations and to assess the needs of the various hospitals for medical supplies and equipment. In addition to the usual tour of hospitals, Dr. Karpinski's most recent trip in August, 1984, included a rare opportunity to visit with the founder of Solidarity, Mr. Lech Walesa. An account of Dr. Karpinski's meeting with Mr. Walesa, along with his overall impression of conditions in Poland, follows.

The Editors

I was privileged to spend 36 hours with Lech Walesa, founder of Poland's outlawed Solidarity Union and 1983 recipient of the Nobel Peace Prize. I also met his wife, Danuta, and their seven children. We talked and ate together amid a constant flow of visitors and supporters. In spite of tremendous pressure, Lech Walesa is an extremely jolly man. His mental, physical, and emotional state is excellent.

My introduction to Walesa was arranged by the Rev. Henryk Jankowski, Walesa's spiritual advisor and rector of St. Bridget's Church in Gdansk. Jankowski also introduced me to the group of medical professors who would take me on tour of Polish hospitals, the primary purpose of my trip.

I had met Walesa once before in Warsaw, but only by way of a quick handshake. This time I was able to spend part of Saturday and all of Sunday with him. Walesa lives in an apartment building typical of postwar Polish housing—concrete slabs 13 to 15 stories high. I walked up a flight of stairs and into a long open room dominated by a portrait of Pope John Paul II. This is the place where Walesa lives, works and receives his guests, under the close security of Poland's military government. During my visit, a steady stream of individuals and delegations from various countries came through the apartment. When a group of nuns from Canada arrived, Walesa chatted with them for a time and posed with them for some photographs before they left. It was the same with a delegation from Norway.

Walesa keeps a continual dialogue going with the people around him and works closely with the Church, meeting occasionally with the Roman Catholic Primate, Jozef Glemp. Walesa and the Church feel that the present government will make headway in maintaining stability if it can come to terms with some form of labor union.

It is Walesa's feeling that Solidarity should not go to the streets. He said, "No riots. There are other ways of pressing our demands without bloodshed, without calling out the riot police, without calling out the waterguns." It was my impression that the church is of the same mind, wanting a passive resistance.

* The information in this article has also been published, in somewhat different form, in the *Finger Lakes Times*, Geneva, New York.

I talked with many people on my visits to the Polish cities and it was their feeling that the demands of the people have to be met "maybe not 50 percent, but 25 percent." The people worry that the "hotheads" or the hardcore Solidarity members may stir up the youths so that they will want to go to the streets with their protest.

The government has formed unions in all of the plants but it can't get members. Walesa and others feel that the government realizes it can't move ahead. My strongest impressions of Walesa are that he is a deeply religious man, a true patriot, a man in love with his country. He has a great deal of common sense. He may not be deeply philosophical, but what he does say prompts others to comment, "Why didn't we think of that?"

Walesa's wife, Danuta, is a charming, poised woman, a very lovely person. She,

too, is under a lot of pressure, raising seven children and standing by her husband.

Walesa observed Solidarity's fourth anniversary on August 31, 1984, by placing flowers at a monument erected in Gdansk in memory of those slain during demonstrations 14 years ago. Hundreds chanted his name and raised two fingers in the air in a victory sign. Walesa returned the gesture and began singing the national anthem.

Among the many stories I heard illustrating the strength of the Catholic Church is the story of Father Jerzy Popieluszko, pastor of St. Stanislaw Koska Church in Warsaw, who was scheduled to celebrate Mass and give the sermon at St. Bridget's on a Monday morning. The night before there were people banging on the door of the rectory, wanting to know whether he was com-



Dr. Joseph Karpinski is pictured with Lech and Danuta Walesa.

ing. Father Popieluszko happened to be vacationing on the Baltic Coast. Word reached the rectory that cars were being stopped by the police at all the main roads (to turn him back). Father Popieluszko apparently got the word himself because he took a roundabout way to the church and arrived to say Mass and deliver the sermon. It was estimated that the Mass was attended by three to four thousand people. Father Popieluszko was murdered last October, and members of the Secret Police were convicted of the crime.

It appears that the mood among the people can be divided into three age groups. The people on or near pension are strong supporters of the government. They don't want things to be disrupted because they are worried about losing their pensions. Those in the 30 to 50 age group have taken a "wait and see" attitude, hoping things will get better. Those under 30 are the most unhappy. They are restless, ready for change. They want to battle and are willing to go to extremes to change things.

Everywhere I visited I found that the Polish people love President Reagan. They feel that he has stood up to the Russians, keeping them in check. They feel that someone weaker would have let the Russians walk all over him.

On this trip, as on previous occasions, I visited several hospitals to insure that previously shipped medical supplies had reached their destination. On this trip I brought four suitcases filled with diagnostic equipment and antibiotics. The Polish American Congress, headquartered in Chicago, has to date shipped more than \$42 million in clothing, foodstuffs and medical supplies to Poland.

The diagnostic equipment was donated by Welch Allyn of Skaneateles, N.Y. William Allyn, president of this medical equipment manufacturer, has generously provided similar items for me to distribute on previous visits. The antibiotics were donated by Bristol Labo-

ratories, another company that has made significant contributions to the Polish people.

I revisited hospitals in Katowice, Krakow, Zakopane, and Kielce, as well as institutions in Gdansk and Gdynia. While the hospitals are receiving much needed medical supplies, they are in critical need of essential medical equipment such as EKG machines and cardiac monitoring systems. Poland is receiving some assistance in this area from West Germany, the Netherlands, and England, and I intend to ask the Polish American Congress to send more diagnostic medical equipment.

One hospital in Gdansk has a 12-bed cardiology unit, yet the individual and central monitoring systems work only sporadically. Despite the lack of proper equipment, the medical care in Poland is good. The hospitals are government-run and medical care is free.

While health care is adequate, other elements vital to the Pole's daily life remain uncertain. The "kolejka" (lines) are still present. The people wait daily in long lines at shops to buy food. Items such as flour, butter, margarine, rice, oatmeal, lard, sugar, cocoa and meat are rationed. Meat is in very short supply and usually of inferior quality. One may wait in line for hours, nearing the counter only to find that the supply has run out.

Gasoline is also rationed. The government allows individuals to purchase only enough per month to travel 420 kilometers. The motorist pays the equivalent of \$2 per gallon when he can get it—many times the service stations are dry.

I found clothing to be more available; shoes, too, and both without rationing. Women's stockings or pantyhose, however, were almost impossible to find.

There is an advantage to being a newlywed in Poland. While others may have to wait two to three years for appliances

such as irons, washing machines and refrigerators, a couple with proof of being newly married can readily obtain these items, if the store has them in stock. Couples looking to purchase such goods must first register at a store and wait their turn to purchase the appliance. Even though the item may be available in another store, typical Communist bureaucracy dictates that the couple can do business only in the store where they are registered. When we were in a little town called Nowy Targ, my driver noticed a store displaying new irons. He got very excited. "My wife hasn't had a decent iron to do my ironing for a couple of years," he said. He rushed into the store but came out soon afterwards with a long face, having found out that the store had neglected to put out a sign indicating that the irons were for "newlyweds only."

Since my visit a year ago, the average salary of the Polish worker has increased 20 percent. For example, a telephone lineman earns between 6,000 and 8,000 zloty per month. On the official rate of exchange of 111 zloty per dollar, the lineman earns \$60 to \$80 per month. But, while wages may have increased, the price of food has skyrocketed. "With meat, bread and milk being so expensive, 6,000 to 8,000 zloty doesn't last very long. The price of meat and bread increased 400 percent in one year, and the price of milk went up 100 percent. Last year a kilo (2.2 pounds) of ham sold for 600 zloty, milk cost 10 zloty and bread (2 lbs.) sold for 16 zloty.

The situation for those looking for an apartment remains unchanged—it is still a 15-year wait unless the person is a member of the "inner circle," namely the

Communist Party, the police or the military. Their waiting period is much shorter.

To buy an automobile one can expect to wait six years. The Polish Fiat sells for \$2,500 or 350,000 zloty. The contract with the Italian automaker is due to expire soon, and the only car to be produced in Poland in the future will be the Polonaise, currently selling for \$2,900 or 480,000 zloty. Once someone buys an automobile it cannot be resold for three years, according to government decree. When it is sold, however, the owner can get up to 2 million zloty for it. A Polish Fiat is worth up to 1,200,000 zloty.

Before leaving for Poland, I received a telephone call from my cousin in Medina. She said that a company in Medina was shipping butter to Poland and asked if I would check to see if it reached Poland or was headed for Russia instead. It made my heart feel good when I saw the butter being distributed to parishioners in Poland as they left the church following Mass. The United States is the only country to ship butter, one of the rationed foods, to Poland.

My return flight to the United States proved to be a bit more exciting than I had expected—the plane lost two engines and all of its tires! As the plane began to take off at the Zurich airport, a bird apparently flew into one of the engines. The impact knocked a piece of the engine into the second engine, shutting it down, too. All 24 tires on the plane went flat as the plane stopped just short of a field. After several hours delay, I was finally able to return home and begin planning for my next trip to Poland.

Memories of College Inn Served Up by Bea Gordon

Mrs. Bea Gordon served food, fun and friendship to many generations of dental students and faculty members at the College Inn, which was closed in 1974. Now at least technically retired, Bea enjoys reminiscing about the old days at the Inn, which she operated for more than 40 years in its location a few steps east of the Dental School. The site is vacant nowadays, but the memories linger. Here she answers a few questions for the Alumni Bulletin.

The Editors

What positions have you held since you "retired" from the College Inn in 1974?

Some sitting, some standing (I'm kidding!). I worked for the St. Augustine nursing home for seven years. I did all the baking—pies, cookies, cakes, and also helped anywhere else when needed. Gordon and I still go over and work in ceramics. This year we had sickness and had to quit, but hopefully in 1985 we can start again.

Do you consider yourself really retired now?

Yes, as far as working outside the home is concerned. The doctor said I can do all housework except run the sweeper and I can do that after six months. I asked the doctor if he could make that a year instead (and put it in writing).

Knowing of your great supply of energy, we wonder what you are doing with your days.

There is plenty to do. I read, sew, do ceramics at home, walk one to two miles a day, bake and cook. I take a treadmill

test January 9 and if I pass it, I can start bowling the next week. I really miss bowling. I go to shows and visit friends and go out to eat often. I also like to make dolls and doll clothes.

Who were your staff members over the years (with their years of service)?

Katie Yancey (32 years), Katie Burgess (17 years), Helen McDaniels (18 years), Lucille Harper (25 years), Charlene Belamy (8 years), Liz Cruite (7 years), and Frank (?) (5 years).

What particularly unusual event(s) do you recall from your College Inn days?

When I first started, we had all medics and nurses. We stayed open late and they would come over and play banjos and guitars, dance and have a great time. Then when the Dental School building opened in 1933, we had dental students and the medics stayed on the other side of the street.

What part of the whole experience at the College Inn gives you the greatest satisfaction?

Meeting so many nice interesting people and having so many good employees, I still keep in touch with several of my old employees and a lot of the old customers.

Do you remember some of the unusual orders that customers requested?

One medic had a burned hot dog (my specialty) and a lemon Coke for breakfast. One had a chocolate sundae and a nurse had a peanut butter and jelly and mustard sandwich. One medic had 15 cups of black coffee during the day—no



more, no less. One customer ordered a bacon, lettuce and tomato sandwich on a bun and we had to fold the bacon and the rest of the contents so none of it showed on the outside of the bun. Everything had to be tucked in neatly. It would have been easier my way—just serve it like a regular BLT and give her a pair of dark glasses.

Were there early-morning regulars who showed up around opening time every day for “coffee and . . .”?

We had regulars for coffee and rolls, bacon and eggs and hot chocolate. A lot of people ate at the Inn and we had a lot of carry-outs (food, not customers).

What do you hear from your old friends among the dental alumni?

I keep in touch with several alumni. Had a letter today from Dr. David Eberly. Then Dr. Wilbur Moorman writes at Christmas. I send out quite a few cards at Christmas.

What was going on at the College Inn during World War II?

We had to have food ration stamps for meat, vegetables and sugar. To get a few cartons of good cigarettes, we had to buy the same amount of off-brands. The students were in uniform and they had a tough captain (handsome, but rough and he drilled them late at night). One day, their break room was messy and he made them go in groups and clean it up. Then he'd inspect it and make them mess it up again, then the next group came in and cleaned and messed it up until all had been through it.

The overall atmosphere during the war was rather optimistic (guess they thought it could be worse).

What do you remember most about each of the deans who held that position during your time at the Inn?

Dr. Henshaw was very pleasant and quiet. Dr. Timmons, very nice. When I went to Temple University, he and Dr. Buhler showed me through it (I tell everyone I went through Temple University, never saying that I went in the front and out the back). Dr. Crawford was very nice, but I didn't know him too well. Dean Hine—a wonderful man, I really like him. Dean McDonald is also a wonderful person who has always been nice to me.

Many of today's dental students know nothing at all about the College Inn and its relationship to the School. How would you describe that situation for them?

A very friendly place. Lots of laughter. People coming in and going out. Plain food. Low prices. I enjoyed my work and all my customers. We tried to make everyone feel at home. I sure miss it all.

What were some typical prices of food items in the early days of the College Inn (the 1930s)?

Very reasonable:

Chili, 10¢ Soup, 5¢
Coffee, 5¢ Pie, 10¢ (ala 15¢)
Plate lunch, 25¢ (meat, 2 vegetables, bread and butter)
Salads, 10¢ and 15¢, Melon, 10¢
Sandwich, 10¢ (lettuce & tomato 5¢ extra)

Of course, hours were long and salaries very poor, but rents were low and clothing reasonable.

As you know, you are not only beloved by many generations of dental students, but you are also famous as teller of the world's corniest jokes. To refresh our memory, could you please resurrect a couple of the most outrageous of them for this article?

“I was so ugly when I was born, my mother took one look at me and slapped the doctor.”

“My brother had white hair for two years.

My mother was near-sighted and powdered the wrong end."

"My oldest brother crossed a homing pigeon with a parrot. Now when the pigeon gets lost, it stops and asks directions."

"Two seagulls are flying out over the ocean. First seagull: 'Look at the Ship of Fools down there.' Second seagull: 'Why do you call it a Ship of Fools?' First seagull: 'Because they are looking up at us with their mouths open.'"

"Customer: 'Waiter, I don't like all these flies in here.' Waiter: 'Pick out the ones you do like and I'll swat the rest.'"

What arrangements did the Inn have for housing people, and who were some of the people who lived there at one time or another? We had a few transients at the Inn. Mostly people who had folks in the hospital. Then we rented to students for

awhile. We had one student who left me a note that said, "Dear beautiful Bea, may I please have a window screen?" I was busy and forgot, so next morning the note said, "Oh, gorgeous, brilliant, adorable Bea, may I have a window screen?" So I dropped what I was doing and put a screen in and the next morning the note read, "Thanks, you old crow." I still think of it and laugh.

I still get cards from a lady who stayed there 30 years (she never misses a Christmas).

Do you have any advice for any of your old friends and former customers who are considering retirement?

Take up a hobby and get out and go, go, go. I never just sit. If I'm watching T.V., I also write or sew. Just don't get in a rut. I enjoy every minute of every day.



Recently elected officers of the IUSD Non-academic Staff Council include, from left: Janet Duncan, Isabelle Ezzell, Marsha Brickey, Karla Newman, Jennifer Rodgers, John Morgan, Karen Vibbert, Donald Booth, Shirley Shazer, Elizabeth Hatcher, and Jean Richmond.

More Reminiscences on Life At Indiana Dental College

I. Lester Furnas*

When the time came for me to leave home in Lynn, Indiana, and go away to college, I had some of the finest advice that anyone could ask for. Nothing was overlooked or forgotten, even warnings against all the bad things that we now see every day on the TV but were definitely forbidden in family conversation in those wonderful days. From my father and mother and my Quaker grandfather and grandmother, I got it all. If I should go bad, it would be all my own fault. I could never say that I had not been warned.

The great day arrived and with my bags all packed I stood on the railway station platform in Winchester (a town next door to Lynn) with my father and mother. The train was coming. I could see it in the distance and just for an instant my home and family never looked quite so wonderful.

It seemed to me that I had been on the train only a few minutes when the conductor came through the cars calling INDIANAPOLIS, INDIANAPOLIS and everybody began to get their things together to get off.

As I walked into Union Station the first thing to catch my attention was the beautiful stained glass rose window that was a sight to welcome every visitor to the city. Indianapolis was not entirely a stranger to me as I had been there with my parents a few times. My mother and I had passed through on our way to Dan-

ville where she had been born and raised and still had relatives.

A Cautious Approach

When I came out of the station on to Illinois Street a street car was waiting, but I decided not to take any chances, thinking I had better walk with my one bag until I learned about starting and stopping these city street cars when and where I wanted to get on and off.

I began to see places on Illinois Street that I remembered when my father had brought me to the city for a day some time before. I especially recalled one place that I passed, Pop June's Oyster Bar. How well I recalled my wonderful Dad getting me my very first oyster! Before that we had been just a man and a boy walking down Illinois Street, but we then became two MEN walking down Illinois Street.

Perhaps I did not go the most direct route but I soon came to Ohio and Delaware Streets and in front of a building on the corner was a big sign, INDIANA DENTAL COLLEGE. I never could say why, but going up those steps, my first time as a student I felt right at home.

I.D.C. was not a wealthy school, with only three or four students who did not have to work, and the tuition of \$150 a year was not easy for some. Many students had restaurant or boarding house jobs for their meals, some delivered morning or evening newspapers, and others tended the heating plant for an apartment building.

The best job that I knew about was for

* Dr. I. Lester Furnas, Class of 1910, is living in retirement in LaJolla, California, following a distinguished career of leadership in dental education, and especially in the field of prosthodontics.

Edgar McMullen and Frederick Seidel at the Foster Fowler Restaurant. Seidel played piano and McMullen violin from 6:30 p.m. to 10:30 p.m. for all meals and \$100.00 per month.

For many students, the lunch period was a constant problem: no money, no time, no food. Many a dental student would have wound up plowing corn on a farm some place rather than treating patients had it not been for the "FREE LUNCH BARS," especially those at an establishment called the Bull and Bear or the Dennison Hotel Bar.

Lunch With A Friend

This is how it worked.

You, my friend, are flat broke. I happen to have just one lonesome nickel. Come with me. We go to the beautiful Dennison Hotel bar. In the back room is a long bar or waist-high table covered, and I mean covered, with great hunks of rare roast beef, and all kinds of po-



Governor Robert Orr presented Dr. Furnas with Sagamore of the Wabash certificate as Mrs. Furnas looked on. (File photo)

tatoes and vegetables to go with it. Also, many other delicatessen-type foods, all for the taking.

With my five cents I go to the bar and buy a glass of beer and, as I am supposed to do, I go to the table of different kinds of fine meats and I use some nice thick slices to make a beautiful sandwich.

I slowly eat my sandwich and visit with a friend or two and the bartender. Everybody around the bar is busy and does not notice you, my friend, as you slide in beside me and take your half of the sandwich. Just as quietly, I then slide away to wait for you at the hotel entrance.

Another sly way to get a free meal was to drop in at the dairy lunch at the interurban station with just five cents and a friend. For five cents you could get a fair-size bowl of hot milk and oatmeal or hot mush. Lots of sugar gave this quite a kick. Half a bowl would keep an ordinary dental student alive until about five o'clock. When the bowl was half empty the second guest would quietly sit down in a chair next to the first guest. How easily the switch was made and you would tell everybody that the interurban depot made the best oatmeal of any place in town.

Directly across the street from the Dental College was Charley's Restaurant in the basement of the building. A dental student could get a fairly decent meal for 30 cents. Charley knew every dental student and he filled the dishes high. But he also knew that there were times when the best dental student did not have the 30 cents. Then big-hearted Charley would fill a small soup bowl to the brim and add a half dozen crackers, all for 10 cents.

Charley would trust every dental student in the school and give him an extra full bowl, and all that he got in return was a slip of paper with a name and 10 cents written on the paper. This he carefully put in the cash drawer until the student left and went back to school.

Then Charley took the piece of paper out and wadded it up and threw it in the waste basket.

Student Supplies

At the beginning of the Freshman year each student was expected to buy a "Student's Kit," prepared by the Herriott Dental Supply Co. This kit contained every material and instrument that the student would need during his Freshman year. The cost, as I remember, was about \$65.00. There were many items in the kit that went all through school to graduation and into the first office of the new dentist. Students had to furnish their own text books, most of which they bought and sold to each other.

Students were expected to be as clean and professional as possible: clean shaven, hair neatly trimmed, very careful of bad breath or body odors. The odor of smoking or chewing tobacco while with patients was forbidden and violators were excluded from the clinic for some days. There was very little trouble with students on any of these matters.

Every student was urged to treat every patient like a dear friend, and to take an interest in their problems as if they were your own.

Fees that were charged the patient were minimal and to have any one object to them was very unusual. The only specific fee that I can recall was 10 cents for one rubber dam. There were always remarks by the patient that he did not mind the 10 cents cost but he wished that you would use it on somebody else.

In the latter part of the senior year every student, as he was given a passing grade in each of the departments, was required to accept any and all patients who had some kind of special difficulty, and the student with the aid of the dem-

onstrator would put on a kind of a post-graduate clinic for students who were somewhat slower and did not have the O.K. from all the different departments.

Here is something that I am proud to report. Every student who finished early stayed right on the job doing all the different procedures, helping the slower students until the slate was clean for everybody who was going to graduate.

As in every other kind of business and other activity, there were one or two who just could not make the grade and it was necessary to add them to the senior class of the following year or keep them until they could satisfy at least five demonstrators. I only remember two students who gave up the fight right at the very end of the senior year. What became of them I never heard.

Social Notes

Now I have just realized that I have said very little about the social life of the dental student, and somehow the saying keeps coming back to me that "All work and no play makes Jack a dull boy."

The only club that was active in the early days was the P.G.C. Hunt Club, purely a social club for the students and wives or sweethearts. They met once a month during the school year. The entertainment was usually a program that one or more students would put on, usually a skit designed to get a laugh at the expense of one or more of the student body. Occasionally one of the students would persuade someone who was a good reader to give a book review. Then there were the Greek letter fraternities, national in scope and very active in every dental school. Each fraternity had its own house, rented, where regular monthly meetings were held. Every fall when the new students came in there was a very bitter rivalry during pledging and initiation periods.

Also, the local business places would throw a party once in a while for the students and wives or friends. The dental supply houses knew well when the students would all be buying new office equipment and they would go all out to impress a new buyer. Sometimes social activities were sponsored by professional dental organizations. For example, dentists in and around the Lafayette area every year put on what they called a CHICKENIC. The name tells the story. It was held in a beautiful park on the banks of the Wabash river. They sometimes invited the student body, which gave the students a favorable impression of the social side of the profession.

There was one day in every year when every dental student had his fill of food and drink, and that was the annual party given by the Indianapolis Brewery.

The students all marched in a body to the brewery where awaiting them was a big dining room with tables loaded with every kind of food and all the beer you could drink. It was made clear to the students that they could have all the food and drink they wanted but any student that could not walk home would never be invited again. There never was any such student who overshot his capacity to any noticeable degree.

The Mayor Joins In

One time along about 1912 or 1913 as the students were lining up for the walk to the brewery, it just happened that the Mayor of Indianapolis was passing, the Honorable Lew Shank. Mr. Mayor was a captive at once and he made the trip all the way to the brewery and spent most of the day with the gang and no one enjoyed it more.

When it was time to start the march back to the college about 3 p.m., the

Mayor called his office and awaiting us was a photographer with one of those big professional cameras. The students were all lined up on the steps of the new post office and with the Mayor in the center a beautiful picture was taken. There must be a picture of that gang around some place, for every student received one about three feet long and eight inches wide.

Sometimes questions come up regarding the class organizations and their relation to the school administration. The relationship was purely social. Never did any class try to dictate to the Dean a school policy. There might be a request to change one day of a short vacation, or change the day of a certain examination and the class would petition the Dean about it. In almost every case the request was granted.

There were always predictions and promises of the terrible things that would happen if anyone was caught cheating. What is cheating? Where does cheating start and where does it stop?

Dr. Frank Morrison was without a doubt one of the very best teachers in the faculty. His lectures were all masterpieces and his beautiful artistic charcoal drawings that went with them made his lectures a pleasure. However, he was the least friendly to students of all the faculty. Ask him a question and if it could be answered by one word, it was. Never any conversation.

Dr. Morrison had no time to grade a lot of student examination papers, so all his examinations in Physiology were oral. All the class would be assembled in the lecture room and he would have six chairs in the hall just outside the classroom door. He sat in one chair and five students would be called from the class for the other five.

Raising Some Questions

He had five questions for each of the five students in the hall with him and he would quiz them orally and grade them at the same time. When he finished with that five he dismissed them and then called for the next five.

It took no time for the rest of the students waiting their turn in the classroom to realize that he was asking the same questions over and over to each new group of five, so what was wrong with doing a little homework in the following way?

Since the windows in the class room were directly over the sidewalk, the students who were the first to be asked the questions wrote them out and the boys up in the lecture room would let a string down so the questions could be sent back up to the waiting students. A lot of very rapid review work was done but it must have done some good for it was seldom that any student ever flunked the course of Dr. Frank Morrison.

Now may I repeat my question: **WHAT IS CHEATING? WHERE DOES IT START AND WHERE DOES IT STOP?**

Another question often asked: "What kind of sports and intercollegiate activities were available to the students at Indiana Dental College?"

Baseball was the main sport and held the greatest interest among the student body. No attempt was made to organize any kind of a baseball team, however. There was no football team, either, although some students had made statewide reputations as star players in high school. There was a rather new game that was taking the state by storm in the high schools: **BASKETBALL**. It seemed that almost every student had at some time been quite a basketball star and then did a lot of talking about it.

On one occasion after I became a fac-

ulty member, the students went to the Dean to sell him on the idea of a Dental College basketball team. The Dean called me in to his office and asked if I would be willing to take over the job as Faculty Manager. Up to that time I had never held a basketball in my hand. I knew absolutely nothing about the rules of the game or what a faculty manager was supposed to do. After several meetings with the interested students, I made arrangements with the Marion Club to use their gymnasium and locker room and almost before I knew it we were in business.

At that time I had a very good friend who was the football coach at Indiana University and after many visits with him I got some idea of what my duties were and with the help of the student players I had a schedule of games that would be a credit to any basketball team.

Still the Manager

It was not long until the basketball players of Indiana, and there were a million of them, all knew that the Indiana Dental College had a basketball team. However, like many other good ideas, this one only lasted three or four years until everyone cooled off and before we knew it the Indiana Dental College team had died a natural death. I want it remembered that I have never been relieved as the Faculty Manager and should this organization ever come to life I am still Faculty Manager.

I think that now when a student works hard to graduate and prepare to take the examination of the Indiana State Board of Dental Examiners he has as much of great importance to do as he wants to be bothered with. Indiana University has been very fortunate in that our students make an exceptionally good showing when they appear before any

and every State Board in any and all states of the Union.

Sometimes people ask me what kind of office help the average dentist had in former times. Allow me to do a little guess work here.

Fifty percent of the dentists in 1920 had no chair assistant.

Many dentists had only an office assistant who made the appointments, mixed the cement, cleaned up after patients, handled compressed air, withdrew saliva and handled miscellaneous duties.

Pay varied from \$25.00 a month to \$100.00.

Some patients might say that they would not go to Dr. Blank because he had hired an office girl just to show off and you had to pay for her.

Fee Policies

Most dental services were rendered with no prior understanding about payment other than, "Your grandfather and grandmother always paid in full in 90 days, and I expect you to do likewise." Small town or "country" dentists conducted their practice pretty much on a "friendship" basis while the city or "up-town" dentist was a little more professional and objective.

New materials were being developed for cavity fillings, but amalgam and gold remained standard for most such cases. For complete dentures nothing was as satisfactory as vulcanite until the new acrylic materials came along. For partial dentures where metal and vulcanite were united in their construction, gold was used almost entirely but in the later years different alloys of the harder and stronger metals were used, mostly as castings from wax patterns.

New materials stimulated the development of new techniques and today you can find many new methods of working

with the various materials. These materials can produce unbelievable results, especially when you look back to the days when impressions were taken with beeswax or plaster of paris.

When the casting process was developed for all types of metal stronger and harder than gold and gold alloys, the entire field of prosthetic dentistry underwent a drastic change which is still in progress. New alloys and materials are developed almost daily, each of which brings a new technique with it.

The development of new ideas and materials created a problem that the practicing dentist had to deal with in trying to keep up to date. The solution to the problem was provided by continuing education programs put on by the dental schools and the professional organizations. The demand for information on modern methods was so great that practitioners who had been fortunate enough to receive instruction previously would sometimes close their offices temporarily and go to another city where they would organize a one-week course for 10 or 12 dentists. Some dental school teachers were constantly on the go, especially in summer when there were no classes, and they would spend almost as much time in Pullman sleeping cars as they would at home. Scientific sessions were also scheduled at annual meetings of national and state organizations, as well as local study clubs.

Expanding Organizations

Up to that period (the early 1900s) professional organizations had been poorly supported, but the greatest advances in materials and techniques produced a rush to join such groups, even local organizations of fewer than a dozen practitioners. Dental publications also helped spread the word about the latest developments.

Indiana, I am proud to say, was the location for every big dental meeting held in those early days. The very first such affair that I attended was the Tri-State Dental convention which attracted dentists from Indiana, Michigan, and Illinois. It was held in Indianapolis that year, and I think it was 1908. Dean Hunt acted as host for the meeting, held in the old German House Restaurant on Massachusetts Avenue. Dr. Hunt appointed 12 of us students to act as errand boys, runners, or what have you. We were to make sure that any and all guests at the convention were properly taken care of and that they should have one of us on hand at all times.

How lucky can you be? I was selected to stand by for Dr. Truman Brophy. (Dr. Brophy was renowned for the special operation he described to correct cleft lip and palate—it was widely said of him that “he made the dumb speak and the sad smile.”) I can tell you that we got pretty well acquainted and it was a friendship that lasted forever.

My attendance at another large meeting came about when Dean Hunt and Dr. John Byram, Professor of Prosthetic Dentistry, invited me to come along with them to a convention of dental teachers in Washington, D.C.

When we arrived in Washington, we went straight to the Willard Hotel, where a large room was all set up for us—two beds and a cot. I was perfectly willing to take the cot, unless they wanted it, but there was no argument. The two beds were covered with luggage, so I took the cot. We were still unpacking our suitcases when there was a knock on the door, and in came a white-haired old man. It was some time before I got his name because he was so busy shaking hands with Dr. Hunt and Dr. Byram, but he finally took a look at me and said: “Hello, who let you in?” Then Dr. By-

ram introduced us. It was Dr. B. Holly Smith, Dean and President of the Baltimore College of Dental Surgery, the very first dental school in the United States.

Hoosiers Rank High

As you can see, there were plenty of big names at the meeting, but no men at the convention ranked any higher than Dr. Hunt and Dr. Byram. Someone was always calling for one or the other for advice. They always had company around them, whether in the lobby, bar, or street.

Speaking of some of the other men who helped lay the foundation for modern dentistry, I am proud to say that I knew Dr. Greene Vardiman Black—and what is more, I not only knew him but also had a chance to observe him at work in his office in Chicago. Dr. G.V. Black was a very unusual and wonderful man who was known as the great scientist of dentistry. He conducted a dental practice but he spent most of his time doing research in a great variety of subjects. For example, he did more any other man to develop an effective amalgam alloy.

I met Dr. Black in the summer of 1910, when I spent four months working with Dr. J.H. Prothero of Northwestern University. Dr. Prothero was the closest friend that Dr. Black had in dentistry, and he took me with him to Dr. Black's office. Dr. Black was having trouble at the time trying to determine how much mercury could be taken up by a particular formula of amalgam without increasing the expansion and contraction of the finished amalgam when placed in a tooth. He was measuring the mercury as he added it to the mixture of all the other metals. Of course, mercury is not an easy metal to work with. Its habit of scattering and running all over the place makes it difficult to control and to pick

up or measure in very small amounts. Dr. Black had devised an interesting way to pick up and control any desired amount.

He had taken a small, very sharp pair of ordinary tweezers and instead of their coming together as two sharp points, on each point he had soldered very small cups which fit together when closed perfectly. As the mercury scattered into millions of small, almost microscopic balls he could with the aid of these small cups on the tweezers pick up just one of the small mercury balls, or as many as he desired, to weigh them.

Past, Present, Future

Concerning past, present, and future, it is clear that dental education has gone through some very radical changes in the past quarter-century or so, and it naturally follows that the practice of dentistry has experienced equal change. The tendency to specialize and limit a practice will continue to expand as the field of dentistry continues to grow. The first "specialist" in Indiana was Dr. Charles Jackson, who limited his practice to orthodontia (I believe that it was the year 1908).

I find it most difficult to name "the

(continued on page 86)

Preventing Bacterial Endocarditis In the Dental Patient

*D. Douglas Miley**

Bacterial endocarditis represents a serious health hazard in patients with structural abnormalities of the heart or great vessels. Despite advances in medicine, this infection is still associated with a significant morbidity and mortality. Dental procedures may be associated with a transient bacteremia. Bacteria in the bloodstream may lodge on damaged heart valves or on the endocardium in these patients, causing bacterial endocarditis.¹ It is critically important that dentists protect these patients from a potential life-threatening situation by following the proper antibiotic regimen recently updated by the American Heart Association (AHA) in 1984.

One recent study revealed that only 14.5% of the 359 dentists surveyed ac-

tually followed the AHA guidelines for prophylaxis against bacterial endocarditis (BE).² Furthermore, results from this study disclosed variation among dentists as to which patients should require prophylaxis and which dental procedures require that susceptible patients be given preoperative medication. It is obvious from these results that the dentist needs to be more aware of the guidelines for the prevention of BE. A 10-year study on patients diagnosed as having BE revealed that 16% of the patients had a history of recent dental treatment or dental disease.³ This relationship is significant considering the seriousness of this disease. Reported fatality rates range from 16 to 42.8%.^{3,4}

* Dr. Miley is a graduate student in the Department of Periodontics.

Bacterial endocarditis is characterized by colonization on the heart valves or mural endocardium by a microbiologic agent. It may also occur within the aorta or other vessels. Bacterial endocarditis is most often superimposed on a preexisting cardiac anomaly such as acquired valvular disease or a form of congenital heart disease. Almost all forms of microbiologic agents have at some time been implicated as the causative agents for these infections.⁵ However, the preponderance of cases are caused by a specific small group of bacteria, the alpha hemolytic streptococci.⁶ Clinically, bacterial endocarditis is divided into two forms. In the acute form, severe manifestations are immediately evident. Death usually occurs within weeks to a few months. In the subacute form, the disease is more insidious. It is usually manifested by the onset of low grade fever, debility, and anemia.⁵

Antibiotic coverage is recommended with all dental procedures (including oral prophylaxis) which may cause gingival bleeding in patients at risk to develop BE. The following is a list of indications for the prophylactic use of antibiotics in these patients.⁶

- Rheumatic or other acquired valvular heart disease
- Heart murmur from previous disease
- Most congenital heart defects
- Prosthetic heart valves
- Cardiac vascular prosthetic grafts
- History of endocarditis
- Following cardiac surgery
- Idiopathic hypertrophic subaortic stenosis
- Mitral valve prolapse syndrome with mitral insufficiency
- Indwelling vascular catheters
- Indwelling transvenous cardiac pacemakers
- Implanted shunts

The following should also receive prophylactic antibiotic coverage because of other problems which may occur as a result of bacteremia:⁷

- Patients with decreased host defense mechanism
- Patients with a history of nephritis
- Patients with artificial or transplanted organs or joints

Certain patients may be at a higher risk to develop endocarditis than others. Patients with prosthetic heart valves have been identified to be at high risk and have a high fatality rate.³ Other patients appear to be at a lower risk, such as those with mitral valve prolapse syndrome. Patients who have undergone coronary artery operations are not at risk to develop endocarditis after a thorough recovery, unless another cardiac defect is present.⁶ Opinions sometimes vary as to which patients are at risk. However, the preceding list includes indications which should be identified by the dentist as possible risk factors. Whenever there is a question concerning antibiotic coverage for these patients, the dentist should consult with the patient's cardiologist.

Certain dental procedures appear to be more likely to induce a bacteremia. Bender et al,⁸ concluded that the frequency of bacteremias is dependent on the amount of trauma. Periodontal manipulation should be kept to a minimum. Endodontic procedures are safer than extractions and should be the treatment of choice whenever possible. Multiple extractions are contraindicated.

It is important that patients at risk maintain an excellent level of oral hygiene. Periodontal disease could cause, with toothbrushing or even with mastication, a transient bacteremia.^{9,10} Edentulous patients can also be at risk. Ulcers which result from ill-fitting dentures should be cared for because they serve as a source for bacteremia.⁶ Water irrigation devices and ultrasonic instruments have also been associated with inducing a bacteremia.^{11,12} Patients with cardiac defects should use these devices with caution.

The following are the suggested regimens for the chemoprophylaxis for dental procedures:⁶ Regimen A should be used, except for patients with prosthetic heart valves or other high risk patients, who require Regimen B. Parenteral administration of antibiotics has been found to provide more predictable blood levels and is recommended for patients who are at high risk.⁷

Regimen A

For adults and children over 60 lb (27 kg): Penicillin V 2.0 g one hour prior to the procedure and then 1.0 g six hours later. For children less than 60 lb: 1.0 g one hour prior to the procedure and then 500 mg six hours later.

For patients unable to take oral antibiotics prior to a procedure: 2 million units of aqueous penicillin G (50,000 units/kg for children) IV or IM 30-60 minutes prior to the procedure and 1 million units (25,000 units/kg for children) six hours later.

For patients allergic to penicillin: Erythromycin 1.0 g (20 mg/kg for children) one hour prior to the procedure and then 500 mg (10 mg/kg for children) six hours later.

For patients unable to tolerate oral erythromycin, changing to a different erythromycin preparation may be beneficial. For those patients who cannot tolerate either penicillin or erythromycin, an oral cephalosporin (1.0 g one hour prior to the procedure plus 500 mg six hours later) may be useful. However, tetracycline is not recommended for this purpose.

Regimen B

For patients with prosthetic valves and others with highest risk of endocarditis: Ampicillin 1.0 to 2.0 g (50 mg/kg for children) plus gentamycin 1.5 mg/kg (2.0 mg/kg for children) both IM or IV one-half hour prior to the procedure, fol-

lowed by 1.0 g oral penicillin V six hours later. Alternatively, the parenteral regimen should be repeated once eight hours later.

For high risk patients allergic to penicillin: Vancomycin 1.0 g (20 mg/kg for children) IV slowly over one hour starting one hour prior to the procedure. A repeat dose should not be necessary.

In the future, changes in the suggested regimen may be required due to the development of bacterial resistance or an increased awareness of etiologic organisms. One recent study has presented a specific disease entity where this may be true. *Actinobacillus actinomycetemcomitans*, which has been identified in patients with BE, has been detected in large numbers in lesions of patients with localized juvenile periodontitis (periodontosis). Its resistance to penicillin, erythromycin, and vancomycin necessitates a change in regimen for these patients who will receive dental treatment and are also at risk to develop BE. A different approach has been suggested for prophylactic therapy in these patients:¹³ tetracycline administration for 14 days, followed by the use of the conventional prophylactic regimen during the course of dental treatment.

Every dentist has the responsibility to be familiar with the problems which require antibiotic coverage and to follow the proper antibiotic regimen for dental procedures which may induce a bacteremia. By doing so, patients at risk will be protected from a potentially fatal infection.

References

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2. Brooks, S.L.: Survey of compliance with American Heart Association guidelines for prevention of bacterial endocarditis. JADA 101:41-43, 1980.

(continued on page 99)

Report of the Committee on Scientific Investigation of the American Academy of Restorative Dentistry—A Summary

Ralph W. Phillips, M.S., D.Sc., A. Ian Hamilton, M.S., Ph.D., D.D.S., Malcolm D. Jendresen, D.D.S., Ph.D., William H. McHorris, D.D.S., and Robert G. Schallhorn, D.D.S., M.S.*

At the outset it must be emphasized that the review of the literature for 1984 is not, of course, intended to be all-inclusive. Rather, the intent is to provide a palatable sampling of the studies which are most relevant to the interests of the members of this Academy. In such a review it is as important to know what not to include, as well as that which should be cited, based upon excellence of the research. Thus the report will reflect the bias of the Committee members to a certain extent. A disclaimer must also be added that the Committee does not necessarily defend the data from a given study nor the conclusions derived from it. However, in certain instances a critique is presented. Just as a textbook should be a teaching aid as well as a learning aid, this review should leave something to be learned. It is hoped that it will be a stimulus for further exploration of the literature in a given area and provide the seed for continued study.

As an overview it is readily evident that researchers continue to improve their skills and research methodologies

become more and more sophisticated. As will be seen, this has led to an improved comprehension of dental disease and of the therapies available. A number of questionable matters have now come into better focus and certain concepts have moved from theory into practical modalities. Once again there have been no impressive breakthroughs. Major advancements through research occur all too frequently by serendipity rather than design. Likewise, predictions on what the future holds, as based upon ongoing research, can often go awry. Nonetheless, through research such as that cited in this report, the understanding of dental disease has been extended and the techniques for delivery of services improved. The era is indeed a challenging one to the profession, and to the scientific community.

Dental Caries

Fluoride, especially in drinking water, remains the principal agent in preventing caries. With the sharp reduction in the incidence of caries and the much greater use of dentifrices containing fluoride, more thought is being given to more selective approaches to prevention that are based on the age of the patient, the concentration of fluoride in the

* Committee Chairman. Other authors are Committee members. This summation of the full report was read before the American Academy of Restorative Dentistry, Chicago, Illinois, February, 1985. The complete report will appear in the June issue of the *Journal of Prosthetic Dentistry*.

drinking water, and the susceptibility of the patient to caries. The degree of susceptibility is difficult to ascertain but laboratory tests can help. Rates of salivary flow of less than 0.5-0.7 ml/min, pH of saliva below 5.3-5.7, levels of *S mutans* and *L acidophilus* above 1,000,000 ml of saliva respectively all indicate a high susceptibility to caries. It has been suggested that: (1) dental floss be used to carry fluoride interproximally; (2) the method of using mouthrinses is changing from one of high concentration and low frequency to one of low concentration and high frequency; (3) and a frequent supply of a low concentration of fluoride is better for remineralizing enamel than an infrequent supply of a high concentration.

Daily consumption of soft drinks three times or more between meals has been found to raise the odds of having a high DMFT score by 179%, which suggests that sugar in solution may be no less cariogenic than sticky foods.

The extensive literature on sealants consists more of exhortations from researchers and academics for a greater use of sealants by dental practitioners than in new developments in the composition of sealants or methods of usage. The cost-effectiveness of sealants is much discussed, with some advocates claiming sealants compare favorably with amalgams, which they claim last only about 4-8 years, and point out that sealants do not require the preparation of a cavity preparation. (A suggested longevity of only 4-8 years for a well placed amalgam is surprising in this era of the high copper alloy.) Others maintain that not all fissures are going to decay, so to seal all of them may consist of unnecessary treatment, and that it is better to wait and restore only those teeth in which caries occur. In any circumstance, whether a sealant is worth the cost is a decision that is best left to the patient or the parents of the patient.

Endodontics

An important advance in endodontics has been the introduction of the use of an ultrasonic instrument for the cleaning, irrigating, disinfecting, and shaping of root canals. The instrument consists of a handpiece with steel and diamond files, a reservoir for a bactericidal irrigant, and a source of ultrasonic energy. The high volume of the flow of irrigant combined with the ultrasonic action gives this instrument a substantial advantage over other methods of preparing and cleaning root canals. Another useful instrument now available is a long handle for holding files.

The layer of smeared dentin that results from the use of files and rotating instruments may harbor bacteria and should be removed if penetration of the dentinal tubules by the filling material is desired.

The practice of culturing root canals before filling has diminished; the tapered or flared shape of canal is used with all methods of condensing gutta-percha; strong medicaments are being replaced by mild solutions for irrigation; and there is almost universal use of gutta-percha for filling canals.

Periodontics

Reports continue to appear regarding periodontitis having its inception in the teenage years and progressing with time unless diagnosed and treated. Association of specific microorganisms with different types of periodontitis may afford more precise diagnostic methodology and enhance future interventive measures.

A direct correlation of overhanging restorations and a microflora indicative of chronic periodontitis has been made. Following placement of restorations with clinically perfect margins, a microflora characteristic for gingival health or early gingivitis was observed emphasizing the

need for quality control in all facets of restorative dentistry, as preventive periodontal procedures.

Interest continues on the use of antimicrobial agents for bacterial plaque control or as adjuncts to conventional therapy. Placement of the agent subgingivally with some releasing device such as monolithic fibers results in marked reduction or elimination of microbiota and corresponding clinical improvement. The use of systemic antibiotics as an adjunct to oral hygiene and mechanical debridement in recurrent periodontal disease proved superior to conventional therapy above. That research supplements previous reports on the use of antibiotics in recalcitrant cases of adult and juvenile periodontitis.

Oral hygiene and mechanical root debridement are basic tenets of therapy. When pocket depth or root anatomy precludes adequate root debridement in a nonsurgical approach, flap reflection is recommended to afford access to the site. However, a recent study has shown only 76% effectiveness in removing calculus via scaling with flap access in pockets 4-6 mm in depth and only 50% effectiveness in pockets greater than 6 mm. While this is appreciably better than the 43% and 32% respectively reported for scaling without flap access, it raises the question of the importance of complete root debridement for successful arrestment of periodontitis. Such data could also be used to support root exposure pocket elimination therapy as a more predictable treatment alternative, were it not for existing longitudinal studies.

The importance of supragingival plaque control following therapy to reduce subgingival flora repopulation was demonstrated. However, rapid repopulation of motile bacteria was observed

in deep pockets (7/8mm) which were not reduced in depth following root planing in spite of supragingival plaque control.

Considerable effort continues to be expended in developing predictable new attachment procedures. Root conditioning agents such as citric acid, use of Millipore filters or membranes around root surfaces to enhance selective cell repopulation, and implants or grafts of various types have been reported. A long term follow-up of a previously reported study in 1964 regarding autogenous bone grafts in intrabony defects indicate stability over periods exceeding 20 years when patients maintain adequate plaque control and maintenance therapy. Calcium phosphate ceramic implants have shown favorable results in three recently reported studies with major benefit of the implant over the control in the two controlled studies. While controversy persists as to the use of grafts or alloplastic implants in periodontics, nearly all the controlled studies reported to date in humans show the graft superior to debridement alone and in no study did the graft perform less favorably than the control.

The importance of regular periodontal maintenance care following therapy has been emphasized on multiple occasions. Six and one-half and 14 year longitudinal studies were reported on patients treated for advanced periodontitis including plaque control, scaling, root planing, surgical pocket elimination, and recall maintenance care every 3-6 months. In both studies, the cases remained stable. However, in another study in patients similarly treated for periodontitis without ensuing maintenance care, the patients had regressed over the 5+ year observation period, thus negating the initial benefits from treatment. Patient compliance was re-

ported in an 8-year retrospective study which showed that only 16% complied with recommended maintenance schedules, 49% were erratic, and 34% never reporting for maintenance care. If additional investigators verify these figures, major effort must be directed to resolving this problem.

TMJ And Occlusion

The increased awareness of problems associated with TMJ and occlusion studies is reflected in several ways. The subject ranks second only to practice management in post graduate attendance. Publications on TMJ and occlusion have more than tripled. Other health professionals have joined the treatment team of this multifactorial problem. Finally, and most important, the president of the American Dental Association saw the need to convene a conference of clinicians to formulate a published stance on the subject.

Dental publications on TMJ over the past year can be placed into several categories: 1) Examination, diagnosis and management of TMJ disorders, 2) Radiography of the TMJ, 3) Occlusion studies as related to mastication, nocturnal bruxism, mandibular movement and occlusal appliance therapy, 4) EMG studies, 5) Physiotherapy, and 6) Surgical implications and postoperative results.

The search continues for the stereotyped TMJ profile. Race, sex and social status were studied with Hispanics shown to respond better to MPDS treatment while Jewish and Italian patients responded better to treatment of organic TMJ disorders. Females appear to be the most vulnerable to TMJ disorders.

An exciting newcomer in the field of radiology is called Nuclear Magnetic

Resonance Imaging (NMRI). Although it is still in its embryonic state, it shows promise and the potential to replace computerized tomography (CT) in diagnosis of internal derangements of the TMJ and possibly eliminate the invasive, painful arthrogram which is considered a special diagnostic method with limited indications.

Studies attempting to find a single etiological factor for TMJ disorders have failed again. Nocturnal bruxism precipitated by periods of emotional stress remain the two principal factors that have any degree of empirical support. The primary source of pain is attributed to the musculature, with the lateral pterygoid muscles being the most frequently involved. There is still a need for some scientific studies to be done relating nocturnal bruxism to nocturnal sleeping postures and the incidence of TMJ disorders. The canine protected or the anterior disclusion concept of occlusion continues to be reported as the best arrangement to minimize muscular activity and present posterior tooth abrasion.

Definitions of centric relation and centric relation occlusion are finally showing consistency and agreement. Although there are still a few clinicians that try to interpret this three dimensional posture with two dimensional radiographs, most restorative dentists feel centric relation is a physiologic relationship of the mandible to the maxilla and the cranial base when both condyles are properly related to their articular disc. Most define this posture as a seated or braced position of the condyle-disc assembly against the posterior slope of the articular eminence. Dental glossaries have finally recognized that centric relation cannot be defined in one sentence.

The leaf gauge seems to have gained renewed popularity as a diagnostic aid/occlusal adjustment aid and has been shown to be helpful in securing centric relation interocclusal registrations.

The jury is still out on mandibular repositioning appliances that anteriorize the mandible. Reports are starting to surface that show extended wear of this type appliance can result in posterior teeth intrusion and posterior open bites. Orthodontics, orthognathic surgery and comprehensive restorative procedures have been reported necessary to correct some of these iatrogenic results. They are now categorized as an irreversible form of treatment.

Physiotherapy is being utilized more frequently as supportive therapeutics to conventional TMJ therapy. Ultrasound, transcutaneous nerve stimulation, diadynamic currents, vapocoolant sprays, shortwave diathermy, massage and muscle exercises are proving to be good adjuncts to therapy but, if used solely, are still limited to short term relief.

For certain conditions, such as developmental and acquired abnormalities, ankylosis or neoplasia, surgery may be indicated as the initial treatment of choice. For functional disorders, such as MPDS, surgery is not indicated. At the present time, there is no evidence to support the use of surgery for the initial treatment of disc displacement. Only after failure of currently acceptable nonsurgical treatments should surgery be considered. Postoperative results of TMJ surgery are very discouraging when compared to long term results of conservative nonsurgical therapy.

Dental Pulp

The biological impact of communication between the oral cavity and the pulp remains controversial. The concept

of Brannstrom has gained some support. It is that the hydrodynamics of the fluid in the tooth tissues is a major contribution to pain, that movement of fluid from the pulp outward to the dentin surface when subjected to stimuli such as cutting or dehydration causes deformation of nerve tissues and causes pain. Furthermore, it is theorized that infection through microbial activity is a more dangerous factor in pulp pathology than irritation from the restorative material per se. Therefore, proper cleansing and sealing of the cavity preparation is encouraged. Other reports, however, have not shown as precise an effect of microbial irritation, as differentiated from irritants in restorative materials. The matter deserves and is receiving increasing interest from the scientific community. In this regard, the smear layer left after cavity preparation has been investigated in greater depth and a recent issue of Operative Dentistry was devoted to it. It deserves reading by every member of the Academy. This layer inhibits bonding of a potential adhesive agent, such as the polycarboxylate or glass ionomer cements. Thus, it is important that it be removed yet that the normal dentin tubule morphology be maintained. Agents such as polyacrylic acid meet those requirements while harsh cleansers, e.g. citric acid, cleanse but open the tubules.

The review for 1984 makes it obvious that controversy also exists over the requirement for dentinal bridges, the exact mechanism of calcium hydroxide in this regard and the requirement for different kinds of pulp protection for various restorative procedures. As noted, one is led to believe that materials per se are not the *sole* cause for pulpal irritation but factors such as hydraulic pressures and infection are culprits which must also be addressed.

Biocompatibility

Appropriately increased attention was directed to the issue of biocompatibility of various metals and alloys used in dentistry and two conferences were held on this topic. The conclusions of those meetings, embracing experts in all the related disciplines, are of decided importance. They were: Health hazards associated with release of mercury from amalgam restorations have not been well documented. Rare cases of mercury allergy have been reported. When suspected the patient should be referred to a professional trained to administer and evaluate tests for allergic reactions. Present information does not support discontinuing use of amalgam nor the removal of such restorations unless a true hypersensitivity has been confirmed.

Nickel allergy is fairly common, estimated at 1% in males and 10% in females and mucous membrane reactions to nickel have been reported. Patients' health histories should be used in conjunction with patch testing where indicated to screen for the likelihood of Ni reactions. Again referral to qualified allergists or dermatologists is recommended. Practitioners should be aware of the symptoms associated with exposure to the metals and alloys used and should report case histories of adverse reactions to biomaterials to the American Dental Association. Only from such a bank of data can the magnitude of the problem be truly assessed.

Dental Materials

The support of visible light polymerization and over auto-polymerization gains further support. One of the advantages is the use of a one paste system which minimizes internal voids created when mixing two components. This is an important consideration in the Class

II restoration since porosity is one of the contributing factors in wear. However, depth of cure in visible light systems may not be as great as often claimed, certainly for microfilled composites and for darker shades. Time of exposure of the resin to the light energy is decidedly important and at least 30 seconds is the minimum time for a given segment.

Microleakage is an increasing area of research, in view of the advent of dentin bonding agents and so-called bonding techniques. The general consensus is that the current dentin bonding agents are not as effective as often claimed, or as desired. They await further evaluation, particularly in regard to long term stability in the oral environment. The subject is surrounded by controversy and one can be assured that the importance of adhesive molecules will rightfully demand the continued attention of the dentist and scientists. As an example, gap formation during polymerization has been well documented, particularly at the gingival (dentin) interface. That is one of the reasons for use of an incremented technique with visible light cured composites. Certainly *in vitro* tests indicate that microleakage may occur under almost any kind of composite, any type of preparation or pretreatment of the preparation. Sadly, the exact significance remains unknown and the contradictory results by different investigators on studies conducted under supposedly similar conditions are confusing. This underlines the need for more standardized techniques for monitoring *in vitro* microleakage. Only then can we begin to compare data comfortably and come to grips with its clinical significance.

In the same light, the reports on performance of Class II resin restorations are frequently difficult to assess since they are based on only one or two year observation periods. Much longer time

is essential to truly determine the behavior of such restorations. The major problem is, of course, wear and unfortunately even in spite of the accelerated research in the field there is not as yet a reliable *in vitro* wear test, for a 2-body system, to accurately predict *in vivo* wear. Suffice to say that as yet no commercial product is available with laboratory and clinical data which supports its unrestricted use as a substitute for amalgam on *contact bearing* surfaces. There are marked improvements being made in such resins, and in the techniques for usage, so the reader should remain alert to these advancements.

The interest in cements focuses upon the glass ionomer systems. The new anhydrous version has the advantage of longer working time and better flow. Additional emphasis has been placed upon correlating *in vitro* tests for disintegration with *in vivo* behavior. The *in vivo* data indicates that the glass ionomer cement is more resistant to deterioration than zinc phosphate. There is no need for more biological data. The whole matter of post-operative sensitivity and pulpal response when G.I. is used as a luting agent remains confusing. One can anticipate an expanded armamentarium of this system via additive agents to enhance the mechanical properties and wear resistance. Alloy filings and sintered ceramic particles containing silver have been added and such formulations are being marketed for core build up materials as well as for conservative Class I and II restorations.

Amalgam still commands attention, much of which centers on corrosion, which is one of the strong factors involved in marginal breakdown. One of the advantages of the high copper system is the greater resistance to corrosion. Also with such alloys early polishing can be done without danger, not possible with the slower setting conventional al-

loy. Several surveys are of interest. One showed that of over 5,000 restorations which required replacement, 54% were due to secondary caries, 13% to marginal breakdown, 30% from isthmus fracture, 11% to the tooth structure and 8% for other reasons. The other report reemphasizes the concept that longevity of such restorations can best be increased by operator attention to detail of cavity preparation and manipulation of the material—a story long told but so often ignored.

In the casting alloy area, emphasis was also upon corrosion tests. The precise role of composition on tarnish and corrosion resistance remains controversial. The greater technique sensitivity of the base metal alloys was reconfirmed. An excellent review of the various types of casting alloys was published. Interest also continues on the somewhat controversial position of titanium containing alloys.

An in depth review of certain trends occurring in the field of biomaterials has just been published in the *British Dental Journal* (Dec. 22, 1984). The reader with an interest in this area is encouraged to study it, and will profit thereby.



By vote of the Periodontics Department faculty, Dr. Michael Hayduk was awarded the Henry M. Swenson Periodontics Scholarship. Here Dr. Hayduk receives the check from Dr. Swenson.

IUSD Faculty Members, Alumni Report on Experiences in Africa

Several School of Dentistry faculty members and alumni have traveled to Africa in recent months and, at the request of the Alumni Bulletin, have provided information on their experiences there, along with the photographs that accompany this article.

Dr. Charles E. Hutton, Professor and Chairman of Oral and Maxillofacial Surgery, spent a month last winter as head of a traveling dental team in Kenya, East Africa. The team was part of a larger group arranged through DePauw University to assist the Institute of Cultural Affairs in its African Missions. The group consisted of a construction team supervised by Mr. Jerry Hennessy, Evansville; another dental team headed by Dr. Robert Sexton (Class of 1972), who is also an oral and maxillofacial surgeon; and a medical team headed by Dr. Roger Boswell, an IU graduate who practices in Alabama. This group worked in a small village near the town of Mombasa in the Kilifi district.

Dr. Hutton's team consisted of three DePauw students, an ICA dentist from the Philippines, a Kenyan guide and interpreter, and a free-lance photographer/journalist from Wisconsin. Their travels covered over 1500 miles from the Indian Ocean to Lake Victoria and back to Nairobi. They visited remote and primitive villages along the way, examining and treating local children and adults. Using only the instruments and medication they could carry with them, the team held clinics outdoors to take advantage of the sun for lighting. As many as 350 patients were seen a day. The last two days were spent treating patients in the Nairobi ghetto where 80,000 people live in two square miles.

Kenya has approximately 20 million people and fewer than 300 dentists.

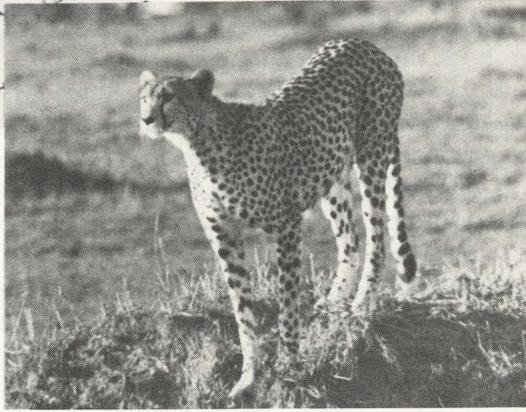
This venture was the first of its kind. Its success has set the stage for further missions and possibly for an East African Dental Congress to be held late in 1986 as a cooperative effort between Indiana University and the Kenyan Dental Association.

Dr. Henry M. Swenson, Professor of Periodontics, described a safari last fall that was arranged by the Ambassador Travel Club. In addition to Dr. and Mrs. Swenson, the tour group included Dr. and Mrs. John Collins ('57), Dr. and Mrs. Lloyd Phillips ('54), and Dr. John Reuthe ('37) and Dr. Marjorie Reuthe.

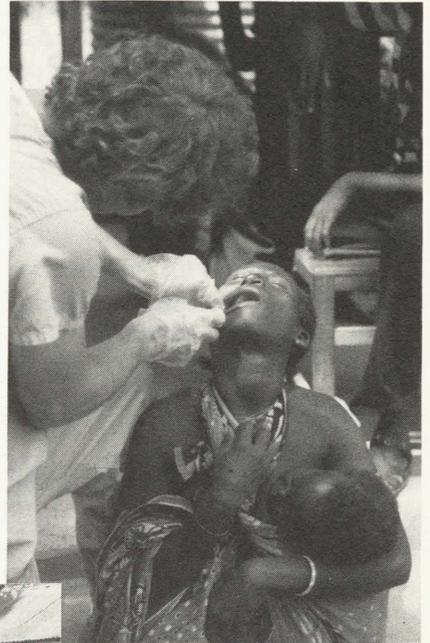
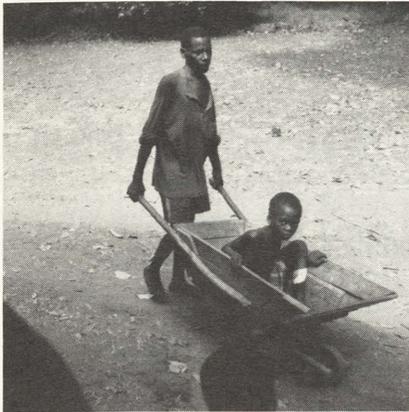
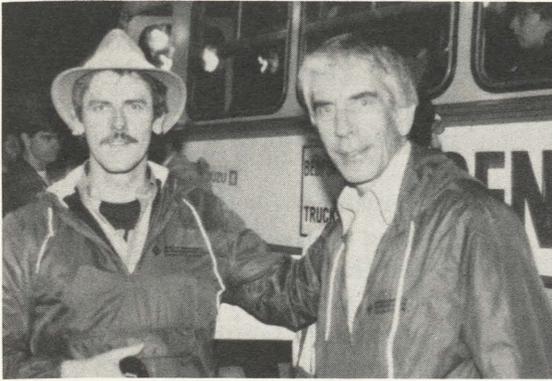
The following are excerpts from Dr. Swenson's comments published in the IUSD Newsletter:

... Many times we could see close to a thousand animals. There were elephants, giraffes, wildebeest, cheetahs, bushhogs, jackals, lions, rhinos and countless other animals. After returning to our tents for lunch and relaxation, we went out in the afternoon on another game run in another area and saw many of the same animals and a few additional ones. The game runs would last two to three hours and most of the driving would be over fields. The Masai game preserves, where we spent the first two days, covers 700 square miles.

Since no hunting is permitted, the whole of Kenya is practically a game preserve. The animals as a rule avoid civilization and highways. On the game preserves, there were no residences except for a few Masai na-



Indiana tour group and photo subjects



Dr. Charles Hutton, Dr. Robert Sexton (climbing) and patients during DePauw University mission in Africa

tive huts and no through traffic, so game was plentiful. Most of the animals did not seem to be bothered by humans in a van or interested in us. They probably realized we might be hard to catch. We could approach many animals within fifty feet. The most easily photographed were lions, cheetahs, elephants, giraffes, rhinos and zebras. The most elusive and shy were ostriches, gazelles, wart hogs, wildebeest, and impalas. The most unusual animal was the gerenuk. It is of the antelope family and has long skinny legs and neck. It stands on its hind legs and stretches vertically to eight or nine feet to eat leaves from trees. The most attractive animal was the gazelle and the ugliest was the wart hog.

We took over 350 photographs, most of which turned out reasonably well. I used a Canon A-1 Camera with a 200 millimeter zoom lens and in some instances a 28 millimeter lens.

Many have asked us if we did any hunting in Africa. Hunting has been forbidden in Kenya since 1977. You are not permitted to kill anything larger than a housefly. Hunting of common game that we would shoot in Indiana such as rabbits or quail is not permitted.

I would recommend this trip to those physically capable. The people and the climate are good and the only complaints we heard were about the extremely dusty conditions.

Century Clubs One and Two Provide Needed Funds for IUSD

*Maynard K. Hine**

“... it takes all the running you can do, to keep in the same place. If you want to get somewhere else you must run at least twice as fast...”†

In these times dental administrators are frustrated because of a scarcity of funds needed to maintain educational and research programs at the desired levels of excellence, much less to improve them or start new ones. Consequently, gifts made by alumni and friends of the dental school are welcomed with sincere gratitude.

* Dr. Hine is Chancellor Emeritus of Indiana University-Purdue University at Indianapolis and Professor Emeritus of Periodontics.

† Comment by the Queen in “Alice’s Adventures in Wonderland”

To help the Dental School keep its standards acceptably high, Century Clubs I and II were organized a few years ago, and the gifts of their members have been a source of funds which have inspired our Dean McDonald to develop plans to assure the “margin of excellence” needed to keep IUSD in an enviable position. Following is a list of those who have qualified as Fellows of Century Club II and members of Century Club I for 1984. Please accept the thanks of the Dental Administration, the dental faculty, staff, students, and the public they serve.

Note: Any omissions or errors should be reported to Dean Ralph E. McDonald or Dr. Maynard K. Hine (1121 West Michigan Street, Indianapolis, IN 46202).

CENTURY CLUB II FELLOWS - 1984

(gift of \$500 or more)

Dr. David R. Avery
Dr. Dennis R. Bailey
Dr. Marvin Bernstein
Dr. & Mrs. David G. Bojrab
Dr. Neville B. Boone
Dr. Guthrie E. Carr
Dr. W. Kelley Carr
Dr. Varoujan A. Chalian
Dr. Donald P. Darbro
Dr. Roland Ditto
Dr. Thomas D. Drakos
Mr. & Mrs. William J. Feuerstein
Dr. Donald Gardner
Dr. John D. Hennette
Dr. & Mrs. David K. Hennon
Dr. Stanley C. Herman
Dr. Maynard K. Hine
Drs. Chamnan & Suteera T. Hovijitra
Dr. James E. Jones
Dr. Donald W. Johnson
Dr. Kenneth K. Kaneshiro
Dr. Supida Kanjanabutara
Dr. Arthur I. Klein
Dr. Daniel F. Lindborg
Dr. Norris H. Lovan
Dr. Ralph E. McDonald
MetroHealth
Dr. & Mrs. Kenneth O. Miller
Dr. & Mrs. Charles L. Nelson
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Mr. & Mrs. Albert L. Puopolo
Mrs. Maryam Zawai Ritchie
Dr. Robert E. Sexton
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Dr. & Mrs. S. Miles Standish
Dr. Paul E. Starkey
Dr. & Mrs. Henry A. St. Germain, Jr.
Dr. Henry M. Swenson
Dr. Petchara Techakampuch
Dr. James A. Weddell
Mr. Howard S. Wilcox
Dr. David E. Willian

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(gift of \$100-499)

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Dr. Elliott R. Adams
Dr. Lehman D. Adams, Jr.
Dr. Benjamin T. Adler
Dr. William Aitken, Jr.
Dr. & Mrs. Charles C. Alling
Alpha Omega Foundation
Dr. C. Richard Altenhof
Dr. Cecil E. Alumbaugh, Jr.
Dr. Gordon R. Arbuckle
Dr. Harold M. Armstrong
Dr. & Mrs. Ronald L. Armstrong
Dr. Sanford S. Asahina
Dr. Harold C. Asher
Dr. Paul H. Asher
Dr. & Mrs. S. Kingdon Avery
Dr. John P. Backmeyer
Dr. & Mrs. L. Rush Bailey
Dr. Harry Bailie
Dr. B. Antonia Balciunas
Dr. & Mrs. E. Byrd Barr
Dr. & Mrs. Robert D. Bartels
Professor Paul Barton
Dr. Ronald Bartosiak
Dr. George A. Batcho
Dr. Larry L. Beachy
Dr. & Mrs. Thomas Beavers
Dr. Robert Beck-Coon
Dr. Dale A. Benefiel
Dr. Joseph G. Benham
Dr. Rollie A. Bennett
Dr. Ernest H. Besch
Mr. Herman A. Blair
Dr. & Mrs. John G. Blazic
Dr. Richard S. Bloomer
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Dr. & Mrs. Glenn R. Bollinger
Dr. Howard P. Bonnett
Dr. Malcolm E. Boone
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Dr. Jack H. Boyd
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Dr. Michael Brugos
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Dr. George R. Bulfa
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Dr. James J. Buzalski
Dr. Charles A. Byer
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Dr. Delynn W. Stults
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Mrs. Amnah Zawawi
Dr. James C. Zimmerman

Notes from the Dean's Desk

Ralph E. McDonald

At the time of the preparation of my final Notes from the Dean's Desk, President John W. Ryan's Search and Screen Committee is interviewing candidates for my successor. I can truthfully say that I consider it an excellent opportunity to have been able to serve the School of Dentistry and Indiana University for almost 40 years, including my term as Dean which began in August, 1969.

I have decided to take this occasion to reflect on achievements that have been made with the significant help of the faculty, assisting staff and student representatives on many dental school committees during the past 16 years. In addition, I will take this opportunity to enumerate goals still to be met and give some recommendations for future dental school programs.

During the early part of my administration a special committee proposed a new governance program for the dental school—a Faculty Council. Membership included all full-time faculty members, six elected part-time faculty members, two basic science representatives from the School of Medicine, two student representatives chosen by the Student Affairs Council and a postdoctoral student. The resulting Faculty Council elects standing committees composed of faculty members and student representation. Many of the innovative programs of the school have had their origin in one of the dental school standing committees.

The faculty has developed a unique and innovative curriculum with the key characteristics being program flexibility and early clinical experience. Students

are introduced to patient care through assignment to clinics during their first year. They also complete their tooth morphology, occlusion, radiology, and operative dentistry preclinical courses, which makes it possible for them to begin clinical experience in the summer following the first year. The treatment of patients in the Operative Dentistry Clinic and the Radiology Clinic, as well as providing dental prophylaxis prior to entering the second year of dental school, has assisted in building early professionalism among the students and the realization that they are providing important treatment procedures for their patients.

The undergraduate curriculum includes a very successful Extramural Program which has been in operation for 10 years and currently includes almost 300 participating Indiana dentists in private practice as well as those working in state institutions and community dental clinics. This private office and community clinic experience provides valuable opportunities for students to observe the personnel and patient management procedures provided by our colleagues in a private office setting, as well as in institutions.

Some Recommendations

It is recommended that the curriculum committee continue to study ways of reducing the very heavy academic and laboratory requirement of the first and second year students, including ways of making it a less stressful time for them. One approach to the problem could be a study to determine if some of the basic

science courses or portions of these courses now offered during the first two years of dental school could become requirements of the pre dental program. In the years ahead the school needs to increase the didactic and clinical offerings in the area of geriatric dentistry. Also, with the increasing interest in temporomandibular joint dysfunction, the curriculum committee needs to improve offerings in this area. The development of a coordinated effort to manage the problems with the support of several clinical departments will be desirable.

One recommendation of the American Dental Association, following the 1983 visitation to our school, was that we identify ways to reduce laboratory work which students are asked to complete after they have demonstrated technical competence. This year three additional skilled laboratory technicians will be employed to assist students with their laboratory work in fixed and removable partial prosthodontics. To accommodate the three technicians, renovation of the laboratory on the fourth floor has been completed. Thus some of the repetitious laboratory work will be eliminated and the students will be free for additional work with clinic patients. They will also benefit from the experience of working with laboratory technicians prior to entering practice.

The Dental Auxiliary Education Programs at the Indianapolis campus and at four university centers in Indiana, three of which are new during the past decade and a half, have been continually redesigned and expanded. These unique programs provide well-educated auxiliaries for dentists throughout Indiana. The dental directors of the Regional Campus Programs meet regularly with the Dean and the Directors of Dental Hygiene Education and Dental Assisting Education in Indianapolis to coordinate curricular and admission policies of these

programs. Alumni support of these dental auxiliary programs has been outstanding and has contributed substantially to their success.

Intramural Practice

Six years ago the University Dental Service Plan, a private not-for-profit corporation, was approved by the President of Indiana University and the Board of Trustees. This intramural practice plan makes it possible for full-time members of the dental faculty to practice the equivalent of one day each week in the dental school clinics or in the hospital clinics to keep their clinical skills current, provide salary supplements, and care for patients with complicated treatment needs. Predoctoral and postdoctoral students also have the advantage of observing faculty members treat patients with challenging and complicated dental conditions. This plan has been very valuable in the recruitment and retention of key faculty members.

The School of Dentistry has realized a major physical facility expansion and renovation during the past decade and a half. In 1971 it was possible to expand our programs with a \$5.5 million addition to the school, doubling the size of our clinics, classroom and research areas. These facilities were planned under the administration of Dean Maynard K. Hine, who became the first Chancellor of IUPUI in November, 1968.

In recent years major renovation projects have been completed, including modernization of the "Main Clinic" used by the Departments of Operative Dentistry and Endodontics. A new Central Service to provide instrument trays for the clinics has been in operation for almost 10 years and is receiving considerable attention by administrators and faculty members at other schools who

wish to copy our plan. More recently, renovation has occurred in the Periodontics and Dental Hygiene Clinics as well as modernization and replacement of equipment in the Graduate Endodontic Clinic. New equipment has been acquired for the Department of Radiology along with modernization of the office areas. Modern facilities have also become available at the Regenstrief Health Center for the Departments of Oral and Maxillofacial Surgery, Maxillofacial Prosthetics and the General Practice Residency Program.

Major Addition Urged

There still is much to be done in the way of renovation, including continual updating of equipment that has become obsolete during the past decade. The facilities committee which was appointed for a special "It's 1985" Conference has recommended a major addition to the school. This addition will include a large multipurpose teaching laboratory, making it possible to move the preclinical operative dentistry laboratory and the teaching of biochemistry to the dental school building. Other areas included in the addition will be an expanded library, consolidated research component including the Oral Health Research Institute, a centralized Admissions Office, and a Data Systems facility. The Indiana Commission for Higher Education and the University Administration have established a target date of 1991 for the \$10.5 million addition to the dental school. I urge the faculty and the next administration to pursue actively the plan to build the third addition to the dental school to realize program improvement.

The members of the faculty are to be commended for their activities in research. At a recent Faculty Council meeting, Associate Dean Ralph W. Phil-

lips reported that there are over 200 separate research projects currently being conducted at the school, embracing virtually every department. He also reported that last year the income through research grants totaled approximately \$1.4 million, representing an increase in sponsored program monies of more than $\frac{1}{3}$ million dollars as compared to the previous year. Related to research is the publication of articles and texts. Dean Phillips reported that last year the faculty publications totaled 71, including seven text books.

Public Service Cited

The members of the faculty and students continue to be active in public service programs. Pedodontic residents and dental assistants are assigned to Camp Riley at Bradford Woods each summer to provide dental care, health education and emergency dental care for more than 500 handicapped children and adults. Residents in the Pedodontics Department are also the sole providers of dental care for young boys at the Wheeler's Boys Club. The Oral Health Research Institute has continued its major preventive dentistry program. Last year more than 92,000 school children participated in the fluoride topical application and fluoride rinse program. Dr. Chris Miller has continued to provide our sterilization monitoring service and has tested almost 300 private dental offices. Dr. Varoujan Chalian's treatment program in Maxillofacial Prosthetics continues to receive international recognition and his training program is providing dentists in the United States and in other countries with treatment expertise in this field. The faculty and students are encouraged to continue to be active in community programs as they reflect well on our University, our School of Dentistry and our profession.

The question the dental school administration and the faculty must face in the years ahead is this: How many dental students should be admitted to the Indiana University School of Dentistry each year? Almost without exception, dental school deans and dental faculty members receive requests from their alumni to reduce class size. Six years ago our school reduced the first year class size from 129 to 115 students. In addition to that reduction, the admissions committee has accepted fewer advance standing students and fewer transfer students. Those reductions, along with the attrition in the present classes, has resulted in 93 fewer students being enrolled in dental school now than in 1976. It must be recognized that there continues to be a demand for and interest in admission to our School of Dentistry. An applicant pool of close to 500 academically qualified students is considered by the admission committee for the first year class. It is also recognized that currently there are 88 Indiana residents attending other dental schools. Many of these students were unsuccessful in gaining admission to Indiana University School of Dentistry and thus have chosen to acquire their dental education at other schools where the tuition is much higher. I urge the faculty and the administration to continue to monitor the demand for dental care and the dental manpower needs in Indiana.

Growth in Funding

Our school has realized major growth in funding during the past decade and a half. There has been an increase in contributions from the state of Indiana following the loss of federal funding. Currently, the state appropriation to our budget is approximately 59% and the remainder of the \$15 million budget must be made up from tuition, fees, clinic

income, research grants and gifts from alumni. Alumni gifts have increased dramatically during the past 15 years, from a total of \$13,000 in 1969 to almost a quarter of a million dollars during the past year. In addition, gifts and pledges to the Dean's Council for the Pursuit of Excellence, a program established by the Indiana Dental Association, now totals almost \$700,000 in actual gifts and pledges. This Pursuit of Excellence Program is for the purpose of rewarding faculty for demonstrating excellence in teaching and research. In addition, the fund is used in the recruiting of excellent scholars and scientists for our faculty.

Our School of Dentistry has a great heritage. I am confident that in the years ahead there will be even greater achievement on the part of our faculty, students and alumni.

Riley Hospital

(continued from page 15)

Dr. Robert H. Spedding
Dr. Frederick Swain
Dr. Wendy Synenberg
Dr. Mark I. Thompson
Dr. Lionel Traubman
Dr. C. Joseph Tyree
Dr. Bruce W. Vash
Dr. Roberto B. Vianna
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Dr. Roger E. Wood
Dr. Gerald Z. Wright
Dr. Paul M. T. Yim
Dr. Dennis P. Zimmerman
Dr. Algria Zita

Dental Auxiliary Education

DENTAL ASSISTING INDIANAPOLIS

Pauline R. Spencer

The Dental Assisting Program at Indianapolis accepted 24 students for the 1984-85 Class. Class officers are: President, Lisa Bowers; Vice President, Kim White; Secretary, Karlena Burton; Treasurer, Wendy Pugsley; and Class Representative, Susan Sharpf.

The following students were named to the Dean's List for the first semester: Susan Sharpf, Wendy Pugsley, and Teresa Kendall.

The students have been working on Table Clinics, to be presented at the school in April. Graduation will be on May 14, 1985, at the School of Dentistry.

DENTAL AUXILIARY EDUCATION SOUTH BEND

Shant Markarian

Thirty-eight students were admitted to fall, 1984, entering classes: 17 in dental assisting and 21 in dental hygiene. Our second radiology course of the year to prepare on-the-job trained assistants for state certification was presented in September. The IU Board of Trustees approved IUSB's request for funds to correct problems with Riverside Hall's water supply caused by iron, sediment, and hardness, and to renovate the assisting clinic for new delivery systems acquired with an equipment grant from the State Board of Vocational and Technical Education.

In October the IUSB Liaison and Resource Committee and North Central Dental Society Advisory Committee sup-

ported continuation of the expanded functions course traditionally offered to new graduates in May, but recommended rescheduling to Wednesday/Saturday for the convenience of dental assistants working in offices. With regard to further development of continuing education topics, the committees felt that radiology is most important, followed by expanded functions, sealants, and other subjects. Committee members completing three-year terms were Drs. Greg Moo and John Nyberg. Ms. Susan Spier was welcomed as a new member.

The fourth annual community health fair, which draws 10,000 area residents to the exhibits of more than 85 community agencies, was held in October at the Century Center. The theme of our dental hygiene exhibit was sealants. Visitors to the booth were given an opportunity to examine sealants in demonstration teeth and ask questions about this decay-preventive measure. Jennifer Klein directed and coordinated the day-long exhibit in which 38 first- and second-year students took part.

In November North Central Dental Society cochairman Larry Beachy and Charles Hassel began the '84-'85 campaign to raise \$5,000 for a central suction system for the hygiene clinic and a water recycler for the existing system in the assisting clinic.

At our Capping ceremony in December Dr. Charles Hassel was presented with a plaque in recognition of his dedicated service to IUSB's dental auxiliary programs.

At its December meeting the Commission of Dental Accreditation considered the interim report on the dental assisting and hygiene programs offered by Indiana University at South Bend. Following careful consideration of all information submitted, the Commission adopted a resolution continuing the accreditation classification of 'approval' for these programs. Interim reviews occur midway between ten-year site evaluations.

On December 14 we closed the clinic, as is customary prior to final examination period and holiday recess. This year, however, a great deal of activity occurred between then and January 15 when the clinic reopened. During that period, four outdated delivery systems were removed and renovation began, including the reworking of air and water lines and installation of a water softener. The final step was installation of four Pelton Coachman chairs and lights and three Dental-ez Signature units, purchased through the equipment grant from the State Board of Vocational and Technical Education.

We would like to thank those guest lecturers who shared their expertise with our dental hygiene students in "Introduction to Dentistry": Drs. Larry Beachy, James Macri, Douglas Barton, John Lehman, Michael Griffee, David Harris, Ms. Karen Busch and Ms. Susan Spier.

The following Faculty-Practitioners participated in our dental assisting extramural program during the spring 1985 semester: Rebecca Apple, Douglas Bateman, Larry Beachy, Norm Bryan, Joseph Coccellato, Ronald Corley, James Douglas, Gary Drury, Gilbert Eberhart.

Also, Michael Freid, William Gitlin, George Glass, Michael Griffee, David Harris, Stephen Hunt, Kerry Knape, Port Laderer, James Macri, Dennis Miller, Edward Molenda, Michael Rader,

Larry Roberts, Charles Rosenbaum, Bryan Snook, John Stenger, Gene Stutsman, Thomas Tanner, Harvey Weingarten, Daniel White, Howard Wiesjahn, and Jack Wright.

DENTAL HYGIENE AND DENTAL ASSISTING SOUTH BEND

*Nancy G. Yokom and
Barbara A. Pacionek*

Fall Semester, 1984, was busy, exciting and rewarding for both students and faculty. A "welcome back" was extended to returning Second Year Dental Hygiene students, and a "welcome to" was extended to 17 new Dental Assisting students and 21 new First Year Dental Hygiene students. We also welcomed to our faculty three new instructors. Karol Weist, CDA, RDH, (DA '79, DH '84 IUSB) is teaching Dental Materials and Lee Weedon, MS, is teaching Written and Oral Communications for the Dental Assisting Program. Cindy Lindborg, DDS, (IUSD '84) served as a clinic instructor in the Dental Hygiene Program. Amy Hazlewood, RDH (IUSB '78), who has been teaching in the Dental Hygiene Program, taught Preventive Dentistry in the Dental Assisting Program this fall.

The new classes elected officers early in the semester. Representing the Dental Assisting Class are: Laura Hicks - President; Denise Linarello - Vice President; Mary Jo Scheidler - Secretary; and Dawn Smudde - Treasurer.

The First Year Dental Hygiene students elected Susan Pettofrezzo - President; Michelle Lichtenberg - Vice President; and Sheryl Hueni - Secretary/Treasurer.

Our Capping Ceremony was held on Sunday, December 2. This year was very special as we had family members of three of our Dental Hygiene students

participating. Sheryl Hueni's family, the Singing Huenis, gave a delightful musical program of Christmas songs before the ceremony. Larry Beachy, DDS, father of Christine Wentz, delivered both the invocation and benediction. Our guest speaker was Sue Ann Lichtenberg, RDH, mother of Michelle Lichtenberg and former IUSB clinical instructor. All the family members added an exceptional touch by using their talents to make this ceremony one we will all remember.

The St. Joseph County Dental Auxiliary gave a \$200.00 scholarship to Susan Pettofrezzo - DH '86. We are grateful to Melvina Stenger, president of the auxiliary, and the members for supporting our students so generously.

Both the Dental Assisting and Dental Hygiene students were involved in community service activities this fall. The Dental Assisting students did oral health screenings and gave oral hygiene instructions to residents of Logan Center. The hygiene students participated in the health fair associated with the Sportsmed Weekend. We are very proud of all our students and the contributions they made to our community through these activities.

Judy Kliejunas-Schafer (instructor 1980-82) visited South Bend again over the Christmas season with her family. We enjoyed visiting with her very much and seeing her son, Reed. Bill Gitlin, DDS, instructor in Dental Assisting, was married over the holidays. Val Mullin-Schmidt (supervisor of Dental Assisting 1978-82) and her husband were also in South Bend over the holidays and joined us at our annual faculty Christmas luncheon.

DENTAL AUXILIARY EDUCATION NORTHWEST

Edward W. Farrell

This year's enrollment includes 16 dental assisting students, 14 first year and

14 second year dental hygiene students. Dental assisting students are: Jennifer M. Ballas, Pamela G. Bourrell, Melissa G. Bridegroom, Julie C. Byers, Rosa M. Castillo, Mary Champ, Janet B. Davis, Jennifer D. Fleming, Deanna R. Gonzalez, Laura R. Jobe, Jennifer L. Kallio, Leasa N. Liddle, Leanne E. Peerbolte, Kimberly K. Trueblood, Robin G. Wade and Pamela L. Wielogorski. First year dental hygiene students are: Gayle J. Brumble, Mary K. Hafner, Janet L. Hartwig, Cathy A. Hillenbrand, Cheryl L. Komenda, Sonia Kunovska, Sandi E. McGill, Laura E. McNally, Carrie L. Oppman, Janis Peik, Mary C. Potasnik, Kathy G. Rose, Sonia M. Tosiou and Sherry R. Witt.

Full-time faculty members are Dr. Edward Farrell, Miss Jane Forsberg, Mrs. Kathleen Hinshaw, Miss Sharon Kantor and Mrs. Katherine Mikrut. Associate faculty members include: Dr. Richard Altenhof, Dr. Wesley Carroll, Dr. Mark Detert, Mrs. Barbara Gorbitz, Mr. Samuel Gurevitz, Dr. John Havlick, Dr. Jon Herrold, Dr. Steven Holm, Mrs. Maureen Jones, Dr. Kim Kessler, Dr. Cindy Kirby, Dr. Abraham Ochstein, Mr. James Pavelka, and Dr. Robert Walsh.

Membership of the Dental Auxiliary Advisory Committee has changed as a result of new appointments made by the Northwest Indiana Dental Hygiene Society and the Lake and Porter County Dental Assisting Society. The Advisory Committee now consists of: Chancellor Peggy Elliott, chairperson, and Dr. Richard Altenhof, Dr. Robert Moon, Dr. George Parker, Dr. Paul Stephens, Mrs. Eileen Fitzpatrick, RHD, Mrs. Kim Knickerbocker, RDH, Miss Betsy Arnold, CDA, and Mrs. Joann Gerike, CDA.

The DAE/Gary programs are scheduled to be reviewed for accreditation in early 1986. As a result, the compiling and organizing of material for the site visit is already in progress.

DENTAL ASSISTING NORTHWEST

Kathleen J. Hinshaw

Class officers for 1984-85 are: President - Deanna Gonzalez; Vice President - Jennifer Kallio; Secretary - Pam Wiegorski; and Treasurer - Leasa Liddle. The 15 students in the class have had monthly meetings and several fundraising activities. Plans have been formulated for student trips to the Midwinter Chicago Dental Society Meeting and the IDAA Meeting in May.

The Big Sister/Little Sister program that was initiated in 1983 has been successfully continued this year.

At this point in the spring semester the students are actively involved within their extramural rotations and looking forward to the completion of coursework in anticipation of graduation.

DENTAL HYGIENE NORTHWEST

Sharon Kantor

All of our 13 graduates of 1984 are presently working in private practices in and out of state. One of our alumni, Paulette Bakota, began her clinical career in Port-au-Prince, Haiti. She volunteered her services for two months providing dental care in an underserved and underdeveloped part of the world. We commend her for her professional and humanitarian contribution.

We are privileged to be well supported by our Northwest Indiana Dental Community. Several dental professionals have joined us as new associate faculty: Ms. Sylvia Danapas, Ms. Maureen A. Jones, Ms. Barbara Gorbitz, Dr. Robert Walsh, and Dr. Gregory E. Phillips. We thank them for their time and enthusiasm.

Through the SADHA leadership of Sonja Spoljaric, President, Cathy Hillenbrand, Vice President, and Brenda Binkley, Secretary-Treasurer, the students have organized fund raisers. These efforts are directed toward professional development. The students will subsidize their trips to the Chicago Midwinter and the Indiana State Dental Conventions. They have also scheduled speakers for spring semester who will discuss rape prevention and communication mechanisms for the sensory impaired.

DENTAL AUXILIARY EDUCATION FORT WAYNE

Peter T. Zonakis

Another Spring semester in Fort Wayne is in full swing. The students are progressing well and starting to worry about National Boards and Certification examinations.

We are fortunate to have an experienced staff for the semester. Mrs. Huxoll has returned from her sabbatical. Though it was a very productive period for her and gave her an opportunity to accomplish several things, we are very happy to have her back.

Spring signals an increased flurry of activity on the Fort Wayne Campus for Dental Auxiliary Education (Admission Committee meetings for selection of students, honors programs, high school career days, alumni events, and graduation).

The DAE faculty and staff will again be working with the local dental society in the annual "Focus on Health" projects. This educational and screening program is provided at several sites throughout Fort Wayne and surrounding communities.

Graduation for Dental Hygiene and Dental Laboratory Technology will be

Friday, May 10, and Dental Assisting graduation Saturday, May 11. We will have 58 graduates this year (23 in Dental Assisting, 19 in Dental Hygiene, and 16 in Dental Laboratory Technology).

DENTAL ASSISTING FORT WAYNE

Rosemary M. Kovara

Duke's Day Scholarships were presented to the Dental Auxiliary Education students through the generosity of area dentists, physicians, pharmacists and pharmaceutical salesmen. Dental Assisting recipients were Kris Makridakis, Connie McKinzie, Cynthia Sorg and Lu Ann Wheaton.

Our students are eager to participate in the 64th Annual Session of the Indiana Dental Assistants Association this spring. They will present papers, posters and table clinics.

The Class of '85 officers are: Emily A. Egolf, from Churubusco, President; and from Fort Wayne, Jennifer L. Heinzelman, Vice President; Rebecca L. Gibson, Secretary; and Laurie A. Adams, Treasurer.

The extramural clinical program is an important portion of the Dental Assisting curriculum. The following dentists from the Fort Wayne area participate: Drs. Thomas Blake, David Bojrab, John Buhler, Eugene Dellinger, Michael Duch, James Dumas, Phillip Gardner, Lloyd Hagedorn, John Hamilton, Bradford Korn, David Matthews, Charles Middleton, Brent Mutton, Phillip O'Shaughnessy, Richard Phillips, Gary Pulfer, James Ruble, Timothy Shambaugh, Michel Sturm, William Tropman, Steven Underwood and Robert Vollmer.

Each member of the Class of '85 participated in the Fort Wayne area Children's Dental Health Month education programs. They found working with the

third graders a rewarding and pleasant experience.

The Class of '85 will graduate Saturday, May 11. Acting Chancellor Edward A. Nicholson will preside at the ceremony in Neff Recital Hall.

DENTAL HYGIENE FORT WAYNE

Gloria Huxoll

After traveling over 6000 miles and visiting 15 different dental hygiene programs, my husband, Clarence, and I were happy to be home safe and truly feeling fulfilled as my sabbatical leave came to an end. It was very gratifying to come back knowing that our teaching techniques are of top quality. The individual attention given to our students by the faculty, both dentists and hygienists, is outstanding.

The fall semester ended with our 20th Capping Ceremony on December 16, 1984, for 20 first year and 19 second year students. During the semester, Ellen Piering and Mary Ann Toschlog of the first year class, and Patricia Robinson and Cheryl Spreen of the second year class were each awarded \$425 from the Duke's Day Scholarship golf outing.

Spring semester brings lots of snowy days, preparations for National Children's Dental Health Month participation and long hours of studying for the National Boards examination.

Plans are underway for our IPFW Dental Hygiene Alumni Day on April 27. This is one of my favorite days of the year and I hope many of you plan to join us. Mary Danusis ('77) is chairperson.

Recent certifications have been made for graduates who are on the move. Julie Thieme Minnick ('79) said she feels that she is the traveling hygienist of the class as she and Matt have moved to Lancaster County, PA, where Matt is enjoying a

promotion into management. Connie Troxell ('77) will be heading to Virginia to complete her board examination, Cindy Castle Pledger ('84) will be completing the Wisconsin boards. Jody McFatrige Smith ('81) called from Laurel, Maryland; she will be moving to Dallas this spring so she is preparing for Texas boards.

Other news from the Class of '84 is a name change for Teresa Newkirk Timmerman, and Lynda McArdle has moved to Indianapolis and enjoys her dental hygiene career very much. Betty Tighe sent a newsy note which was most appreciated.

A beautiful Christmas card with a wedding picture came from Connie Inks Lobsinger ('69) who is now in Syracuse, Indiana, and what a lovely family she has. Another Christmas card with a note came from Margie Barnett ('76), of Hartland, Wisconsin, stating that she is taking a little time off from dental hygiene to enjoy her two little ones. She said it is really neat to have classmate Connie Clair Poston close by. Connie's letter indicated the same and that all is going great with husband Ron and children Michel and Adrian.

Now from the Stork Department! The Class of '80 had a great get-together with news of Deb and Bruce Holden having Santa Claus deliver Katie Beth on December 25. Cynthia Harris Quimby also had a little girl, and Cathy Roane Gall and Leann Byanski Keefer are both expecting in early '85. Cindy Bradtmueller ('83) has another little boy and from the Class of '78 we hear that Kathleen Tullis Root had a baby girl in September, Sheila Murphy Rossworm now has a new baby, and Susan Williams Leland and dental student husband, Craig, have *two* new arrivals: fraternal twins Megan and Angela, born October 26. Deborah Brownell Oberlin is also expecting a baby.

We have two new part-time faculty members in clinic this spring semester: Alice Sowder ('75), who just completed her BS degree, and Deborah Judy ('70). Both are discovering the excitement and satisfaction of working with students to achieve a better tomorrow. Keep the news coming—more later.

DENTAL LABORATORY TECHNOLOGY FORT WAYNE

Charles A. Champion

Coping with the long winter, 16 members of the Class of 1985 are participating in the practicum phase of their training. One student will spend a portion of his time with Dr. Chalian's Maxillofacial Prosthetics Department. Of the remaining students, 13 are assigned to local commercial laboratories and three to dental office laboratories.

The Class of 1986 has 19 students, seven from the Fort Wayne area and the remainder from other Indiana locations. Class officers are: President, Mr. Mike Miller; Vice President, Mr. Garold Sorrell; and Secretary/Treasurer, Ms. Terri Cole. The Class of 1986 will be the first class to enter under our revised curriculum.

Several clinics sponsored at the school this past semester were given to our students during regular class hours, and presented during the evening for local technicians. Clinics presented were: "Precision Attachments" by the J.F. Jelenko Company; "New Concepts in Sub-Structure Design for Ceramo-Metal Restorations" by the Williams Gold Refining Company; "Shademate Porcelain System" by Dentsply International; and "Triad Denture Systems" by Dentsply International.

The Class of 1985 is preparing for the national "Recognized Graduate" exam-

ination, scheduled for May 10, 1985. Graduation is also on May 10, so it will be a very important day for our students.

Ms. Mary Hause ('84) has joined the staff as an Associate Faculty member in Orthodontics. In July, 1984, Ms. Hause became Mrs. Mary Warren—congratulations, Mary, and welcome to our program. Ms. Barbara Gederian (Muckel) ('82) is teaching at a laboratory program in the Detroit area. Mr. Richard Kerkhof ('80) has co-authored an article in *Trends and Techniques*—congratulations on a job well done. Mr. Dale Tucker ('80) is now a Sales Representative for J.F. Jelenko Company, serving the State of Indiana.

More Reminiscences

(continued from page 57)

great men of Dentistry.” There were many who were great in their special line of endeavor but very few could be great in all the different phases of dentistry. Because of my special interest in Prosthetic Dentistry I am inclined to name the dentists in that line and neglect some of the great men in surgery. Among the prosthodontists the man who taught me more than any other was Dr. Milus House. His technology and artistic ability were the greatest.

Dr. William Giffin of Detroit was the first man to make motion pictures of the technique of full denture construction. Dr. Claude Stansberry of Seattle was a fine teacher. Dr. Howard R. Raper was a great scientist, teacher, and friend. Mr. Rudy Hanau was an outstanding scientific designer. Other notable teachers were Dr. Dayton D. Campbell, Kansas City, and Dr. George Wilson, Cleveland. Dr. Alfred Gysi, Zurich, Switzerland, was a brilliant inventor and designer. There are many more just as worthy of special mention.

In thinking over my professional life, I have been so lucky and had so many fine honors that time and space in this article could not possibly do justice to all these things.

Perhaps the most interesting and exciting experience of my career was the seven months that I spent in the Arctic making a survey of dental and living conditions of all the Eskimos between Nome and Point Barrow, Alaska. Next I think would be the two summers that I spent working with Dr. Alfred Gysi in Zurich and lecturing in Europe. Most of all, there is nothing that can surpass my experience with 31 freshman classes that I had the privilege of helping to pilot through Dental College. That I would like to do all over again because there are so many things that I would like to change and do better next time.



Third-year dental student Michael J. Koufos receiving the 1984 Maesaka Award from Dr. Robert L. Bogan (left) and Dr. Ray K. Maesaka. The scholarship, which recognizes professional aptitude and academic achievement, honors Dr. Maesaka's parents.

Alumni Notes

Susan Crum

Mrs. Ruth Chilton, long-time Executive Secretary and Administrative Assistant to Dr. Maynard K. Hine, did a superb job of gathering and organizing class notes for the Alumni Bulletin. Following her death on January 7, 1985, this comment from Dr. Hine was printed in the School of Dentistry Newsletter:

The news story contained the basic statistics about Mrs. Chilton's career as a long-time competent and faithful secretary in the dental Dean's Office. However, the story didn't—couldn't—reflect the very valuable services she gave the dental school, her church and the Eastern Star. Mrs. Chilton will be remembered by her colleagues, former dental students and dental faculty members as a knowledgeable, cooperative, and friendly individual. Countless times she went "beyond the call of duty" to be of assistance to strangers as well as friends; many of the Indiana University family counted her as a close personal friend. She will be missed.

Class of 1914

We have received word that Dr. S. Hugh Davis, of Indianapolis, died January 25, 1984, at the age of 91.

Class of 1922

Word has been received of Dr. Frank A. Richison's death in San Diego, California, on July 14, 1984.

Class of 1923

A cheerful note from Dr. Wendell A. Gray has been forwarded to the Dental School:

I want to say hello to the Golden Lads of IUSD Class of 1923. After 50 years in San Francisco, I have moved to Dublin, Georgia 31021. Best of wishes the rest of the way.

Class of 1924

We have been notified that Dr. Sidney A. Epstein, of Pompton Lakes, New Jersey, died in April, 1984.

Class of 1925

We have been informed that Dr. Victor Chase died June 20, 1984.



Mrs. Ruth Chilton

Class of 1926

We are sorry to report that Dr. Robert H. Reid died in Miami, Florida, on September 25, 1984.

Class of 1927

Dr. Delmar Faun, Rt. 1, Box 64A, Colfax, IN 46035, has responded to our request for alumni news with the following notes:

Other classes claim to be the best. We respect their opinion even though they are erroneous. Our class, THE CLASS, is the class ne plus ultra! Four presidents of state and national dental associations—state representative—state board examiner—banker—realtor—world traveler—inventor—astronomer—big time farmer—diamond collector—33rd degree mason—florist—oil prospector—high ranking naval and army officers—hermits—suicides—alcoholics—vagabond—some non compos mentis—first class liars and, by his own admission, we begat Dean Jerry Timmons' ulcer. Our class motto: "Don't get ulcers. Give ulcers." Of a graduated class of 100 souls:

*Thirty-four retired in seven states,
Sixty-six beyond the Pearly Gates.*

That's us. "What fools these mortals be."

Among the classmates I see or hear from: Newt Seaman (Illinois) who unceasingly bawls me out and whittles me down to size; Ralph Martin (Indiana) who sends railroad memorabilia to this ex-Pennsylvania railroader. . . Russell Gaunt (Ohio), world traveler and master crafter of handsome walking sticks. Also Maurice Ferguson (Indiana) and Brinley Lewis (Ohio).

Among the classmates that I'd especially like to get some information on are: Dr. Arthur Wright (the hermit) in Terre Haute; Dr. Carl Menning, formerly from Chicago, now lost in the Evansville jungle; and Gayle Williams, last seen alive in Versailles, Indiana.

My most distinct memories of my classmates during our dental student days are:

. . . "One Hunk Burgess" who told the clinic examiner (Dr. Morrow) how he filled a large occlusal molar cavity with "One big hunk of amalgam"; Abbott's lilting tenor solo rendition of "Once I went in swimmin' ----"; Chambers, Old Gunpowder Chambers, lady killer and lover boy; Libke, who, heeding the words of an old song, "found a million dollar baby in a ten cent store" and married her; . . .

And news about myself: Who, me? Mostly ho-hum. Ex-president and chairman of the board of the Indiana Astronomical Society, telescope maker, so-so lecturer, chairman of "Moon Watch" way back during the International Geophysical Year. Ex-publicity director, Indianapolis Society. Secretary, East Indianapolis Dental Club. Past master of F & AM.

Word has reached us of the death of Dr. A.E. Herrold, of LaPorte, Indiana, in February, 1985.

Class of 1928

We regret to report that Dr. William H. Smith, Jr., died in Linton, Indiana, on November 25, 1984.

Class of 1931

The Alumni Bulletin received a newsy letter from Dr. Marvin S. Cochrane on January 4, 1985. Excerpts follow:

Mrs. Chilton and I worked together and brought the class roster up to date. Enclosed is a list of the remaining members of the class of 1931 and their addresses.

As usual, we enjoyed the cards and letters. . . about the happy Christmas Season and all of the wishes for a coming good New Year. However, this year was rather negligible as compared to last year for not so many cards were sent.

Hear from Dr. George Goodman quite regularly and he always has some news of the family's doings. I had several nice cards from Dr. Edgar Temple which I'm always glad to receive. In his Christmas card he enclosed a note and it was well received. They seem to be going along smoothly.

Dr. Richard Ferguson and his wife had a splendid trip to Boston, to attend the marriage of their granddaughter. He is enjoying good health and keeps his weight down and does regular exercising. He still puts in three days at the office each week. . . . Glad he is blessed with good health.

Dr. Fred Fugazzi has many hobbies and still does woodworking. They always have a good garden in the summer and Mrs. Fugazzi does a lot of canning when things are all ready.

Dr. Roy Clinthorne still works at the office three days a week. They are going on a trip this month, flying to Aruba and then by ship through the Panama Canal to Acapulco, disembarking in Los Angeles. He says he is feeling his years, but is happy.

Dr. George Haworth sent a nice card and letter this year. . . . he got for Christmas a remote-control new TV from his son. He watches a lot of games on it and the new TV helps him. He doesn't have to keep getting up and down to change stations. . . . I have been confined all of 1984 and stayed indoors all of the time. Learned I had congenital heart disease and I felt normal and the same as usual until early last February; after that it all seemed down hill, until recently when my strength began to come back. My legs are still rather wobbly.

Remaining 1931 members:

Dr. Roy Clinthorne
4249 N. Capitol Avenue
Indianapolis, IN 46208

Dr. Marvin S. Cochrane
12160 SW Imperial Avenue, Apt. 15
King City, OR 97224

Dr. Richard Ferguson
426 S. 11th Street
Richmond, IN 47374

Dr. Fred Fugazzi
2 116 Terrace Drive
Seneca, South Carolina 29678

Dr. George Goodman
5502 Wooded Lake Drive
Louisville, KY 40299

Dr. George Haworth
439 N. Main Street
Linton, IN 47441

Dr. Francis Reid
166 State Street
Windsor, VT 05089

Dr. William Shoemaker
7600 Red Road
Miami, FL 33143

Dr. Willard Stoelting
P.O. Box 47578
Sandborn, IN 47578

Dr. Guy Swisher
9372 Melba Drive
Garden Grove, CA

Dr. Edgar Temple
1602 Hedden Park
New Albany, IN 47150

Dr. John Yates
6936 W. 71st Street
Indianapolis, IN 46208

Class of 1933

At the request of the Bulletin, Dr. Gilbert D. Quinn, 3600 Galt Ocean Drive, Apt. G-C, Ft. Lauderdale, FL 33308, offers both reminiscences and an update of the '33 grads:

Our graduating class consisted of 43 students. We could well be referred to as a close knit group. Very friendly and quick to aid each other. Graduating at the height of the great depression it was extremely difficult to make ends meet. Charging one dollar for extractions, one dollar for a

prophylaxis, one dollar for a one-surface alloy, two dollars for two surfaces, three dollars for three surfaces, forty-five dollars for a full set of dentures, etc., did not make for a lucrative income. However, we managed to survive in spite of the discouraging times.

In the past 10 years I have had the pleasure of having communications from Hugh Enyart, Sidney Silbert, Victor Jordan and George Myers. George was here in Ft. Lauderdale to visit his daughter in the spring of '84. He consented to come visit us and we had one great bull session!

I would enjoy hearing from any and all of my classmates. The Grim Reaper has been much too active with our class, as I understand but 15 classmates remain.

I retired in the summer of 1974 and immediately moved to Fort Lauderdale, Florida. Betty and I, after 10 years residing here, feel as though we are still on vacation. We enjoy good health and a fine circle of friends. I would like to take this opportunity to thank IU School of Dentistry for the beautiful glasses commemorating our golden graduation anniversary.

Our office has learned that Dr. Ferral A. Hodson died in Muncie on June 8, 1984.

Class of 1934

Dr. Harold S. Jones reports that. . . .

On September 28-29, 1984, the Class of 1934 celebrated its 50 year class reunion at the Fall Dental Conference in Bloomington. Those present were the following:

Samuel L. Border
115 W. 4th Street
Monon, Indiana

Drexell A. Boyd
5321 Whitemarsh Lane
Indianapolis, IN

Ralph R. Bush
103 S. Washington
Knightstown, Indiana

Fred A. Hohlt
6312 S. Sherman Drive
Indianapolis, IN

Harold S. Jones
8627 Emerald Lane
Indianapolis, IN

John T. Kensill
146 Los Angeles
Elkhart, IN

Norwin M. Miles
1817 Maple Lane
P.O. Box 38
Garrett, Indiana

John M. Rudolph
140 E. Lasher Street
South Bend, IN

One classmate that Dr. Jones would especially like to get some information on is Dr. Cecil S. Cohen.

We have an address update for:

Dr. Howard L. Imboden
1327 Quail Bend Circle
Dayton, OH 45429

We are sorry to report the death of Dr. Charles D. Parr on September 24, 1984, in Orlando, Florida.

Class of 1935

Dr. Leroy Sacks, 665 King Drive, Indianapolis, IN 46260, offers a glimpse of dental student days, as well as an update on his activities:

If I were to write about my classmates, I could fill a book. I am thinking more of our old instructors such as Dr. J.L. Wilson, one of the most dedicated dentists I have ever known. I still have a root canal in one of my first molars that he put in when I was still in high school. When you called

"J.L." over to check your work, it had better be right! My other favorite was Dr. Healey. He attended every one of our class reunions until his death. At every reunion he would stand up and call the class roll from memory all the way from Adams to Van Gilder.

Regarding news about myself, there's not much, except I've been retired for seven years. Love to work in my yard and garden (I believe sometimes I should have been a farmer.) Enjoy living here in Indianapolis with my son and his wife and my three grandsons (10, 7 and 3 years old). They are such a pleasure to us, and there is no way you could drag us away from Indianapolis as long as they are here. My son says we are getting in a rut and should take a trip. We tell him we have already been everywhere we want to go and prefer to stay right here in our home. (Do you suppose I am getting old?)

I think our class was one of the most friendly and loyal to IU. Due to the efforts of Dr. Gieringer (our president), we have had a class reunion every five years, except during World War II. They come all the way from California, the East Coast, Florida and everywhere in between. We have lost many of our beloved classmates, but this year we are having our 50th reunion!

The classmates I see or hear from most often are Dr. Hoyt Kuhns, my only living fraternity brother (Psi Omega), and our president, Ralph Edward Gieringer. . . . I am not much on corresponding. I leave most of that to my dear wife, Ethelene.

Among the classmates that I'd especially like to get some information on are: All of them! (Which I hope to, at our 50th reunion.)

Dean Ralph E. McDonald shares with us a note he received from Dr. Donald J. Van Gilder last January:

It was a real pleasure to enjoy the VIP tour of our dental school last Wednesday afternoon. Thanks very much for your kind hospitality in reliving the history of our

progress in dental education at IUSD with Mrs. Van Gilder and myself. "A challenge for excellence in dental service for sure!"

Class of 1936

Dr. Frank Loskot recalls that. . . .

Our Class of '36 was the last to have spent one year at the old building on Pennsylvania Avenue. We therefore enjoyed the modern new structure on Michigan Street to a greater degree than any subsequent class.

Dr. William Hammersley, 8217 Heatherton Ct., Apt. B, Indianapolis, IN 46256, shares some wartime memories and other information with us:

. . . .My roommate, John Reuthe ('37), had an attack of appendicitis and my father operated on him. In his sophomore year John had another attack of kidney stones. Father said he was getting too old to drive back and forth from Frankfort to Indianapolis to care for John and advised him to go to Wishard. On graduating John went to Boston to the Children's Clinic; then after that he took a tour of duty in Iceland. He has many stories to tell about that tour (with one kidney). WW II came along and they wouldn't take him. After WW II was over they drafted him. Makes no sense at all. . . .

During WW II I spent all of my time in the service in the state of Kentucky—Fort Knox first, then 3½ years at Camp Breckinridge. Became camp commander with eagles that never lit—ha! One memory of WW II was the camp commander of the POW camp. Brought his dog to the clinic and tried to get me to clean the dog's teeth. I said no and stood by it. That made him mad.

From the Class of '36 Joe Volker became Chancellor and President at the University of Alabama. . . Frank Loskot was a WW II hero. There were 29 of us. At the last reunion only 9 showed up. The rest were either dead or ill.

... I've only seen the class once since 1936. I have been a loner about social functions, although I am an outgoing person. I retired in 1982. In 1970 I had open heart surgery; in '79 I had a detached retina in the right eye. June 17, 1983, I had my second open heart surgery, a quadruple by-pass. . . . Was home about one month and took old-fashioned flu. That just about did me in. Sold my office and apartment buildings and practice. I guess 46 years was enough.

Class of 1937

We regret to report that Dr. Thomas F. Riddell died on August 11, 1984, in Westfield, Indiana.

Class of 1938

From Dr. George P. Riester we hear that he retired from his orthodontic practice on November 30, 1980. In the summers he can be reached in Bloomington, Indiana, where classmate Dr. Samuel B. Daubenheyer is a neighbor; in the winter he heads south. Dr. Riester's addresses follow:

1017 Commons Drive
Bloomington, IN 47401

Ocean Reef Club
Key Largo, FL 33037

We are also sorry to report the death of Dr. Frederick W. Heidenreich in Bloomfield, Indiana, on November 3, 1984.

Class of 1943

We are sorry to inform you Dr. Melvin Ritter died in Indianapolis on October 28, 1984. He was 65. Dr. Ritter was honored as alumnus of the year by the dental school in 1983 and was also a Saga-

more of the Wabash. He had been in private practice for 41 years. Dr. Ritter is survived by his wife, Georgia (Jo), and daughter, Jody Renard.

Class of 1944

Dr. Marvin E. Beall, 20282 Eastwood Cle., Huntington Beach, CA 92646, informs us that he is practicing full-time in Huntington Beach, and still keeps in touch with Dr. Robert Brown, of Oakland City, Indiana, and Dr. William VanHorn, of Terre Haute. He says both Dr. Brown and Dr. VanHorn retired in 1984.

Class of 1945

Drs. Gordon Abbott and S. Miles Standish were presented with plaques at the IDDS membership meeting in March. Each was honored for his 40 years of service to the dental community.

The following note from Dr. Hugh S. Deale has been forwarded to us:

Had our sixth grandchild (a girl) born in December, 1982, to Barbara, a missionary in Bolivia. Number seven (a granddaughter) was born in August, 1983, to Peggy in Houston, Texas.

Dr. John M. Stenger, 1529 Hoover Avenue, South Bend, IN 46617, sheds some light on his '45 classmates:

Only 36 graduated in that class, but many leaders in Dentistry! S. Miles Standish, prominent in oral pathology and forensic dentistry; Dick Jennings, for years an educator in pedodontics; Chuck Vincent, educator; J. Weir Mitchell, periodontist and educator; Irving Newmark, leading dental economist, group practitioner and computer authority; Bob Ricketts, pioneer in cephalometrics and laminagraphy (probably the most distinguished orthodontist in

the world!). Study groups are named after him in Europe, Asia and Australia. Jim Ricketts, Art Mullin and Bill Jefferis, outstanding men in physiologic dentistry. Jack Stenger, often referred to as the father of Sports Dentistry, author and lecturer in Sports Dentistry and physiologic dentistry.

No class ever sang as well as our class did. Out of 36 graduates, at least 29 were from good to great in the singing department. We had an octet that sang all over Indianapolis. It wasn't unusual to be working on the clinic floor and hear "My Wild Irish Rose" being sung in the adjacent labs by my classmates in four-part harmony. . . .

In spring of 1982 an unusual thing happened. Mrs. Stenger and I were having breakfast with several Japanese dentists who were sponsoring my lecture in their country. The city was Osaka, the hotel, the Palace. I hear a voice next to me say, "Jack Stenger, is that you?" It was my classmate, Bob Ricketts, who was having breakfast with the men who were sponsoring his lecture tour. Isn't it a small world? Bob practices in Pacific Palisades, California, and I in South Bend. I see Art Mullin, Jim Ricketts and Bill Jefferis regularly, Jack Calland occasionally and Hugh Seller falls in the same category. Hohe, Kivett and Glazer come to the class reunions along with Doc Warren and Gordon Abbott.

The classmates that I'd especially like to get some information on are: Arnold Russo, Frank Longcamp, Chuck Vincent, Andy Anderson, Harold Rosenman, Stanley Schwartz, Robert Kemp and William Witt.

I have lectured all over the USA and Japan on physiologic dentistry, functional prosthodontics and sports dentistry. Just returned from an all-day lecture at the 10th Yankee Dental Congress in Boston.

Class of 1948

Dr. Max C. Burke, of Indianapolis, was inducted as a Fellow of the Inter-

national College of Dentists in Atlanta, Georgia, on October 20, 1984.

Class of 1951

Word has been received of the death of Dr. David D. Bechtel in Goshen, Indiana, on July 22, 1984.

Class of 1953

Dr. William T. Meek has been elected to the Board of Directors of Blue Shield of Indiana for a three year term. Dr. Meek is the first dentist to serve on the Board.

Class of 1954

The following letter has been received from Dr. Robert L. Bogan:

I have read and enjoyed the Alumni Notes column. . . in each issue of the Alumni Bulletin, and I have often wondered why more graduates didn't write in and report on their activities. Then it occurred to me that I had never provided anything in the past, and I decided to provide a bit of information about the thirtieth reunion of the "Class of 1954."

The "Class of 1954" gathered for its thirtieth reunion during the 40th Annual Fall Dental Conference in Bloomington on September 27-29, 1984. We were very proud of the response of our members, and we had 38 (out of 62 living alumni) that returned for one or more of the events. Some of us came early and stayed late. There were several whose presence was noteworthy because this was their first visit back since commencement. Classmates and families came from such distant points as California (4), Colorado (1), Florida (2), Nevada (1), and Puerto Rico (1). Counting family members, there were over seventy people in attendance at our Saturday night class banquet.

We were very pleased that our class won not only the "Class with the greatest number

attending" contest, but also the one for the "Class with the highest percentage in attendance." Poor Scotty had to use his ultra-wide-angle lens to get us all in the class photo.

We enjoyed each other's company while we were in Dental School and have continued to do so as often as possible since graduation. Another bit of interesting data about our class that is noteworthy is the number of offspring who have chosen some phase of dentistry as their career choice. Nineteen of our class members have had a son or daughter enter the dental field. This has, to date, produced thirteen dentists, five dental hygienists, two dental technicians, and untold numbers of dental assistants. There are three more sons currently enrolled in dental school and one is applying for admission in 1985.

I don't know if that constitutes any kind of record, but it indicates the positive image our class members have created for their families.

We have already begun to look forward to our 35th in 1989 and hope to have an even greater turnout.

Class of 1956

Dr. James L. Pittman, 1850 Colfax, Benton Harbor, MI 49022, raises some interesting questions that we hope will be answered by some of his classmates:

I think that the class was a good one. It was made up of a mixture of older men and some were Vets but several of us were younger and had not been out of school. I believe that our education was excellent when compared with the other schools. I wonder how the faculty would compare us to the most recent generations of students? Were we the beginning, the beginning of the end, or the end?

Occasionally I hear from John Austin, John Ames, John Williams. I see Don Stroud quite frequently as he has been president of the Michigan Dental Association during this past year and of course a trustee prior to that. We both crossed over the Michigan border so we don't get to the Indiana meetings much.

I wonder what kind of golf handicaps Jack Leer and Russ James are supporting now? Is Wayne Alley still in endo in the big city? What happened to George Robinson and Richard McDowell? Is Bob Callis still bending wire or retired to golf?

The comradeship was memorable, standing in line at the supply window and parties were things to remember. Then there was the time John Ames ground a hole in his mirror the first time he worked on an upper bicuspid in the clinic.

I'm still practicing pedo in Michigan. When I lived in southern Indiana, I thought Michigan was close to the north pole and I still think it is.

Dr. John R. Mink, chairman of the department of pediatric dentistry at the University of Kentucky and the University of Louisville dental schools, has been elected chairman of the American Board of Pedodontics.

Dr. John L. Ames of Merrillville has received the Academy of General Dentistry's Fellowship award.

Class of 1957

Dr. Edward L. Fritz of Evansville is the recipient of the Academy of General Dentistry's Fellowship award.

Class of 1960

We have a new address for Dr. Carolyn Sewell Yamaoka:

1437 Mokolea Drive
Kailua, HI 96734

Also, we have been informed that Dr. Monte E. O'Connor has relocated his office to the Southwood Professional Park at the following address:

7748 Madison Avenue
Indianapolis, IN 46227

Class of 1961

Dr. Ronald K. Bowman, of Indianapolis, has received the Mastership Award from the Academy of General Dentistry.

Class of 1962

We have received a change of address for:

Dr. Norman E. Chamberlain
2800 North Atlantic Avenue
Towers Apartment 1102
Daytona Beach, FL 32018

Dr. Jack D. Brooks is Professor and Chairman of Dental Hygiene at East Tennessee State University.

We regret to report that Dr. Louis E. Kelley died January 9, 1985, at the age of 56 at his home in Plainfield, Indiana. At the time of his death Dr. Kelley was the dental director of the Indiana Youth Correctional Center at Plainfield.

Class of 1964

Dr. James W. Bayley, of Lafayette, and Dr. Charles A. Hollar, of Warsaw, have received the Fellowship award from the Academy of General Dentistry.

We have been informed that Dr. Michael F. O'Halloran died April, 1984, in San Francisco.

Class of 1965

Dr. Jerome L. Friedman, of Indianapolis, and Dr. David Willits, of Bluff-

ton, have received the Fellowship award from the Academy of General Dentistry.

Class of 1970

Dr. August M. Natalie, of Plainfield, is a recipient of the Fellowship award from the Academy of General Dentistry.

At the request of the Bulletin Dr. Chuck Hazelrigg, 5057 Woodfield Drive, Carmel, IN 46032, has provided an update of his activities:

Since graduation in 1970, I have completed the postgrad requirements and received my certificate in pediatric dentistry from IU. I am currently the Director of Medical Support Services at Central State Hospital, part-time faculty in pedo and part-time private practitioner in pedo. In my spare time, I am the Scoutmaster of Troop 199 in Carmel, Indiana, and in the spring and summer I coach Little League Baseball (ages 10-13). I enjoy collecting antiques, genealogy, and traveling with my family. The classmates I hear from most often are Ron Henderson and Steve Shoultz.

Class of 1971

Dr. Charles E. English, 417 Waverly Drive, Augusta, GA 30909, offers us his opinion on the general character of the Class of '71, along with a personal update:

We were the last of the "traditional" type student before the effects of the Vietnam rebellion with its problems. We were basically a very solid class with few trouble-makers.

I see or hear most often from Chuck Puntillo, Dan Schellhase, Charlie Baker and Tom Miller.

I would like to see a Class of '71 directory made up on the whereabouts of each classmate, marital status, type of practice, dental interests, children, hobbies, and whereabouts of faculty who were teaching in '71.

It's interesting how cohesive a class can be for four years and then everyone goes their own way. A surprising number of classmates remain essentially incommunicado and appear to really not care about the others. Perhaps I am wrong, but that is the impression I get.

Presently I am chief of prosthodontics at the VA Hospital in Augusta, Georgia, and Assistant Clinical Professor at the Medical College of Georgia. I've been married ten years and have a daughter, age 6. My dental interests are implant-prosthodontics, and personal interests are gardening and cooking.

The Academy of General Dentistry's Fellowship award has been received by Dr. Ralph T. Rucinski, of St. John, Indiana.

Class of 1973

Dr. Jeanne L. McDonald has given us an address update:

440 Western Avenue
Portland, ME 04106

She informs us that Dr. Bob Achterberg and his wife, Nancy, are living in Wiesbaden, Germany, where they are studying the language and doing a lot of traveling. She also says that Dr. Mike Badell got married in August, 1983. Dr. McDonald would especially like to get an update on Drs. Steve Mullin, Tom Kiebach and Tony Oexman (so if you are out there, we hope to hear from you, as well as all other '71 grads).

Congratulations to Dr. Bruce D. Raibley, of Boonville, Indiana, who has received the Fellowship award from the Academy of General Dentistry.

Class of 1974

We have heard from Dr. Keith W. Dickey, 332 Whispering Oaks Drive, Bethalto, IL 62010 who shares with us an update on a favorite classmate:

My classmate and former roommate, Dr. Melvin Collins, has continued to be the closest friend I have. We communicate at least monthly. Mel has quietly provided general dental care to his 'family' of patients at his same private dental office located in Northwest Medical Center, Indianapolis, which he began over ten-and-a-half years ago. In his occasional break from the office routine, Mel has been working on restoring his older home in the Broad Ripple area of Indianapolis for nearly five years. He's doing a beautiful job. In my opinion, Mel is a fine example of the excellent preparation for general dental practice provided during our years at ole I.U.

Dr. Dickey also lets us know what he's been up to:

Since entering full-time education as Section Head of Practice Management and Director of Dental Auxiliary Utilization at Southern Illinois University School of Dental Medicine, I returned to being a student in the SIU Master of Business Administration Program. In addition, I practice one day each week in a pedodontic practice in Godfrey, Illinois.

Dr. Edward G. Prusz of Evansville has received the Fellowship award from the Academy of General Dentistry.

Dr. Michael Johns' new pedodontic dental office in South Bend caught the attention of the media recently. Excerpts from an article by Becky Emmons, of the South Bend Tribune, follow:

...Dr. Michael Johns has turned a magnificent, three-story classic-revival brick house at 103 S. Eddy St. into the

office of his children's dentistry practice. It's certainly not your typical children's dentist office.

The reception room is filled with Queen Anne-style furnishings—from camel-backed sofa to Queen Anne armchairs. The walls of this formal room are white, but all of the detailed molding—crown, wainscot and picture molding—and the fireplace mantel and shell bookcase are brought out with Williamsburg blue. . . .

The elegance doesn't end when one steps from the reception room. Johns has taken great pains to retain original walls, doors and fixtures. In short, he's tried to keep it the elegant house it once was. In a consultation room, once the library, for example, is another fireplace. . . .

Johns admits the renovation took a lot of hard work and sleepless nights and people told him he'd never be able to complete it in three months. He'd set his target date to open as July 1; he made it.

Since the house had been vacant for two years, it needed extensive repair work, not to mention, renovation for use as his office. He had a large, curved oak counter custom-built to accommodate a computer and fit it in the front hall between the reception room and his business office, formerly the dining room. The kitchen became the sterilization lab.

Aside from "a lot of general fixup," the major renovations he's made have been converting the garage into the room where children are treated and installing new heating and cooling systems.

He's proud that he hasn't destroyed it as a house. He did add one bathroom and remodeled the existing bath-

rooms, but says it could be used as a family home again.

Much of the work was outside. He had to clear the large, overgrown backyard to make room for his parking lot and discovered five buried gasoline tanks that he learned were installed by former owners during the gas crisis.

The tanks had to be removed and he dug up the paving brick driveway and used the bricks for landscape walkways at the rear of the house. . . .

Johns uses only the first floor and basement, unsure what he'll do with the spacious second and third floors. The second floor alone has seven bedrooms and three bathrooms. . . .

Class of 1976

Dr. Philip L. Nicholson, Mooresville, Indiana, is the recipient of the Fellowship award from the Academy of General Dentistry.

And we have received the following addresses:

Dr. James B. Carr
266 Medical Drive
Carmel, Indiana 46032

Dr. Robert H. Hornbrook (MSD)
Department of Periodontics
West Virginia University
School of Dentistry
Morgantown, WV 26506

Dr. Jeanne M. Vickery
723 - 57th Avenue, S.W.
Suite #328
Calgary, Alberta
Canada T2V 4Z3

Class of 1978

Drs. Daniel M. Bade of Highland, Indiana, and Robert M. Modrowski, of St. John, Indiana, have successfully com-

pleted the Fellowship program of the Academy of General Dentistry.

Dean Bogan's office has received a newsy letter from Dr. Dayn Boitet and his wife, Judy. Excerpts follow:

This past year has been a busy one. Kyle turned two years old on February 25th ('84) and Lauren will be two on November 30th ('84). We moved into our dream house on March 11, 1984. It was really quite exhausting to pack and move with two toddlers busy at your ankles. We moved all of our worldly possessions two miles, to our new homestead: 2611 Eagle Bay Drive, Orange Park, FL 32073. It took three loads. Dayn's favorite part of the move was the piano. Judy's favorite part was the pizza and driving the truck (except when she hit a new neighbor's tree!!). She was soooooo tired. But for a good reason. Two weeks after the move Judy's rabbit died and went to heaven. Yes, it's true. . . . bambino #3 is on its way. It should already be here by the time you receive this letter. November 15th is the due date. . . .

Judy works one day a week in Dayn's office. . . . Dayn's practice is doing very well. . . . It just keeps growing. We have 1^{1/2} more years on this lease. We anticipate a possible move closer to Orange Park in the future. . . .

Dayn is still a "weekend warrior" in a Navy reserve unit. It's really a nice group of people, but he finds that he is less and less willing to give them weekends when his family is getting bigger.

From our house we wish you a fulfilling 1985.

A "P.S.": Baby Boitet #3, Natalie Marie, arrived on November 26, 1984.

Class of 1980

We have a new address:

Dr. Kenneth H. Kahn
59 Pond Street
Winchester, MA 01890

Class of 1981

An update from Dr. Bruce E. Smith has been forwarded to our office:

Restoring a '54 Corvette and '60 Chris Craft "Woody" speedboat keeps me busy in the spare time. Skied Jackson Hole and Aspen for relaxation—bring on summer!

Some address changes:

Drs. Robert and Esther (Ong) Cheung
5806 Eldergardens Street
San Diego, CA 92120

Dr. William E. Arnold, Jr.
16342 Pleasant Beach Rd, SE
Yelm, Washington 98597

Dr. Arnold is on active duty in the Army, stationed in Ft. Lewis, Washington.

Class of 1982

Dr. Gary Metzler, 1344 Brummitt Lane, South Bend, IN 46615, tells us that he and classmate, Dr. Terry Mahoney:

. . . . live and work near each other. We have shared family outings, ideas about dentistry and fishing trips to Lake Michigan and several smaller lakes in Indiana and Michigan.

Dr. Metzler would most like to be updated on Dr. Brian Casciari's activities (so let us know if you're out there, Dr. Casciari!).

A new address for:

Drs. Robert and Esther (Ong) Cheung
5806 Eldergardens Street
San Diego, CA 92120

Dr. Mark M. Farthing
403 Woodland E. Dr.
Greenfield, IN 46140

Class of 1983

A new address has been received:

Dr. Frederick L. Steinbeck
939 Meadowland Dr. #104
Cincinnati, OH 45230-4426

Class of 1984

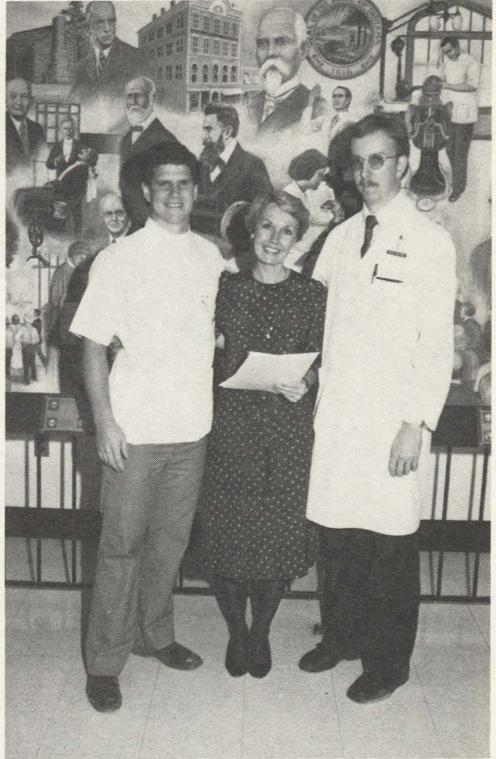
We have an address for:

Dr. James Andrew Taff
1101 North Washington
Rushville, IN 46173

Dr. Jeffrey L. Percy
5253 Lindell Avenue
Portage, IN 46368

Preventing Bacterial (continued from page 59)

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6. American Heart Association. Prevention of bacterial endocarditis. *Circulation*. 70:1123A-1127A, 1984.
7. Neidle, E.A., Kroeger, D.C., Yagrela, J.A.: *Pharmacology and Therapeutics for Dentistry*, St. Louis, 1980, C.V. Mosby Co., pp. 542-45.
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9. Sconyers, J.R., Crawford, J.J., and Moriarty, J.D.: Study of bacteremia following toothbrushing using sensitive culture methods. *IADR Program and Abstracts*, No. 757, 1971.
10. Murray, M., and Moosnick, F.: Incidence of bacteremia in patients with dental disease. *J Lab Clin Med* 26:801, 1941.
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12. Bandt, C.L., Korn, N.A., and Schaffer, E.M.: Bacteremias from ultrasonic and hand instrumentation. *J Periodontol* 35:214-215, 1964.
13. Slots, J., Rosling, B.G., and Genco, R.J.: Suppression of penicillin-resistant oral *Actinobacillus actinomycetemcomitans* with tetracycline. Considerations in endocarditis prophylaxis. *J Periodontol* 54:193-6, 1983.



This year's recipients of Dr. Stephen D. Slavin Memorial Scholarships are: Douglas A. Stanley (left), third-year student; and Terry Nelson, fourth-year student. The awards, presented by Mrs. Linda (Slavin) Needham, are in memory of Dr. Slavin, a 1967 graduate who practiced in Muncie before his accidental death in 1975. Recipients must have attended a Muncie high school.



Mrs. Virginia Scott, right, wife of Director of Illustrations Richard C. Scott, is shown with the Golden Service Award, sponsored by J.C. Penney Co., and presented to her for volunteer services at James Whitcomb Riley Hospital for Children. Pictured with Mrs. Scott is Mrs. Jane R. Engdahl, Continuity of Care Coordinator. She is holding the \$250 check which accompanied the award and in turn was given by Mrs. Scott to Riley Hospital.



An Agreement of Friendship between Matsumoto Dental College and Indiana University was signed on January 17, 1985, by Dean Ralph E. McDonald and, from left, Dr. Toshio Deguchi, Chairman of Orthodontics at Matsumoto; Dr. Shigeo Eda, Professor of Oral Pathology; and Dr. Takahiro Imanishi, Academic Director and Professor of Pedodontics. Matsumoto Dental College, a private school established 12 years ago, admits 120 dental students, 20 dental hygiene, 20 dental assisting and 20 dental laboratory technology students each year. The school has its own basic science departments, dormitories and even an athletic program. The sister school relationship is being developed to allow the exchange of faculty and graduate students for our mutual benefit. Dean McDonald attended the Matsumoto Dental College commencement March 23 and participated in the ceremonial signing of the agreement. The Dean also brought a message of congratulations and good will from IU President John W. Ryan.



Action at the Winter Board Meeting of the IUSD Alumni Association



Indiana University Alumni Association

Membership Development Award

GREATEST PERCENTAGE OF PAID MEMBERSHIPS AMONG ALUMNI

Presented to INDIANA UNIVERSITY SCHOOL OF DENTISTRY

DECEMBER 8, 1984

Edgar F. Kettler
President
Indiana University
Alumni Association

Frank B. Jones
University Director
of Alumni Affairs

Winner and Still Champion: The 1984 Membership Development Award was presented by the Indiana University Alumni Association to the School of Dentistry for the greatest percentage of paid memberships among IU alumni. This means that the Dental School retains its traditional position at the head of the alumni parade!



This beautiful drawing of Commodore Grace Hopper, USNR, showing aspects of her remarkably productive career, was created by Dr. Rolando A. DeCastro. It was presented to the 78-year-old Commodore Hopper last fall when she was Visiting Lecturer in the first Gerontology Forum held at the Indiana University Medical Center. A renowned mathematician, scientist, and computer expert, Commodore Hopper has received many honors from leading universities and the U.S. Navy. As the line in the drawing suggests, she has become a living legend in a naval career dating back to World War II.

Boys' School Records Show Sharp Drop In Caries Experience

Dr. Henry C. Heimansohn ('50), a private practitioner in Danville, Indiana, and a part-time staff dentist at the Indiana Boys' School, recently completed an informal review of dental records at the Boys' School to determine what effect water fluoridation may have had on the Indiana population over a number of years. Records based on clinical observations were available on 15,118 boys (average age: 16) who had been admit-

ted to the School from locations throughout the state during a 25-year period (1959-1984). Dr. Heimansohn, who examines approximately 1,000 boys at the School each year, found that the caries rate has decreased 80% since 1959.

Dr. Heimansohn speculates that the 80% reduction in dental caries in these teenage boys, while reflecting the success of Indiana's fluoridation program, might also influence the number of dentists needed in Indiana and redefine the areas to emphasize at the predoctoral level of dental education.



With limo and chauffeur at the ready, Dean McDonald and his office staff paused for this picture one day last winter before heading downtown for a sumptuous luncheon at a new Indianapolis restaurant. The grand event came about when Ginger Lashley (right), receptionist, won a radio station contest and the prize was the Limo n' Luncheon. Others, from left, are Annette Reed, Eva Birchman, Chris Smith, Duane (the driver), and Dean McDonald.

Indiana University School of Dentistry
(ALUMNI BULLETIN)
1121 West Michigan Street
Indianapolis, Indiana 46202

Address Correction Requested

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