

Alumni Bulletin

SCHOOL OF
DENTISTRY

Spring Issue 1986

Indiana University

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Indiana University School of Dentistry ALUMNI BULLETIN CONTENTS

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Dental and Medical Team Puts a New Face on Life For a Vietnamese Refugee

*Karen S. Yoder and
Ralph G. Schimmele**

Loc Luu's story begins like that of many other Vietnamese refugees who fled their country during the war and the postwar turbulence. However, it has developed into a dramatic portrayal of how dental and medical teamwork can make a difference in the life of an individual.

In June, 1979, Loc Luu left Vietnam and for the next 18 months led the precarious life of a refugee. His problem was compounded by a severe maxillo-facial deformity which made it impossible for him to eat properly or to speak in a normal manner. Not until his plight came to the attention of a compassionate group of health professionals in Fort Wayne was Loc able to get help. Today his physical problem has been solved, he has a job and a family, and the future looks bright.

Let's go back to the beginning of Loc's flight to freedom. His parents used the family jewelry to buy space on a small overcrowded boat for Loc and his brother An. The matter was urgent because the brothers were 20 and 21 years old, respectively, and would soon be drafted into the Communist army if they remained in Vietnam. Loc would have to leave his job as a track and swimming coach and give up his motorcycle repair

business to find a new life in another country.

Their boat was launched at night for the 12-day trip to Malaysia with 120 people aboard. As with many of the refugee boats, twice during the voyage pirates from Thailand attacked. Knowing that the gold given him by his parents was basic to their existence, Loc swallowed it. Later it was to be traded for rice, fishing equipment and cigarettes at an exchange rate clearly advantageous to the Malaysian police who acted as exchange agents.



Ms. Nancy Keyser

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Loc, his brother, and their companions on the boat were more fortunate than many others who fled Vietnam, in that they lived through the journey. The pirates only looted their boat and did not harm the passengers. The sea was their greatest adversary. Waves were high and the sea rough, and the overloaded boat cracked under the stress. A length of heavy rope was used to tie the almost severed sections of the boat in place to complete the journey.

Survival Skills Needed

After arriving on the island site of the Malaysian refugee camp, the brothers built a shack of canvas, cardboard and thatch, and began learning the skills needed to survive in the place that would be their home for the next 18 months. Forty-two thousand people were crowded together in the camp. Insects and rats were a common nuisance. Toes that poked out from under the mosquito netting might be bitten by rats. The brothers put poison out at night and the next day would need a shovel to remove all the dead rats.

Fresh water was scarce. The ration was two gallons per person every three days, to be used for cooking, washing, and drinking. Refugees would sometimes wash in the ocean, but the salt water would make the skin dry and itchy. Fresh water was frequently a target for thievery. Cans of food arrived by ship from America and other countries and were distributed by calling the name of the boat on which refugees had arrived. Occasionally, there were delays of a week or more when the ships could not get close enough to the island to deliver the goods. Fishing was the obvious solution to the hunger problem, but Malaysian officials forbade it. They claimed that the food supply was adequate, but Loc, who was rapidly losing weight, knew better. He and his brother risked building a small boat on the back of the island

and secretly went out to fish, sometimes at night. Camp guards found the boat and burned it, but Loc and An built another one and hid it in another secluded spot.

Severe Dental Problem

Finding soft food such as fish held special significance for Loc. He was unable to eat the canned meat from the ships. At home in Vietnam he had lived on eight eggs a day. The reason: Loc Luu had absolutely no occlusion. When he closed his mouth as far as possible, his molars and all of his remaining teeth were far apart. During adolescence his jaws had taken an abnormal growth pattern which left him with a hypoplastic maxilla and a severely hyperplastic mandible; an occlusion which was 11 millimeters apart in its closest relationship. The cause is only speculation: perhaps a congenital anomaly. The result was a severe facial deformity and inability to chew food. He could not enunciate words properly and when he tried to speak for more than a short time, he experienced severe pain in his temporomandibular joint.

He cannot remember when his mandible started growing abnormally. He thinks it was when he was 11 or 12 years old. He remembers having a high fever when he was six, being in the hospital and being unable to open his mouth. Perhaps polio? He says they treated him at the hospital—he cannot remember what they did—but then he could not close his mouth any more. He has a picture of himself looking like a normal nine-year-old, but by the time he was 11, his jaw was getting longer day by day and his mouth was staying open wider and wider. Details of the experience are unclear, but the results were dramatic, disfiguring and very unfortunate for Loc.

In Vietnam and in the Malaysian refugee camp, Loc had been examined by doctors who told him there was no hope

of solving his problem: he would never be able to look or chew or speak like other people.

When Loc and An finally left the camp, it was with the help of an uncle who had been placed in Fort Wayne through Catholic Charities 10 months previously. He now had a job and was ready to assist them. Immigration officials agreed that Fort Wayne was an appropriate destination for them.

Arrival in Fort Wayne

They were welcomed to the city by Nancy Keyser, Resettlement Coordinator for Catholic Charities of Fort Wayne-South Bend Diocese, and by their new sponsors, Paula and Kent Ellis and Rachel and Dwayne Yoder.

The Ellises and Yoders are Mennonites. Their church has a long history of commitment to relief programs and refugee resettlement, so it was quite natural for them to offer to help an agency which was providing these services. Loc and An were their first Indochinese refugee assignments.

Nancy Keyser is a Baptist who taught special education for five years, but was then attracted to a role at Catholic Charities, the church agency which oversees the refugee resettlement effort and many other social service programs. From the beginning, this was an ecumenical effort responding to a human dilemma: the choice between remaining in a homeland being overrun by a brutal foreign power or fleeing into uncertainty.

Catholic Charities, moved to action by the refugee crisis that began before and during the fall of Saigon in 1975, started bringing Indochinese refugees to Indiana immediately. The efforts were directed by John Martin, currently Director of Catholic Charities for the Diocese of Fort Wayne-South Bend. With the help of a federal grant, resettlement offices have been established in each of the five dioceses in Indiana. There are now close

to 3,800 refugees in Indiana and approximately 1,400 have settled in the Fort Wayne and South Bend areas. Most have had sponsors who help to smooth their transition to a foreign country.

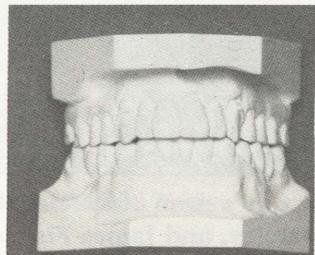
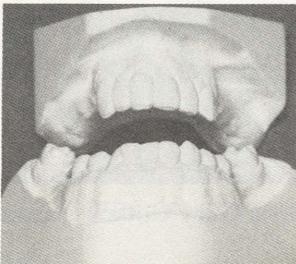
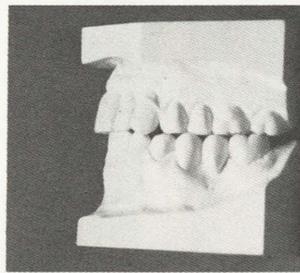
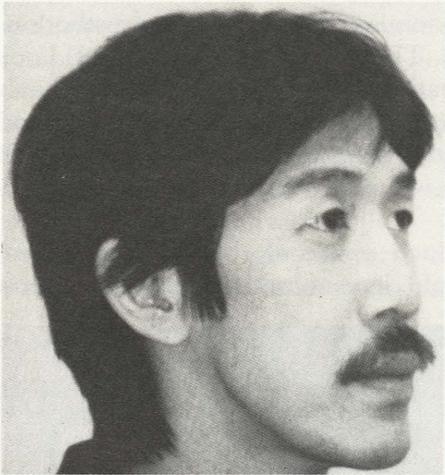
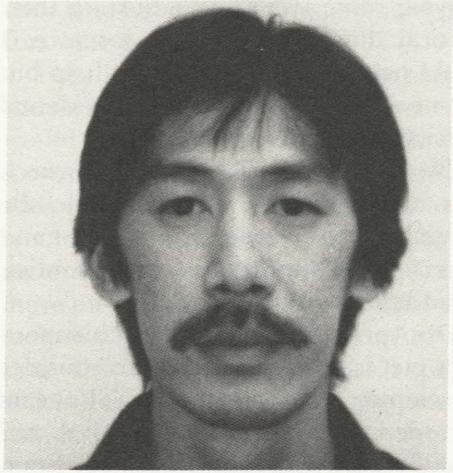
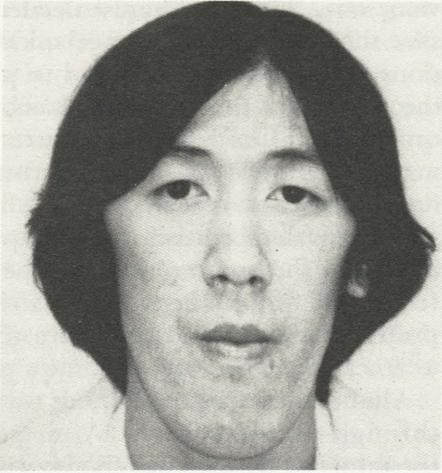
Laboratory tests and health screening are a part of the refugees' initiation into this country. Many of them have spent months in crowded camps and are at high risk for contracting parasites, tuberculosis or hepatitis. The Refugee Act of 1980 provided funds for such tests. Dental care, however, was not considered high priority, so no systematic treatment was provided. To respond to this need, the Indiana State Board of Health through Karen Yoder, Consultant in Community Dental Health, began screening of all refugees to identify the most severe cases and attempt to link them with a dental practitioner who would be willing to provide care for them. Loc Luu's problem was identified at one of these screening programs.

It was obviously a highly unusual case that demanded action. But what was appropriate? What was possible?

On January 15, 1981, Karen wrote to Dr. Gary Gotsch, a Fort Wayne prosthodontist. She described the case and asked if he would be willing to examine Loc. The reply: Of course he would. Dr. Gotsch saw Loc on February 13. What he saw was unprecedented in his experience, a craniofacial deformity so severe that the ramus was impinging upon the maxillary tuberosity and preventing closure. He asked Dr. Baron Whateley, an orthodontist, to step over from his adjoining suite. Both agreed that this was the type of case one sees only in textbooks.

A Team Approach

Dr. Gotsch found it frustrating because of the magnitude of Loc's problem. He said: "With most patients I could make a denture or a partial and establish a functional occlusal table simply by re-



moving some teeth and adjusting their vertical dimension. In this instance, I could not do that. I wanted to help but we needed to work with other dental specialists.”

Clearly, a multi-disciplinary approach was needed which would include the specialty areas of endodontics, oral and maxillofacial surgery and orthodontics, in addition to prosthodontics.

On April 13, 1981, Loc and his sponsors met with the specialists to consider developing a treatment plan. The team included Dr. James Dumas, oral and maxillofacial surgeon; Dr. James Fisher, endodontist; Dr. Baron Whateley, orthodontist; and Dr. Gotsch, prosthodontist. The specialists agreed that Loc's situation was affecting his health, that it threatened his future well-being, and that treatment should be attempted if Loc wished to undergo the lengthy process.

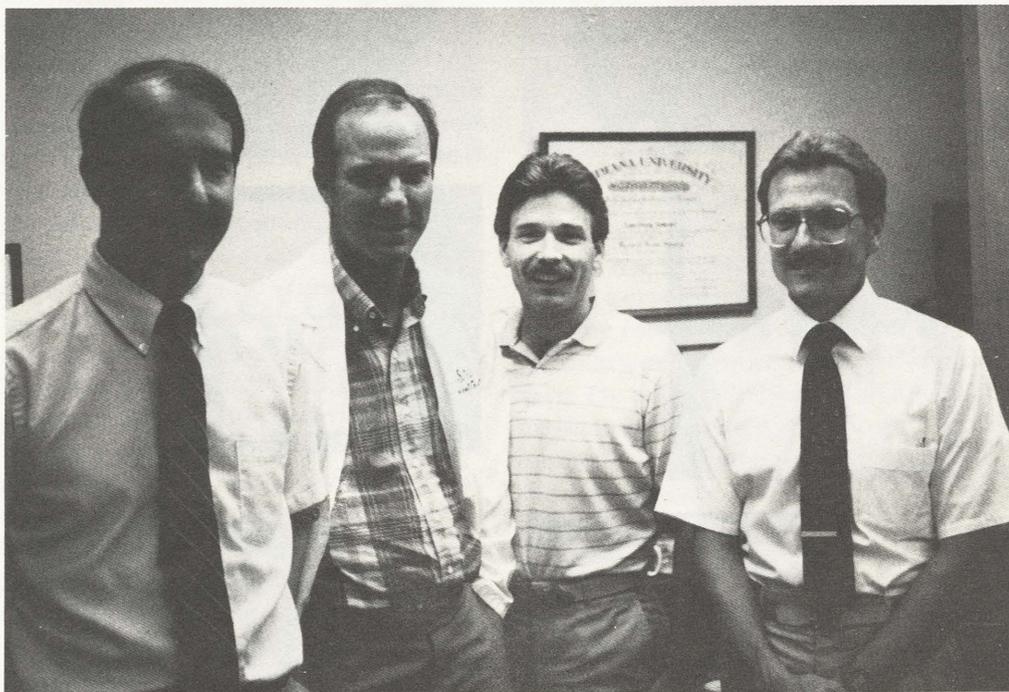
Each phase of the treatment plan would depend on the success of the pre-

vious one. The endodontist needed to save the teeth which had periapical lesions, the orthodontist needed to place the teeth in a functional position, the oral surgeon had to restructure the mandible and maxilla, and the prosthodontist had to make it all work with fixed and removable prostheses. If one process failed, the entire plan would be defeated. It would be a test of their professional skills and they were ready to accept the challenge.

All of this was explained to Loc through an interpreter. After some thought, Loc decided he was also willing to begin this venture which would undoubtedly change his life in some way—no one could predict to what extent.

Request Denied

By April 23, 1981, fee quotations were submitted to Medicaid. Complete documentation of the case was submitted by each of the doctors, but the request was denied. Dr. Dumas and Dr. Gotsch ap-



Loc Luu's team of specialists (from left): Drs. Gary Gotsch, James Dumas, Baron Whateley, and James Fisher

peared at an appeal to testify to the gravity of Loc's situation. They described the pain he was experiencing and how his condition was affecting his health and his adaptation to this culture. The final denial was issued at the end of October. The treatment was described as beyond the scope of Medicaid because gold work, orthognathic surgery, and orthodontics are disallowed services.

The dental specialists knew that their team approach held the key to a productive and fulfilling life for another human being and they were not going to be deterred. They decided to contribute their services and try to get the other health care providers to do the same. The plan was cleared with all components of the health team and Loc Luu's reconstruction began.

In December 1981, Dr. Fisher began his part of the treatment plan. Loc had multiple areas of missing teeth and the remaining teeth were very important to creating a functional occlusion. Some previous dental work had left Loc with periapical lesions. Dr. Fisher performed molar endodontics on the mandibular left quadrant and surgical endodontics with retrograde fillings on four maxillary anterior teeth.

In March 1982, Dr. Whateley began putting appliances on the mandibular arch with the objective of leveling and aligning the mandibular teeth to enable surgeons to do upper and lower osteotomies and create occlusion. The orthodontic process took about a year.

On April 15, 1983, Loc was admitted to Parkview Hospital in Fort Wayne and began preparing for the surgery which was to be performed that next day. Dr. Joseph Richardson had agreed to conduct a medical examination. Dr. Manual Tan would administer the anaesthetic. Dr. Timothy Shambaugh would assist Dr. Dumas in correcting the maxilla and mandible and reducing the size of Loc's

chin. Dr. Gregory Hoffman would perform the bone grafts.

They judged that they couldn't move the mandible back all the way because it would be about a 25 to 30 millimeter move and they doubted that it would be successful. The alternative they chose was to move the maxilla six to eight millimeters, bone-graft it forward, and then move the mandible posteriorly. They also took a 10-millimeter wedge out of the chin. Dr. Gotsch made intraoral splints which were wired in place at the time of surgery.

Dr. Dumas commented, "Loc had no problems recovering from surgery; he was a model patient. He never made one complaint throughout the entire hospitalization. He was probably the best patient I have ever had, even after a five-hour operation. That was the worst jaw relationship case that I have ever seen or been involved with surgically."

Results of the surgery were so dramatic that when Loc's brother, An, came

(continued on page 90)



Mrs. Rachel Yoder

Coping With Stress At Work, Home and Play

*James L. McDonald, Jr.
and Arden G. Christen**

Dental office personnel tend to believe that the chairside practice of dentistry is more stressful than other occupations. Actually, however, sources of stress cannot be separated according to the various compartments of life; they operate and freely overlap between the various environments in which we find ourselves—at work, at home or at play. Our work environment clearly does influence our perception of home and recreation, and it directly or indirectly affects our human interactions and communications. Likewise, what happens to us at home, and how we perceive it, affects our job performance.

This article will explore in a step-by-step manner, practical ways of coping with excessive stresses in all of life's arenas.** How to recognize harmful stressors and their impact upon one's life will be discussed, along with adopting a philosophy of life, and finally, reorganizing one's work and home environment to better cope with stress.

Recognizing and Analyzing Harmful Stressors

Excessive stress (distress) can occur as a result of any unsatisfactorily resolved

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**It is beyond the scope of this paper to dwell on such basic concepts of stress as how the body responds and/or adapts to stress and the complex interactions between the mental and physical aspects of life. Suggested readings on these topics appear at the end of this article.

***For this article, the word "stress" will also be used to describe excessive stress (distress).

situation or incident.*** Often it represents a chronic stress overload. The #1 stressor is said to be "uncertainty." When we don't know what to expect next, we are in a constant state of semi-arousal and turmoil which burdens our body's adaptive resources and resistance systems. Humans must have regular periods of "psychological safety" where they can lower their guard and relax. These buffer periods insulate us from the harmful effects of stress which are bound to come as a regular part of living. They give us some predictable comfort and help us gain control of our own life and destiny. If we can reduce uncertainty in our life, we can significantly reduce our level of harmful stress.

Perceptions of Stress

The individual stressor does not of itself cause the problem; rather it is the individual's interpretation of this unrelieved stress that produces a problem. If people perceive that they are under stress, they actually are, regardless of what anyone else tells them.

Sometimes we become so accustomed to hassles of daily living that we do not realize we are suffering from stress. We may think that what is happening is a "normal" part of life, and we may even enjoy these feelings to some extent. First, we need to be able to recognize our own reactions to harmful chronic stressors (Table 1). As Hans Selye, the world's foremost authority on stress, pointed out, we should be the best judges of ourselves. However, stress can produce bodily and psychic damage, even when a

person does not feel anxious or frustrated. Also, the effects of overstress are cumulative and one will eventually pay for running above (or below) an acceptable personal stress level.

Anyone who determines that there is physiologic and psychological evidence of chronic overstress should attempt to pinpoint the source and nature of the stressors. The potentially destructive stressors in dental practice are of three main types: (1) operational stressors, (2) interpersonal relationship stressors, and (3) office environmental stressors (Table 2).

Snyder and Felmeister, in their *Personalized Guide to Stress Evaluation* (Mosby 1983), have developed a "STRESSLOG" which helps dental personnel identify and assess destructive stressors. It is completed three times a day for one week. This exercise can provide a great deal of insight and information upon which to base future actions (see recommended readings). There are times, however, when professional psycholog-

ical counseling is needed to help identify stressors, particularly those which are interpersonal in nature. Counselors can also help us accept ownership of those problems which clearly need to be dropped at our doorstep; e.g., some of our interpersonal stresses may be due to personality quirks which could be controlled if *we* made necessary changes in *our* ways of dealing with others.

Adopting a Philosophy of Life and Recognizing One's Personality Type

"The measure of a man's life is the well spending of it, and not the length."

—Plutarch

"Your health comes first; without that you have nothing. The family comes second. Your business comes third. You'd better recognize and organize those first two, so that you can take care of the third."

—Charles Knight



Dr. Christen (left) and Dr. McDonald keeping stress on the run

Everyone needs to develop a philosophy of life and identify lifetime goals. Norman Vincent Peale has said that finding a purpose in life and pursuing it is the most important factor in becoming a fully functioning and mentally healthy individual. Without a purpose, we are cast adrift in a sea of uncertainty, eventually sinking into a state of frustration, anxiety and depression. The psychologist Ernest Becker states: "What

man really fears is not so much extinction, but extinction with insignificance." In other words, "We have to matter; our life effort has to count for something."

This does not mean you must follow the path or sense of purpose established and *dictated by others for you*, but rather that you must discover the person you want to become and take steps to achieve that end. Adopting a philosophy of life that will bring the greatest fulfillment

Table 1

Twelve Classic Signs and Symptoms in Individuals
Who Experience Chronic, Uncontrolled, Unrelieved Stress (Distress)

(from Christen, A.G., Occupational Hazards in Dentistry,
Yearbook Medical Publishers, 1984, p. 160)

Chronic fatigue, exhaustion, stomach aches, headaches and backache at work and at home

Burnout (physical and mental depletion of one's resources)

A sense of failure and being "trapped" (low self-esteem)

Destructive ways of adapting (alcohol, increased smoking and drug addiction)

Decline of a sense of humor; general irritability, anger, resentment, cynicism which often leads to unsatisfying relationships

"Floating anxiety"; inability to concentrate or listen to others

Loss of appetite; sleep difficulties, including nightmares

Depression, leading to isolation and social withdrawal, with inability to confide in others

Feelings of discouragement, indifference, and negativism

Overwork; taking on excessive responsibilities

Type A behavior as characterized by hurry, hostility and impatience toward others; anger or excessive competitiveness

Resistance to change, suspicion, paranoia

and joy is essential. That philosophy should encompass the realization of one's full intellectual, physical, and spiritual potentials.

Combating this drive for inner satisfaction is the tendency we all possess to different degrees of settling into a state of inertia—feeling safe and satisfied with the status quo, even when we have judged it to be less than acceptable. That inertia is often prompted by fear—fear because there is a certain security in the predictability of even unsatisfactory situa-

tions and relationships. In his book "The Sky's the Limit," Wayne Dyer states that perhaps the greatest cause of stress and tension comes not from changing jobs, or moving, or from a divorce, or even from a death, but rather from living day to day in unresolved relationships, not knowing where you are going and feeling chronically depressed about your life. The fact is that when you are in a state of inertia, almost any step or any action you can take will help alleviate the turmoil.

Table 2

Potentially Destructive Stressors in the Dental Environment

(adapted from Christen, A.G., Occupational Hazards in Dentistry, Yearbook Medical Publishers, 1984, p. 156)

Dental Office Operational Stressors

Physical immobility in a fixed office location and surrounding work area
Compulsive attention to cleanliness, orderliness and perfectionistic details that are inherent in dental practice
Dental treatment must be completed in a restricted, dark, wet oral area; physically and mentally draining
Patients "processed" in a clockwork, high-structured fashion
Time pressures
For solo practitioners, a tendency to be isolated and lacking in peer reinforcement
High overhead (operating) costs, high costs of supplies/equipment

Interpersonal Relationship Stressors

Constant pressure of decision-making; continual assuaging and counseling of disgruntled patients
Anxiety, apprehension, fear and pain inherent in dental situation
Overt verbal rejection from patients who "hate dentists!"
The necessity of hiring and firing dental office auxiliaries
Multiple "hats" that dentists must wear: psychologist, salesperson, businessman, humorist, technician, personnel manager, professional and teacher

Office Environmental Stressors

Physical fatigue and injuries (postural defects, eye strain, backache, varicosities, headaches, circulatory disorders)
Inadequate lighting
Excessive or uncontrolled sound and noise; air pollution from gaseous and particulate materials, including mercury vapors and nitrous oxide gas
Eye and facial injuries
Possible spread of contagious disease (herpes, venereal diseases)
Improper control of ionizing radiation

Present-Moment Living

One of the most destructive mental games most of us play is postponing the gratifications associated with our life at present in anticipation that the "real fun" of living will occur sometime in the future. In this way, we use up our present in planning for the future, which never quite comes to pass. We should recognize that *now is the only time any of us are guaranteed*. As a character on a recent Hill Street Blues episode stated, "Life is what happens while you're waiting for life to start." For those who are physically, mentally, and spiritually active, the time is always right now. Don't give up the reality of the present for the memory of the past or fantasy of the future. As George Sheehan writes, "No athlete ever lived, or saint or poet for that matter, who was content with what he did yesterday, or would even bother thinking about it. Their pure concern is the present. Why should we common folks be any different?"

Race Horse or Turtle?

There are other considerations in developing a life philosophy which can affect our health and happiness. Dr. Hans Selye categorized individuals as being either race horses or turtles. For example, many dentists "enjoy" a high-pressure practice. They thrive on responsibility, a sense of control, high activity, stimulation, challenge, and involvement. Selye would call these dentists "race horses." Other dentists can be likened to "turtles," being more suited to a quiet, low-key and generally tranquil environment. The secret to a satisfying and happy life, according to Selye, is to use three antidotes to the stresses of life:

1. Seek your own stress level. Decide whether you are a race horse or turtle and live your life accordingly.
2. Choose your goals and make certain that they're really your own and not imposed on you by an overhelpful or

overforceful mother, father, teacher, or some other individual.

3. Practice altruistic egoism—making yourself necessary to others and thus earning their good will. Acquire as much competence in your chosen field as possible, an ultimate protection no matter what the future holds.

The Role of Humor In Reducing Stress

He who laughs, lasts.

Anonymous

Humor appears to be a distinctly human phenomenon; among living creatures only human beings truly laugh. However, there is more value to laughter than simply having fun. In the current popular and professional literature, there are several references to the use of humor as a means of therapy. Perhaps the best known example is that of former *Saturday Review* editor Norman Cousins who, upon being presented with a physician's diagnosis that he had an incurable disease (ankylosing spondylitis), self-prescribed Candid Camera episodes and Marx Brothers films to help laugh himself back into health. He also took massive doses of vitamin C, with approval of one physician/adviser who went along with his unconventional plan. The combination worked.

Dr. La Rue Allen of the University of Maryland states that a relaxed, congenial environment has proved to be conducive not only to better health, but also to improved work performance. Psychologists are just beginning to recognize the medical value of humor. It is predicted that in the next decade, schools will start teaching humor as a method of coping with personnel problems which may arise at almost any site in the work arena. The military establishment has been looking closely at the potential use of humor with regard to some of the problems of their personnel.

According to Arnold Glasgow, "Laughter is a tranquilizer with no side effects." Humor does in fact have a profound connection with physiologic states. For example, an increased level of circulating catecholamines has been shown to vary directly with the intensity of laughter. It is very likely that the release of these pain-reducing chemicals following a hearty bout of laughter may reduce blood pressure by relaxing the arteries of the body, as well as increasing secretion of enzymes promoting the digestive process. So the next time you feel bogged down with the stresses of everyday living, try a good laugh for relief.

Gaining Control Over Stressors

Whenever possible, use multiple, positive strategies to reorganize your life and thereby gain control over your stressors. The world each of us lives in is, to a large degree, created through the way we think and the day-to-day choices which we individually make. Some people seem to have a knack for making poor choices which ultimately seem to work against their best interests. Every decision we make or avoid making produces an effect of some kind that we will have to live with. We have the choice of using active or passive means of dealing with stress. Note these different ways of coping:

Active Coping

- Change/redesign environment.
- Confront the source of stress.
- Stay until the problem is solved.
- Give positive self-messages.
- Change your own behavior.
- Talk about the source of stress.
- Get involved in diversions.
- If needed, reduce expectations.

Passive Coping

- Ignore the source of stress.
- Avoid the source.
- Leave the scene.

- Be negative; complain.
- Blame others for your problems.
- Keep your stresses "bottled up."
- Isolate yourself; sulk.
- Brood about bad breaks.
- Expect too much from others.

The best way to deal with stresses is to use active and direct strategies. Active coping is much more likely to deal with the problem head-on. It can actually change the source of stress and lead to a solution. It tends, therefore, to reduce uncertainty. Passive methods emphasize withdrawal and escapism through avoidance, denial or chemical escape. (Of course, there are times when you should avoid or ignore the source of stress, e.g., if you have a patient whom you simply can't stand, or get along with, it is far more humane to refer that patient to someone else to provide their dental treatment.) Unfortunately, however, passive methods can produce a "false cure" providing only temporary, shallow relief.

Over the long haul, passive measures can produce undesirable side effects (such as anxiety and/or depression), without resolving the problem. If we are in conflict with a fellow worker, the best way of dealing with it is by direct means. If the life problems we encounter are severe, then we may have to use a number of simultaneous strategies to deal with them.

What we expect from life (expectations) and what we can realistically get (perceptions) are often out of balance. Any time there is a large discrepancy between what we expect and what we perceive, a great deal of energy is released. This energy is the stress response and is intended to fuel or prime the pump for constructive change or adaptation. Unfortunately, humans often resist change and store this psychic stress energy in the form of tension, either mental or physical. In the world of reality, we must learn to accept the fact

that some things are out of our control.

Some patients cannot or will not learn how to take care of their mouths. Many times, we have increased our expectations for the behavior of others to an unrealistically high level. Under these circumstances, adaptation to reality often means that we must lower our expectations. To begin with, we must evaluate the situation wisely. Above all, we must learn to avoid self-righteous indignation and the loss of our sense of humor about a given situation. Such reactions as complaining, blaming, frustration, irritability, revenge and depression are often linked to unrealistic expectations.

Controlled Reactions

In short, we don't want to underreact to a situation (spending \$10 worth of adrenalin on a \$100 problem) nor do we want to overreact (spending \$10 worth of adrenalin on a 10¢ problem).

On the other hand, we must guard against *learned helplessness* because it can be an important factor in our failure to adjust to stressful events. For example, many of us believe that we are helpless to relieve certain types of unpleasant stress. (The following cliches are typical of this belief: "You can't fight City Hall" or "You can't teach an old dog new tricks." At one time or another, most of us have probably said something like, "I'll never get more than a C in this course no matter how hard I try.") Such unrealistic feelings of helplessness can impair our performance. Once we have come to consider ourselves helpless in one kind of situation, the feeling of helplessness may carry over or generalize to other situations.

Using Time Management To Reduce Stress

Simply put, there is nothing more important in your life than your time. It is irreversible and irreplaceable. Each of

us has been given a specific allotment of time on this earth and at this very moment the clock is ticking. To waste your time is literally to waste your life. This does not mean that we must perform like robots, always attempting to accomplish everything in the shortest time and with the fewest wasted motions. Such a mechanical approach to life would be extremely unappetizing to most. Nevertheless, we must gain control over our time in order to make life more enjoyable and to reduce the stress we have to deal with. According to Alan Lakein, being time-effective means selecting the best task to perform out of all the available possibilities and then performing it in the most efficient way. This approach can help make life enjoyable and interesting.

In response to the need that many of us have for improvement in this area, countless time management seminars are presented each year. Obviously, none of them can provide us with any more time than we already have—we must all be content with 168 hours per week. However, certain techniques are available to deal with time considerations more effectively. Life will be more pleasant and hassle-free if these methods are utilized. Table 3 lists some of these techniques.

Building A Supportive Social Network

We have the ability to control, to some degree, *what* and *who* is surrounding us; e.g., we can change our environment. One of the greatest known stress reducers is to develop a strong, supportive network of caring people around us. Humans are social beings who need friends in order to emotionally survive.

Numerous studies show that those who receive close support through relationships with others live longer, healthier lives of high quality. They are able to cope better with life's stresses and daily

problems. Many of our basic social needs can be met only through interaction with others, e.g., by giving and receiving *socio-emotional aid* (care, love, affection, empathy, esteem, and acceptance) and *instrumental aid* (advice, information, help with family or work responsibilities, financial aid), or *both*. This is a particularly important subject, because most dentists are solo practitioners. As such, it is relatively easy for them to become isolated

socially. This can lead to feelings that they must bear all of the problems and burdens of home and practice alone, rather than sharing them with others. A self-imposed exile from human contact is known to be one of the stages of clinical depression and a precursor to suicide.

There is little need, however, to be without friends in life. This cultivated social network can consist of individ-

Table 3

How to Use Time Management to Control Excessive Stress

1. Recognize that gaining control of your time begins with planning. No matter how busy you are, take the time to plan.
2. Set your own goals and objectives. Put them in writing so they become more concrete and specific. Look at them periodically.
3. At the start of each day, spend some time organizing your schedule. (One minute spent planning saves 20 minutes in execution.)
4. Assign priorities to each task and make a "To Do" list: "A" for the most urgent, "must do" tasks, "B" for medium value, and "C" for non-urgent tasks (that may even go away if you wait long enough!). Always do "A" tasks first.
5. Do not set unrealistic deadlines or goals for yourself or your subordinates.
6. Break down the overwhelming tasks into small, manageable steps or subgoals, which, when completed, give a sense of accomplishment and enthusiasm.
7. Complete tough tasks during your prime time. For many this may be early in the morning.
8. Learn to recognize and overcome your own particular habits of time-wasting.
9. Learn to say no to yourself and to others.
10. Do not strive for absolute perfection.
11. Ask yourself, "What is the best use of my time right now?"
12. Announce an agenda for meetings and stick to it. Set time limits.
13. Be sure employees know what is required of them. Include it in the office manual.
14. Try to handle paperwork only once.
15. Avoid postponing or making partial decisions unless the problems are very complex.
16. Read selectively or let others read for you. Let someone else get rid of the junk mail.
17. Delegate responsibilities in order to use time more efficiently.
18. Use specialists and consultants liberally (get rid of your clinical frustrations by referral).
19. Without guilt, schedule daily "goof off" time for relaxation.
20. Give up all "waiting time": anticipate waiting time and consider it as a "bonus" to relax, plan, or do something you otherwise would not have done.

*Modified from Christen, A.G.; Harris, N.O.: Office safety: future planning may prevent accidents. *Dental Student* 60:32, 1981; and Katz, C.A.: Managing to find the time. *Dental Practice* 2:26, 1981.

ual(s) from one's own immediate family, relatives, friends, neighbors, work associates, volunteer and professional community caregivers and others. For married dentists, support by the spouse is of great importance, since the spouse can often help design strategies to deal effectively with stress.

Seeking Counseling For Mental Health Adjustment

"It is the function of the counselor to assist the counselee to find his real self, and to help him to have the courage to be this self."

—*Rollo May*

Especially during periods of personal or family crisis, most of us need a "significant other" trusted person upon whom we can lean for guidance. Although close friends and relatives can often serve this function, there are times when only a trained, experienced mental health counselor can help resolve severe, complicated problems, such as marital or other family difficulties, substance abuse, problems of human sexuality, maturity problems, managing conflicts with others or working out the loss of a loved one. *It is not a sign of weakness to seek help during those crisis periods.*

Professional counseling is oriented toward personal growth and the resolution of specific problems, while simultaneously focusing on behavior changes, improving self-concept, increasing coping skills and helping individuals learn to make wise choices and decisions. The best way to choose a counselor is to seek a recommendation from trusted, knowledgeable professionals, including physicians, clergymen or university and/or hospital chaplains. Referrals can also be obtained from clinically-oriented faculty members of departments of psychiatry, psychology, social work, marital and family therapy. Community agencies that employ counselors, community mental health clinics

or family service agencies sponsored by the United Way and various sectarian groups also offer referral information.

A counselor's ability may bear little relationship to that individual's formal credentials. The most important characteristic to look for is whether the counselor is a genuinely caring person. You should not hesitate to shop around for a suitable counselor, and you should trust your feelings or intuition in the process. If after a single session with a counselor you receive bad "vibes," you should move on to another. For a more comprehensive coverage of this topic, see the article entitled, "Active Coping Strategies: From Self-Help to Psychological Counseling" in the July 1986 issue of *Dental Clinics of North America*.

Exercise and Stress

"Keep the faculty of effort alive in you by a little gratuitous exercise every day."

—*William James*

Modern man may be more susceptible to the ill-effects of stress than was his prehistoric counterpart because our evolutionary increase in intelligence has caused us to perceive stress in ever more numerous situations and circumstances. Both our work and our personal life may contribute to this stress load. Daily, each of us may encounter dozens of psychological "demons" which often whip our bodies into states of arousal and readiness, but for which no appropriate outlet is available. Contemporary man can hardly go looking for a sabre-tooth tiger to slay every time he gets "up-tight."

Many individuals derive their greatest pleasure from their chosen vocations. Nevertheless, whatever the career involved, there will be components of the work that are stressful, and others that may produce various degrees of boredom and monotony. To counterbalance some of the aggressive, hostile, and competitive energies we all possess, as well

as boredom and monotony, it is important to identify spare time to spend on a regular basis in enjoyable and rewarding activities: pastimes which produce a sense of physical and psychological relaxation. These de-stressing activities may involve a variety of artistic, intellectual, physical, spiritual, and social pursuits. What these activities have in common is that they produce greater self-awareness, self-confidence, and self-esteem.

Physical activity has been reported on numerous occasions to be an effective balm for many of the stress-related psychological wounds we suffer in life. From time to time, one should stop and contemplate the natural joy that is available to each of us every day of our lives simply by virtue of our status as an animal among other animals existing on this earth. Ironically, humans are the only animals who don't seem to realize that *the primary purpose of life is to enjoy it.* (Children may be an exception to this.) Far from being fragile organisms, humans are designed for activity, movement, grace and rhythm. One of the greatest

natural (and legal) highs that a human can experience is the sensation of a healthy body in motion. Physical activity which promotes physical self-awareness through aerobic exercise is particularly important in combating stress. Table 4 summarizes some of the psychologic benefits which may be derived from a regular exercise program.

Under periods of psychosocial stress, heart rates and blood pressure are increased, as are circulating levels of norepinephrine, cortisol and lactic acid. Thus the systems which are activated during stress are the very ones in which the aerobically-trained individual shows beneficial adaptations. It thus seems reasonable to assume that physical activities of various types may reduce the physiologic effects of stress. Physical activity may also change the state of mind, leading to a new feeling of accomplishment, independence, and self-control. The individual who exercises on a regular basis is more apt to live prudently and is less inclined to engage in smoking, excessive drinking, overeating or other stress-related behaviors.

Table 4

Some Proposed Psychologic Benefits of Exercise

Exercise may increase:

academic performance
assertiveness
confidence
emotional stability
independence
intellectual functioning
internal locus of control

mood
perception
popularity
self-control
sexual satisfaction
well being
work efficiency

Exercise may decrease:

absenteeism at work
alcohol abuse
anxiety
depression
dysmenorrhea

headaches
hostility
phobias
tension
work errors

Summary

The following 10 tips are offered for improving mental health while coping with stress at work, home, and play:

1. Recognize the harmful stressors in your life and consider their impact upon you.
2. Develop a philosophy of life and emphasize present-moment living.
3. Decide whether you are a "racehorse" or a "turtle" and live your life accordingly.
4. Use humor in your life whenever possible.
5. Use multiple, active, positive strategies to gain control over your stresses.
6. Gain control over the time in your life.
7. Whenever appropriate, delegate responsibilities.
8. Develop a strong, supportive network of caring people around you.
9. Do not hesitate to seek professional counseling when you feel it is needed.
10. Participate in a regular, aerobic exercise program.

Recommended Readings

Bosmajian, C. Perry, Jr. and Linda S. Bosmajian: *Personalized Guide to Stress Evaluation*, 1983, C.V. Mosby Company, 11830 Westline Industrial Drive, St. Louis, Missouri 63141.

"Stress Identification and Management," *Dental Clinics of North America*, July 1986 issue, Guest Editors Arden G. Christen and James L. McDonald, Jr. W.B. Saunders Company, West Washington Square, Philadelphia, PA 19105.

Christen, Arden G.: "Stress and Distress in Dental Practice," Chapter 10 in *Occupational Hazards in Dentistry*, pp. 151-170, Goldman, H.S.; Hartman, K.S. and Messite, J. (eds.). Yearbook Medical Publishers, Inc., 35 East Wacker Drive, Chicago, Illinois 60601.

Lakein, Alan: *How to Get Control of Your Time and Your Life*, 1973, Signet Printing, David McKay Co., Inc., 750 Third Avenue, New York, NY 10017.

Dyer, Wayne W.: *The Sky's the Limit*, 1980, Simon and Schuster, New York, NY.

Sheehan, George: *Running and Being*, 1978, Simon and Schuster, New York, NY.

Stress and More Stress

"Good morning, Doctor. I'm afraid we've both got a few little problems. There's been a water leak in the second operatory and the whole room is flooded. And the compressor won't turn on. Mrs. Smith called and said one of her front caps has broken. I looked that up—it would be part of the eight-unit bridge we seated four months ago. After you left Friday, there was a call from an attorney about the trouble with Mr. Harris. He wants you to call him this morning. The number is on your desk. Joe Stark is in the waiting room. His face is swollen. He thinks it's the tooth that had the root canal treatment. I had to schedule a denture adjustment and a toothache for the lunch hour. Patty called and said she couldn't be here today. She has the flu. So I'll have to be the assistant and the receptionist. Oh, your wife called about five minutes ago. She said she had a little accident taking the children to school. She said for you not to worry—everybody is all right—but the car is sort of a mess." Dunlap, J.E. in *Surviving in Dentistry: The Source of Stress*, Tulsa, Oklahoma: Dental Economics/PPC Books, 1977.

'Scotty's' Contributions Hailed on His Retirement

Mr. Richard C. Scott, director of the School of Dentistry Illustrations Department, retired on June 30, 1985, after 40 years (and three days!) of dedicated service. "Scotty's" ability, loyalty and cooperative attitude made him a most valuable addition to the dental school's teaching program. His photographs, slides, and charts improved the quality of faculty lectures, publications and exhibits. Scotty also worked with dental societies, and the alumni associations of

the dental and medical schools.

The Dental Alumni Association honored Scotty at the Fall Homecoming in Bloomington on September 20, 1985, by awarding him a "Certificate of Appreciation" in recognition of his many contributions to the dental profession. In making the presentation, Dr. Maynard Hine commented that Scotty was the first individual he employed, and he never regretted it.

Benefits Cited

Annual Teaching Conference Comes of Age at IUSD

*Juanita H. Chisler and Drew Beck**

The 21st birthday of the Indiana University School of Dentistry Teaching Conference was celebrated on September 18-19, 1985, at McCormick's Creek State Park. As parents are apt to look at their child with pride when the child becomes an adult, so do members of the IUSD faculty regard the annual conference as a time-tested means of refreshing and updating their approaches to teaching. This landmark year of 1985-86 seems an appropriate time to consider future expectations and of course to look back at the beginning.

The IUSD Teaching Conference actually came about because of a 1963 recommendation by the House of Delegates of the American Association of Dental Schools that each dental school establish a committee on teaching. Dr. Maynard K. Hine, who was then dean, appointed the Committee and charged it with developing an in-service teacher education program. His insight into this need, coupled with the enthusiasm and dedication of the new Committee, chaired by Dr. Paul E. Starkey, gave rise to the first Teaching Conference in 1965. Other members of that first committee were: Drs. Charles J. Burstone, Roland W. Dykema, H. William Gilmore, James E. House and S. Miles Standish (Dr. Starkey continued as Committee chairman through the 1968 Conference.)

Dr. Starkey recalls: "The Teaching Committee met in Bill Gilmore's backyard to discuss plans for the First Teaching Conference." Dr. Starkey's enthusiasm for organizing the Conference was generated in part by his earlier attendance at a Teaching Conference at the College of Dentistry, University of Illinois. The plans made by Dr. Starkey and that first Teaching Committee provided a foundation for future conferences.

In a recent interview, Dr. Hine (now chancellor emeritus of IUPUI) was asked if he felt a sense of satisfaction because the Teaching Conference began during his deanship. He replied: "I started it but it succeeded because a dedicated faculty supported it. The interest and support of faculty, along with encouragement from the I.U. Foundation and the School of Dentistry Alumni Association, have kept this Conference going."



Mrs. Juanita H. Chisler

* Mrs. Chisler is assistant professor of dental assisting. Mrs. Beck is library cataloging senior assistant and secretary-treasurer of the Teaching Committee.

High Attendance Noted

Dean Emeritus Ralph E. McDonald, whose tenure as dean (1969-85) included 16 Teaching Conferences, speaks with pride of the excellent programs presented. He attributes their effectiveness to high faculty attendance and Committee cooperation and leadership, together with University and Alumni support. Dr. McDonald recently recalled a time in his dental student days when an examination given by a professor would mean five discussion questions written on the blackboard. He credits the teaching conferences with improvement in present-day examinations. He added: "The conference not only provides inspiration and opportunity to improve teaching methods, but also gives participants from all campuses the chance to become better acquainted, thereby opening the way to better communication."

Dean H. William Gilmore is the third dean to give wholehearted support to the teaching conferences. He is enthusiastic about "the opportunity for generating new ideas through good communication." Dean Gilmore's interest in communication has been apparent since his early involvement in the teaching conferences. Besides being a member of the first Teaching Committee, he served as program chairman for the Third Teaching Conference in 1967, with a theme of "Better Teaching Through Improved Communications." In 1969 he served as chairman of the Teaching Committee and the program, "An Experience in Learning," included a presentation by Professor Meryl E. Englander entitled "Facilitating Communication with Words, Behavior and Images."

Interviews with others who have chaired the Teaching Committee point up the fact that teaching conferences don't just happen. They involve exten-

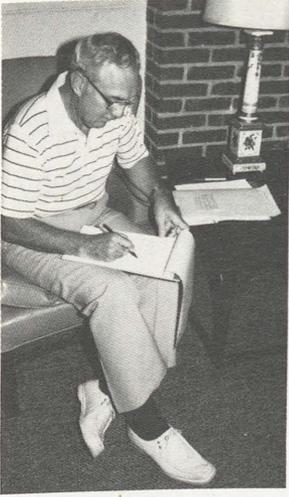
sive planning, work and dedication. Comments and opinions from our Teaching Committee chairmen follow:

Dr. James R. Roche (Chairman, 1970-74) stated that he has learned something from every conference he has attended. He has incorporated many of the ideas and techniques into his teaching and he credits many Teaching Conference speakers for their outstanding contributions on selected themes. Concerning intangible benefits, Dr. Roche said: "The teaching conferences promote fellowship among faculty and a sense of belonging to the School of Dentistry organization. Also, the conferences have kept our faculty members thinking and talking about teaching."

For Professor Paul Barton (Chairman, 1975-79), the Third Teaching Conference had a special meaning. As a faculty member of the School of Journalism, Ohio State University, he was invited to speak on the topic of communication in 1967. His presentation resulted in an invitation to join our School of Dentistry faculty. Professor Barton accepted the invitation and later served as program chairman and Teaching Committee chairman.



Mrs. Drew Beck



The Surprise Factor

Professor Barton notes that a Teaching Committee chairman should be ready for surprises. He recalls that on the day before one conference, he received a phone call from another state. It was from the keynote speaker (already identified as such in the printed program), wanting to know if the Teaching Committee really thought he had anything to say that would interest the faculty. "Do you really want me to come?" he said. "I don't think I should." After receiving assurance that his contribution to the program would certainly be of value, the guest speaker reluctantly agreed to meet his commitment. Obviously, the withdrawal of a key speaker the day before the conference is not the high point of a committee chairman's year; however, the speaker did arrive and his presentation was a success. Professor Barton feels that speakers from other universities continue to be very important because "All benefit from a sharing of experiences and perspectives."

Dr. James L. McDonald Jr. (Chairman, 1980-83) said that scheduling guest speakers is only one of many concerns which may challenge those who plan the Teaching Conference. For one thing, adequate funding was a major problem in 1981 when he was chairman of the Teaching Committee. Dr. McDonald has a broader perspective of the conferences than most because he first attended as a graduate student. He has two outstanding impressions of his first Teaching Conference. The first was that the conference was an extremely worthwhile endeavor on the part of the faculty to improve teaching. Dr. McDonald's sense of humor surfaced when he spoke of the other outstanding impression (also of importance to students), a memory of huge platters of fresh shrimp served to all.

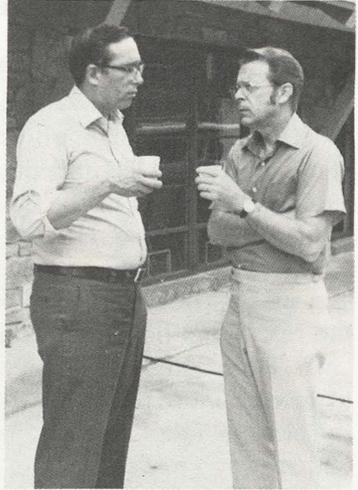
Dr. Chris Miller (Chairman, 1984-present) stated: "The Teaching Conference rejuvenates me to teach each fall with new enthusiasm. The timing of the annual conference (early in the fall semester) is good for receiving maximum value." Dr. Miller points out that it takes eight to nine months of work by many people to plan a conference. He feels that the conference is worth the effort, "not only because of what we learn but because it may be the only time we get together with people from the other campuses."

A Panel to Remember

During all interviews, sharing ideas and solving problems with others of like interests were the most often mentioned benefits of the Teaching Conference. There was frequent reference to the appearance on Conference programs of distinguished speakers from Indiana University and other institutions. One memorable evening program during the eighth annual conference consisted of an informal panel session on teaching. The panelists were IU President John W. Ryan, IU Chancellor and former President Herman B Wells, and IUPUI Chancellor Emeritus Maynard K. Hine.

Commenting on what constitutes effective teaching, Dr. Ryan said that a good teacher must always be a student himself who can feel as a student does. Respect for the student is essential, he noted. Dr. Ryan also mentioned a statement made by one of his political science instructors to this effect: "Anyone who doesn't love the profession (of teaching) should get out of it."

Dr. Wells recalled three teachers who were entirely different, but all highly effective. The first was completely unorganized, but was always reaching out for new ideas, new theories, and thus had a great impact upon minds. Another in-



structor was well organized and inspired students by the way he put things together, not by giving them anything new. The third instructor had extraordinary concern for each student, although he was only average from the standpoint of organization. What the three had in common was a mastery of their fields, an interest in students, and a continued concern for what they themselves didn't know.

Speaking of teachers who exerted special influence in his own student days, Dr. Hine cited a man who was a rambling, ineffective lecturer but was excellent with students in the clinic because of his ability "to do." He also mentioned a woman teacher who convinced him that as a student he was "pretty smart," with the result that he gained confidence.

Dr. Hine said that some teachers need to develop more patience in dealing with the slow or inept student, and to show empathy and understanding for the student's personal as well as academic problems.

Distinguished Guests

In addition to top officials and outstanding faculty members of Indiana University, speakers at the teaching conferences have included representatives of such universities as Purdue, Northwestern, Ohio State, Illinois, Iowa, Michigan State, Kentucky, LSU, DePauw, University of California (San Francisco), and University of Missouri-Kansas City. Two college presidents, in addition to Dr. Ryan, have appeared on Conference programs: Dr. Gene E. Sease of Indiana Central University, and Dr. Leslie Parrott of Olivet Nazarene College. Officials of the American Dental Association and the Indiana Dental Association have frequently participated, and there have been speakers from such major corporations as Eli Lilly & Co. and Xerox Corporation.

With few exceptions, the Conferences have been held at Indiana state parks. Most have been of two days duration, although there was a single one-day meeting and a handful of 2 1/2- to 3-day events. Conference settings and themes follow:

1965-1968, *Spring Mill State Park* — Themes (Conference #1) "Objectives"; (#2) "Evaluation and Test Construction"; (#3) "Better Teaching Through Improved Communications;" (#4) "Teaching Methodology."

1969-1972, *Brown County State Park* — Themes (Conference #5) "An Experience in Learning"; (#6) "A Practical Approach to Teaching"; (#7) "Motivation"; (#8) "The Learning Environment."

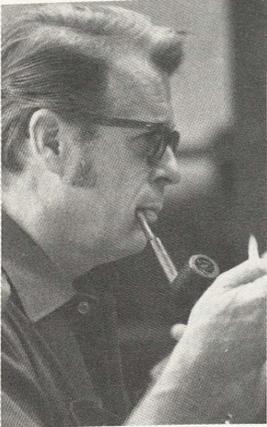
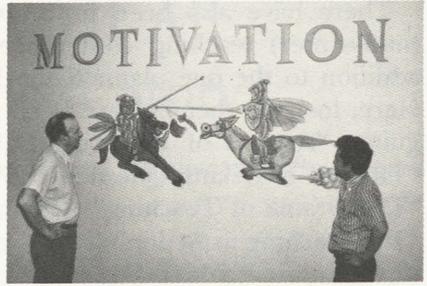
1973, *Turkey Run State Park* — Theme (Conference #9) "Three Perspectives on the Teaching/Learning Process: Scientist, Artist, Psychologist."

1974-1976, *Ramada Inn, Nashville, Indiana* — Themes (Conference #10) "Excellence in Teaching: a 10th Year Symposium"; (#11) "Questions (and Answers) on Dental Education from Faculty and Students"; (#12) "Ethics: In General . . . In Dental Education . . . In Dental Practice."

1977-1981, *McCormick's Creek State Park* — Themes (Conference #13) "Success in Academia"; (#14) "The Professional Teacher: A Rounded View"; (#15) "Comparing Notes on Dental Teaching"; (#16) "Attitudes in Dental Education"; (#17) "Evaluation and Quality Assurance."

1982, *Airport Hilton, Indianapolis* — Theme (Conference #18) "Management and Communication."

1983-1985, *McCormick's Creek State Park* — Themes (Conference #19) "Stress—Dental Student, Dental Practitioner, and Faculty Member"; (#20) "Teaching Effectiveness in the Clinic, Laboratory, Classroom"; (#21) "Educating for the Future of Dentistry."



There have also been four interim (mid-winter) teaching conferences, in addition to the one planned for 1986. Here, too, the themes have been intriguing: "Aspects of Lecturing" (1971); "The Art of Asking Questions" (1972); "The Drama of Teaching" (1973); and "TV Teaching in Action" (1974). In the third interim conference, two drama professors from Butler University, who were also experienced actors, offered ideas on how lectures could be made more interesting by employing certain theatrical techniques. This approach called attention to the importance of the mode of delivery, as well as the substance of the lecture.

Workers' Honor Roll

Many individuals besides the Teaching Committee chairmen and other program participants have contributed to the smooth operation of these 21 conferences. A few of the behind-the-scenes workers follow: Mrs. Helen Campbell, librarian emeritus, who handled numerous logistical details for many years and never panicked; Dr. Drexell Boyd, long-time housing chairman; Dr. Rolando DeCastro, whose artistic creations have enhanced the Conference for 17 years; Mr. Richard Scott and Dr. Jack Carr, expert photographers; Dr. and Mrs. David K. Hennon, whose hors d'oeuvres both nourished and delighted Conference registrants; Dr. Leonard Koerber and the audiovisual staff; Drs. Larry Goldblatt, Frank Ellis, Jerry Nieten, Michael Cochran, James Dirlam, Varoujan Chalian; and many others who contributed in untold ways to the success of these meetings.

Total registration of the conferences, including faculty members, student representatives, and guests, has typically been in the range of 125-150. Post-Conference comments from faculty members have included the following:

"It's a retreat which refreshes us with new ideas and good fellowship."

"The conferences are extremely helpful and fill a need for improvement in teaching skills."

"I especially enjoy speakers from other campuses. They broaden your point of view."

"I like group workshops."

"My problems are similar to problems of other faculty members. It's good to work on solutions together."

"I'm always able to take something back with me."

"Conferences improve with age."

During the 21st annual conference, Mr. Tracy Sapp, a fourth-year dental student, said: "I found out that these people (the faculty) work very hard to solve problems of the dental students."

Ms. Carrie Oppman, second-year dental hygiene student at IU Northwest, said: "There is much more to teaching than I had any idea."

Another fourth-year dental student, Mr. Michael Mintz, summed up his impression of the Conference in three words: "The faculty cares!"

Dr. Hine Honored

Dr. Maynard K. Hine, IUPUI chancellor emeritus and former dean of Indiana University School of Dentistry, was given the Hayden-Harris Award by the American Academy of the History of Dentistry at the Academy's annual meeting in San Francisco. The award is given annually to an individual who has made meritorious contributions to dental history. Dr. Hine is a former president of the Academy and is currently serving on a national committee working toward the establishment of a museum of dentistry.

Veteran Staff Members Tell All (Or Part) of Dental School Story

Susan Crum, Coordinator of Publications

They hail from as close by as Speedway, as far away as the Philippine Islands. Some came on board as teenagers putting in a few hours after school, others as veterans of 25-year careers elsewhere. Their 26 individual work records, ranging from 15 to 33 years, add up to more than 550 years of service to the School of Dentistry. These men and women form the backbone of the clerical and technical staff and lend invaluable support to the School and University. Who are these dedicated people? Why did they come to the dental school and what made them stay? Some personal glimpses of life at 1121 West Michigan Street follow:

When **Alana Larkin** tells people she's kept in the dark in her job, she's not kidding. As photographic technician in the illustrations department, Alana logs five or six hours a day developing film in the darkroom. That's roughly 30,000 hours of working with the lights out since Alana came to the school 25 years ago.

Alana was a junior in high school when she was hired. Wood High School helped students find part-time jobs to suit their interests, and as an art student Alana fit the bill for the dental school, which was looking for someone to assist Mr. Richard Scott (Scotty) in illustrations. Trained on-the-job to use the darkroom, Alana has stayed on at the dental school because she likes the people, she's an organizer at heart, and most important, she has control over her product. "In a small illustrations department I don't get stuck day after day doing just one thing,"

she says. "It's never boring."

The main action in the department (recently renamed Dental Art and Illustrations) takes place in rooms most of us have never seen. They are hidden behind heavy dark curtains that block the light, and the light switch has been fixed so that it can't be accidentally flipped on during a developing project. Even this precaution isn't failsafe. Once, when Scotty was developing film in one of the darkrooms, he heard someone approaching in the darkened hallway. Scotty shouted the traditional warning, "NO LIGHTS!" The intruder interpreted that as a cry for help, so he tried to flip on the light. When that didn't work, the well-intentioned visitor lit a match.



Shirley Shazer and microscope

Dental technician **Jose “Jessie” Sangalang** was working for Ito & Koby dental lab when he learned of an opening at the dental school because Gary Plymale (DDS '74), then a technician in complete denture, had been accepted into the DDS program. Jessie replaced Gary in 1969 and has been repairing and constructing dentures in complete denture ever since.

Jessie came to the U.S. with his family from the Philippines in the late '60s. In Manila Jessie and his wife, Nilda (DDS '73), were practicing dentists, but they decided to move to the U.S., and Indianapolis specifically, because Nilda had relations here. Nilda has been in private practice on the westside since completing the DDS program at I.U.

Jessie enjoys working with the variety of people he meets at the dental school. He prefers the direct technician-to-dentist method of communication one finds at the school over the typical commercial lab routine in which a supervisor or “middleman” relays messages between technician and dentist.

Beyond his regular duties, Jessie has had a lot of off-the-wall requests over the years. He recalls a patient who wanted gold decorations on three of his front teeth: an open-face star, a heart, and a half-moon (Jessie says he no longer fills such exotic requests).

He also remembers when two second-year students took their first denture impression. The temperature of the water they mixed with the impression material made the mixture too runny. The patient had a high resistance to gagging and sat quietly for the duration of the impression. Only after removing the tray from the patient's mouth did they see that they had obtained an impression not only of the patient's dental arch, but several inches of his throat as well.

Jessie is glad that he and Nilda decided to come to the U.S.—they have found Indianapolis a good place to raise their three children.

Nancy Cox decided she must be getting old the first time she came across a dental student that she used to baby sit for. Like other long-term employees at the dental school, Nancy finds that the years go by swiftly. Born in Speedway, Nancy attended Ball State University before coming to the school. The late Dr. Niles Hansen, a teacher in periodontics and Nancy's father-in-law at the time, helped her find work at the school. She had a stint as a laboratory technician in oral pathology before transferring to the oral surgery department as appointment clerk. Now, 16 years later, she describes her job as a catch-all position, including cashiering for three departments and running back and forth to help the doctors and students in the oral surgery clinic.

The oral surgery department is the first place in the students' training where they are exposed to a lot of blood and the regimen of following stringent sterile procedures. For nervous dental students, Nancy says they have a side chair in the clinic where “the faints” can recover. She says that typically when a per-



Myrna Robertson in OD/OM darkroom

son faints, the legs turn to jelly and the body "crumples" to the floor. An exception to the crumpling style was the student who became rigid and fell face-first, breaking his jaw and having to be rushed to Wishard Hospital.

Nancy lives in Martinsville with her husband and son. She stays on at her job because she enjoys the oral surgery faculty, her friendship with staff members, and the benefits offered by IU.

When **Edith Mabry** was a young girl, one of her best friends and closest companions was her grandfather, a country M.D. in Gamaliel, Kentucky. She loved to follow him around in his practice, read his medical books and gaze into the big glass jars he kept full of colored pills in the office pantry. Look in on Edith at her job in the dental school several decades later, and you will see that she is still doing, as she approaches her retirement years, exactly what she loved doing as a child. Since 1975 Edith has been supervisor of the drug room in the Department of Therapeutics and Dental

Pharmacology; the school drugs aren't stored in big glass jars, but she does have 75-100 types of drugs to keep track of in the pharmacy.

Edith came to the dental school 28 years ago and first worked for Dr. Ralph McDonald when he was chairman of pedodontics. She studied dental hygiene and assisting on her own time and at one point could have become a certified dental assistant, but turned down the chance because her real interests didn't lie in working chairside. From pedodontics she transferred to complete denture and a few years later to periodontics. She feels right at home in her position in pharmacology, under the supervision of Dr. James Dirlam, although as a one-woman operation it can be a bit isolating.

Edith continues to be a voracious reader of anything medical and takes every opportunity to learn something new. She plans to retire from the school at 70, but not to a life of TV watching. She hopes to get part-time employment in a hospital and on the side to take courses that sound interesting.



Peggy Smith in familiar setting



Donna Dobbs ready for the day

Many people don't realize that the library has two floors. A mysterious circular staircase by the windows curls down to the other level of book stacks—and to **Drew Beck's** office. She has been with us for 16 years and is currently a senior assistant in cataloging.

Although the basement portion of the library, with its dark concrete floors and lack of windows, doors and people, may look a bit gloomy, Drew loves her "low profile" surroundings and has even turned down an offer to be moved upstairs.

Born in Corydon, Indiana, Drew spent 20 years "in the diamond business" as secretary to Morris Goodman of Goodman Jewelers and a few months in clerical work at Ft. Benjamin Harrison before coming to the dental school.

As the woman who sits near the bottom of the winding staircase, Drew offers a few observations in verse about the staircase of antiquity:

THE WINDING STAIR

Another level does exist—
Just 19 steps will lead you there.
These few steps you can't resist.
What's at the bottom of this stair?
A look of wonder appears on the face
As finally you wind down the staircase.
"Reminds me of a submarine."
I've heard a thousand times.
"It scares me half to death."
"I hate to make this climb."
It's fun to see the puzzled looks
When they discover all these books.
"I didn't know these journals were here
And I'm already in my fourth year."
So circle down the winding stair—
You'll be surprised what you find down there!

Drew Beck

Ramona Lemme thought about becoming a nurse, but since she did better in her business courses than in science, she decided on a secretarial career. Her interest in health services led her to look for work at the Medical Center after graduating from Central Business Col-

lege in Indianapolis. She found a job with the right mix of business and health, as an administrative secretary in oral pathology. Ramona is primarily responsible for typing reports for the biopsy service of the IUSD Department of Oral Pathology. These reports contain technical language and must be letter perfect. There are many of them (about 30 a day) and they need to be sent out immediately. Working with the biopsy reports would not be everyone's cup of tea, but it seems to agree with Ramona—she's been at it 21 years.

Specimens are sent here from all over the country. Ramona transcribes from a tape to prepare the report for the dentist or physician who sent the specimen. They are reviewed and discussed daily at "Noon Session," a gathering of faculty and graduate students in the department. A sense of urgency is involved because people are waiting to hear whether they have a malignancy. Of every 100 reports, approximately 2% will reveal a malignancy.

Ramona has typed reports on celebrities and once had to type one on her-



Arthur Johnson at his workplace

self (it was benign). Occasionally she is startled by names on the reports of high school classmates and even relatives. She finds the work challenging and feels that she makes a valuable contribution to the department. Ramona lives in Hamilton County with her husband and son. She is active in Hortonville Friends Church and sings with the Hamilton County Silver Notes choral club.

“Get a good job and keep it” was the advice **Carol Ann Steinmetz’s** dad offered her as she neared graduation from high school. Little did she dream at the time how literally she would take his advice. Carol Ann spent her childhood in Kentucky but moved with her family to Indianapolis and attended Shortridge High School. Upon graduation in 1964 she joined the dental school staff as a clerk in radiology. Two years later the secretary job opened up, but Carol Ann almost turned it down because she hadn’t used her typing skills since sophomore year in high school. A faculty member took her aside and said, “Don’t *ever* turn down a chance for improvement.” She took the job and has always been grateful for those words of counseling.

Carol Ann has been in radiology almost 22 years, longer than anyone else

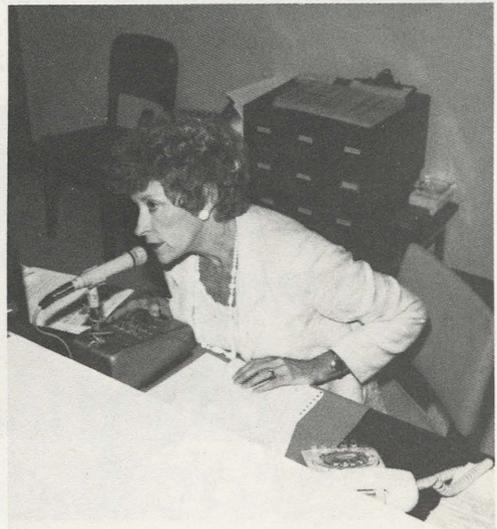
in that department, including the faculty. Dr. Myron Kasle became chairman in 1972, but Carol Ann can remember when he appeared on the scene as a part-time instructor dividing his time between pedodontics and radiology. “I think the dental school is a great place to work,” Carol Ann says, but then laughs and adds, “Of course, since I’ve never worked anywhere else, I don’t have any place to compare it to!”

Peggy Smith and her husband were hurt in the Indiana State Fair Coliseum explosion that killed 70 people and injured nearly 500 in 1963. To put the nightmare behind her, Peg decided to look for work. The dental school was recommended to her, so after being interviewed by Mrs. Cleona Harvey and Dr. David Mitchell, then chairman of oral diagnosis/oral medicine, Peg landed a job working with dental records in that department.

After seven years she left the work force for a time but was lured back four years later as bookkeeper for Mrs. Helen Campbell, the dental librarian. She’s been with the library since 1975, now as acquisitions assistant to head librarian Ms. Marie Sparks. Peg finds working around books fascinating and is amazed



Sandy Manion at her station



Ruth Eitnier on the mike

at the changes computer's have made in library use.

During a major remodeling a few years ago, Peg recalls how library staff members rolled up their sleeves and set up a temporary library in a lecture hall. Thousands of books were carried down the hall and set up on large tables with only a brief interruption in service to library patrons. (Granted, there was concern at first that one overturned book might create a domino effect of falling books along hundreds of feet of table tops!)

Peg says she has stayed with the dental school for 17 years because she likes the people and the benefits, and the school is close to home.

Raised in southern Illinois, **Jean Richmond** worked for the U.S. Treasury Department in Chicago and a uniform manufacturer in Evansville, before landing in Indianapolis. Her love of writing sent her looking for a newspaper job (she had had a column in her high school newspaper called "Jean's Journal"), but when that didn't pan out she hired on at the Medical Center in 1961 as "a place to get started." Like many other IUSD employees, she's been with us ever since.

Jean has been a part of the action in various departments, including orthodontics, Riley dental clinic, the dean's office and the business office. In 1972



A smile from Delores Riczo

she moved to the Oral Health Research Institute, where she is budget coordinator, also working with accounts receivable and payable and ordering supplies. Jean is well aware of the price of many research items—including rats—and says that even rodents don't escape inflation. "In 1972 rats were about 75¢ each, and now a dam and her pups cost about \$25.00."

Jean enjoys being a part of a campus on the move. "Research in the '80s is exciting and OHRI is a first class research group. There's so much variety here, even in my own job. I feel like I make a contribution."

"Make me look good." **Mike Halloran** hears those words frequently as the IUSD photographer. Camera-shy himself when it comes to being in front of the lens, Mike says that people dread the camera because "it shows us as we really are." For 17 years at the dental school he's been trying to put his subjects in their best light and also at ease, a job that continues to be challenging and rewarding.

As a child in Decatur, Georgia, Mike showed no interest in photography, even though it was his mother's hobby and she had a darkroom in their basement ("I thought the chemicals stunk."). When he was 16 his mother handed him a Polaroid Land camera and asked him to take her picture with some family friends. Beginner's luck—or an innate talent—made the photo turn out beautifully. "I'll never forget that first shot," Mike says, "My interest in photography grew from there."

Mike apprenticed with master photographer Lin Caulfield and worked for a TV station in Louisville before moving to Indianapolis. Mike enjoys the University environment and likes his job at the dental school because he gets to cover so many types of assignments. He says his greatest sense of accomplishment comes in taking pictures for graduate student and faculty research projects.

There are frustrations. Once he and co-worker Richard (Scotty) Scott went on assignment, each thinking that the other had loaded the camera with film. "We shot what we thought was a roll of 36 pictures before realizing that the camera was empty. Fortunately, on this occasion, there was time to 'retake' the pictures."

"You have to work other places to know how good you've got it at the dental school," says **Alene Keilholz**. She should know. A native of Paoli, Indiana, Alene held positions with the U.S. Forest Service, the State Department of Public Welfare, the Pennsylvania Railroad and Ft. Benjamin Harrison before an employment agency sent her out to the IUPUI Medical Center in 1963, to work for Drs. Varoujan Chalian and Donald Cunningham in maxillofacial prosthetics.

Although she transferred to the School of Business in 1974, four years later she found herself back at the dental school, as secretary to Drs. Charles Hutton and James Dirlam in oral and maxillofacial surgery. When she decided to retire from her full-time job, Dr. Hutton suggested that she stay on part-time and find someone to share the job. Joella Stewart was hired in 1982 and the two women have been a successful job-sharing team. Alene took up Dr. Hutton's offer to stay on part-time because she liked the way she had been treated here. "The administrators of this school show respect for the older employees," she says.

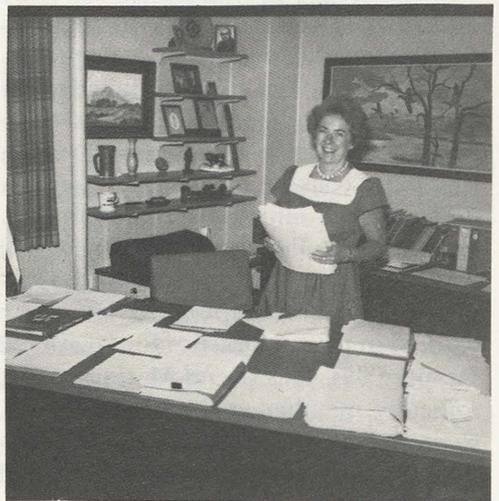
Alene's most memorable experience in her 19 years of service was working with patients in maxillofacial prosthetics. She says, "Many were cancer patients who continually impressed me with their great strength and ability to handle serious illness so well."

She is a familiar sight in the dental materials laboratory as she sits just inside

the door, peering into a microscope. **Barbara Rhodes**, laboratory technician in dental materials, is now the mother of grown children, but when she started working at the school she had to walk from her westside home because she was too young for a driver's license. As a 15-year-old student she was hired part-time in 1961 to look after the glassware in dental materials, and became a full-time employee after graduating from George Washington High School.

Barbara loves the challenges and changes in research. She is co-author of several articles with dental materials faculty members.

For years she worked toward a college degree while holding a full-time job and raising a family. Finally, in June of 1985, participation in a three-week anthropology field trip to Mexico awarded her enough college credits for a baccalaureate degree. Barbara's ties to the dental school followed her even to Mexico. She was delighted to learn that one of the Mexican students who met her group at the airport was the son of Dr. Eduardo Ortega (M.S.D. '64), a graduate student when she began working in dental materials a generation ago.



Sarah Manion and paperwork

As she was growing up, **Myrna Robertson** lived in Illinois, Wisconsin and Missouri before her family settled on the eastside of Indianapolis in the early '50s. In high school Myrna worked part-time as a dietary aid at Community Hospital. Although she moved on to an insurance company for a number of years after graduation, she never forgot how much she enjoyed working in the health service. An employment office placed her in the radiology department at the dental school in 1969. Three years later she transferred to oral diagnosis/oral medicine where she is employed as an x-ray technician.

Myrna finds students a pleasure to work with. "The students, as well as the doctors, have always treated me with respect," she says. "They know how to act like professionals and still show a great sense of humor."

Myrna has observed a variety of patients over the years, including handcuffed prisoners, accident victims rushing in for emergency care, and several patients more than 100 years old who have come in to be fitted for dentures.

"Let's get the show on the road," one of **Lillian Deisroth's** favorite expressions when she worked as a dental assistant in pedodontics, never failed to get a chuckle from her boss, Dr. Paul Starkey. Lil is a transplanted Pennsylvanian who looks back on a satisfying career in dentistry spanning more than 35 years. In Hazleton, PA she became a dental assistant after high school and after moving to Indianapolis in 1960 she worked in private practice for Dr. Donal Draper ('35). Lil's friend Marjorie Carr, a faculty member at the dental school, suggested that she get a job in pedodontics, the only department that had assistants at the time. She was hired in 1962 and soon transferred to graduate pedodontics, where she stayed until the



A pause in the action for Alene Keilholz



Howard Coopridier in tool shop

department was phased out in 1982. She remembers assisting for some very special pedo patients, including John, Scott and Barbara McDonald, Dr. McDonald's now-grown children who were "just babies" at the time.

After grad pedo closed, Lil had a brief stint in oral diagnosis, then settled in to the complete denture cashier's job in 1983. She enjoys the variety of personalities among undergraduate dental students and calls them "good people." She has many memories and no regrets for her 23 years at the dental school and realizes that the "grass may look greener in other spots, but seldom is." Although dentistry has been rewarding for Lil, she puts tongue in cheek to say that in her next life she'd like to be "rich—and a personnel director."

While most of us have had an occasional bad day on the job, no one has had to put up with as much screaming, barking and slapping as **Arthur Johnson** has. As animal caretaker at the dental school, he knows that moody stump-tail monkeys can set a man's teeth on edge with their screaming, and will slap or bite with great strength if given a chance. One barking beagle can set off an entire room of yapping dogs. On the fifth floor of the dental school, Arthur has seen it all, from gerbils to rabbits to a couple of hogs he looked after in the '70s for a study conducted by Dr. Malcolm Boone.

Arthur moved to Indianapolis from Lena, Mississippi, in 1959. He worked several jobs in the city before being hired for the IUPUI housekeeping staff. In 1973 he transferred to the animal rooms and has taken pride in his accomplishments with the research animals.

Since the monkeys were moved from the dental school building last year, things have quieted down some on the fifth floor. "The different kinds of monkeys, such as the Rhesus and spider, liked to tease one another," he says.

Sometimes the monkeys showed talent for teasing the humans as well. Once when Arthur and co-worker Cliff Hall were near a stump-tail monkey, he grabbed the wrist watch off Cliff's arm and popped it into his mouth, refusing to give it back. He would then spit it out . . . and grab it back before they could reclaim it. The monkey finally had to be tranquilized, turned upside down and gently paddled until the watch dislodged from a storage pouch in his cheek.

Had things gone as planned, **Lynn Collins** would have started working for the head of nursing back in 1967, but at the last minute the secretary who was supposed to resign decided not to. The School of Nursing's loss was the School of Dentistry's gain—this Selvin, Indiana, native hired on as a supply clerk and has served the school in various ways for almost 19 years. Seven years of that service was in the Director of Clinics office under supervision of Dr. Ray K. Maesaka. Since 1980 she has been the school's insurance and collections clerk, a job she has learned "by trial and error and hard knocks." Lynn acknowledges that insurance can seem complicated to people not used to dealing with it, and many have a preconceived idea that insurance people will take them to the cleaners. She enjoys counseling patients, especially those who listen, remember and show appreciation for her advice. "Many of the third party patients are elderly," she says. "I try to spend time talking with them. I hope when I'm that age someone will take time to explain things to me."

A favorite part of her job is keeping records for the 20-25 faculty members in the school who participate in the intramural private practice program. Lynn is familiar with the strong bonds that develop between people at the dental school. There have been special moments, such as the time a dental student came over to Bea's restaurant to show

Lynn the new suit he bought for graduation. She has endured painful moments, too, the saddest being when she had to say good-bye to D.O.C. co-worker Maria Edwards upon Maria's retirement.

Since 1984, when **Ruth Eitnier** was profiled in the Alumni Bulletin, lobby phones have kept on ringing, patients and dental students have kept on lining up at the reception desk, and Ruth has continued to accommodate all with efficiency and low-key humor.

Ruth recalls how simple hiring procedures at the dental school were 21 years ago compared to today. "First, you spoke with Mrs. Cleona Harvey. If she liked you, you spoke to the chairman of the department. If *he* liked you, you had the job. That's all there was to it." In her case, Mrs. Harvey sent her to Dr. Maurice Healey, who was looking for a dispensing clerk. When Dr. Healey asked in the interview how she would be able to come to work (meaning home details, baby sitter arrangements, etc.), Ruth misunderstood and began a detailed account of the route between her home and the dental school. She got the job

anyway, but transferred to the receptionist position within a short time and has stuck with it ever since.

In the '84 profile Ruth said that since she still enjoyed the dental school, she might get a face-lift and stick around a while. A glance reassures us that Ruth doesn't need the face-lift, but we're happy that this remarkable woman on the phones has decided to wait a few years before hanging it up.

The dental school seems to hold a magnetic charm for many of its employees, including **Vivian Haggard**. She officially retired in 1981 after 12 years as graduate recorder but within a few months was back, helping out part-time in the dean's office. In 1983 Dr. Timothy O'Leary in periodontics offered her a full-time job as his secretary. "I wouldn't have come back full-time for just anyone," Vivian says, "but Dr. O'Leary is very special to me. I had enjoyed working with him and his grad students when I was the recorder, so I agreed to put retirement off for a while."

Vivian was born in Indianapolis but really considers the Martinsville area home. She worked 25 years in the in-



Edith Mabry at her cabinet



Barbara Rhodes pauses in her work.

insurance field in Indianapolis, and transferred to IUPUI after her children were grown because IU offered benefits and a pension plan.

As graduate recorder, Vivian gained an international reputation by working with students from all over the world—people she referred to collectively as “my boys.” One Canadian grad student nicknamed her “Den Mother.” In recent years several graduates of the perio program have been momentarily baffled by hearing her voice when they call Dr. O’Leary’s office.

Although she’s worked at the school five years since “retiring” (besides helping out at a family-owned Dairy Queen in Martinsville), Vivian has plans for her eventual leisure time. Groups such as the ElderHostel that offer non-credit classes for retired people in colleges all over the world appeal to her. “I can just picture myself globe-trotting,” she says with a laugh, “bumping into foreign dentists who once were my graduate students at Indiana!”

Some dental students working with **Isabell Poor** in oral diagnosis today are



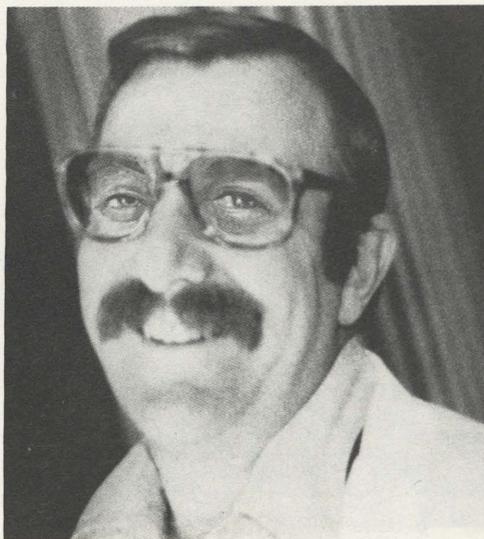
Carol Ann Steinmetz on the job

the children of students she worked with in radiology 25 years ago. “Student contact is one of the best things about this job,” she says. “They keep you young.”

Indeed, Izzie approaches her duties as radiograph technician with the enthusiasm and bounce of a teenager. Three heart attacks and by-pass surgery in 1984 haven’t slowed her down.

Born in Auburn, Kentucky, Izzie came to Indianapolis with her husband in the ’50s. An acquaintanceship with Dr. James Beck (MSD ’62), who had recently been appointed chairman of radiology here, brought the offer of a job in 1961. She accepted and worked there for 16 years before transferring to oral diagnosis/oral medicine.

Her job has led to an interesting sideline: assisting Dr. S. Miles Standish with forensic dentistry cases. She finds it fascinating, despite some awkward moments. Once Dr. Standish and Izzie were working with two human heads on the fifth floor when the fire alarm sounded. Not knowing if it was a fire or a drill, each placed a head in an opaque plastic bag and ran out of the building. “It turned out to be a drill,” she says. “We



Mike Halloran says cheese.

stood around in the parking lot with our plastic bags, hoping other employees wouldn't become too inquisitive."

Izzie enjoys her career at the school and feels that she's been part friend, part mother-image for many of the students.

The dental school has changed dramatically in a generation, and no one knows that better than **Delores Riczo**. In the old days (circa 1960) a much smaller building made it easy to get acquainted, women students were a novelty, and many dental students were "scared to death" of dental assistants, who represented a new kind of employee at the time.

An Indianapolis native, Delores was a chairside assistant for orthodontist Dr. Frank Hapak ('51) when she was referred to the dental school as a patient. She was assigned to Donald Christy ('59) for treatment and soon began working for Dr. Ralph McDonald in pedodontics. As supervisor of the dental assisting pilot program, Delores was in charge of the first nine assistants hired by the school. She says it took a while for the students to realize that assistants actually could make their job easier.



Jean Richmond in her OHRI office

When Dr. McDonald became dean Delores worked first with Dr. James Roche and then with Dr. David Hennon in graduate pedodontics until the department was phased out. She is now involved in patient correspondence in the Office of Clinical Affairs. Why has she stayed with the dental school for more than 26 years? "I don't like to move around once I'm comfortable. My experiences at the dental school have been very good."

Although the view of the dental school from the cottages across the street hasn't changed much in 30 years, there have been major developments in the building and **Shirley Shazer** has witnessed them all. Since she was hired in 1956 as a research assistant by Dr. David Mitchell, chairman of oral diagnosis/oral medicine, her lab has moved from quarters now occupied by Dr. Robert Bogan (original building) to a room now used



Drew Beck on the winding stairway

by Dr. Hala Henderson (first addition) to its present location on the first floor south (second addition).

Shirley was born in Greensburg, the daughter of Dr. Delton Shazer (DDS '25), and is a DePauw graduate.

As an assistant in histologic research, Shirley says she is pleased to work side-by-side with Dr. Abdel Kafrawy, a man of world-wide reputation whom she also considers a close friend. In addition to working with graduate students, Shirley takes under her wing each year an NIH-sponsored undergraduate student. Some time ago Dr. Gisle Bang, a visiting Norwegian who worked here briefly with Dr. William Shafer, invited her to train technicians in his laboratory at the university in Bergen. She spent two months in Norway, and a life-long friendship evolved.

Shirley says of Dr. Mitchell: "I was lucky to get under way with a supportive and helpful supervisor. He provided a great working atmosphere."

Donna Dobbs got her start at IU working with Dr. Carl Bell and Mr. David Gunn on a four-year Dental Health Task

Force at OHRI, sponsored by the State Board of Health, IDA and IUSD. After that program she transferred into oral diagnosis/oral medicine, working first for the late Dr. David Mitchell and then for Dr. S. Miles Standish. She was recently appointed dental admitting supervisor for the Office of Clinical Affairs, a post with heavy patient contact that keeps her on her toes.

Donna sees her staying power at the school as a reflection of her personality. "My husband is in sales, which requires extensive traveling, so I chose the type of work that would allow me to provide stability for my family. Besides, this is a good place—it's informal, relaxed, and offers benefits."

A native of Evansville, Donna notes that student fashions have come full circle during her years here. "In the early '70s, a clean-cut look predominated in the clinics—lots of the grad students drove Porsches," she recalls. "The long-haired, blue-jeaned hippie era followed, and now the well-dressed look has returned, this time with a "yuppie" label.

Donna's main responsibility in her newly created job is "to be there for anyone who has a problem related to pa-



Ramona Lemme at her post



Alana Larkin in photo studio

tients and seeing how they are served at the school." Does she like it? "Yes! I love being where the action is."

The 18 years that **Howard Coopridner** has spent in building maintenance at the dental school constitute a second career for him. For 25 years he was in production control at UniRoyal in Indianapolis, until a heart attack placed him on permanent disability.

Howard's doctor encouraged him to keep working, but in a less physically demanding job. Howard's daughter worked on the IUPUI campus and suggested that he apply for a position there. John Owens hired him to round out a building services team that included Ivan Welborn.

Howard says that a major difference between working in industry and at the dental school is that here he receives recognition for good work. When Howard formally retired in 1984, he received the highest compliment of all: John Owens asked him to stay with the department part-time.

A native of Clay City, Indiana, Howard has witnessed many physical changes in the dental school. The biggest mishap he can recall is the time the pipes froze and then burst after a window in a second floor lounge was left open over the weekend in subzero weather. By Monday morning the basement was flooded and giant vacuum sweepers with special attachments had to be brought in to suck up the water.

Handpieces and the operator light on the dental units break down more often than anything else, Howard says, and there's always something to keep the maintenance crew busy. Since coming to the dental school Howard has suffered yet another heart attack and has undergone surgery for a quadruple by-pass, but he refuses to let his health problems keep him away from his job for long. In

his semi-retirement, Howard enjoys gardening and collecting books about the Civil War.

"Family atmosphere and variety" have kept **Marthena Smith** at IU more than 33 years. Her career has indeed been varied. She began as chairside assistant for Dr. Ralph McDonald at Riley Hospital. Later she served as assistant or technician for several faculty members, including Dr. Donald Cunningham in oral rehabilitation, Dr. Charles Hutton in oral surgery and Dr. James House in complete denture. She is most proud of the close relationships she has developed with her dental school colleagues.

Marthena grew up in Mooresville, where she lives today. She attended comptometry school and took courses in business and dental hygiene (then known as "dental nursing") at Elkhart University before coming here.

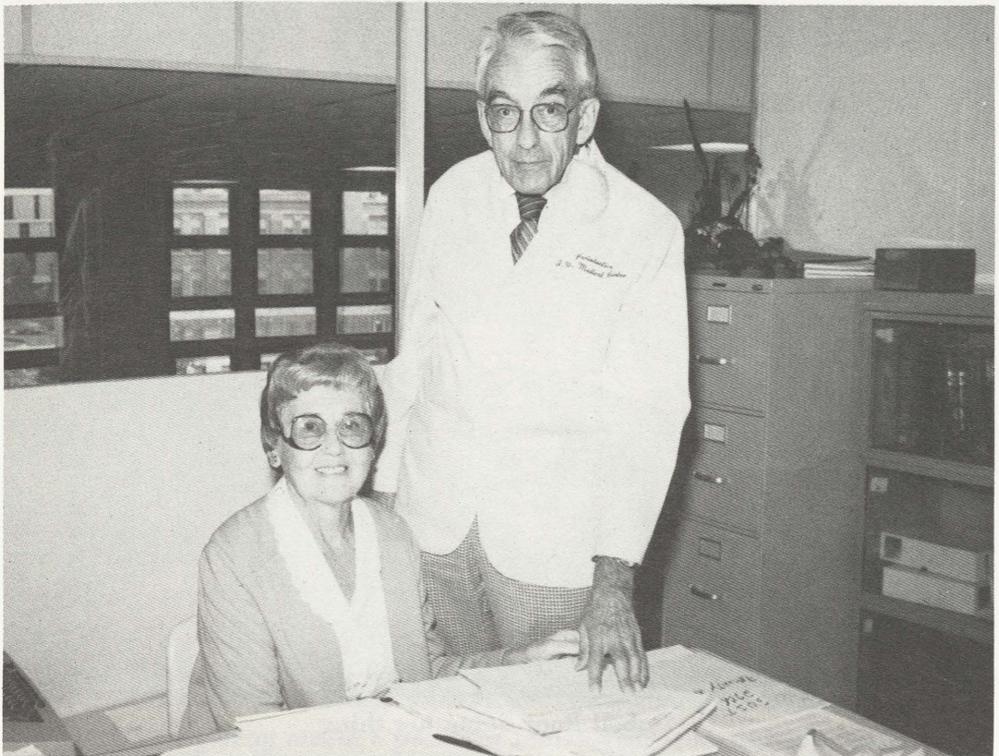
When Dr. Rush Bailey, director of the prosthodontics lab, became ill in 1973, Dr. McDonald asked Marthena to pinch-hit in the lab. "All you'll need to take is your purse," he said. Her "temporary" assignment has lasted 13 years. She enjoys the students, even when they play a joke. A few years ago the seniors got



Lynn Collins at the computer



Nancy Cox checks a record while third-year student David Jardenil looks on.



Vivian Haggard and Dr. O'Leary

permission from the dean to come in over the weekend and throw plaster all over the wet lab. They set up a movie camera and filmed Marthena's reaction to the mess as she walked through the door on Monday morning. (The scene became part of the class film shown at the Razz Banquet.)

"Rumor has it . . ."—"Are the Board scores in yet?"—"That memo must have been stolen out of my mail box." For 18 years **Sarah Manion** has been good naturedly listening in the student office. . . .

As a high school student at Tech, Sarah began working part-time in Dean Hine's office in 1959. After graduating she worked as Dr. Harry Healey's secretary in endodontics until 1966, when she moved to Texas with her serviceman husband. Two years later they returned and now reside in Plainfield. After a taste of working in a big-business environ-

ment out west, Sarah applied for a job at her former stamping ground. She found one as Dr. Bogan's secretary in the student office.

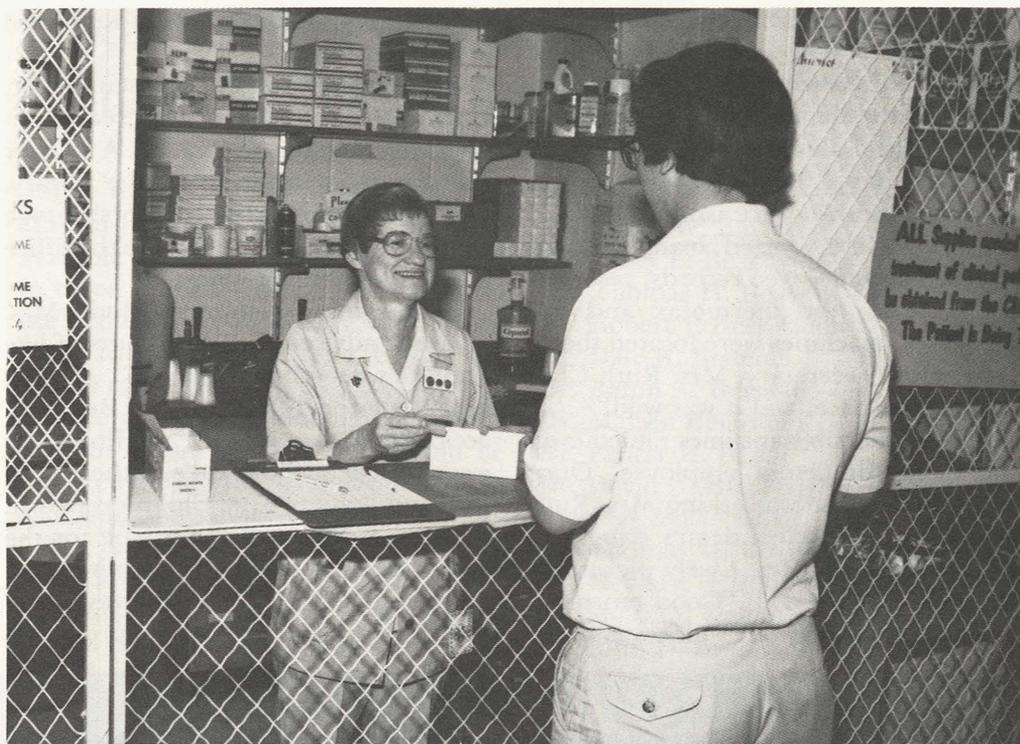
She has seen a lot of students come and go—2,084, to be exact. The current batch includes 13 children of past students that Sarah remembers.

In the early days, Sarah shared office space with Sandra Manion (who introduced Sarah to a cousin, now Sarah's husband). "Luckily a change in office arrangements separated us after two months," she says. "We laughed and cut up so much, we were really pushing it with our supervisor, Mrs. Cleona Harvey. She used to shake her head and say, '**Oh, those girls!**'"

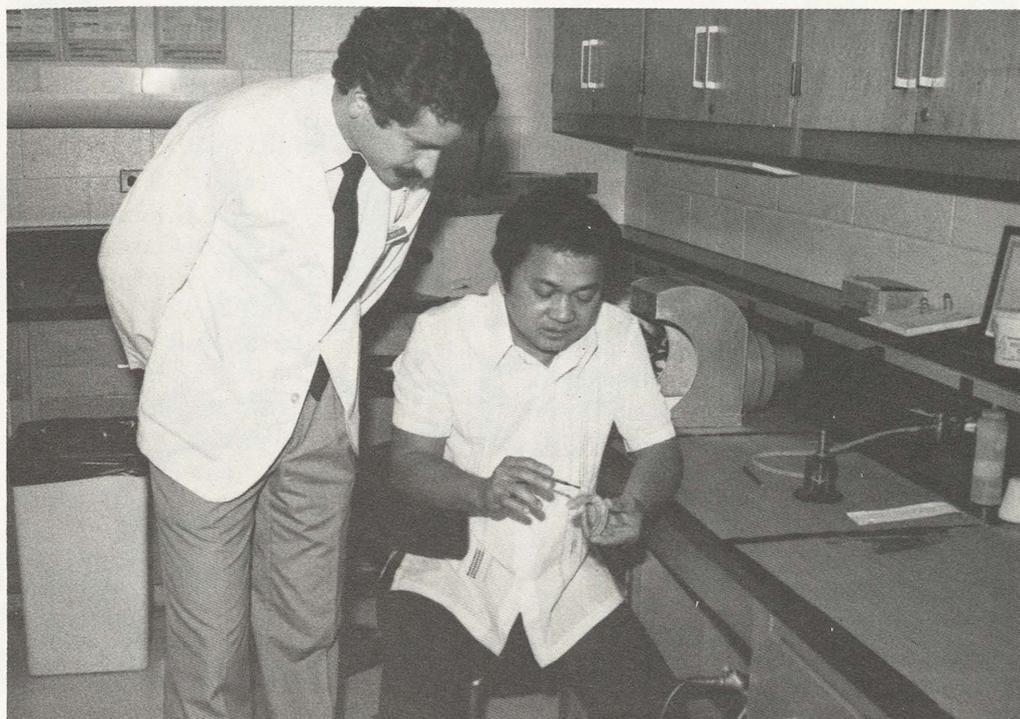
Sarah sees the students of the '80s as wanting more involvement in decisions that will improve the system. "They are interested in seeking changes in the dental curriculum to help future students."



Isabell Poor doing her thing



Marthena Smith assisting a student



Jessie Sangalang makes a point for fourth-year student Ridge Gilley.

After three years of college in Bloomington and a year and a half with Indiana Bell, **Sandra Manion** began a career at the dental school, first in the dean's office, almost 25 years ago. "In the early days," the Westside resident says, "the dean's office issued keys and student lockers, sorted mail, handled payroll and employee records, reserved rooms—even the thermofax and mimeograph machines were located there. Dean Hine's secretary, Mrs. Ruth Chilton, set the pace, and it was wild!"

All the hubbub sometimes rattled even the most competent employee. Once while Dean Hine was asking Mrs. Ruth Lively about another dean's daughter, the phone rang. Mrs. Lively picked up the receiver and said: "Good morning. Dean Hine's daughter." This was inter-

esting news to the caller, who happened to be Mrs. Hine.

In 1969 Sandy became assistant to Dr. Robert Derry in the newly created division of continuing education. A bit later the classroom adjacent to the library, which also served as the soldiers' lounge during World War II, became the office where they remain today.

Dental school memories include: Mrs. Harvey's advice: "Conduct yourself like Caesar's wife—above reproach". . . 7:30 breakfasts and 10:30 breaks at Bea's. . . accidentally dropping Dean Hine's Hawaiian torte birthday cake in the bookstore and helping Mrs. Chilton repair it. . . a man calling in and asking for the "nice" lady, meaning Ruth Chilton. . . sharing the title of "The Harvey Girls" with Sarah Manion.



Lil Deisroth and third-year student Kerry Goodin

Updated Roster Lists

Donors to IUSD Funds

The following lists, provided by Dr. Maynard K. Hine, represent the latest available word on donors during 1985 to three funds of great importance to the maintenance of quality educational programs at the Indiana University School of Dentistry.

Once again, a reminder: Any omissions or errors in these lists should be reported to Dr. Hine or to Dean H. William Gilmore.

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Dr. Carlos L. Suarez, a 1967 graduate of the Master's program in operative dentistry at Indiana University School of Dentistry, was reappointed dean of the University of Puerto Rico School of Dentistry in January 1986. A professor of restorative sciences and former chairman of the department, Dr. Suarez also served as dean from 1975 to 1978.

PPAP Conference Spotlights

Two Indiana Associateships

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

Associateships in dental practice—how they are formed and their advantages and disadvantages, both for the young dental graduate and the experienced practitioner—were the subject of a day-long conference at the Indiana University School of Dentistry on November 19, 1985.

The conference was presented by the Private Practice Associateship Program (PPAP) which is a cooperative effort of the dental school and the Indiana Dental Association. In addition to remarks by Dean H. William Gilmore, Dr. Ralph G. Schimmele, and Mr. Gale E. Coons, executive director of the Indiana Dental Association, there were reports by four individuals involved in the operation of two quite different associateships: Dr. Raymond E. Rothhaar (Class of 1952) and Dr. Jaime O. Lemna (Class of 1983) Muncie; and Dr. Maurice P. Lord, II (Class of 1964) and Dr. Christine M. Kastle (Class of 1979), Lafayette. Evaluations by the 50 students and 16 practitioners in attendance indicated that the Conference was of great benefit and that similar programs would be appropriate in the future.

In his welcoming comments, Dean Gilmore said the idea of an associateship program began at the University of Tennessee and spread quickly. He added that its success at IU and elsewhere is largely due to the high cost of dental education, coupled with the high cost to the new graduate of establishing a practice. He noted that the dental school's Extramural Program "feeds" the Associateship Program in that our students gain valuable experience in private offices and

upon graduation may use it to ease the transition to associate status.

Mr. Coons and Dr. Schimmele reviewed the operation of the IUSD program. Mr. Coons reported that last year 52 dentists and 18 students signed up for the first PPAP (presumably more would have participated if the program had started earlier). This is how it works: Information on the program is mailed to all 2,350 IDA members, along with application forms to be returned by practitioners who wish to be included in the PPAP directory prepared by Dr. Schimmele. Similar forms are made available to students, and the information on those who are interested is sent to Mr. Coons. Another mailing follows to IDA members who have registered



Mr. Gale E. Coons

for the program. At the time of the PPAP Conference, 45 practitioners had signed up and about the same number of students.

Dr. Schimmele then related some observations from a similar program he attended in another state. Reasons why an established practitioner may want an associate were cited as follows: less need to refer patients from the office, improved emergency care, more efficient use of staff and equipment, internal peer review (or someone with whom to share professional concerns), and desire for more personal free time. From the same program, these advantages were listed for new graduates entering associate-ships: smoother transition from school to full-time practice, opportunity to enhance clinical skills and judgment, avoid immediate financial investment, generate funds, locate desirable area, and develop management skills.

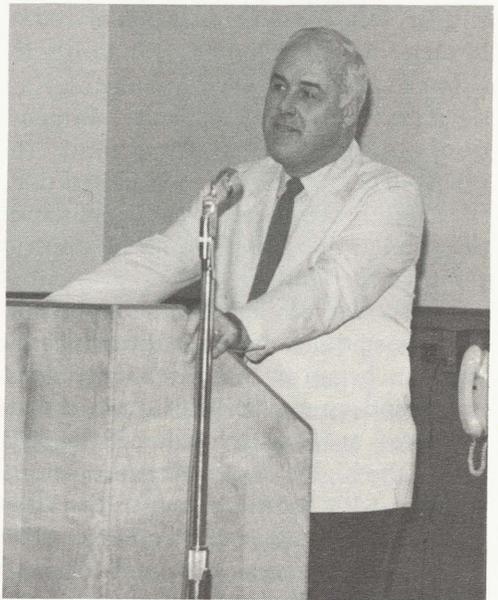
To begin the first-hand reports of associateships in action, Dr. Schimmele introduced Dr. Ray Rothhaar and Dr. Jaime Lemna.

Rothhaar—In talking about associate-ships, you need to have in mind what you are looking for in that someone who will come into your office. Dr. Lemna was a patient of mine; I did not have to do any research concerning his background and feelings. Even then, our agreement was the result of a lot of talking over a long period. In my opinion, no contract is any better than the spirit and the honesty of the two people entering into the agreement. We made our own agreement, but did feel it was necessary to take it to an attorney and speak with a CPA.

A stock purchase agreement and an employment agreement are the only two documents we have. They are short but they identify areas such as who covers the malpractice insurance; a restrictive covenant of 25 miles over two years; a

buy-in statement; and a portion dealing with insurance. Our insurance agreement is that I pay the premiums on my policy but Dr. Lemna is the beneficiary. In the event that I die, he has the practice and the insurance to pay off the estate. In the event that he dies, I have to re-pay his estate the amount that he has paid into the buy-in agreement. Insurance covers that.

Extended hours, better coverage, and having a friend are all important in an associateship. It is nice to have someone with whom to share and discuss cases. But after you boil it all down, one of the biggest things is the financial arrangements. Should I die today, I know my widow is not going to have to worry about trying to sell my practice. I know that my patients will be in good hands, well cared for, and that the practice will provide a good foundation for Jaime's future. We also have a philosophy of sharing, caring, doing good dentistry, being of service not only to the community but also to dentistry, and maintaining and elevating the dignity of our profession.



Dean H. William Gilmore

Lemna—You cannot imagine how comforting it was for me during the latter part of dental school (and then during my residency) to know where I would practice, with whom, and what my agreement involved.

There are things that the young people here today need to keep in mind. Location, for example; if you want to stay in Indianapolis, don't bother looking at a practice in a small town. Second, look at the person with whom you are considering associating: whether your philosophies are compatible; the type of person he is in the office; the kind of person he is out of the office; whether this is someone you will want to have your name associated with in the community. The attitude of the office staff is of paramount importance. Are they going to accept you?

Look at what you want from a practice. If you are geared toward production and you walk into a practice where they see four patients in the morning and four in the afternoon, you had better re-evaluate that situation. Is the person you are evaluating as a potential associate flexible? I knew when I joined Dr. Rothhaar that there were some things that I had learned in dental school with which I felt very comfortable. We did not do everything in the same manner, but it was important for me to know that Dr. Rothhaar would say, "I'm willing to look at that technique" instead of "Well, we've never done it that way; why should we change?"

You need to evaluate the viability of the practice. Talk to dental people in the community. Is it a viable practice; is it going uphill or downhill? Why is the person inviting you to become an associate? Is it because he wants his people taken care of, or because he wants you to bail him out of jeopardy?

The main thing is that you need to have a comfortable working relation-

ship. Also, as you begin to consider contracts, keep in mind that you are looking for an equitable deal going into the relationship. And remember that several years down the road, it is entirely possible that the practitioner is going to look for that same kind of deal as he exits the practice, as you buy-in and buy-out. Keep the channels open.

I fulfilled most of my Extramural requirement in this practice. Going into an office on an extramural assignment enables you to sit down in a working relationship, ask questions about technique, get a feel for that person's philosophy and even gain an idea of the office busyness. This knowledge is especially beneficial if you are using the Extramural Program to investigate a possible associateship. I encourage you to use those weeks of the Extramural Program to full advantage. I realize that you have commitments and requirements here at School, but you're looking at more of a long-term investment. You have the chance to evaluate a person in his own environment and get a feel for the practice and staff, the community, and the dentist's reputation in the community.



Dr. Ralph G. Schimmele

And just how viable is the community? Are you going into a community that is losing so many people per year and the population projections are going down?

Rothhaar—Dr. Lemna is on a buy-in arrangement of so much a year for so many years. His commitment per month is less than if he had purchased equipment, or tried to maintain an office plus pay utilities, staff, etc. But at a point six or seven years down the road, I have the same privilege going out that he has had coming in. I will work for a percentage, he's in charge, he's the boss then, but we do have a definite timetable. I think that is important if you're on a buy-in arrangement.

How do you determine the value of a practice?

Rothhaar—We took five years worth of receipts from our office, averaged them out, and said that was what the practice was worth. There were no arguments; we discussed it and decided that was the easiest way to do it. This way you know what the practice is producing and you don't need to worry about buying good will. At the end of a set period of time, Dr. Lemna will have purchased 50 shares (I own 100) of stock. The corporation was in my name originally, which was not a good idea, so we changed our name to "Adolescent and Pediatric Dentistry, PC." I appreciate what is being said about having a trial period to see if you are compatible—that's not bad. The Extramural Program and my association with Dr. Lemna then took care of that.

Lemna—I might mention the insurance aspect, too. It is extremely comforting to know that in the event of the untimely death of Dr. Rothhaar, I would not have to go immediately to the bank to secure an extraordinary amount of money to meet my obligation to Mrs. Rothhaar for the continued purchase of the practice. That has all been taken care of. That probably seems like a very small point



Dr. Raymond E. Rothhaar



Dr. Maurice P. Lord, II

until you sit down and start figuring interest rates. Even if the prime continues to drop, you're looking at a large amount of money. I have classmates who are paying on \$150,000 dental practice investments and I have no idea how these guys sleep at night. I cannot imagine making payments of that magnitude on a regular basis, in addition to starting from scratch and building a practice. I have a commitment that comes due on the 31st of December of each year for "x" dollars, but my commitment is of such small numbers that it doesn't even merit consideration in the same breath as the fellow making payments on \$150,000. In that case you're looking at something like \$2,000 a month in interest alone; that's a lot of new patients when you're just starting.

Also, I feel an obligation to tell you that when you walk out of these doors with diploma in hand, and your State Board License, you are probably the world's worst businessman. And there is no better way to learn than to pull up next to somebody who has been doing it for 30 years and is obviously successful because he's still solvent. You're not going to know how to budget, how to pay your help, how to pay the Social Security or workman's compensation on your help.

How do you manage distribution of patients?

Rothhaar—We run separate and individual practices. Those that I had as patients continued to be my patients. Now there have been a few since I've changed hours that find it more convenient to come when Dr. Lemna is in the office, so that is part of it. But when the phone is answered, both names are given in response. If it is a new patient, the individual is asked with whom he/she would like to be scheduled.

What kind of arrangement did you have for income when you started? Were you on a salary?

Lemna—No. First we figured out the overhead of the practice. I am working on a percentage of receipts minus overhead. I'm not working on percentage of production. Some procedures in our office are billed over several months, so it would not be reasonable to count production.

You had no guarantee when you started?

Lemna—Well, in a sense I did. I knew I was buying into an excellent practice and with the reputation that was inherent in the practice, I had a "guarantee" that there was going to be activity.

You didn't have any conditions drawing against your salary in the beginning?

Lemna—No. I felt very comfortable with my skills and my abilities to get in there and produce good dentistry. Also, I felt confident, knowing the numbers of times that phone was ringing per day and the reputation of the practice and Dr. Rothhaar in the community, that we were going to have activity. When that phone rang, I didn't figure I would get half, but maybe 30%. And 30% of the phone calls that we monitored on a daily basis was a lot of people.

Your experience is probably different from most associateships because you knew each other for such a long time. What would you suggest for those who don't have that advantage?

Rothhaar—A trial period would help. Don't do a lot of letterhead changing or anything; don't make a big announcement. Just see how it goes for a few months and decide if you are compatible.

I was just thinking that inflation for a certain amount will be twice as much in five years, but the value will be the same.

Rothhaar—That makes it a real good deal for him. If we have that kind of inflation, we will be doing things to counteract that; that will be no problem.

Are you going to tie in the cost of living?

Rothhaar—I am not an expert, but I would not be anxious to go back and renegotiate because I want more money. This is the problem that everybody has with an associateship; everybody wants to get rich on it.

If five years from now the deal you made turns out not to be such a good deal for you, what are you going to do about it?

Rothhaar—This is a firm commitment on our part. I feel I am getting a good, fair price for my practice.

In seven years you said that you will own half of it, is that right? Okay, do you reevaluate the price then? Do you stay at the figure forever?

Rothhaar—At that point he is half owner.

So it would inflate both of you?

Rothhaar—Right.

If you do not have a lot of experience in associateships, how do you determine what the compensation should be so you will not over- or under-price yourself, and how do you determine a restrictive covenant?

Lemna—There is a book by Schauwman on associateships that is very easy reading. He does a fine job of answering questions about restrictive covenants, fair compensation, buy-ins and buy-outs, length of agreement, trial periods, etc. I think that if you enter into a trial period of three months before you agree to any firm contract, your best bet would be to go to a salary.

Is the seven-year buy-in what you wanted?

Lemna—Right now it looks very good because it allows me a much, much lower payment on December 31 each year. It allows me to accumulate that buy-in fee over the preceding 12 months instead of going to the bank and borrowing "x" dollars and being at the mercy of their interest rate. This gives me some flexibility in saving on my own instead of borrowing. I have no argument with the

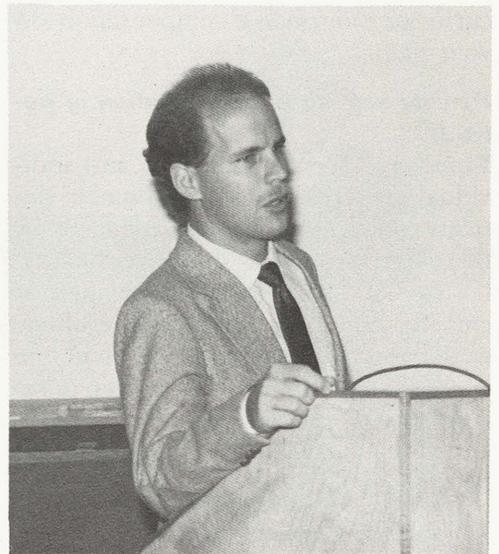
percentage I am being paid. It is allowing me some time to put back resources while still being treated very fairly and building a practice of my own. It is to my advantage because I will have a much larger practice when I assume total responsibility.

Do you recommend that you utilize the same professional accountant?

Lemna—Yes. I have not had occasion to use an attorney except for securing the agreement. The attorney that Dr. Rothhaar hired has worked with us for a long time. When it comes to the point that I need to secure an attorney, I will probably opt for a younger person who will be able to work with me over a longer period. As for an accountant, yes; CPA—yes; tax people—yes.

In the afternoon session, the participants heard from Dr. Maurice Lord and Dr. Christine Kasle.

Lord—My start in private practice was really an associateship. I had the privilege of practicing with a very gentle, knowledgeable person who taught me a lot about the aspects of dentistry the School did not offer. That man is my father. I learned a great deal and I have



Dr. Jaime O. Lemna

tried, in my dealings with the three associates I have had, to conduct myself in the same way that my father conducted himself: in a kind, understanding way. As a new dental graduate, you are very well educated in dentistry but very poorly educated in the business aspects of private practice. There are many things to learn from the seasoned practitioner.

An associateship is an excellent way to find your ideal practice location. It permits you to explore rural or urban communities without a big cash investment. Also, the quality of the practice is important. The dentistry taught in 1985 is different from that taught 30 years ago. If some dentists are using techniques taught in the '50s and early '60s, prospective associates need to decide if they can practice in that environment. Likewise, the practitioner has to think about quality of the student.

Equipment is another consideration. I do not think it is fair to have the associate stuck in the back room with old equipment. When considering the area in which you will be treating patients, remember you will be spending 40 hours a week there. If the operating conditions are not to your satisfaction, that should be discussed before you enter into the practice rather than sometime later.

The student should also consider the supply of patients in that office. There would have to be 30 or 40 extra patients a week in the practice for an associate to have enough to do. Another point is the willingness of the practitioner to share patients. Many dentists who have never had an associate find it hard to realize that others can render services equal to theirs and be easily accepted by patients.

Compensation is another important factor. I have a formula that I think is accurate. For an associate practicing one day a week in a moderately busy practice in Indiana, the compensation should be approximately \$10,000 a year. If an as-

sociate works two days a week, compensation should be approximately \$20,000 a year; three days a week should yield \$30,000, and so forth. I feel I have a high quality dentist as my partner and therefore she is worth 50% of production. We split the cost of assistants and the lab costs. A lot of offices offer compensation as low as 35%, but they may have other perks involved. My associate is an independent contractor working with me. I think whatever the compensation is, it should be mutually beneficial to both people.

I will speak briefly on the restrictive covenant. In my community several people have broken the restrictive covenant. Two attorney friends told me if the covenant is very detailed or if it can be demonstrated that there is a great need for that other person in the community, it can be broken very easily. Consequently I am not really sure how a restrictive covenant holds up if it is contested. According to Harvey Sarner, "The only need for a written contract is the restrictive covenant." I do not have



Dr. Christine M. Kasle

a restrictive covenant nor do I have a contract; mine is a hand shake. The basis of my associateships is mutual trust.

In his newsletter Mr. Sarner also mentions something concerning the selection of patients with which I totally disagree. He says the established dentist should see all the new patients. My associate sees the new patients unless the patient asks specifically for me. It is easier for me to give my associate someone who has never met me than someone I have seen for years.

Mr. Sarner recommends that you not have the associate's name on the door or on the stationery because this provides protection against needing to explain a quick departure by an associate. I take exception to this. We have both names on the door, we answer the telephone "Dr. Lord and Dr. Kasle's office," and both names are on the stationery. This emphasizes that we are a team. I think it is important to demonstrate that the dentist joining you is an outstanding person that you are enthusiastic about working with.

At this time it is my pleasure to introduce my associate. She is a wonderful person, an excellent dentist, my friend and colleague, Dr. Christine Kasle.

Kasle—I would like to talk about the associateship from the younger partner's point of view, the advantages and disadvantages, and some important considerations.

From the business aspects, there are many advantages in associating: you do not need to secure a loan right away; you don't have to decide immediately where to locate; and you don't have to research equipment, supplies, and prices. A big advantage is that you receive income right away. When you are paid on a percentage basis, you need not build up a large practice before you can earn a sal-

ary. Another aspect I really appreciate in associating is having someone with whom to consult. As students you are spoiled because you are surrounded by dentists and instructors, but in private practice there are many unusual cases that you have not seen in OD. You never know what you will be facing and many times you appreciate having your associate there with expertise to help you.

Another advantage with my association is that I don't have any dealings with the inner workings of the office. I don't have to hire new employees, order supplies, or take care of building or equipment repairs. Basically I go to work, see my patients, and leave when I finish.

Of course, there are disadvantages, too. Many times associateships do not end with the newer partner buying in or becoming a partner. For example, frequently dentists will associate one or more days a week to help support their own new practice or go to grad school. Their associateship provides everyday common experiences as long as they work there, but when they leave, they leave empty-handed. They have not built up any equity, so to speak. Also, some people are not happy unless they are in total control of everything that goes into the office. In order to associate, one must be able to adapt to a preexisting situation. Usually the associate will have some say in what goes on within the office, but will not be the primary decision-maker.

If you work with a good dentist, you are more likely to maintain high standards in your own work or try to improve upon them. It is wonderful when a more experienced dentist sets a good example for the newer one. Especially if there is any possibility of buying into the practice, when you associate you essentially inherit everything that is taking place in that office. If there is a lot of good dentistry, fine; but if not, you cannot nec-

essarily redo everything. You should also be sure that you diagnose things similarly. In some cases one dentist will look at the bitewings and see six Class II cavities and another dentist will chart only two. There will be times when you have to explain discrepancies like that. Also, if you are going to practice out of state, you should look into the basic treatment procedures followed in that area. Not every dental school teaches exactly the way we are taught.

Also determine if the practice is involved in any controversial treatments. Check how patients are scheduled and basically how they are treated. In some practices patients are booked very closely and you might not feel that you are given adequate time to finish a procedure. You should be sure you are able to work at

a pace with which you are comfortable.

Essentially the message I want to give you is that the more similar your philosophy and practices are to those of the other dentist, and the more similar your personalities, the more smoothly everything will go and the more successful the associateship will be.

What is your recommendation on sharing your hygienist with your associate?

Lord—We have one hygienist who is basically my hygienist, but when I am not in the office, Chris is responsible and receives part of my half of the hygienist fee.

For a new associate coming in, do you think it is imperative that the associate do all kinds of procedures, including prophies?



Drs. Jeffrey L. Rhoades and Margaret J. Fox

Lord—I think it would be nice for her to meet the patients this way.

Kasle—But I don't usually stop there. If I do a prophy and the patient needs four restorations, I do them. I don't schedule them with Dr. Lord.

Have you ever been in a situation where a patient starts treatment with one dentist and then requests finishing with the other?

Kasle—If I begin treatment on one of Dr. Lord's patients on an emergency basis, I usually complete it myself. But afterward I would tell the patient, "I know you have been with Dr. Lord for 10 years and you will be reappointed with him for your other procedures. I performed this treatment because it was an emergency and he was not available." I try to keep his patients for him and he does the same for me.

Lord—We try to tell the patient over the telephone before they get to the office that I am out of town or busy and Dr. Kasle can see them. They rarely complain.

How do you handle the malpractice insurance situation in your office?

Lord—We each carry our own through the same company but with two independent contractors.

Drs. Rhoades and Fox Offer Comments On Another Successful Associateship

On a different occasion, interviews were conducted with two participants in another associateship who are also enthusiastic about the arrangement and provided interesting comments. They are Dr. Jeffrey Rhoades (Class of 1975, working with his first associate) and Dr. Margaret Fox (1985). The practice is in Columbus, Indiana.

The associateship grew out of Mar-

garet's taking three weeks of her extramural experience in Jeff's office. As a member of the part-time faculty, Jeff had also observed her work in the operative dentistry clinic.

Excerpts from their responses to questions follow.

Rhoades I knew that as my practice was growing throughout the past 10 years, I would get into a position where, for my own peace of mind, I would have to have an associate so that I could continue treating patients as I did at the start. I looked very closely at each graduating class, and it just seemed like this year was the proper time and Margaret was the proper individual.

Fox Until my senior year I looked forward to having my own office and working for myself. Then these other opportunities came up and it just seemed smarter to go this route. It gives me more flexibility without a tremendous financial commitment.

Rhoades (concerning patient acceptance) We thought this might be difficult but we have had no problems at all. Margaret and I talked about it and we felt that the patients would trust me to bring in a colleague who would have the same standards and concern for providing quality dental care that I have. And the transition period has been problem-free.

Fox I am excited and delighted about patient acceptance. There are so many ways to set up an associateship. The situation we have is like a partnership. We both see the same patients. Together we develop the treatment plan—which is the key to the associateship—and then either of us, or both, will provide patient treatment. This is one practice.

Rhoades We did send a notice to all patients announcing this associateship and Margaret and I have agreed to maintain, or reserve, the right to follow some patients along or on recall, partic-

ularly when the case has unique features to it.

Fox (on the value of "real world" experience) What is done at the school is done well, and the student leaves the school capable of doing dentistry, but to be a provider of dental services in a private practice may require more knowledge and a greater understanding.

Rhoades I appreciate the opportunity to have students in the office under the Extramural Program because it gives me the chance to complete my understanding of an individual. It is important to me that they are not only good operators but also possess the other attributes necessary to be successful in practice.

Fox The really intelligent way for the student interested in an associateship is to find the right office through the Extramural Program.

Rhoades Having Margaret here in the office as a participant in the Extramural Program really showed me how she reacted and worked with patients in the private practice setting. At the school you have a three-hour cushion, so much time to do so little. Here in the office, as part of the Extramural Program, we had her doing things with patients right away and it was important for me to see how she handled them.

R.G.S.

Early Dental Education: Profits or Professionalism?

Sara Anne Hook, Public Services Librarian

Dental education formally began in 1840 with the founding of the Baltimore College of Dental Surgery. Although dental education grew rapidly throughout the rest of the 19th century, the period was characterized by a series of profit-making ventures that had a profound effect on the progress of dental education. One immediate result was a conflict between education for professional knowledge and education for profit. This article discusses some of the profit-making endeavors in dental education during the 1800s, including their impact on the future of dental education. Attention is directed also to abuses perpetrated in the name of education, such as diploma mills and other fraudulent practices.

Before 1840, most dentists were self-taught. Often they combined dentistry

with other careers, most commonly that of tinker or barber. Founding of the Baltimore College of Dental Surgery in 1840 was a first step towards the development of dentistry as a profession. By the turn of the century, as many as 60 schools were in operation.¹ During this period many other schools began and failed; the total is unknown.

Several factors contributed to the rapid growth of dental education. During the 19th century, there was a great need for dentistry to establish itself as an entity separate from medicine. Creating separate schools was one way of emphasizing this autonomy. However, the search for profits also played a primary role. According to Lufkin, in the formation of early dental schools, "there was little effort to establish a uniform curriculum and formal dental education was plunged

into chaos. Many of these newly founded schools were proprietary in character and organized for profit, fundamental education being a secondary consideration."¹ And while some of these profits were legitimately earned through quality instruction and adequate clinical experience, others were obtained through money-making schemes that were detrimental to the status of the dental profession. It should be emphasized that with the rapid changes occurring in the technical aspects of dentistry, there were many opportunities to engage in education for profit, through legitimate as well as illegitimate means.

With no standardized curricular guidelines, new schools were free to open without adequate facilities or instructors. Since there was no well-established national organization in the 1800s to regulate the development of dental education, it was relatively easy for schools to avoid accountability to the profession.

Proprietary Schools

A discussion of the conflict between proprietary and non-proprietary dental education in the Indiana University School of Dentistry Alumni Bulletin seems particularly relevant because this school had its roots in a for-profit institution. Dental education underwent a shift of philosophy in the 1800s from dependence on proprietary institutions to rejection of education for profit, so that by 1910, most proprietary schools had been eliminated. While many schools merely ceased to exist, others became affiliated with public institutions and survived. A good example of this type of dental school is here at Indiana University.

The history of the Indiana University School of Dentistry and its predecessor, Indiana Dental College, has been well-documented.²⁻⁵ Throughout the 1870s, many dentists who were active in the In-

diana State Dental Association promoted the need for a dental school in Indiana. After attempts to create a dental department at one of the local medical schools failed, the Association decided to try to form an independent dental school. In June, 1879, Indiana Dental College was founded and a Board of Trustees elected.

In the following month the college was incorporated and shares of the newly formed corporation were sold with a par value of \$5.00.⁵ Six students were enrolled in the first session, which began in October 1879.

Interestingly, an article in the Alumni Bulletin reports that in spite of the college's for-profit orientation, most faculty members served without pay.⁵ More evidence of the college's proprietary nature is found in the next two decades of the school's history. In 1895 members of the Hunt and Hicks families agreed to buy all the stock of the Indiana Dental College, with the Hicks family having slightly more than half the shares available. From these individuals, a new Board was elected with full power to manage all the financial activities of the school.

Frequent Moves

From its incorporation in 1879 to 1925, Indiana Dental College moved five times. This period not only meant growth and change for the school, but also marked large transitions within dental education. In the early 1900s, many for-profit schools faced difficult times, and several were forced to close. In addition, there was pressure for standardization from the National Association of Dental Examiners and the National Association of Dental Faculties. At this time, many of the for-profit dental schools linked themselves to large universities in an effort not only to survive, but also to maintain their accreditation. Indiana Dental

College followed this pattern, becoming part of Indiana University in 1925. Through this affiliation, the school was able to continue to grow to the stature it enjoys today.

Fortunately, Indiana Dental College was never involved in the various shady practices, including the issuing of fraudulent diplomas, that went on during a long period of non-existent or lax supervision of professional schools. However, such practices do play a part in the history of dental education.

Many people are aware of the problem of fake medical degrees obtained through schools overseas. However, this is not a recent phenomenon, nor it is confined to the medical profession. In the 1800s, many dental schools became diploma mills which churned out fake degrees for aspiring dentists here and throughout Europe.

Fake Diplomas Sold

By the late 19th century, American dentistry was considered the most advanced in the world. Consequently, degrees from American dental schools were highly prized by foreign students. Many of these schools capitalized on this demand for the D.D.S. From its beginning at the Eclectic Medical College in Pennsylvania in 1853, the shameful practice of selling bogus degrees was adopted by more than two dozen schools throughout the United States. According to Sweet,⁶ Illinois alone had 17 such establishments.

Dr. John Buchanan was considered by many to be the father of the fake diploma. According to Sweet, his profit-making arrangement became "not only a distinct branch of industry but was a business of immense proportions, having its recognized agents, drummers, go-betweens, and influential advisors."⁶ Sweet estimated that Buchanan's operation alone generated 60,000 fake diplomas within 40 years, most of them

being sold in Europe. Buchanan was eventually trapped by reporters posing as dental students and his racket exposed and abolished. Yet even as Buchanan sat in jail, other schools followed his unscrupulous example.

One school that was guilty of selling bogus dental diplomas was the Wisconsin Dental College.⁷ Established in 1881, this school was operated for ten years by Dr. George Morrison, a character whose own dental education was questionable. The Index to Dental Literature during this period reveals numerous articles decrying and discrediting this institution. Many sources claimed that this school had no faculty and no facilities!

Recruiting Pushed

The Wisconsin Dental College marketed its services through mailing packages containing three brief documents. The first promised an elegant Honorary Diploma and degree (D.D.S.) with one's name artistically hand-painted for \$12.00 C.O.D. In exchange for this so-called "compliment," the applicant was told that Dr. Morrison "would expect your influence by way of assisting us to students in the future."⁷ The second document merely asked for the number of years the applicant had been practicing dentistry. The final document contained the following statement: "The requirements for graduation are the same that are usually demanded by all reputable Dental Schools, except in this institution students receive Diplomas and degree D.D.S. for what they know and can do, and not for the number of terms spent in College."⁷ While a diploma from the Wisconsin Dental College cost \$12.00 in the United States, the same diploma cost upward of \$200 in Europe. Apparently there were many "middlemen" who were handsomely paid for their services.

In a statement issued in 1881, the Wisconsin Dental Association charged that the school "had violated all precedents

of professional integrity and uprightness by simply resolving itself for pure mercenary ends into a diploma manufactory without any just regard for right or honor."⁸ Further challenges from the profession, along with the efforts of German dentists holding valid D.D.S. degrees, eventually caused the demise of the Wisconsin Dental College.

The selling of fake diplomas severely damaged the reputation of American dentistry abroad, so that by 1905 the D.D.S. was no longer recognized in Germany. Many who held this degree and called themselves "dentists" were threatened with legal action.⁹ According to Sweet, the attempt by German dentists to outlaw the D.D.S. was a primary factor in the demise of the fake diploma mills.¹⁰ With the abolishment of the Wisconsin Dental College and other diploma mills, the stigma against American dentistry faded, and the D.D.S. reclaimed its superior status in Europe.

Grandfathering

The process of granting honorary degrees, often referred to as "grandfathering," was common in the early years of dental education. Even the Baltimore College of Dental Surgery engaged in this practice. Lufkin states: "Any reputable dentist at that time might apply for an examination and if the candidate were able to satisfy the requirements in all respects, an honorary degree of D.D.S. was conferred on him."¹¹ However, in the 1800s, many dental schools abused this practice, granting degrees to many who were enrolled as students but who never attended lectures.

The Dental Times, Volume 6, 1868-69, contains an interesting account of problems encountered through "grandfathering."¹¹ In "A Degree Easily Obtained," the Pennsylvania College of

Dental Surgery was forced to defend its reputation against charges that it wrongfully awarded a degree to a candidate who did not meet the minimum requirements.

The drama unfolded as the Pennsylvania College of Dental Surgery presented evidence to support a student's claim that he had indeed fulfilled the two-year practice requirement and was entitled to his diploma. A certificate from the student, identified only by the initials T.L.N., was included to document this claim. Interestingly, this certificate was from his father, also a dentist!

The second section of this article consists of a long letter from T.L.N. to Dr. Buckingham, dean of the Pennsylvania College of Dental Surgery, with details of his experience in the dental profession. He cited names and dates: one cannot help believing him when confronted with this convincing evidence. He then goes on to give a reason why his professional credentials were attacked.

In reference to the cause of this attack, I presume it originated with Dr. F.J.S. Gorgas, Dean of the Baltimore College of Dental Surgery, who, some time since, in a business transaction with a friend of mine, acted, in my opinion, in a very ungentlemanly and unprofessional manner. During the month of April I was at Harrisburg, and was one day accosted upon the street by Dr. Gorgas, and I declined having conversation with him whatever—turned my back upon him and walked away. This proceeding some exasperated him, that I suppose at the time he resolved to do me injury if possible, and this is the only reason I can assign for this unprofessional and ungentlemanly attack upon one so young in the profession.¹¹

Following T.L.N.'s letter, the article continues with a complaint about the poor quality of instruction at the Pennsylvania College of Dental Surgery. Dr. Buckingham refutes the charges in strong language, demanding more concrete evidence in the case. The same article tells of yet another student, this one

a man who had transferred from Pennsylvania to the Baltimore College of Dental Surgery and was then under the tutelage of that same Dr. Gorgas. What ultimately happened to him is unknown.

The remainder of the article is devoted to a debate between the schools. Evidence such as the number of graduates and the requirements for a diploma is given to substantiate claims of superiority in dental education. Dr. Buckingham finishes his part of the debate by commenting on the attack from a critic: "I might now comment on its general tone, for it carries with it the feelings of the writer, which the reader must see are not friendly, but of the most malignant character."¹¹

Until there were standardized procedures and requirements for granting dental degrees, such squabbling between individual schools continued throughout the end of the 19th century. The names and cases were different; however, the practice of grandfathering led to conflict between the schools that threatened reputations and undermined credentials.

Fly-by-Night Schools

Throughout the 1800s, numerous dental schools opened, only to close later or struggle until they were forced out of business through competition or poor reputations. During this period, it was relatively easy to begin a dental school and thus there was an abundance of reputable as well as shady operations. While some of these institutions did provide quality dental education, others merely granted degrees based on real or fabricated experience in the profession.

The city of Philadelphia provides a good case study for the problem of fly-by-night schools. The Dental Cosmos, Volume 22, lists a total of 10 medical and dental schools, seven rated as acceptable and three unacceptable.¹² What is most

interesting about this list, however, is the *number* of schools in Philadelphia alone, a city which would have been much smaller than it is today.

New Jersey was also plagued with the problem of fly-by-night schools. Dr. B.F. Luckey, president of the New Jersey Dental Society, commented:

Of colleges there are more than thirty, nearly all of which are private corporations, organized and conducted primarily for the purpose of private gain, which is the chief source of weakness in our college system. There is fierce competition between them for matriculents (which is only another name for money), and as the list is either long or short so are they considered successful or unsuccessful institutions.¹³

In an attempt to give some credibility to dental education, a so-called "List of Reputable Dental Schools" was published by the New York Dental Society in the early 1800s. One can well imagine the flurry of articles that followed, with numerous schools defending their right to be included on this list. A Revised List was published in 1884.

One notable school that was forced to defend its position on the list was the Baltimore College of Dental Surgery. The Odontographic Journal, volume 6, 1885-86, provides testimony presented to the Society by the College in an attempt to retain its treasured spot on the list.¹⁴

The Baltimore College of Dental Surgery was being considered for removal from the list because of its practice of granting degrees based on merit rather than attendance at lectures. Dr. R.B. Winder defended the position of the College:

If the charges are, as may be inferred from some publications in the New York journals afterwards, that this was on account of conferring degrees at the close of the session, without the candidates having attended college lectures—we plead guilty to the charge. This has been the custom of the school from the beginning, and you must recollect that this school is *at least thirty years older than your Society*. It has been one of the regulations of the school since its inception, and it is incorporated in its charter; so no one

can question the right. It has always been the custom to permit any member of the profession, who has been in practice ten years and had earned an honorable reputation, to come forward for examination. This was done through the wisdom of those very men, who made dentistry a profession. We had the legal right and have pursued this course from time immemorial.¹⁴

After this speech, charges against the College were dropped at this hearing, and the Baltimore College continued to be considered a "reputable dental school."

There was great pressure to limit the number of dental schools, not only because of poor instruction, but also because of fear that the profession was overcrowded. A search of the Index to Dental Literature during the late 1800s reveals many articles addressing this issue. For instance, *Southern Dental Journal* includes "Evils of Overcrowding the Profession," while "Are There Not Too Many Dentists?" appears in the *American Journal of Dental Science*. There is controversy today about the appropriate number of dental schools and graduates, and the debate is certainly reminiscent of an important issue in American dental education one hundred years ago.

The Profession Responds

By 1880 it was obvious that some measure of control over dental education was necessary to regulate the practice of dentistry in the United States, as well as to save the reputation of American dentistry abroad. In response to the crisis in dental education, several important organizations were formed.

In 1883 the National Association of Dental Examiners was established. Composed of members from only a few states, its mission was to determine the fitness of dentists to practice. This mission had a direct impact on dental education. Ill-trained dental students were denied the right to treat patients, which reflected

poorly on the schools where they had received their diplomas. This served as encouragement for good schools to retain the quality of their programs and for poor ones to upgrade their instruction and facilities.

The Association grew and soon encompassed the licensing boards of all the states. Through this organization, the quality of practicing dentists as well as students and faculty was safeguarded.

The National Association of Dental Faculties was organized in 1884 in New York for the purpose of establishing uniformity in graduation requirements. Ten of the most influential schools became founding members, and many others joined later.

In its early years, the National Association of Dental Faculties accomplished two important objectives. It helped demolish dental diploma mills, especially the disgraceful practice of selling such diplomas overseas. It also succeeded in expanding entrance and graduation requirements for dental schools. By 1900 four years of high school rather than two were needed for admittance to dental programs. This was an especially significant accomplishment, given the resistance of the for-profit schools. Lufkin states: "Many private schools organized for profit or depending upon tuition and fees obtained from clinic practice, opposed increased preliminary education, and held for a lengthened professional training and the lucrative returns to be gained thereby."¹ The length of terms for dental schools was increased three times between 1884 and 1900, until eventually seven months of study was mandatory.¹

The third organization which influenced the evolution of dental education was the Dental Faculties Association of American Universities. Established in 1909, the original members of the new

(continued on page 92)

ALUMNI PROFILE

Glenn J. Pell, Class of 1912: A Leader in Oral Surgery

Jack D. Carr, Professor of Radiology

A recent review of biographical material in the library of Indiana University School of Dentistry disclosed very little information concerning Dr. Glenn Jasper Pell. This is unfortunate because, in the opinion of many of our alumni, Glenn Pell was one of the most outstanding oral surgeons associated with Indiana Dental College and later IUSD.

Dr. Pell was a quiet, unassuming person of sterling character and tremendous professional skill. Fellow dentists who worked with him quickly became impressed with his exceptional ability as an oral surgeon, as well as with his total lack of interest in self-promotion.

Glenn Pell was born June 3, 1886 in Van Buren township of Clay County. His father was a grocer and butcher, and as a young man Glenn worked for his father. A dentist in Greencastle encouraged Glenn to read scientific books and become interested in dentistry. He enrolled in Indiana Dental College in 1910 and graduated in 1912. After a year's service as intern in the state hospital at Logansport, he established an office at Fortville, Indiana.

He was married November 16, 1913 to Ruth Hardee. They had one daughter, Mary Elizabeth.

Dr. Pell was appointed to the faculty of Indiana Dental College by Dean George E. Hunt, whom he greatly respected, and in 1914 he was listed as assistant superintendent of clinical den-

tistry. Dr. Howard R. Raper was superintendent at the time and so began a long-lasting friendship. In 1916 Dr. Pell was appointed professor of dental medicine. During the period of 1917-1918 Dr. Raper became ill and moved to Albuquerque, New Mexico, and there is correspondence to indicate that Howard and Glenn considered opening an office in Cleveland devoted to dental x-ray. This project never became a reality. In 1918 Dr. Pell had a ruptured appendix and due to a long recovery period was not able to join the Army in World War I.

Varied Activities

In 1919 Dr. Pell was listed as assistant dean and head of the operative dentistry department. During this time he insisted that children's dentistry be done by senior students so that the children would receive treatment by the more skilled students. Around 1920 Dr. Pell established offices in the Knights of Pythias building in Indianapolis and was listed as "Junior Dean" in college announcements. In 1921 the Indiana Dental College yearbook was dedicated to him. Three years later he was listed as Professor of Materia Medica and Therapeutics and about this time developed an anodyne socket paste which was accepted by the Council of Therapeutics of the ADA. This was called "Pell's Paste" (for the so-called dry socket).

Dr. Pell moved to the Hume Mansur building in 1924 and began to limit his practice to oral surgery. From the school catalogues, it appears that he assisted Dr. Carl Lucas in the oral surgery clinic and that he limited his practice to oral surgery by 1924. In fact, he was listed as professor of oral surgery in that year.

Glenn was accepted as a member of the American Academy of Exodontists and Oral Surgeons in 1932. (This became the American Academy of Oral and Maxillofacial Surgeons.)

Dr. G.T. Gregory graduated from IUSD in 1928 and after a year of internship and three years of full-time teaching became associated with Dr. Pell in 1932. This association lasted until Dr. Pell's death in 1954. Drs. Pell and Gregory were well known for their classifications of impacted third molars and for their technique of tooth division for removal of third molar impactions. Through cooperation with Eastman Kodak the films of this technique were produced for many foreign countries. In the 1939-40 period these films were used extensively in South America. Drs. Pell and Gregory were the main IUSD faculty members to contribute to the dental literature at this time.

Military Service

In 1942 Dr. Pell volunteered for service in the Army and went on active duty with the 32nd General Hospital in early 1943. His army training was at Brownwood, Texas, and he was sent to Fairford, England, in the fall of 1943. As Chief of Dental Service he performed the first operation in the 32nd hospital. It was an open reduction of a bilateral mandibular fracture.

Dr. Pell stayed with the 32nd when it was sent to France in the summer of 1944. Health problems forced him to return to the States in early 1945 and shortly thereafter he returned to private practice.

In 1947 Dr. Pell served as president of the American Academy of Oral Surgeons, and two years later he served on the advisory board of the Academy. He also organized the Indiana Society of Oral Surgeons in 1950 and was its first president.

Among Dr. Pell's close friends were the noted Hoosier author, George Ade; former governor Paul McNutt; Dr. Gerald Timmons; Dr. Frederic Henshaw; Dr. Edward Mitchell; and Dr. Kemp Westfall.

Dr. Pell was an ardent hunter, going after quail in Indiana and pheasant in the Dakotas. He and Ruth also enjoyed their annual Canadian fishing trips in July with Mary and Kemp Westfall. They often would visit Dr. and Mrs. Ed Mitchell in their Northern Michigan summer home on the way to Canada.

Among his organizations were the Indianapolis District Dental Society, Indiana Dental Association, American Dental Association, Indiana Society of Oral Surgeons, American Academy of Oral Surgeons, Delta Sigma Delta, Omicron Kappa Upsilon, and American College of Dentists.

The memory of Dr. Pell is honored each year in the Glenn J. Pell Memorial Award, presented by the Indiana Society of Oral and Maxillofacial Surgeons to a fourth year student who ranks in the top 10 percent of the class in oral surgery, in the top third of the class overall, and has been accepted for a residency program.

Dr. Shafer Retires: A Great Teacher*

Dr. William G. Shafer, distinguished professor of oral pathology at Indiana University School of Dentistry, decided to take early retirement on November

*Reprinted from IUSD Newsletter

1, 1985, after a long and most successful career in teaching and research. He was graduated from Ohio State University in 1947, and then accepted an Eastman fellowship in pathology at the University of Rochester, New York. He joined the faculty of I.U.S.D. in 1950.

Dr. Shafer quickly became recognized as an outstanding oral pathologist, and many of his graduate students are teaching oral pathology throughout the world. He is the senior author of the leading oral pathology textbook (with M.K. Hine and B. Levy) which is in its fourth edition. He was a demanding teacher, but his students recognized his ability and dedication to quality performance.

Countless letters from former students have expressed their gratitude for his contribution to their education. Dr. Shafer recently received a letter from a pedodontist, Dr. Roy V. Green, which read in part:

My long hours of memorizing your book in preparation for your examination 18 years ago were repaid this week. Thank you for making your course so comprehensive and so demanding of students.

Dr. Green then described the oral condition of one of his patients and concluded his letter as follows:

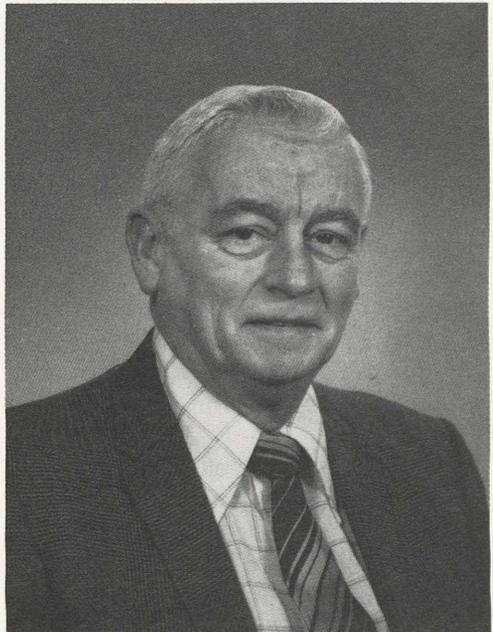
Today I am very proud to be a health professional who is interested in the welfare of the total patient and his family. My excellent training at Indiana University School of Dentistry enabled me to recognize and diagnose this patient's condition and make appropriate referrals.

Often in the past Dr. Shafer and/or one of his students has been cited for outstanding service. In the spring and summer of 1985, newspapers carried many stories about the skeletal remains of a man believed to be the Nazi death camp doctor, Joseph Mengele. Three scientists from this country, including Dr. Lowell Levine, a New York dentist, were sent to Brazil to help identify the skeleton.

What was not widely reported was the role played by Dr. Stephen Dachi, a former graduate student at I.U.S.D., in the identification. Dr. Levine was quoted thus (in the A.D.A. News for August 5, 1985): "Though hindered by the absence of current records, the investigation got an assist from an unexpected source. The U.S. Consul General for Sao Paulo turned out to be a board-certified oral pathologist and A.D.A. member." Dr. Levine went on as follows:

Dr. Stephen Dachi, the Consul General, invited us to his office as official representatives of the Justice Department. There on the wall, next to his appointment as Consul General from President Reagan, was his certificate in oral pathology. When he said he still kept an active membership in the A.D.A., we joked about having a Sao Paulo chapter of the American Dental Association. He agreed to help out in the investigation, and in fact he did an analysis of the bony defect in the left antrum.

He got very interested in the case. He called back to Washington, D.C., and had some of his colleagues get out his slides, which were being stored at a relative's house there, and spent a night going through slides of similar cases he had treated. He really got a kick out of being



Dr. William G. Shafer

able to use dentistry again. And it was really nice to have an oral pathologist to back up my opinion that we were dealing with an antral fistula, and not an artifact.

(Dr. Dachi, who received his D.D.S. at the University of Oregon, and a master's degree in oral pathology from Indiana University, served as the first chairman of the department of oral diagnosis and oral medicine at the University of Kentucky dental school in the early 1960s. Later joining the Peace Corps, he had tours of duty in Brazil, Colombia, and Venezuela, before joining the U.S. Foreign Service.)

Dr. Dachi is to be commended for his contribution to dentistry, as well as to the Peace Corps, and to the Mengele identification. This is another instance of the widespread and often unexpected influence of our dental school, and is a tribute to the excellent teaching of Dr. William Shafer and his oral pathology staff.

Maynard K. Hine

Bob Richmond Retires: Rated 'Best Technician' In Student Voting

A 24-year career of outstanding service to the Indiana University School of Dentistry ended on February 28, 1986, when Mr. Robert T. Richmond, CDT, retired as dental technician and student laboratory supervisor in the Complete Denture Department.

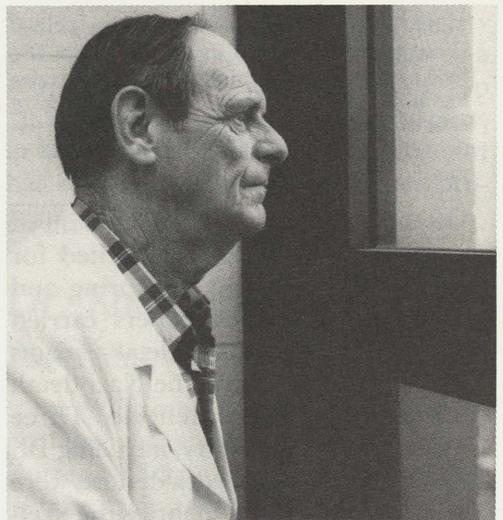
Born in Dayton, Ohio, and raised in Hammond, Indiana, Bob learned his craft in an apprenticeship with his father, a dental technician in Hammond. When he applied for a job through the Veterans Administration after World War II, Bob was sent to a VA outpatient dental clinic in Indianapolis. During a stint at Maus & Elam Dental Laboratories he learned that Dr. Rush Bailey, then acting chairman of complete denture, was looking for a technician. He was hired in February, 1962, when complete denture was located where undergraduate

periodontics is now. "My present lab was still part of the parking lot in those days," he said recently. The move to the new wing was made in 1972.

After a generation of teaching students, Bob has seen his fair share of lower teeth set on upper arches, lower molars switched around, and lower dentures that "got away" under the polishing lathe, flipping onto the floor. He has enjoyed working with bright young people, and they have returned the compliment by presenting him with nearly a dozen "Best Technician" awards over the years at the senior banquets in May.

Bob says one of the greatest rewards of his career has been his relationship with Dr. Robert H. Derry (chairman of complete denture 1973-1979 and now a part-time faculty member). "I have much to thank him for—he's been a best friend to me."

Retirement plans include volunteer work at IU Hospital. Of his years at the school he says, "I've never seen a student's mistake that I haven't made, or a student's difficulty that I haven't encountered. It's good to have a feeling that you have helped others solve a problem."



Mr. Robert T. Richmond, CDT

Notes from the Dean's Desk

H. William Gilmore

As programs in the School of Dentistry continue to grow, many new challenges in dental health care face the faculty, students and staff. The American public and our government are spending more for health care than ever before. Changing patterns of disease, demographics, and health care costs present special issues for dental education. The faculty of Indiana University School of Dentistry is adjusting with the times to maintain a program of quality dental education.

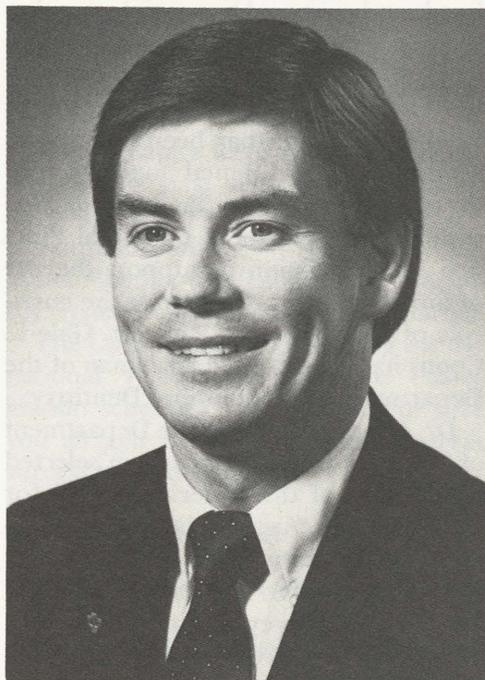
Surveys indicate that more patients are needed at the dental school if students are to receive adequate clinical training. The public's use of preventive measures has affected all age groups, especially patients under 30 years of age. This means less oral disease and thus fewer patients with dental problems in the clinics. The core subjects for the decade ahead are predicted to be periodontics, orthodontics (growth and development), and extraordinary restorative dentistry involving tooth restorations, implants and advanced restorative procedures. The dental curriculum will reflect these predictions, especially in Indiana, because of the long-standing water fluoridation in the state and the dental health education programs promoted by the dental profession. Diagnosis and prevention will remain in the vanguard of dental practice.

Strong Support Cited

The administration of Indiana University has made a strong commitment to dental education and understands that the dental profession is at a crossroads. Strong backing that includes financial support by the University, the alumni,

and the public will ensure quality dental health programs throughout the state in the future.

"Cluster teaching" is the new term used for departments combining teaching efforts in specific portions of the curriculum. To improve patient flow and treatment planning, we are studying the feasibility of developing a Department of Diagnostic Services, which would include teaching and related activities currently performed in oral diagnosis, radiology and patient admitting. A treatment planning clinic with consultants on call from all departments would promote cooperative problem-solving and dialogue between students and faculty, thus enriching the students' understanding of clinical problems and sharpening their skills in solving them.



Mr. Danny Dean

New Computer System

A new computer system has been purchased with contributions from alumni and others to the Pursuit of Excellence, a fund jointly sponsored by the IDA and IUSD. The computer system, called ADOSI, maintains records, documents the operations of the TEAM program, and gives each student the experience of working in a computerized office environment. Plans are under way to give the alumni an opportunity to observe ADOSI in use. More information for interested alumni will be forthcoming. It is predicted that half the dental offices in the U.S. will use computerized business systems within five years.

Several outstanding appointments have been made recently on the IUSD faculty. Dr. Charles E. Tomich has been selected as acting chairman, Department of Oral Pathology. Effective July 1, Dr. Charles J. Goodacre assumes the responsibilities of chairman of the Department of Prosthodontics. Prosthodontics has been reorganized to combine fixed and removable partial prosthodontics, complete denture and maxillofacial prosthetics, as recommended by the Commission on Accreditation. Dr. Sybil S. Niemann has been selected as acting director of dental auxiliary education. The program has been located within the Department of Dental Practice Administration to support the use of auxiliaries and to improve the curricula of auxiliary programs. Mr. Gale E. Coons has been named chairman of the Department of Community Dentistry.

Dr. James E. Jones of the Department of Pediatric Dentistry has been selected as a Fellow of the American Fund for Dental Health. As a candidate for a doctorate in education, Dr. Jones will be studying the IUSD faculty development program by surveying the faculty and evaluating the promotion and tenure process. The results will be published for

the alumni. At present there are 114 full-time faculty members with 17 on the seven-year tenure track and 121 part-time faculty members.

Joint Appointments

As part of the IUPUI campus development, plans are in the making to appoint an anthropologist to the IUPUI faculty. The position will be a joint appointment between the School of Dentistry and the School of Liberal Arts. Duties at the dental school will include teaching growth and development and conducting research in oral genetics. This joint appointment and others on the IUPUI campus will provide an excellent opportunity for faculty exchanges between schools.

Mr. Danny Dean of the IUPUI Alumni Office has accepted full-time appointment as development officer of the School of Dentistry, effective July 1. As fund raiser for IUSD, Mr. Dean will seek alumni and corporate support. His background in alumni relations will help to augment the support needed by the school.

Steps have been taken to improve the school's student counseling system. Many academic problems are caused by personal difficulties (family/social) that are hard for the faculty to detect; the crowded dental curriculum leaves little time to discuss student concerns. A seminar is planned for all faculty members who counsel students at the schools of dentistry and medicine to help them detect student problems early and provide guidance accordingly.

The 1986-87 budget accepted by the administration includes replacing the dental units and chairs in fixed prosthodontics. Additional funds have been requested for several remodeling projects.

The School of Dentistry curricula and programs continually change to en-

hance learning and to develop quality practitioners. There are now 6,460 living alumni, and each person's support is vital to the success of the institution. Active communication with the alumni is a top priority of this administration.

As a step toward strengthening alumni relations, my duties as dean this year include visits to all component dental societies and groups in the state to report on IUSD activities, particularly new programs for the faculty.

Fort Wayne

Dental Auxiliary Education

Peter T. Zonakis

As this article is being written, the conversation of the students and faculty relates to their plans for spring break. It makes us realize that the end of another school year is quickly approaching. This starts a flurry of activity for honors programs, graduations, and alumni meetings. We are looking forward to our Ninth Annual Dental Hygiene alumni luncheon. This event, sponsored by the IUSD alumni association, gives everyone an opportunity to renew old friendships. This year the classes of 1966, 1971, 1976, and 1981 will be honored.

On May 14 we will graduate 18 students in dental laboratory technology, 20 in dental hygiene, and 20 in dental assisting. Special thanks go to the faculty, the three Dental Advisory Committees, and the many full-time practitioners who give their time to teach in our programs. Dental Auxiliary Education at Fort Wayne really appreciates the tremendous support received from the Isaac Knapp Dental Society.

DENTAL LABORATORY TECHNOLOGY

Charles A. Champion

The 18 members of the Class of 1986 are presently participating in the prac-

ticum and specialty phases of their training. Ten students are specializing in ceramics, five in crown and bridge, nine in complete dentures, nine in partial dentures and three in orthodontics. All of the students are assigned to local commercial laboratories.

The Class of 1987 also consists of 18 students, including two from out of state. Three of the students have parents who own commercial laboratories. Class officers are: Ms. Jamie Fairfield, president; Ms. Marylou Stratton, vice-president; and Mr. Mike Moore, secretary/treasurer.

Several clinics were sponsored at the school this past semester, including "Maxillofacial Prosthodontics," by Dr. Varoujan Chalian; "Viso-Gem Resin System" by Premier/Espee; and "The Dicolor System," by Dentsply International.

The Class of 1986 is preparing for the national "Recognized Graduate" examination scheduled for May 9. I'm sure you all join me in wishing them great success with their exam.

DENTAL ASSISTING

Rosemary M. Kovara

Students of the dental assisting program are fortunate to be included as re-

cipients of Duke's Day Scholarships each year. The scholarships are provided by area dentists, physicians, pharmacists and pharmaceutical salespersons. The dental assisting students who received scholarships this year are: Julie Book, Susan Craver, Susan Recht, Amanda Reece and Nancy Wiegand.

Class officers for 1985-86 are: Dina Drerup, Garrett, president; Therese Logue, Fort Wayne, vice-president; Michelle Telley, Fort Wayne, secretary; and Anne Hernandez, Hoagland, treasurer.

As in past years, dental assisting students are participating in fund-raising activities to help them attend the 65th Annual Session of the Indiana Dental Assistants Association in May.

The dental assisting faculty is pleased to have the following individuals serve on the program's Advisory Council. Representing the Isaac Knapp District Dental Society are Dr. David Matthews and Dr. Cameron Newby. Representing the Isaac Knapp Dental Assisting Society are three alumni of the program: Celeste Gast Sholl ('81) is president of the society; Kellie Burke ('80), president-elect of the society; and Lisa Logue ('83) rounds out the five member Advisory Council.

The Class of '86 will graduate Sunday, May 11, 1986. Acting Chancellor Edward A. Nicholson will preside.

DENTAL HYGIENE

Gloria Huxoll

One of the exciting spring activities, Dental Hygiene Alumni Day, will be held April 26, 1986, with Lori Hennigar ('80) serving as chairperson. Among the groups celebrating this year will be the first graduating class: 1966.

At a special seminar program on Sterilization Techniques and Communicable Diseases I saw many graduates and their

employer dentists. From the Class of '71 was Janet Barkman, who has been in Albion, Vickie Lehman Birch still in Decatur, and Judy Frazier Follis in Fort Wayne. I had not seen these L.D.H.'s for a very long time and guess what—they hadn't changed a bit. Someone else at the program we haven't seen in a long time was Carol Olson ('70), also in Decatur. Dr. Jeff and Susan Frownfelter Bassett ('77) also attended. They looked super and said that their DDS/DH team really was keeping them busy and very happy. Unfortunately, since I was helping with registration I missed talking with many of you.

Other news from the Class of '71 is the bundle of joy that arrived at the David and Debra Maxwell Zehr house in late January. A new address came from Marie Steinbrecher in Boulder, Colorado, with a card that stated she is now in sales with Scherer Laboratories.

From the Class of '76 we hear that the stork will be dropping in on Bob and Lea Powers Gebhard for the first time. Also, the "big bird" left a boy on the doorsteps of Grant and Linda Hockemeyer Messman and also for Dr. Robert and Meshell Stroup Schloss in December. I saw Robert and Meshell a few days ago and they were beaming with the little guy in their arms. Several very special cards came this fall from your classmates and they mean so very much to me. From Fort Collins, Colorado, Cathy Etter Hall; Marsha May LeClere with a new address in Newburgh, and from Mary Bacon Dunn. Judy VanGheluwe wrote of highlights of dental school as she entered her junior year in 1985. Brenda Merkel Andrews ('77) will become a D.D.S. in 1986 and will take the Ohio State Board. Dr. Joyce Rockwell (LDH-'73, DDS-'85) spends every Thursday morning with us on our clinic floor and we are delighted. No, she has not forgotten what performance check-off sheets are all about.

News of the Class of '81 includes a

"first" visit by the stork to Kevin and Libby Mitchell Olds in November with little Corey Robert. Mike and Carla Brown Sailors are also expecting a little one soon.

Our Isaac Knapp Dental Hygiene Association is in good hands as Lori Inlow serves as secretary and classmate Sue Hinga Conway as president-elect. Other officers are Kathy Worden Nahrwold ('80), president; and Ingrid Churchill Ochoa ('80), vice president. Lori Hennigar ('80) serves as a trustee to the Indiana Dental Hygiene Association. Sheli Taulbee recently moved into a new home. Barbara Kaminski, Sheli, Sue and Cindy Dennison Stuart all live within a few blocks. Yes, Cindy took the Indiana State Board in October and has been in demand for her dental hygiene expertise. Good to have you back, Cindy! As Clarence and I returned from Houston, Texas, we spent our last night in Greensburg, where Carol Bonnett and D.D.S. hubby live. Tried to call her to have dinner together but did not get in touch until just prior to starting for home. We had a good chat as she is still working full-time with husband Howard. Again, I received many special cards and a silk floral arrangement from the Class of '80.

Karen Zahm ('82) and Bill Webb recently wed. She is still working in Huntington. Other '82 class news is that Susan Brown is treasurer of our local Dental Hygiene Association. Also, Julie Christianer is serving as co-chairperson of National Children's Dental Health Week with Carolee Smith ('84).

Janet Seiwert Bell ('75) has taken some time away from her law practice to care for a new baby.

Classmates of the Class of '79 are in the news, too. Julie Lohse sent word of all the exciting things she is doing in Wiesenstrasse, Switzerland. Ellen Phillips Griffin and husband, Joe, are awaiting their first baby. Ginna Williams was

a patient in our clinic and also joined us for the capping ceremony. Roni Erbe Dye dropped in for a few minutes. She and her husband, Allen, were leaving soon for Europe, where Dr. Dye was to present a paper. Another classmate, Pamela Hilsmier Drake, was working on her B.S. degree but has taken a consulting position and has to put her degree pursuits on hold for a while. Heard that Kay Whybrew Rossak is awaiting a visit from the stork.

Those who are on the move include Brenda Bryan Brown ('70), who has joined her husband, Terrill, as he returns to active duty in the U.S. Navy. Vicki Altevoght Fisher ('72) has recently moved with her family from California to Charlotte, North Carolina. Received a big letter from Sandra Chappel Brown ('78), Arlington, Texas. Sandy and Bryan moved from Houston and he is a V.P. Equity Coordinator for a regional investment company. She works two days a week for a fabulous dentist in Irving, Texas, home of the Dallas Cowboys. She says she is in school M-W-F and plans to sit for the CPA examination in May. Best of luck to you, Sandy—you are one busy lady. Stephanie Will Boesche ('84) is also in Texas, where her husband, Joel, is completing his vicarage with the Lutheran Seminary. This news came via her sister Denise, who is planning to follow in Stephanie's footsteps. Another classmate, Jean Simon, and Barry Campbell heard wedding bells on October 19.

Dr. George and Mary Danusis Cooper ('77) had a beautiful wedding and Jacque Nusbaumer Heine ('66) served as her honor attendant. Mary is a clinical instructor for us two half days a week and she glows with happiness. Jill Keiser Roth ('77) and Greg now have a little sister, Lauren, for son Adam.

Not much news from the Class of '85. They are all employed either part- or full-time. Cheryl Brazel North stopped

in just before her wedding and we had a nice visit. Also Pattie Robinson Hartz has a baby girl and works in Muncie. Would like to hear from you all—how are things going?

Our capping ceremony was held on January 12, 1986, and it was a real challenge to start clinic the next day. We were very proud to have Dean H. William Gilmore deliver the main address. It was a first for him and the students felt honored to have the Dean of IUSD see them receive their caps.

Some exciting things have happened to two people who are not alumni, but very special to our program and to me. Karen Masbaum Yoder, B.S., M.S.D., instructor in Dental Auxiliary Education, has received funding by the Indiana State Board of Health for her proposal for a computer-assisted learning center to inform dental professionals about the prevention of disease transmission in the dental office. She and other consultants are also developing a pamphlet for patient information about the introduction of barrier techniques in dental offices.

The Nov/Dec issue of the IDA Journal carried her article on Patients' Attitudes Toward the Routine Use of Surgical Gloves in a Dental Office. If you have not had a chance to read it, please ask your employer to share this important information. We are proud of Karen and her continued interest in research.

As for Judith Haley, '73-South Bend, she has a beautiful glow and the reason is that she became Mrs. David Sorg on December 28. They live in Fort Wayne, and we wish them health and happiness.

As I close this time, I wish to say "Thank You" from the bottom of my heart for the love, kindness and sympathy that each of you has given to me and my daughter, Kelly, for the loss of our husband and father. Clarence died on October 15 after an extended illness. You all know that I considered him (and your husbands, too) as a very important member of our dental team. Your beautiful cards and special notes have given me the strength to carry on. God Bless you all.

Alumni Notes

Susan Crum

Recently we were reminded of how small the world is when political upheaval in Haiti touched the lives of five Indiana dentists.

Last winter the central Indiana practitioners flew to the Caribbean to provide dental care to residents of a village in the northern part of Haiti. Among the group were Dr. Earl W. Jackson ('62), Marion; Dr. Ronald G. Wolf ('75) and Dr. Dwight A. Garrett ('46), Hartford City; Dr. Marvin G. Wright ('66), Wabash; and Dr. Roger L. Thompson ('70),

Decatur.

A few days after arriving they were stranded when government officials closed the Cap Haitien airport because of violent demonstrations in that city which led to the ouster of long-time dictator Jean-Claude (Baby Doc) Duvalier. The tension ended when Patti Johnson received a phone call from her husband. The group had been able to fly out of Haiti and had arrived safely in Florida, with plans to return to Indianapolis the next morning.

On a less dramatic note, thanks to all of the grads who contributed to this issue's Alumni Notes. We hope that some classmates will follow your lead! For those of you who would like to pass along news and reminiscences but can't seem to find time to sit down and compose a long letter, try jotting your news in a "vignette" style—just a few words can conjure up a wonderful image. For example, Dr. Pat Lydden ('41) delighted us by summing up retirement activities as "Play golf and am a 'honey-doer' the rest of the time," and who could resist the charm of a new place to live, described by Dr. Fred Fugazzi ('31) as having "Good air, good water, low taxes and the most friendly people in the U.S. of A."

Regardless of *how* you respond to our never-ending request for news, please do—and often!

Now . . . to the

Class of 1916

Dr. Hadley E. Moss died August 20, 1985.

Class of 1919

Word has been received of the death of Dr. Glenn D. Irwin on June 27, 1985.

Class of 1923

Dr. Nathan M. Beery, 15011 Punta Rassa Road, Bldg. 3, Unit #703, Fort Myers, FL 33908, responded to our request for news:

This class started in 1919. Location was at North and Meridian over a tire shop. The next move was to Walnut and Pennsylvania. The Dean was Frederic Henshaw. In 1925 the University took over the School. I could have had a diploma from either Indiana Dental College or Indiana University School of Dentistry.

I practiced dentistry at 445 N. Pennsylvania in Room 920 for 50 years. I retired in 1973 and moved to RR 1, Box 327, LaFontaine, IN 46940. I am there from May to November, and the rest of the year I'm in Florida.

. . . This was the first class that started the four-year course; 80% of the class served in World War I. To my knowledge the following are still living: Elwood Boddie, Russell C. Boyd, Percy Chittick, Gordon Hammond, Peter G. Hazlett, Preston Dixon, William R. Fulton, Wm. Clay Parker, Randall Wescott, and James E. Williams. The classmates I see or hear from most often are William Fulton of Indianapolis and Peter Hazlett of Warren, Indiana. I'd especially like to get some information on Russell Boyd.

Class of 1924

At the request of the Alumni Bulletin, Dr. Orville E. Allen, 310 Smock Dr., Greenwood, IN 46142, has sent an update:

For the past several years the Class of 1924 has enjoyed an annual reunion at the Columbia Club in Indianapolis each May, details graciously arranged by J.B. Sproull. Time has taken its toll—only four members made it the last time.

Jack Sproull is still holding forth at his bachelor quarters near Carmel, Indiana. We understood he is working on a procedure with an articulator that could revolutionize denture construction. John White is resting on his laurels after a rewarding practice in Ft. Wayne. At the last report Ronald Clift was soaking up the sun in the Miami, Florida area. James Huckelberry, although retired, is still active in dental society activities, presently serving as consultant to the IDA Council on Insurance, Retirement and Relief, IDA Council on State Institutions, and Advisory Committee

to Auxiliary (IDA). Dr. and Mrs. Huckelberry attended the ADA meeting in San Francisco. Mrs. Huckelberry is Honorary President of the Auxiliary to the IDA.

I am retired from my practice in Marion, Indiana, and spend my spare time in the yard and garden of my home in Greenwood Village South (and winter in Florida).

Class of 1925

Dr. J.O. VanAntwerp, 91, of Franklin, IN, died November 25, 1985. He had been retired 10 years after practicing 55 years. He was an Army veteran of World War I. He was also a member and deacon emeritus of Tabernacle Christian Church where he was a choir member for 50 years. He was also past president of the Franklin Barber Shop Chorus.

Dr. VanAntwerp is survived by his wife, Edna Ann; daughter, Mary Sue Spencer; and son, Robert.

Class of 1926

Dr. Harold C. Dimmich, Box 812, 6573 South Ave., Indian River, MI 49749, reports the death in September, 1985, of classmate Dr. Harold R. Kleiber, 82, of Daytona Beach, FL. Dr. Kleiber owned a motel in Daytona Beach after retiring from dentistry. He was a native of the Chicago area and practiced there for many years. Memberships included the ADA, IDA, Northwest Indiana Dental Society and Xi Psi Phi fraternity.

Survivors include his wife, Ruth E., one son in Crown Point and three grandchildren.

Class of 1928

We have learned of the death of Dr. James J. Crossen on July 10, 1985.

Class of 1931

A note from Betty Cochrane, widow

of Dr. Marvin Cochrane, was forwarded to us. She says, in part:

... Dr. Fred Fugazzi said he would take over where Marv left off and try to send you news of the Class of '31. I am so glad because ... Marvin always felt it was important to try and keep in touch with classmates. ...

The following letter has been received from Dr. Fred B. Fugazzi, Rt. 2, 116 Terrace Drive, Seneca, SC 29678:

It is my sad duty to report the demise of our beloved classmate Marvin Cochrane, who for more than 50 years reported on our class activities and in his early days promoted all our reunions at the state meetings. Many times we recalled some of the funny happenings in that harried old building on Penn. Ave. Only thirty-seven in our graduating class so you might say that we were a close-knit group. Thank God I retired in 1970 before the initiation of sit-down dentistry, high fees and the root canal panic. Space is limited so I can't go into the "I remember when" bit.

My practice in Van Wert, Ohio, was terminated in 1970 and Mildred and I have really enjoyed the past 15 years of our retirement. Our present location in Seneca is known as the "Golden Corner" of South Carolina; after living here for eight years we believe it is tops for retired folks. Good air, good water, low taxes and the most friendly people in the U.S. of A.

I will try to carry on for Marv, so let me hear from the Class of '31 and I'll be happy to pass on the news to the Alumni Bulletin.

Class of 1932

Dr. Harry M. Glass has notified us that Dr. Adalbert Magyar died October 23, 1985, in Cleveland, Ohio, at the age of 85. Excerpts from his obituary follow:

Dr. Magyar had practiced dentistry for 50 years when he retired in 1982 ...

... He changed his career from teaching to dentistry after he immigrated to the U.S. in 1923. He was born in Hungary and his mother, who was born in Cleveland and had returned to the homeland of her family to study, urged him to settle in Cleveland. . . .

During World War I, Dr. Magyar was a second lieutenant in the Austro-Hungarian army. In 1919 he received a teacher's certificate in what is now called Kosice, Czechoslovakia.

He became a U.S. citizen in his early years here and was a patriot. During World War II he was a volunteer dental examiner for Selective Service.

He received a certificate of appreciation from President Franklin D. Roosevelt and a certificate of merit from President Harry S. Truman. . . .

Dr. Magyar is survived by his wife of 56 years, Katalin. . . .

Dr. Glass has also informed us of the death of Dr. William A. Milligan, 77, Portland, Indiana, January 30, 1986. Dr. Milligan retired in 1976 after practicing in Portland for 40 years. After graduating from Indiana University, he completed an internship at Forsyth Dental Center in Boston, before returning to Portland. Dr. Milligan was in Avon Park, Florida at the time of his death. He is survived by his wife, Mary; sons Douglas, William, and Gregory; and eight grandchildren.

Word has also been received of the death of Dr. Charles A. Baum, Hamilton, Ohio, on October 8, 1985. His wife, Dorothy, survives.

Class of 1934

Dr. Ralph R. Bush died September 2, 1985.

Class of 1935

Members of the Reunion Class of 1935 were honored at the Fall Alumni Conference as the 50-year class. As noted with the reunion picture elsewhere in this issue, the class donated \$2400 to purchase a large exhibit to include a painting of dental insignia and a brass plate listing all class members. Members attending the conference were: Cecil Ball, Ralph Harlan Brown, Joseph Cockerill, James Favorite, Ralph Gieringer, Joe Goshert, Raymond L. Hayes, Leo J. Pancoska, LeRoy Sacks, Louis Siegel, Thurman L. Smith, William E. Smith, Arthur Stone, Frank Traster, and Donald J. VanGilder.

Class of 1936

Dr. Harry R. Barton, 8003 Hohman Ave., Munster, IN 46321, sends an update at our request:

My most distinct memory of dental student days was the highest standard of learning from the faculty, especially the late Dean Henshaw.

In February 1985 I had major surgery and had to retire from the dental profession, which was the greatest gift I received when I graduated in 1936 from IUSD—one of the best dental schools in the country. The general character and contributions of our class were excellent. The last class reunion was held 25 years ago. It is long overdue for one more reunion. I'd especially like to hear from ALL of the class.

Dr. William L. Hammersley died February 21, 1986. He had practiced in Frankfort, Indiana, for 46 years before retiring a few years ago. His community activities include work with the Clinton County Boy Scouts of America for 64 years. He was the organizer of the medical and dental explorer post and a re-

recipient of the Silver Beaver Award, the highest award given to adults by the Boy Scouts.

Dr. Hammersley is survived by his wife, Georgia; son, Richard; daughter, Diana S. Blakely; and three grandchildren.

Class of 1938

A brief note from Dr. Roy M. Pownall, 238 Orange Rd. N.E., Lake Placid, FL 33852, who says that he's retired and living in Florida most of the year.

Address update:

Dr. Charles H. Zalac
11921 Caravel Circle S.W.
Fort Myers, FL 33908

Class of 1939

New address:

Dr. John L. Campbell
104 Whitetail Court
Sun City Center, FL 33570

Class of 1940

Dr. Eugene E. Bales, 75, died October 19, 1985. He had retired earlier in the year after a 45-year career in private practice in Indianapolis. He had also practiced in dental clinics for the underprivileged.

Dr. Bales is survived by his wife, Martha; daughters Kathy Neighbert, Patricia Conner, and Jean Painter Carlton; and son, Thomas.

Class of 1941

Dr. Owen L. Shanteau, 68, of Logansport, Indiana, died October 17, 1985, in Lafayette, Indiana.

He began practicing after serving in the Navy during World War II. He was a past president of the Wabash Valley and Cass County dental societies.

Dr. Shanteau is survived by his wife, Helen; sons Dr. Owen (DDS '82) and Robert; daughter, Susan Gillette; stepdaughters, Sharon Kurbox and Barbara Rex; and stepson, Robert Perry.

In response to our request for news, Dr. Pat H. Lyddan, 308 Kenwood Hill Rd., Louisville, KY 40214, says:

We were a small, closely knit class that helped each other out in school and enjoyed being together. We turned out fairly well. One was head of a department in dental school; two presidents of state dental societies; three made Captain in Navy Dental Corps; two were part-time teachers in dental schools and all were active in organized dentistry.

The classmates I see or hear from most often are: Bill King, Sarasota, Florida, partially retired—I see him every winter in Florida—we golf while our wives shop; George Smith, Jacksonville, Florida, retired; Willy Damm, Evansville, Indiana, see him fairly often; Leo Charkins, Cincinnati, Ohio, talk to him occasionally. As of Jan. 1, 1985, I closed my office and went in with a young pedodontist and work two days a week now. Play golf and am a "honey-doer" the rest of the time. Spend a couple of months in Florida during the winter. Looking forward to our 45th class reunion next year. I understand that Jack Zimmerman is in Houston, Texas but have not heard from him.

Class of 1942

Word has been received of the death of Dr. Robert W. Langohr on July 25, 1985.

Class of 1944

Address change:

Dr. Dudley S. Moore
930 Commons Drive
Sacramento, CA 95825-6648

Class of 1945

Dr. Gordon F. Abbott, 4833 E. 65th Street, Indianapolis, IN 46220, dropped us a note at our request:

The Class of 1945 had 36 graduates. Of the surviving men, we recently had 15 attend the alumni weekend at Bloomington. . . . All stayed at the same motel and a dinner was arranged at a fine country club on Saturday night. Those in attendance were Gordon Abbott, Bill Glazer, Roger Huff, Bill Jefferis, Dick Jennings, Art Mullin, Jay Mitchell, Irv Newmark, Bob Ricketts, Jim Ricketts, Sidney Robertson, Hugh Seller, Miles Standish, Jack Stenger, and Stan Schwartz. Stan Schwartz we had not seen in 40 years and he came from New York where he is an orthodontist. Mitchell travelled from Tallahassee, Florida, where he teaches. Irv Newmark came from California, as did Bob Ricketts. Bill Glazer practices in Connecticut. It was good to see all these classmates again. I hope we can get together in another five years.

Class of 1947

Dr. Hudson G. Kelley (MS '52), Indianapolis, became a Fellow of the American College of Dentists at the annual convocation in San Francisco.

Class of 1948

New address:

Dr. Bert W. Gilbert
3845 Golf Pointe Way
Sarasota, FL 34243

Class of 1952

Fellowship in the American College of Dentists was conferred upon Dr. James G. McCrory, of Berne, Indiana and Dr. Raymond E. Rothhaar, of Muncie, at the annual convocation.

Address change:

Dr. Robert J. Meyer
#5B Park Drive
Lake Placid, FL 33852

Following are excerpts from a letter that Dr. Maynard Hine received from Dr. Harvey Chong. Dr. Chong spent several months last year on special assignment in the Chang Gung Memorial Hospital:

. . . . Phyllis and I have been here in Taiwan since the start of this year and have been experiencing the joys of early retirement. As dental consultant in this teaching hospital, I've been given a free hand to do whatever I choose, since this is the first time they have had a non-specialist consultant for so long. . . .

I have been spending most of my time in the Oral Diagnosis/Oral Medicine department, plus some time in the Operative section. Thankfully, the library is adequate, with subscriptions to most of the pertinent journals published in the world, and I think I've learned as much as I've taught.

The amount of unusual pathology that passes through our clinic is tremendous because of the excellent reputation of this hospital. We draw from 19+ million population, and many of the diseases are past the clinical stages and well into the more advanced stages because of the lack of advanced education prior to 1950. Also, modern dental practices are only 25 years old, as the first five dentists from National Taiwan University only graduated in 1960. Presently, the great push to catch up has led to orthognathic surgery, glass ionomer

restorations, bone grafts for cleft palates, mandibular reconstructions, etc.

It is interesting to me to note the cultural clash between traditional Oriental thinking and educational practices with Western thought and methods. The saving grace here is the fanatical motivation and devotion to learning by most of our students! Would that American students had half as much desire!

I have been trying to stimulate intellectual curiosity and more self-confidence in my students, instead of rote memory and acceptance as gospel truth anything that is printed. Also, I've been trying to instill and install practical aseptic/clean techniques in their thoughts and practices.

Educationally, there is much to be done, as there is no coordinating planning between this institution and the dental schools which send some of their senior students here for their clinical experience. I will have to leave this area untouched, as we plan to be back in Hawaii in two months. . . .

Class of 1953

Address update:

Dr. Robert D. Vinzant
602 Lakeside
LaPorte, IN 46350

Class of 1954

Address change:

Dr. William R. Heiny
5931 E. Miramar Drive
Tucson, AZ 87515

Class of 1957

Another address:

Dr. Laurence A. Gray
P.O. Box 15245
Ft. Wayne, IN 46885

Class of 1961

Dr. D.E. Darrow, 829 Midway Dr.,

Auburn, IN 46706, has answered our request for news and reminiscences:

I believe the Class of 1961 has contributed a lot to the dental profession. We have been involved in dental research under the leadership of Dr. George Stookey, and have been active politically with the state dental association presidents, Drs. Bob Ricci and Jim Platt. I understand Drs. Charles Smith and Jack Mollenkopf are doing a great job with the State Board of Health. We have faculty members not only at I.U., but other universities also.

Classmates I see most often are: Pete Zonakis, Jim Platt, John Regan, Richard Burket, Bill Watts and Jim Parker (at meetings and social events, golfing included). It was nice to see a good turnout for our class reunion.

My most distinct memories of dental student days are: Jim Parker eating peanut butter and jelly sandwiches every noon—Jack Mollenkopf having a grilled cheese and Pepsi at Bea's Cafe for breakfast after our 8 a.m. lecture—Bill Watts and Ralph Walls talking me into cutting out early to go play golf (they were a bad influence, but I see we all made it through). There will always be fond memories of working in the labs at the school, living in Winona Village, having parties at the Old Delt House on Central. Even the Working Man's Friend should get some recognition where we would tip a few on Friday after school.

I can still see Dan Weaver playing volley ball in the rain and mud with the help of a 16-gallon keg. Linda was really proud of him that day. All in all we worked hard and mixed in some fun. That's how we kept our sanity.

Hail to the Class of 1961—a good class!

Class of 1962

Address change:

Dr. J. Keith Roberts
515 Woodcrest
Bloomington, IN 47401

Fellowship in the American College of Dentists was conferred upon Dr. David James Harris, of South Bend, and Dr. William F. Hohlt, of Indianapolis, at the annual convocation.

Class of 1963

Dr. Maynard Hine recently received a fine letter from Dr. John W. Osborne, who is now a full-time faculty member in the School of Medicine, the State University of New York at Stony Brook. Dr. Osborne enclosed a check for the student loan fund and wrote, in part:

. . . . I want to thank you for your guidance and help in my education. Not only were you the Dean when I received one of the best educations in dentistry but over twenty years ago, you obtained an American Fund for Dental Education fellowship for me. That fellowship was instrumental in my getting over that financial hurdle of my last year in graduate school. I hope that your trust and confidence in me as a student has proven out and I have enclosed my Curriculum Vitae—not to brag—but to let you know how much I appreciate your help. I am very proud to be a graduate of Indiana University.

I am also pleased that Bill Gilmore was selected as Dean, for as my mentor in graduate school, he too was an inspiration and a great leader. Words don't seem adequate to express my gratitude, but I wanted to let you know how much I appreciate your leadership and guidance.

Dr. Arthur S. Miller (MSD), professor and chairman of oral pathology at the Temple University School of Dentistry, has been named a recipient of the American Cancer Society's Volunteer Achievement Award by the ACS' Philadelphia Division. Residing in Center City, Pennsylvania, Dr. Miller has been a volunteer with the Society since the late 1960s.

Class of 1968

Dr. Steve Troyer, 3815 Stringtown Road, Evansville, IN 47711, updates us on his classmates and conjures up images of dental student days:

Joe Decker—practicing in Princeton; active coaching his sons' baseball teams; also, he's nearly a scratch golfer! Alan Eggleston—practicing in Evansville; president-elect of the First District Dental Society. Tom Lapp—practicing oral & maxillofacial surgery in Indianapolis; recently appointed as a Board Examiner of the American Board of Oral & Maxillofacial Surgery. Joe Antonini—practicing in Dale, Indiana; also plays a lot of golf!

Among the classmates that I'd especially like to get some information on are: Norm Novak, Jim Mullis, Bob Siefker, Nick Watson, Len Vincent, Mike Boyd, Ray Tanaka, Ron Duch, Mike Feltman. (If any of you are out there, let's hear from you!—Eds.)

Some favorite memories: Senior Razz Banquet graduation with stadium horns and helium-filled balloons Ron Duch and Mike Feltman gunning to get the best grades on all exams (Dr. Boyd's) TV lab program for Basic Technique class coffee and lunch at Bea's College Inn Tanaka, Van Dorn, Vincent, Watson, Wheeler and myself working on C & B projects in technique lab. . . .

Dr. Charles M. Simons, Kokomo, has been named a Fellow of the American College of Dentists.

Dr. Peter J. Czaja died May 28, 1985.

Class of 1969

Dr. Paul A. Pangallo, Indianapolis, was appointed to the National Advisory Dental Research Council, an advisory committee of the National Institutes of Health.

Class of 1971

Address change:

Dr. Philip E. Lindley
27 Meadow Lane
Flint, TX 75762

Class of 1972

Dr. Dennis Carter, 726 E. Ewing Ave., South Bend 46613, recently caught the media's attention for his unusual work as a mobile dentist. Excerpts from an article by Pat Young, of the South Bend Tribune, follow:

"Somber faces broke into delighted smiles when Grandma and Grandpa Bear rolled in on skates to visit several Michiana-area nursing homes and deliver . . . bear hugs to residents. . . .

"Inside the bear costumes were two human beings well-known to the nursing home residents and staff—Dr. Dennis Carter, South Bend dentist, and his assistant, Marty Miller. . . .

"Rather than being remembered as 'the dentist who got 'em with the drill,' he will be remembered, at least by numerous nursing home patients, as 'the one who comes to see them on roller skates, or plays the piano for them and dances with them'. . . .

"Carter's association with nursing-home patients, shut-ins, and temporarily homebound convalescents began in 1976, several years after the South Bend native opened his practice, with an idea that he later turned into a reality.

"I began by attempting to meet the needs of some of the patients in my practice for whom routine trips to the dentist were impractical,' Carter explains. 'It became quickly obvious to me that dentistry was not a portable animal. Two main problems were patient positioning, and equipment mobility and positioning for four-handed, sit-down dentistry.'

"He set out to provide the same dental environment in the home as exists in a modern dental office. . . . Named Special Patients by his wife, Emma Doris, the portable practice evolved from plywood, gas pipe and a barn door hinge (parts used to build the first para-positioner) to a fully equipped dental unit. . . .

"The manufacturing of the equipment is another story,' Carter says, describing associate Frank Helman as 'an ingenious man who can take the contraptions I bring him and make them look like something to sell.'

"Helman and Carter currently manufacture the patented portable dental equipment in their Elkhart firm, North Central Machine Co., Inc. And Carter believes that portable dentistry has opened up a new, affordable market for young dentists just setting up practices.

"Carter's Special Patients practice began about two years ago and now takes up two-thirds of his day. Visits include eight area nursing homes and individual patients of all ages throughout St. Joseph County. He sees regular patients in his office on Ewing Avenue the other third of his day.

"Special Patients is probably different from any other service in the county,' he says. 'Within minutes, I can set up a modern dental office, complete with evacuation system, self-contained water supply, high- and low-speed air driven handpieces, air/water/spray syringe, 15,000-candlelight, visible light-curing equipment and X-ray capability at a patient's bedside.'

". . . . It was Miller's idea to dress up on special occasions to visit nursing homes. She thought the patients would 'get a kick out of it.'

"They were at least surprised,' recalls Carter, understating the reactions of residents the first time he and his assistant showed up on roller skates

at Medco Center of South Bend. . . .

"Miller dressed as a tooth and Carter was to be a tooth brush, but he couldn't sit down in his costume—somewhat of a problem when you're practicing dentistry—so he dressed as a piano man. A self-taught pianist, he has been known to entertain nursing home residents by playing a tune or two. . . .

". . . . He says patients have no trouble relating to his down-to-earth approach. . . ."

Class of 1973

Address update:

Dr. Wayne E. Hott
15 Wells Dr.
Loring AFB, ME 04751

Drs. Lawrence I. Goldblatt (MSD) and Ronald K. Harris (MSD), of Indianapolis, recently became Fellows of the American College of Dentists.

Class of 1974

Change of address:

Dr. Stephen L. Riley
26 Village Drive
Littleton, CO 80123-6643

Class of 1975

Dr. Carl Vorhies, who practices family dentistry in Beaverton, Oregon, has been elected president of the Oregon Academy of General Dentistry. The association is an affiliate of the American Academy of General Dentistry.

New addresses:

Dr. Donald Darbro
1901 Brecken More Drive
Greenwood, IN 46142

Dr. James Snyder
Yokota USAF HP (PACAF)
#2992
APO San Francisco 96328

Dr. P. Thomas McDavid (MS), of Potomac, Maryland, recently became a Fellow of the American College of Dentists.

Class of 1976

Address update:

Dr. Allen R. Bond
3165 Choctaw Drive
Lake Havasu City, AZ 86403

Class of 1977

More addresses:

Dr. Gregory M. Horning
2185 Beryl Street
San Diego, CA 92109-3618

Dr. Roger S. Pecina
5201 Grape Road
Mishawaka, IN 46545-1343

Dr. Alan R. Stafford
3039 Chelwood Drive
Concord, NC 28025

Charles and Jane (LDH '77) Gareri, RR# 1, Box 82A, Bloomfield, IN 47424, are the proud parents of Corey Roger, born August 14, 1985.

Class of 1979

New address:

Dr. Randall R. Goode
605 Edison Blvd.
Port Huron, MI 48060

Class of 1980

Dr. Steve E. Wilhite, 735 Bishop Street #211, Honolulu, HI 96813, shares some impressions and provides an update at our request:

Some of the Class of '80s contributions: "WE DID IT OUR WAY" The Horton Driving School was established a new grading scale: If a 60 is an F, then what is a 55?

Some locations of classmates: Tillman Miller, Elkhart, private practice; Danny Price, Westfield, Indiana, private practice; Paul Yim, Honolulu, pedodontic practice; Randy Moeller, Fruitport, Michigan, private practice; John Kleman, Indianapolis, private practice.

Some memories: Brownie studying Kolb, Baker, Fortress and Sheets crying about Purdue The Twins (Beckerman & Berghoff) Horton's driving Rockett's songs (The 8-year plan—ho, ho, ho upon the 3rd floor—IU School of Dentists' Hotel California) McDermott falling asleep at parties Tillman's wit Moeller's writing Barry's B.S. Sheet's cattle Wiener's enterprizes Zundo's speed. . . .

I'd like more information on: Bob Berghoff, Randy Brown, Randy Moeller, Gary Hunt, Joe Inman, David Jones, Kenny Kahn, Mike Mark, Terry McDermott, Rob Sheets, John Wallace. (Are you out there, classmates? Let us know!—Eds.)

I'm in private practice in Honolulu, happily married to Kari for 5¹/₂ years. No children presently. Golfing regularly and running only when necessary.

Address change:

Dr. Steven K. Hunley
2277 SW 10th
Loveland, CO 80537-6611

Class of 1981

Dr. Roy C. Blake (MSD '84), of West Palm Beach, Florida, won the Second Annual Research Competition at the 33rd Annual Meeting of the American Academy of Maxillofacial Prosthetics in Seattle. Dr. Blake received \$1,000 for his paper entitled "A Clinical Study of Restorative Materials Used in Treating Post-Irradiation Cervical Caries," which he presented at the meeting.

Class of 1982

Dr. Darrell Deem was recently recognized by Vincennes University as an Outstanding Recent Graduate.

A nice response from Dr. Mark R. Montgomery, 200 N. Walnut, Batesville, IN 47006, to our request for news:

As with every class, there are a lot of memories of people and events that distinguished the Class of '82. Overall, I felt the class was above average academically and clinically. We had some very intelligent people as well as some excellent "technicians." In general, there seemed to be a high degree of professionalism. I feel the class worked together to try to change the system to help better educate students while getting through the maze. . . . Many of these changes weren't implemented until after we left, but I hope they have helped improve IUSD.

I always stay with Bruce McDowell and his wife, Diana, when I'm in Indianapolis. Bruce practices in Carmel. Bill Grider flies down from Kokomo for an occasional visit. Vince and Sherri Guido (Lafayette) recently had a son. Jeff Mishler is back from the Navy and practicing with his father in Greenwood. Dave Butler and his wife, Mary Kay, recently moved to Madison where Dave opened his oral surgery practice. Dave and Elaine Holwager visited from Cambridge City. Jeff Buttrum is associating with Dr. Redish in Indy. Mark Jackson is practicing somewhere in Wisconsin. . . . Frank Walenko recently got married (sorry, girls). Dave Willoughby is in New Mexico and recently married.

Classmates I'd like to get some information on are: Brian Cascieri, Gary Metzler, Chris Cron, Matt Davis, Tom Brown, Mike Givens, Jerry Rinehart & Darrell Deem, Dan Reno, Ron Rexing and Jim Truitt.

Some memories: The pig roast when the beer truck never showed up Late nights

in SB05, the upstairs lab and the frat labs Psi-O stag The Breakfast Club Julie Novotny and Parvin Carter raiding the cookie jar at the Zip House Wied-o parties The Litton fishing expedition Jeff Buttrum's impersonations The Senior Banquet The dreaded chronic Mishoma. . . .

As for myself, I know there are those that still find it difficult to believe I finished on time. But, like I always said, you just have to have a schedule. I am alive and well and living in Batesville—land of hospital beds and caskets. If you are ever in the area, stop by. If you don't want to talk about dentistry, I can possibly get you a deal on a casket.

Class of 1983

A postcard from Dr. Paul Loeffler, 11166 Bootes St., San Diego, CA 92126 says:

I am presently providing dental treatment for elements of the U.S. 7th Fleet in the Far East and Indian Ocean from my clinic on board a Navy repair vessel.

New addresses:

Dr. David B. Clark
34 West Broadway
PO Box 234
Shelbyville, IN 46176

Dr. Linda M. Hoss
1710 Woodview Drive
Anderson, IN 46011

Dr. Marti K. Skelton
10622 Brewer Drive
North Glenn, CO 80234

Class of 1984

Dr. Colin Ress has gone into association with Drs. Chidalek, Serafin, Martinson and Barton in LaPorte.

Dr. Ted E. Mioduski, 2004 W. 15th St., Suite 3, Loveland, CO 80537, recently dropped a note to Dr. Robert Bogan. Excerpts follow:

I hope this letter finds you and your family in good health. I'm sure you must be ready for a rest after running back and forth between the 1st and 3rd floors at IUSD for over a year now! Dr. Hovijitra spent time with us this summer and tells me you are doing an excellent job in Crown and Bridge. I expected no less.

. . . . After finishing the residency (GPR) in Denver, we moved up here to Loveland where I joined the practice of a 35-year old G.P. Eileen is working for a physician in town and the boys are loving pre-school (Teddy is 4½ and Mikey is 2½). I return to St. Joseph Hospital two days a week as a consultant in the residency program. I really enjoy academics and I think working with the residents is perfect for me—hell, I learn more from them than they do from me!

Address changes:

Dr. James P. Orahood (MSD)
3629 McCain Blvd., Suite 300
North Little Rock, AR 72116

Dr. Jeffrey L. Percy
2201 E. 9th Place
Hobart, IN 46342

Dr. Robert B. Ray
1112 Rand Street
Hobart, IN 46342

Dr. Philip S. Walerko
20830 Hawaiian Avenue
Lakewood, CA 90715-1629

Dr. Janice R. Wenger
213 Island View Drive
Goshen, IN 46526-5213

Class of 1985

Dr. Anthony J.G. Dickinson (MSD) won first place recently in the Stanley D. Tylman Essay Contest sponsored by the American Academy of Crown and Bridge Prosthodontics. The \$1,000 award went to Dr. Dickinson for his paper entitled "A Comparative Study of the Strength of Aluminous Porcelain, Cerestore, and Dicor All-Ceramic Crowns." The paper was based on his Master's thesis. An Australian dentist, Dr. Dickinson is now a visiting faculty member at the University of Connecticut School of Dentistry.

More addresses:

Dr. John G. Luber
99 W. Main
Amelia, OH 45102

Dr. Paul L. Timmons
2410 C. Dunwoody Crossing
Atlanta, GA 30338

Dental & Medical Team
(continued from page 9)

to visit he walked past Loc without recognizing him. Rachel and Dwayne Yoder were also surprised. They thought Loc was An. To Loc these experiences were very funny.

'Looks Like a Million'

After a period of healing, Dr. Gotsch completed the transformation of Loc Luu. On October 5, 1983, he began the extensive task of preparing, constructing, and delivering a partial denture, five posts and cores, a six-unit anterior bridge, and two three-unit posterior bridges. The last bridge was delivered on February 26, 1985. As Dr. Dumas put it, "Now he looks like a million bucks!"

Loc's mother, father, four sisters and nine nieces and nephews still live in Viet-

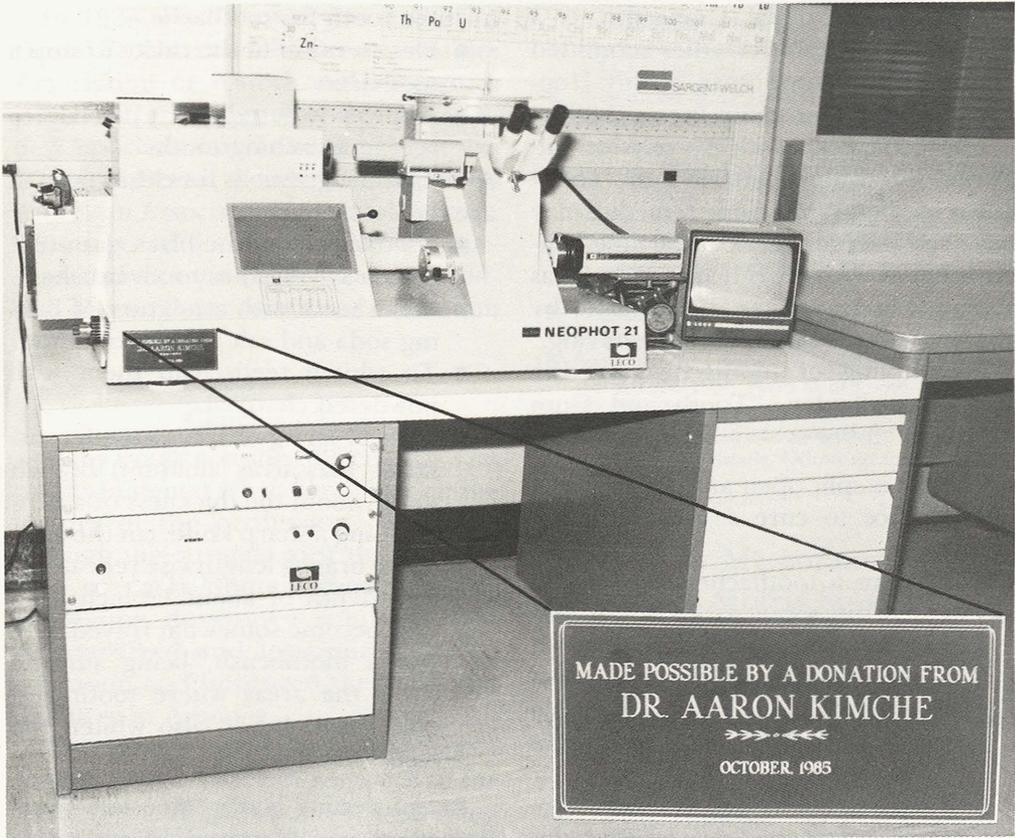
nam. He says they are very happy to see pictures of him. His brother An says, "Loc looks perfect now!" Loc laughs and says that the bank doesn't want to cash his checks because they say it's not his picture on the identification photo. He is now married and has a new baby girl with whom he is obviously delighted. He applied for American citizenship in November, 1985. He completed an associate's degree in machine tooling at Ivy Tech and was on the Dean's List.

Loc works at an industrial machine shop near Fort Wayne and hopes to save enough money to help his family get out of Vietnam, but he doubts if the government will let them leave. A cousin was caught trying to escape and is in jail. A brother-in-law made it to Thailand, but is still there. Loc has hopes of reuniting the family some day, in a country that has been very good to him.

This story involves the co-operation of many people: dental and medical practitioners, church volunteers, social workers, and hospital administrators as well as a Vietnamese refugee who was in desperate need of skilled, caring help. Perhaps the reaction to the teamwork that was used and to the successful outcome was best summed up by Mrs. Rachel Yoder, one of Loc's sponsors: "It really renewed my faith in the dental and medical fields to see that so many doctors would give their time and the hospital would cooperate, too. I think it was simply wonderful."

And Loc Luu, when asked if he would want to repeat the past five years, paused for a moment, took a deep breath and replied, "I don't know. Leaving my country, living in a refugee camp for a year and a half, learning a new language and a new trade, getting married, having a baby and getting a new face are a lot of changes in five years . . . but I appreciate you very much!"

Another Donation from Dr. Aaron Kimche



The School of Dentistry is again indebted to Dr. Aaron Kimche (Class of 1955) for the purchase of a new metallographic microscope, made possible by his donation to the Department of Dental Materials. The new instrument replaces a 20-year-old microscope and is state-of-the-art in this discipline. It includes a TV display monitor that is particularly advantageous for teaching purposes. Several years ago Dr. Kimche also provided substantial funds for purchase of a scanning electron microscope.

Old Dental Remedies Listed in New Book

"Hoosier Home Remedies," by Dr. Varro E. Tyler, professor and dean of pharmacy at Purdue University, is a compilation of folk remedies submitted by some 175 contributors, mostly Hoosiers (Purdue University Press, 1986).

The book deals with 81 physical ailments, listed alphabetically, and about 800 remedies. While some remedies may have had a certain merit at the time, others seem downright ridiculous—such as attempting to relieve a headache by chewing willow twigs until your ears ring.

A sampling of toothache remedies from the chapter, "Tooth and Gum Problems" follows:

- A fig is split open and applied as a poultice to cure a gum boil (abscess).
- To cure a toothache caused by a cavity, dip some garlic in salt and pack it in the hole. Then lie down on the side with aching tooth, open your mouth, and let the garlic juice and saliva drip out. Your toothache will be gone.
- Hang a string of seeds of Job's tears (*Coix Lachryma-jobi*) around the neck of a child to facilitate teething. When fresh, the seeds are soft and may be strung easily. They then become slick and bright and hard.
- Pack dried root bark from the toothache tree or northern prickly ash (*Zanthoxylum americanum*) in the cavity 2 or 3 times daily to relieve an aching tooth.
- Saturate a bit of cotton with ammonia solution and apply to an aching tooth.
- Chew the root of the bull thistle (*Cirsium vulgare*) to cure even the worst case of toothache.
- Rub camphor on the affected tooth and gum to relieve a toothache.
- Inflammation of the jaw caused by an aching tooth is relieved with a slippery elm bark (*Ulmus fulva*) poultice.
- Hold a wad of chewing tobacco on the tooth for toothache.
- Place a raisin in the cavity to stop a toothache.
- Apply powdered alum directly to relieve an aching tooth.

Among the suggestions for cleaning teeth are these:

- Use twigs from the black gum tree (*Nyssa sylvatica*) as tooth brushes.
- Clean teeth with a mixture of baking soda and salt rubbed on a rag.
- To whiten teeth, rub them with powdered charcoal.
- To heal sore gums, cut a tender sassafras (*Sassafras albidum*) branch that is about the thickness of a pencil, using a sharp knife, cut the ends of the branch lengthwise repeatedly to a depth of about 1/2 inch until they become somewhat frayed. Use like a toothbrush, being sure to cover the areas where tooth and gum meet. It will also whiten the teeth.

An interesting book, "Hoosier Home Remedies" is well organized and readable, Dr. Tyler has preserved an important part of our Hoosier heritage.

Roberta M. Hilderbrand

Early Dental Education (continued from page 68)

organization were the dental departments of University of California, Harvard University, University of Michigan, University of Iowa, University of Minnesota, and University of Pennsylvania. Membership in the Dental Faculties Association was restricted to dental schools of state or chartered universities.

The most notable achievement of the Dental Faculties Association of Ameri-

can Universities was its sponsorship of the proposed four-year dental degree. The organization also supported the need for four years of education prior to admittance to dental school.

In 1923 the National Association of Dental Faculties and the Dental Faculties Association of American Universities joined with the Canadian Dental Faculties Association and the American Institute of Dental Teachers to form the American Association of Dental Schools. This successful conglomeration of organizations continues to ensure a standard of excellence in dental education today.

Conclusion

Many would consider the emphasis on profits in dental education a blot on the history of the profession. However, through this struggle over the sponsorship of early dental education, the profession developed solutions that standardized and legitimized dental education and improved the quality of dentistry in America.

The same organizations that were formed in the 1880s in response to the scheming and corruption surrounding early dental schools still exist. Their mission remains the same: to ensure that the dental students of today are prepared to provide adequate care for the patients of tomorrow.

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In Memoriam Dr. Morris Stoner 1919-1985

Friends of Dr. Morris Stoner, well-respected orthodontist in Indianapolis, were shocked to learn of his death on December 5, 1985, in the University of Southern California Medical Center in Los Angeles. Dr. Stoner had been active and apparently in good health until he died.

Dr. Stoner attended Purdue University for two years and received his D.D.S. from Indiana University in 1942. During World War II he served as a lieutenant in the U.S. Navy Dental Corps. At one time his ship was sunk, and he clung to a life raft for two days before he was rescued. After his discharge he returned to the dental school to study orthodontics; he was the first dental student to receive a Master's degree from I.U.

For 35 years Dr. Stoner was a faithful member of the part-time faculty at the dental school. He contributed much to the development of orthodontics and to the orthodontic department. He also gave innumerable essays before dental societies, and published many articles on orthodontics. He was a president of the Great Lakes Society of Orthodontists, the Indiana Society of Orthodontists and the Midwest Component of the E.H. Angle Society of Orthodontists.

Dr. Stoner was active in his fraternity, Alpha Omega, and served as a vice-president of the Indianapolis Hebrew Congregation. He was a staunch supporter of the Indianapolis District Dental Society, the Indiana Dental Association, the

American Dental Association and the International Association for Dental Research. He was a diplomate of the American Board of Orthodontics, and an honorary member of the Colombian, Peruvian and Hawaiian Societies of Orthodontics.

Dr. Stoner will be remembered as a competent orthodontist who always wanted to help his patients and his profession. He was indeed a kind, cooperative man who gained the respect of all who knew him.

Survivors include his wife, Joan, sons Dr. Robert and Bradley, daughter Madelyn, one grandson, two brothers and two sisters.

Maynard K. Hine

Memorial Exhibit Planned By Reunion Class of '35

One feature of the Dental Alumni Homecoming each year is the recognition of special classes, particularly the 50-year class. Last year the honored class was the famous Class of 1935. Perhaps because this class was in school during THE Depression, its members developed an unusual rapport, and special loyalty to the dental school. The class was smaller than usual, numbering just 42, but 15 of the 24 living members attended the Homecoming in Bloomington, and enjoyed hours of reminiscing.

The class voted to buy a memorial to be prominently displayed in the dental school. They donated \$2400 to contract for a large painting of dental insignia, including St. Apollonia, the patron saint of dentistry, and a brass plate listing all the class members. The memorial will be both attractive and educational.

50-Year Reunion Class



The 50-Year Reunion Class



Dr. Ralph E. McDonald, dean emeritus and emeritus professor of pediatric dentistry, received special recognition at the Dental Hygiene Alumni Day ceremonies in October for his support of dental hygiene throughout his career in dentistry. Ms. Gail Williamson, assistant professor of radiology and chairman of the Dental Alumni Day Committee, presented Dr. McDonald with a plaque.

Class Reunion Time



At the Fall Conference



Additional Reunion Photos





The fellow in the Santa Claus-Lone Ranger outfit is Dr. Richard Jennings (DDS '45, MSD '56), of Idabel, Oklahoma. Dick appears to be checking (and double-checking) a Christmas list in his office.



Mr. Douglas A. Stanley, fourth year dental student, is the 1985-86 recipient of the Dr. Stephen D. Slavin Memorial Scholarship. He is pictured with Mrs. Linda (Slavin) Needham, who presented the award. The scholarship memorializes Dr. Slavin (Class of 1967), who was a practicing dentist in Muncie. At the time of his death on November 9, 1975, he was a member of the Muncie Community School Board. The scholarship is available annually to dental and dental hygiene students who attended any of the Muncie Community Schools.

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