

Indiana University
School of Dentistry

Fall 1986
NS Volume 1, Number 1

ALUMNI
BULLETIN



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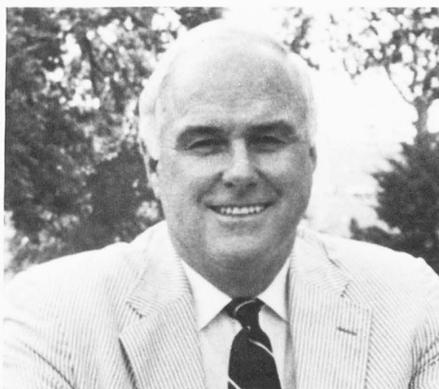
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Indiana University School of Dentistry Alumni Bulletin is published four times a year: Fall, Winter, Spring, Summer, for Indiana University School of Dentistry alumni. Material included herein does not necessarily represent the official position of the School. The editorial office is located in the Indiana University School of Dentistry, Room 104, 1121 West Michigan Street, Indianapolis, IN 46202. Telephone 317/274-5405.

ALUMNI BULLETIN

Indiana University School of Dentistry

VOL. 1

AUGUST, 1938

NO. 1

The Alumni Bulletin

With this issue the Alumni Bulletin of Indiana University School of Dentistry makes its bow to the Alumni of the School. It is to be issued quarterly by your Alma Mater for the purpose of acquainting the Alumni with the activities of the School. It has long been felt that there was a distinct need for an informative medium of some kind but up to now it has not been possible to undertake a publication of any kind.

The school believes that, every ethical alumnus has, or should have, an interest in dental education in Indiana, and that he has a right to know, and should be kept informed, in a clear and concise manner as to the activities of the school which has graduated him, and which he supports.

It is not the desire to create another dental journal or dental bulletin. Only items concerning the School and its activities will be found in the columns of the Alumni Bulletin. This, we think, will afford the opportunity of releasing items of interest that otherwise would pass unnoticed.

Dr. John L. Wilson was appointed by the Faculty to serve as Editor-in-Chief of the Bulletin. With his knowledge of the things that have transpired in dental education it is believed that through him each Alumnus will be able to visualize the changes that have been made, and also visualize the hopes for the future.

If, after reading this Bulletin, you have any comments or criticisms to offer, we know that the Editor will be glad to receive them.

NOTICE TO ALUMNI

An effort has been made to keep the correct address of each Alumnus, however, errors may have occurred. If your name or address is wrong will you please notify the editor so corrections can be made.

A Message from the Alumni Association President

The casket business is always thriving. Many of we dentists are just marking time in our vault-like offices until one of the family orders one of the above mentioned boxes for Father, and the sooner we arouse ourselves to the changes in our profession the longer the purchase of the box will be postponed.

We, the Alumni of Indiana University School of Dentistry, are not alive to the benefits to be derived by closer and more frequent contacts with the School. Hardly a week passes but what some perplexing problem in your practice needs solving. Go to your School and the members of the Faculty will make every effort to be of assistance to you. They will do it gladly too for they are up to their ears in Dentistry and want to see our profession prosper. Better still, take advantage of one or all of the post graduate courses offered. It is like a "shot in the arm" and the tonic will last. A week or two spent on one subject is the way to ship your problem and get lasting results. Let me explain. Since 1919 I had been using block anesthesia with indifferent results. I had taken several courses and still was having trouble with some of the injections. Our late Dean Henshaw urged me to take the free course offered by the School. I enjoyed every minute of it and that week solved 95% of my troubles, besides leaving many other bits of information of real value.

Use your School as a check up on new theories, new methods or new materials before you invest your money or your time in practice.

You are the Alumni of a real School and you should firmly believe that you will be surprised what you can do for your confidence and your practice.

Our annual meeting will be held on January 15, 1939. We hope to have it bigger than ever. Please help make it so.

Earl B. Galt
President, Indiana University School of Dentistry Alumni Association.

Special Courses Will Be Offered Officials Change Rules on Entrance And Advancement

For some time it has been thought that your School should serve in a way so as to be of assistance to the Alumni in the way of offering the opportunity for "brushing up" on the various phases of Dentistry.

A few years ago the preliminary effort was made and a special course in Anesthesia and Exodontia was offered to the members of the profession in Indiana who

(Continued on Page 4)

In an effort to improve the preparation of persons entering the School of Dentistry, the 2-4 year plan of dental education was adopted by Indiana University beginning September 1937. By this plan two years of pre-dental work must be completed before the applicant is eligible to begin the

(Continued on Page 4)

Refresher Courses Are Conducted in Child Dentistry

On July 18, 29, 1938 the first refresher course in Children's Dentistry was given at the School under the auspices of the Bureau of Maternal Welfare and Child Health of the Indiana State Board of Health. Since that time a second two-weeks course has been given and as this issue of the Bulletin goes to press the third course is in progress.

Two years ago when Dr. F. B. Mettel of Indianapolis was appointed the Director of the Bureau of Maternal Welfare and Child Health, immediately manifested his interest in dentistry for the children of Indiana. He, together with Dr. Mary Westfall, who was appointed Director of the Dental Division of the Bureau, has worked unceasingly, blazing new paths in the field of Public Health Dentistry.

Through their efforts the mobile dental clinic was built and put in operation. This clinic, under the direction of Dr. Mettel, '36,

has been serving to do dentistry for children who otherwise would be unable to have such service. The unit was first placed in service in the territory governed by the Greene County Dental Society and after serving there for approximately eighteen months was moved to the territory of the South-Eastern Dental Society.

Hoping to revive the interest of some men in Children's Dentistry it was decided to give the refresher courses, thereby permitting a review of the essential points of this important phase of dentistry.

Since the School had all of the facilities necessary to give such a course, the entire School was placed at the disposal of the Bureau without any charge being made. The Bureau sent applications for the course to practicing dentists, attempting to cover the territories that had been served by the mobile clinic.

(Continued on Page 4)

As many of our readers will recall, format changes are nothing new for the *Alumni Bulletin*. Since its creation almost 50 years ago as a four-page newsletter (opposite page), the *Bulletin* has endured seven make-overs. It's been thick and thin. Tan and taupe. Baby blue and royal. In recent years, crimson. But over the decades the goal of the publication has remained the same: delivering to our alumni, in the words of first editor Dr. John L. Wilson, "items of interest that would otherwise pass unnoticed."

With this issue of the *Alumni Bulletin* we introduce a new editor as well as a new format. Dr. Jack E. Schaaf, associate professor of oral diagnosis/oral medicine and radiology, is an alumnus with two degrees from the School of Dentistry—a D.D.S. awarded in 1975 and an M.S.D. in oral diagnosis/oral medicine in 1978. Jack grew up in Jasper, Indiana, and joined the IUSD faculty eight years ago. No stranger to the pages of the *Alumni Bulletin*, Jack has been a frequent contributor of scientific articles in the past, and writes on

precautions in treating dental patients with medical devices for this issue.

A new feature, *Alumnus Close-up*, will profile an IUSD graduate in each issue. Dr. A.C. Yoder ('39), of Goshen, has kindly agreed to be the first to step into our spotlight (see page 14 for his story). Plans are in the making for a similar column in future issues that will bring current dental students to the attention of our readers.

One other change worth noting: You'll be receiving four issues of the *Bulletin* each year instead of two. The first issue in 1938 promised to be a quarterly publication, an effort that was soon abandoned, but with the Fall 1986 issue we have reestablished the quarterly format. Winter and Summer issues are planned to round out the schedule.

Herewith, then, Volume One, Number One, of the New Series *Indiana University School of Dentistry Alumni Bulletin*. Your comments are welcome.

SMC

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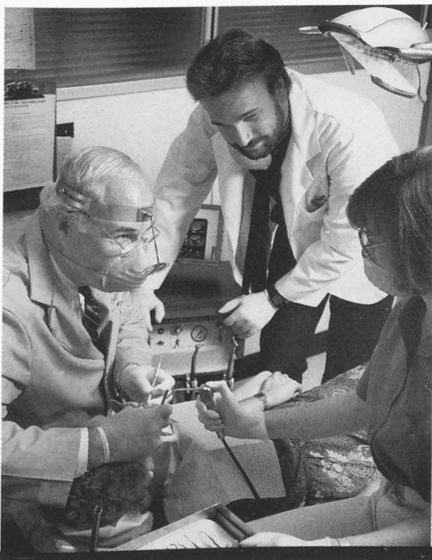
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On The Cover:
Teaming up in TEAM Clinic. IUPUI photographer Rick Baughn captures Dean H. William Gilmore on the job as clinical instructor in TEAM, with fourth year student Tom Sodano and Mrs. Linda Vollmer Nunley, instructor in dental practice administration. Dr. Gilmore can be found in TEAM most Tuesday mornings, fulfilling just one role in the multi-faceted deanship that he assumed in 1985. A personal profile on the dean follows in this issue.



Photo by Mike Halloran

Miles Standish: Forensic Pioneer and Indiana Tooth-Sleuth

Coroners, cadavers and criminals are not often encountered in a dentist's daily routine. Neither are policemen, prosecutors and pathologists. But as one who bears the title of forensic dentist, Dr. S. Miles Standish deals with a wide assortment of people—not all of them living.

Dr. Standish is not unfamiliar with titles—or the responsibilities that come with them. He is a professor of oral pathology and head of the oral diagnosis/oral medicine division of dental diagnostic sciences at the Indiana University School of Dentistry. In addition, he is associate dean of graduate and postgraduate education and a retired captain in the U.S. Navy Dental Corps. He has co-authored *Outline of Forensic Dentistry; Maxillofacial Prosthetics; Multidisciplinary Practice; and Oral Diagnosis/Oral Medicine*, which has been translated into French, Spanish and Japanese. A few years ago he was appointed an honorary lieutenant colonel in the Indiana State Police.

A noted oral pathologist and diagnostician for much of his 40-year career, Dr. Standish is best known outside academic circles for his work as a forensic dental expert.

Forensic dentistry, of course, is dentistry as it relates to the law, and Dr. Standish has been tooth-sleuthing for court cases in Indiana

* In addition to serving as managing editor of the *IUSD Alumni Bulletin*, Susan Crum is coordinator of publications for the School of Dentistry.

SUSAN CRUM*

for 17 years. While he may be asked to look into suspected cases of child abuse or dental malpractice, negligence and fraud, he is most often called upon as consultant to the Marion County Coroner. He helps identify bodies through dental records, and evaluates bite marks or other suspicious pattern injuries on murder victims.

Dr. Standish had no particular interest in forensic dentistry until 1969, when the IU School of Medicine department of pathology asked for help in identifying a body found floating in a northern Indiana reservoir.

“I was awed that first time,” he says. “It took me back to my dental student days in anatomy class. But I got so caught up in the task that I forgot about the more morbid details of the case.”

He learned early that he wasn't the first person to come along bearing the name Miles Standish.

Dr. Standish performed a routine dental examination, just as on a living patient, and charted the teeth. When that chart was compared to the dental records for a missing person, a positive identification resulted.

The experience was far from pleasant, but Dr. Standish knew he

had performed a valuable service. He says: “Aside from emotional suffering family members go through when they don't know for certain that a relative is dead, there are practical frustrations. Insurance claims can't be settled. Spouses can't remarry for many years. Business transactions, estates and wills hang in limbo.”

Dr. Dean A. Hawley, a forensic pathologist and assistant professor at the IU School of Medicine who performs autopsies for the Marion County Coroner, first consulted with Dr. Standish in 1984 about the string of homosexual murders in Indiana and Illinois and credits him with identifying several of the young victims. Farm land was a popular dumping ground for those bodies, and Dr. Hawley points out that Dr. Standish's services are often required during planting and harvesting seasons. By the time a farmer comes across a body, it is usually beyond recognition, if not skeletal.

Mystery Fires

Dr. Standish and other forensic experts often must show they are good detectives. Such was the case in the heavily publicized investigation in Nashville, Ind., concerning the whereabouts of a Nashville businessman who appeared to perish not once, but twice in fires occurring a decade apart.

In November 1970, an armless and legless charred body was found in the rubble after a garage fire on Clarence and Geneva Roberts' property. Geneva claimed that the torso was her husband's, and Dr. Standish was called in to confirm identification by examining a single tooth—the only dental evidence found in the garage. He determined that the tooth was a right second molar from a lower jaw. Since the family dentist's records showed that Mr. Roberts had had that tooth extracted

in 1964, the man in the fire could not be Mr. Roberts—if Dr. Standish was correct.

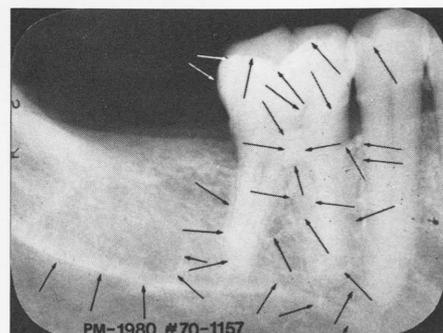
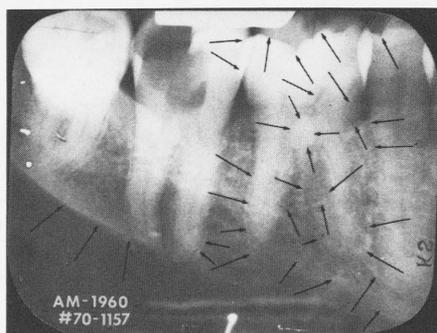
A platoon of specialists in dentistry, pathology and anthropology entered the case, some agreeing with Standish and some not. Meanwhile, the coroner refused to declare Clarence Roberts legally dead and Geneva Roberts was stymied in her attempt to collect on her husband's life insurance policies totaling \$1.2 million. Eventually the blood type of the body was found to differ from what military records showed as Roberts' blood type. This supported the theory that someone other than Roberts had died in the fire, but the case—and mystery—lingered.

Ten years later matters were still unsettled when Geneva Roberts' Nashville cabin burned down, killing her and *another* unidentified man. This time the body was swiftly identified as Clarence Roberts by a team of forensic experts, including Bedford dentist Dr. Clay Stuckey, who compared post-mortem X-rays with those taken of Clarence's mouth 20 years earlier. Thus Dr. Standish's evaluation of the single tooth a decade earlier had been on target. (Unknown to this day is the identity of the man who burned in the first blaze.)

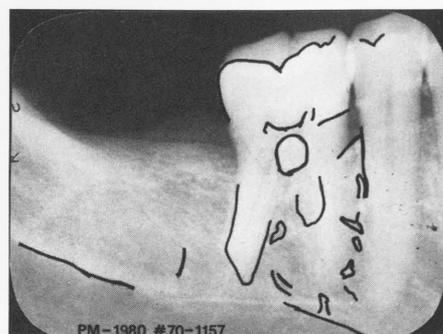
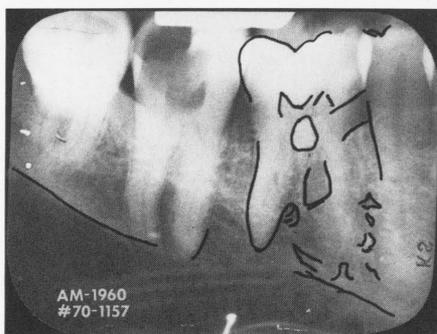
An expert at identifying the dead, Dr. Standish is no great shakes at identifying the living. Trudy Standish, the doctor's wife of 37 years,

A platoon of specialists entered the case, some agreeing with Standish and some not.

notes that he forgets names, even those of friends and associates of long standing. A dental school employee who used to work for Dr. Standish claims that the only time he



Arrows indicate morphologic details in the ante-mortem radiograph (left, taken in 1960), which are identical to those in the post-mortem radiograph (taken in 1980).



Structures outlined in ante-mortem (left) and post-mortem radiographs are morphologically identical.

recognized her was when she was seated behind the nameplate on her desk. The joke among pathologists at the school is that every time Dr. Standish learns the name of a person, he forgets the name of a disease.

This classically professional trait may be due to Dr. Standish's shyness. An only child who lost his father at the age of six, Dr. Standish was raised on his grandfather's farm outside tiny Livonia, Ind. He learned early that he wasn't the first person to come along bearing the name Miles Standish. As a 13th generation, descendant of the Plymouth Colony leader, the youngster dreading being kidded about the famous captain.

"Classmates constantly asked about my relationship with Pocahontas, which really steamed me," he says. He was a stickler for accuracy even then, and it bugged him that they mixed up two historical personages. "Pocahontas was devoted to Captain *John Smith*," he

reminds us. "Priscilla was the woman in Standish's life, as documented in Longfellow's poem, 'The Courtship of Myles Standish.'" "

Tracking Bitemarks Solves A Case

Dr. Standish ranks as something of a pioneer himself through his work as early investigator in bite mark identification. In this technique marks are compared to dental impressions of a suspect's teeth. The chance of any two people having identical sets of 32 teeth has been estimated as one in 2.5 billion. By the late 1960s, bite mark evidence began to find its way into U.S. courtrooms.

In December 1973 an elderly woman's beaten and sexually assaulted body was found in her southern Indiana home. There was a bite mark on her breast and a suspect in the murder was arrested. Dr. Standish agreed to offer expert dental tes-

timony during the murder trial. (An expert witness simply advises the court in a certain area of expertise and may be called upon by either the defense or prosecuting attorney.)

Realizing that bite mark evidence was untested in Indiana courts, Dr. Standish undertook a massive forensic investigation. He examined photographs and the excised breast. He studied the bite mark in relation to eight dental impressions made by another dentist, seven of them taken of the mouths of randomly selected people and one taken of the suspect's mouth. Various stone models of the breast were prepared and countless photographic slides, charts, transparencies and overlay tracings were amassed. Dr. Standish asked 10 colleagues to make comparisons as well.

A specially designed polyvinyl-acetate duplicate of the real breast was created by Dr. Varoujan Chalian of the IU maxillofacial prosthetics department. After being painted to resemble human flesh, the resilient model, with the bite mark clearly visible, functioned as a life-like visual aid. The dental evidence mounted against the suspect.

Dr. Standish arrived at the hearing a bundle of nerves, but confident that the 200 hours he had spent preparing dental evidence supported his credibility as an expert (albeit first-time) witness in a court of law. But no past experiences in his career as teacher and dentist prepared him for the verbal jousting he found himself engaged in with a defense attorney bent on discrediting him as an expert witness.

"It was very humbling," Dr. Standish recalls. "I was on the stand during the hearing for two-and-a-half hours. The defense attorney, a brilliant man, picked me and my credentials apart. I expected to discuss the case, but all we talked about was my shortcomings. He dwelled on my inexperience as an expert witness,

my lack of bite mark investigations, the short duration of the courses I had attended on forensic dentistry. He implied that I was out of my league in discussions on breast tissues."

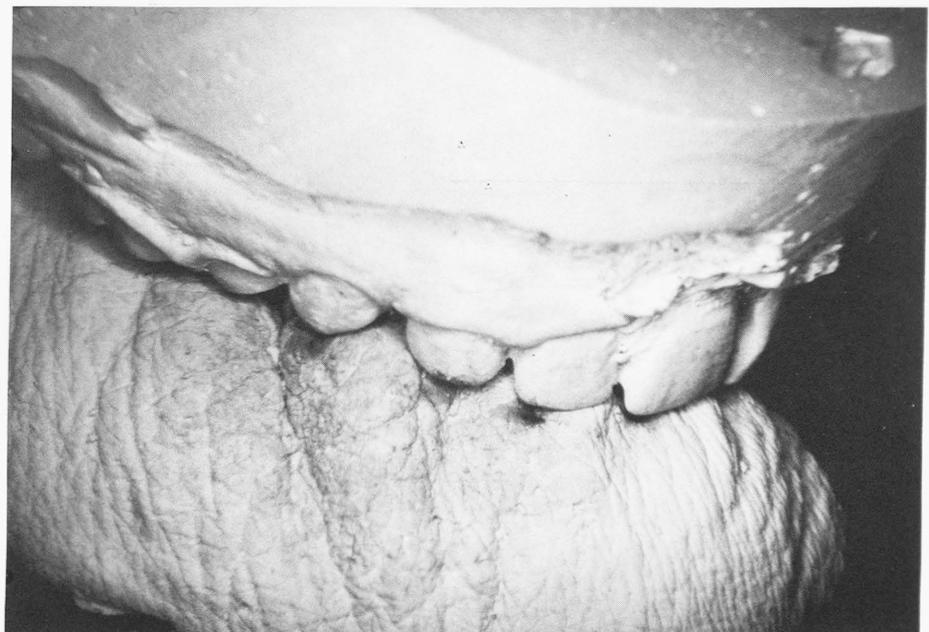
Dr. Standish reddens around the collar just remembering the experience. He is clearly not accustomed to having to defend his pro-

fessional honor. "The attorney sat as far from the witness stand as he could so that I was forced to shout my answers at him, and he interrupted me constantly to tell me to speak up. I *knew* he was trying to rattle me and make me look foolish. I felt very harassed and manipulated."

The defense tactics failed, however; the judge ruled that Dr.



Millimeter scale showing polyvinyl-acetate model of victim's breast with tooth marks on the skin surface



Dental cast of the suspect and a breast model show relation of individual teeth to marks in the skin.

Standish was qualified to present the dental evidence during the trial. He then sweated out another two-and-a-half days on the stand during the trial, again taking heat from the defense, only this time in front of a jury and a packed courtroom. He decided that the best way to survive would be simply to provide the testimony in a professional manner, roll with the punches and keep his bruised ego to himself.

The suspect was convicted in June 1975, largely on the basis of the dental testimony regarding the bite mark analysis, and the conviction was upheld in appellate court in January 1977. In retrospect, Dr. Standish says modestly of his own performance: "I could have left *all* my visual aids at home except for the vinyl

breast and just shown the jurors how the bite mark on the breast mirrored the teeth on the suspect's dental impression. Dr. Chalian's ingenious model had a dramatic impact on the jury."

The trial established a precedent in Indiana for admission of bite mark evidence into a court of law and is cited as a landmark case in the state of Indiana. It also firmly established Dr. Standish's credentials as an authority in forensic dentistry. "Dr. Standish is an expert in physical comparisons of three-dimensional objects that make three-dimensional injuries," says Dr. Hawley. "Prosecutors like him because he comes to court well prepared, he's a very credible reference resource and he presents a good image. He also gen-

erates incredibly professional-looking display materials for the jurors."

Major Robert S. Conley, director of the Indiana State Police Laboratory, says: "Dr. Standish works hard at spreading the word to other dentists and law enforcers about forensics in dentistry. And, unlike some professionals, he's not reluctant to go out into the field to investigate. His is a hands-on approach. He'll do just about anything to think up ways to present technical information in a manner that can be easily comprehended by jurors."

Conley recalls one trial in which Dr. Standish, thinking he might be asked to explain the characteristics of injury to human skin, wrapped a rubber band tightly



Mike Halloran

Dr. Standish and Dr. Donnell C. Marlin evaluating radiographs in the Department of Dental Diagnostic Sciences

around his own arm while waiting to be called as a witness. By the time he appeared on the stand, his arm had become a visual aid, demonstrating the dynamics of skin redness, swelling, heat and pain! (The extra effort was for naught—nobody popped the question.)

But no past experiences in his career prepared him for the verbal jousting with a defense attorney bent on discrediting him as an expert witness.

Dr. William G. Shafer, former chairman of oral pathology at the dental school, has been Dr. Standish's colleague for decades. They are also pontoon buddies with family cottages side-by-side on Prince's Lakes near Nineveh. Dr. Shafer attributes his friend's skill in forensic dentistry to his unsurpassed ability to examine details.

"Miles is like a little old lady when it comes to tinkering," he says. "If something needs fixing at my house, I'll spend about three minutes working on it before I'm ready to throw it in the lake or buy a new one. But not Miles. He completely engrosses himself in a household project, fiddling around with it for hours."

That ability to focus on minute bits of data has gained a national reputation for Dr. Standish among forensic experts.

In 1979 Theodore Bundy, a 32-year-old law school dropout, was convicted for the murders of two sorority sisters at Florida State University in Tallahassee. In preparing for the trial, Bundy's defense lawyers, knowing that a bite mark had been found on the buttocks of one of the murdered students, contemplated

asking Dr. Standish to give expert testimony about the uncertainty in bite mark analyses.

He was sent one photograph of the bite mark and five dental models of five individuals with similar tooth structure. After comparing the photo with each dental impression, he reported his findings to the lawyers, indicating which model he thought best reflected the bite marks in the photograph. Shortly after the report was in the hands of Bundy's lawyers, Dr. Standish received a phone call. His testimony would not be required after all.

Later, while Dr. Standish watched the nationally televised trial in his living room, the TV camera zoomed in on a close-up of Bundy's face. Dr. Standish gazed at the image on his TV screen and knew at once that he had correctly chosen Bundy's dental model from those the lawyers had given him to review.

Forensic Colleagues

Dr. Standish's colleagues have also been active in forensics. Dr. Donnell C. Marlin, assistant professor of oral diagnosis/oral medicine, often assists the pathologists at the IU medical school with forensic cases for the Marion County Coroner. Dr. Jack E. Schaaf ('75), associate professor of oral diagnosis/oral medicine and radiology, made the dental identifications when a chartered plane en route to Indianapolis from New Jersey crashed in Rush County in 1978, killing all nine persons aboard, including seven United States Auto Club officials. Dr. Phillip E. O'Shaughnessy, of Fort Wayne, has played a key role in forensic dentistry in northern Indiana for several years, and currently serves as the elected coroner in Allen County. Dr. David S. Dennis ('72) is coroner for Newton County.

Six Indiana dentists belong to the American Academy of Forensic Sciences (Section of Odontology):

Dr. Harold E. Brewer, Jr. ('59), Indianapolis, provisional member; Dr. Rodney F. Brown ('52), Evansville, Diplomate; Dr. Marlin ('56), provisional member; Dr. O'Shaughnessy ('60), Diplomate; Dr. Larry D. Rothenberger, Frankfort, member; Dr. Stuckey ('75), Fellow; and Dr. Standish ('45), Diplomate. The Indiana Society of Forensic Odontology took shape in 1981 and lists some 20 members.

With crimes such as child abuse on the rise, which often involve bite marks, Dr. Standish sees a need for more dentists to get involved in forensics, and presents courses and seminars whenever he can. "We don't go searching for these cases," he says. "They are hard work and often unpleasant. But as dentists with a special knowledge, we have an obligation to provide this public service. And there are many bright, highly motivated dentists in this state who can be tapped as resources."



A moment's pause for tour group

Photos by Mike Halloran

"I tried to give them a full picture of what it's like to be a dental student, including the hassles as well as the rewards."

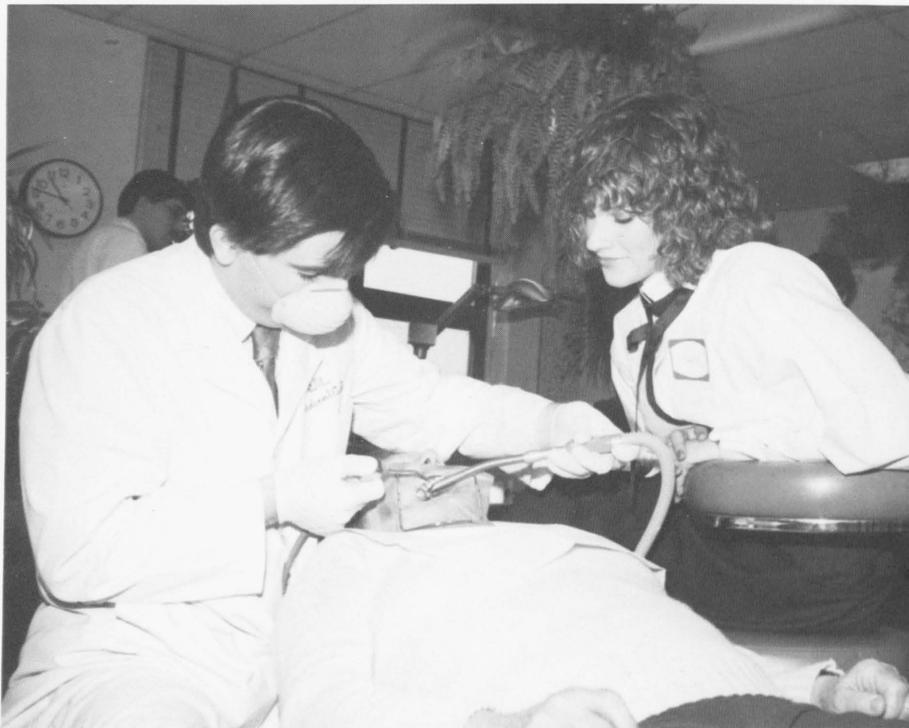


Susan Crum

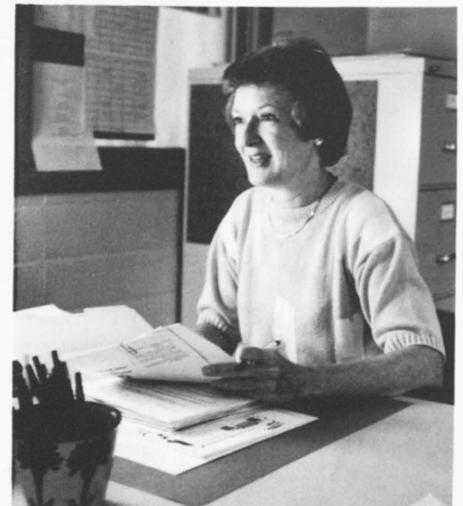
Ms. Cathi L. Eagan, head of the Dental SEEK Day Coordinating Committee, with Dr. Robert L. Bogan, associate dean for student affairs



Professor Pauline R. Spencer, director of dental assisting



Bloomington student Elizabeth Lewis gets a close-up view of Dr. Fadi Saloum treating a patient in graduate operative clinic.



Professor Evelyn R. Oldsen, director of dental hygiene

'Project Seek' Impresses Career-Minded Students

CATHIL L. EAGAN
Coordinator, Office
of Records and Admissions

As the school day began on Thursday, April 10, 1986, an Indiana University charter bus pulled into the parking lot of the School of Dentistry carrying 13 students from the IU-Bloomington campus interested in various health professions. The seven women and six men aboard, representing high schools throughout Indiana, had pre-enrolled with the Indiana University Office of Career & Placement Support Services as having a sincere interest in the profession of dentistry. Thus began our PROJECT SEEK DAY at the School of Dentistry.

Last fall, I was recruiting on the Bloomington campus and noticed a poster which listed PROJECT SEEK DAYS for law, medicine and nursing. Looking into how the School of Dentistry might also sponsor such a program, I learned that PROJECT SEEK allows IU-Bloomington students short observation visits with working professionals, exposing them to career information and advice not normally available in their academic environment. PROJECT SEEK is designed for "exploratory" students—usually freshmen, sophomores, and those with undecided majors. However, junior and senior students are also encouraged to participate.

Mr. Robert Stebbins, director of PROJECT SEEK DAYS, worked with the DENTAL SEEK DAY Coordinating Committee (Ms. Cathi L. Eagan, Chairman; Dr. Robert L. Bogan, associate dean for student affairs; Professor Pauline R. Spencer,

director of dental assisting; and Professor Evelyn R. Oldsen, director of dental hygiene) in scheduling this event. Letters were sent to area dentists, dental hygienists and dental assistants, soliciting their assistance as professional SEEK sponsors. The Indiana University School of Dentistry Alumni Association and the Indiana Dental Association financially supported the day's activities.

After months of planning, the agenda was set for April 10. Dr. Bogan welcomed the students to IUSD and briefly discussed manpower trends in dentistry and the future as visualized by the American Dental Association. This was followed by an overview of educational programs offered at the School, with Prof. Spencer and Prof. Oldsen describing the auxiliary programs. Tours of the facility were conducted by dental students Steve Clark, Christine Root, and Kevin DeaKyne.

"I tried to give them a full picture of what it's like to be a dental student, including the hassles as well as the rewards," says Kevin. "Even though I decided on my career at an early age from having observed my grandfather as a dentist in Fortville, I still came into the dental school without a good idea of what is involved in something like lab work, for instance. I hope the tour was an eye-opener."

At 9:45, during the coffee break, the professional SEEK sponsors—dentists from Indianapolis and the surrounding area—arrived and were introduced to their assigned students. SEEK sponsors

then drove the students to their dental offices for the six-hour visits. Experiences ranged from touring the work site, talking with staff members, to even trying "hands-on" work. For example, Dr. Michael Cochran, a SEEK sponsor and IUSD faculty member who practices part-time at the dental school, asked Elizabeth Lewis, a sophomore biology major from Crown Point, to play the role of dental assistant, handing instruments to a graduate student in operative dentistry while he treated a patient.

Another sophomore participating in PROJECT SEEK was William (Bill) Flora, an Elkhart Central High School graduate whose family dentist, Dr. Norman Bryan ('73), has shown Bill around his dental office several times. Bill thought that Kevin DeaKyne, his student tour guide, "was relaxed and did a good job of describing dental student life. I especially enjoyed seeing the lab where they make the porcelain fittings."

Since Bill had indicated a special interest in oral surgery or orthodontics, he was teamed up with Dr. Robert Edesess, an oral surgeon with an office in Chapel Hill, where Bill sat in on a staff meeting and watched a patient having impacted molars extracted. Dr. Edesess's tour also included a trip to St. Vincent

"It is important to attract the best caliber students possible for the School of Dentistry."

Hospital. "One patient whose jaw had been rebuilt was having her bandages cut off that day," Bill recalls. "She was very happy with the results of the surgery! I think the greatest reward in dentistry is knowing that you can really help people."

Dr. Edesess says that he volunteered for PROJECT SEEK



In Dr. Edesess's office, SEEK student Bill Flora attends staff meeting and gets a look at computerized appointment system and Panorex film showing impacted third molar.

because "it is important to attract the best caliber students possible for the School of Dentistry." He found Bill to be a motivated young man who asked good questions. Dr. Edesess highly recommends the program and stresses that being a SEEK sponsor involves little inconvenience for the practitioner and much satisfaction "knowing you might have had an impact on someone else's career." Bill Flora says that the program helped him eliminate the areas of dentistry he *isn't* interested in. He now feels that an oral surgeon's routine is much more to his liking than that of a general practitioner.

Students returned to the School of Dentistry around 4 p.m. for a question-and-answer period. Comments about the program were very positive and many remarks were made about the "professional contact" which had been established. Several said they would be contacting their host dentist for possible future visits. Written evaluations by students included such statements as:

"I got a lot out of this SEEK DAY. All my questions were answered and I felt very comfortable . . ."

" . . . Seeing actual surgery will either influence you or discourage you. In this case, it influenced me to pursue this field."

It was the general feeling that this exposure had strengthened the

students' commitment to enter the profession. The bus arrived at 4:30 p.m. for the trip back to the Bloomington campus.

Another PROJECT SEEK DAY at the School of Dentistry is scheduled for April 9, 1987 and the IU Office of Career & Placement Support Services anticipates a greater number of students wishing to participate. Due to the expansion, IUSD will be soliciting more area dentists to become a professional SEEK sponsor. Those interested in volunteering should contact Cathi Eagan, Office of Records and Ad-

missions, Indiana University School of Dentistry (317-274-8173).

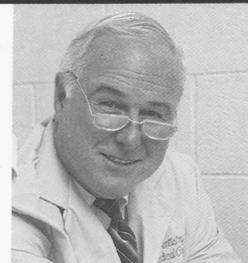
Appreciation is extended to the following SEEK sponsors who participated in the 1986 program: Dr. John D. Brannan ('54); Dr. Michael A. Cochran ('69); Dr. Robert B. Edesess ('66); Dr. Chris Guba ('80); Dr. Kenneth O. Miller ('58); Dr. Jeffrey A. Mishler ('82); Dr. Ernest G. Mishler; Dr. Cynthia Molenda ('79); and Dr. George H. Vail ('69).



SEEK students visit with faculty members Dr. Carlos Munoz-Viveros, left, and Dr. B. Keith Moore in the dental materials laboratory.

Photos by Mike Halloran

Notes From the Dean's Desk



Rick Baughn

Dr. H. William Gilmore

Congratulations go to the editorial staff for an excellent job of redesigning the *Indiana University School of Dentistry Alumni Bulletin*. This issue of the *Bulletin* is the first of a new series that will be mailed quarterly to the alumni. As managing editor, Ms. Susan Crum worked with IUPUI Publications on creating the new format. More news about alumni and their contributions to the profession will be included to strengthen the bonds among the University, alumni, faculty and students.

The 1986–87 school year got under way during the last week of August, with 87 members of the class of 1990 reporting for classes. Ninety percent of the first year class are students from Indiana, and 22% are women. Students were selected from 391 applications. This year's entering class has higher grade point averages and DAT test scores than last year's class, as follows:

	Class of 1990	Class of 1989
GPA		
Scale: 4		
Overall	3.17	3.04
Science	3.04	2.88
DAT Test		
Scale: -1 to 9		
U.S. average: 4		
Academic av.	4.51	3.96
PMAT av.	4.76	4.16
Science av.	4.40	4.06

The national applicant pool of pre-dental students appears to be shrinking even more than recent studies have indicated. Some private schools are struggling to fill their entering classes. Our faculty is proud to have the quality of students now in training at IUSD. Ninety percent of the four dental classes belong to the American Student Dental Association.

We are pleased to report that all students in the new fourth year class began the school year above the minimum requirement in clinical productivity. Throughout their third year and summer session they treated assigned patients and accepted special assignments to boost the overall performance rate to new levels. Members of the class of 1987 have now been assigned all patients needed to complete their training. We anticipate another busy year for them in the clinics. New monitoring and counseling services for all students in the area of patient assignment have also helped increase clinical production.

A special one-day course in marketing strategies and interpersonal skills was presented by the American Dental Association to third and fourth year classes on the first day of Fall Semester. Our students are destined to become productive professionals who are well qualified for leadership roles.

The IUSD alumni will be contacted this year by the School of Dentistry and asked to work in student recruiting. The alumni's help in identifying exceptional students—even at the primary level—and steering them toward careers in dentistry is invaluable. There has been an acute drop in applications for positions in the auxiliary programs. The departments of dental hygiene and dental assisting are attempting to assess the loss of applicants and will report soon on how the alumni and dental organizations can help in enlarging the pool of qualified applicants.

New development officer Mr. Danny Dean joined us on July 1 and is hard at work in his office on the second floor. Danny will be visiting with alumni and faculty to establish and strengthen lines of communication. The ultimate goal of his fund-raising efforts is to help provide a quality education for students at the School of Dentistry, who

will in turn provide quality dental services as practitioners throughout our state.

The Pursuit of Excellence program, jointly sponsored by the Indiana Dental Association and the School, has \$700,000 pledged to date toward a \$1 million goal set forth by the IDA a few years ago. We intend to put the donations to good use by building a stronger faculty and creating professional and technical services to serve our more than 6,000 living alumni. The School of Dentistry has frequently had the highest percentage of alumni support in the Indiana University Foundation programs. The extraordinary loyalty of Indiana dentists can be measured in part by the Pursuit of Excellence and other active IU Foundation programs.

The ADOSI computer system, which was purchased with Pursuit of Excellence funds, is now functioning in Dental Practice Administration (TEAM). The system includes 12 software programs that show students a variety of ways to computerize a dental office of any size. Since predictions indicate that half of the dental offices in the country will be computerized by the middle 1990s, our mission is to prepare all students.

Nine new full-time teachers have been appointed to the IUSD faculty. They will be introduced in subsequent issues of the *Bulletin*.

The biggest advantage of changing the *IUSD Alumni Bulletin* from a bi-annual to a quarterly publication is the opportunity it affords us to deliver more timely news to the alumni about the School and its graduates. We hope that future issues of the *Bulletin* will fall routinely into your "must read" category of dental literature.

Alumnus Close-up

Dr. Albert C. Yoder, Jr.



Susan Crum

Class of 1939

Bloomington may have been bleak and rainy during much of this year's IU School of Dentistry Fall Dental Conference, but it would take more than foul weather to dampen the spirits of Dr. Albert Christian ("A.C.") Yoder, of the Class of 1939, former president of the IUSD Alumni Association and dedicated IU sports fan. Handsomely attired in cream and crimson clothing, Dr. Yoder spent the 44th annual alumni weekend on the move, participating in time-honored events ranging from the Past President's Breakfast to the Alumni Banquet to the tailgating party at half-time of the IU-Navy football game.

"I love IU," the retired Goshen dentist says, and his actions back up those words. Dr. Yoder has



A Bit of Courtly Action

attended the Fall Conference for almost 40 years and served on the Board of Directors, including a year as president in 1960-61. He was national chairman of the IUSD Alumni Fund Drive for 1970 and 1971 and is a past member of the IU Alumni Association Executive Council. He and his wife of 47 years, Glenace ("Tink") Yoder, have been making the four-hour drive to Bloomington from Goshen for decades to attend football and basketball games, and they still hold season tickets for basketball. "That's what keeps us from going to Florida in the winters," he says. "Tink is a fan, too, and for us this is more fun."

A lifelong resident of Goshen, Dr. Yoder can recall as a child tagging along with his father, a country physician, in a horse and buggy on house calls around the countryside. But young Albert decided, after observing his father's countless middle-of-the-night emergency trips, that medicine was not for him. He chose dentistry instead, and has never regretted it.

As a high school student Albert was too small (5'5" and 115 pounds), to make any of the teams he tried out for. He was delighted when a six-inch growth spurt smoothed the way for college sports. After a year at Goshen College he enrolled in Bloomington, where he played regularly on the tennis team and earned "I-man" status in 1934.

After graduating from IUSD in 1939, Dr. Yoder completed a one-year internship in pediatric dentistry at the Eastman Dental Center in Rochester, New York, where he studied and lived with close friend and IUSD classmate, Bob Davis. "Bob and I had lived in the Delta Sig house during dental school and we were both accepted at Eastman," Dr. Yoder says. "My mom and dad drove us, along with my wife, to Rochester, where the three of us lived together. Bob slept on a cot in the kitchen. The place was so tiny! Once Bob's cot was down, our path to the bathroom was blocked."

Fate, and World War II, kept the men together. Both were sent to Camp Sam Houston in San Antonio and then to Camp Wolters in Mineral Wells, Texas, while serving in the Army Dental Corps. After the war, Dr. Yoder returned to Goshen and Dr. Davis set up practice in nearby Mishawaka. The two dentists have remained lifelong pals.

Dr. Yoder retired a few years ago and looks back on his career in Goshen with much satisfaction, including service on the boards of the Goshen school system, the Boys' Club, and the Maplecrest Country Club. He also shows great pride in his sons A.C., III, professor and chairman, division of arts, business and sciences at Southside Virginia Community College at Keysville, and Pete, business manager of the IU Alumni Relations in Bloomington.

Retirement hasn't slowed Dr. Yoder's pace, but does give him more time for IU activities and other interests. He plays golf three times a week and still occasionally shoots in the 70s. A jazz aficionado, he collects records and likes to dine with Mrs. Yoder in Chicago, where they also hit the "jazz joints."

Dr. Yoder received the Distinguished Alumnus Award from the IUSD Alumni Association in 1974. For his many accomplishments, he gives his father much of the credit. "My dad was a remarkable man and he exemplified the kind of life I wanted to live." No doubt the country doctor, who died in 1962 at age 93,

was as proud to have Albert Christian Yoder as a son and namesake as IU School of Dentistry is to claim him as an outstanding alumnus and one of its strongest supporters.



50 Years an I-Man



*Mrs. Ruth Blumershine, supervisor of
Scanning Electron Microscope Facilities,
and Hitachi S-450*

SEM: The Big Picture In Dental Research

Chemical fixers, critical point dryers, and sputter coaters all play a part behind the scenes. But not until the lights go out does the show begin in Room 18 of the dental school, with the scanning electron microscope taking center stage and Ruth Blumershine directing the entire production. Since the scope was delivered to IUSD six years ago and Ruth was hired as supervisor of the SEM facilities, there's been a wealth of research activity in the basement of the School.

When she lowers the lights and turns on the microscope, Ruth enters a wonderland where infinitesimal objects become giants on a fluorescent screen. She may be examining the image of an object on the SEM's six-inch screen at 1,000 times its real size. Her view changes with the flick of a dial, varying dramatically from one magnification to the next—100X, 1,000X, 10,000X—whatever she wants. Each time the magnification goes higher, Ruth sees a new level of a specimen's substructure. Although she's been peering at electron microscope screens for 14 years, she doesn't take the view for granted. "I'll never forget my first specimen," she says, "a thin section of kidney, and I could see the mitochondria in it! It thrilled me then, and images on the scope continue to thrill me after all these years."

A new life opened up for Ruth Blumershine when she began a second career in microscopy. She had left behind early studies in biol-

ogy at Illinois State to raise a family, and she worked for years in insurance. In the late 1960s, when her two sons left for Vietnam, Ruth reentered school full-time at Illinois State University to get her mind off her worries.

Upon her return to college she noted with surprise the difference in biology textbooks. "I learned that, thanks to the invention of the electron microscope, twice as much information in the biologic and medical sciences was gathered from 1958 to 1968 as during the previous 300 years," she says. "I was hooked on electron microscopy from then on."

Recruited by IU

She earned a bachelor's degree in comprehensive biology, training at the University of Illinois Center for Electron Microscopy during the last two years. She worked with microscopes at the University of Illinois School of Medicine in Urbana before the Southern Illinois University School of Medicine in Springfield hired her in 1975 to set up an SEM facility there. In 1980 she was lured to Indiana University School of Dentistry to do the same.

IUSD alumnus Dr. Aaron Kimche ('55) had donated substantial funds used in the purchase of a scanning electron microscope for the School. Dr. B. Keith Moore, a faculty member in dental materials with experience in the preparation of physical specimens for SEM work, did most of the legwork in searching for an SEM. The final decision on a

Hitachi S-450 fell to Dr. Moore, Dr. Ralph E. Phillips, associate dean for research, and Dr. Lawrence I. Goldblatt, professor of oral pathology. Dr. Moore knew of Ruth's work in Illinois and recommended her for the job at Indiana. "Skilled people like Ruth are harder to find than the scope itself," he says. "We were looking for someone with a background in biologic specimen preparation to set up the facility. Ruth is extremely competent and well trained, and keeps the instrument running full time. We couldn't live without her."

The microscope was un-assembled and in crates when Ruth arrived at the dental school. "It was the same type of microscope that I had had a hand in purchasing for Southern Illinois," she says. A crew of experts from Hitachi tested various sites in the building for a solid foundation where no vibrations, electrical or magnetic fields would interfere with the scope's delicate system. Hitachi engineers installed the SEM at the basement level in the middle section (first addition) of the building.

Different Scopes

A scanning electron microscope differs essentially from transmission electron microscopes (TEMs) and light microscopes in that it scans surface topography and has 300 to 500 times more depth of field than the other scopes, which gives a three-dimensional view of a specimen. Glass lenses in the light microscope condense a visible beam of light and magnify the image. Sources of illumination for both the SEM and TEM are electron beams generated by a rod or filament. As in the light microscope, the illuminating beam in the TEM must shine *through* a thin specimen, resulting in an image that does not resemble the object's overall appearance. The SEM's condensing lenses form electrons into a beam that sweeps across

SUSAN CRUM

a specimen, creating a shower of secondary electrons which are detected and transmitted onto the screen as an image. The SEM system is similar to that of a closed-circuit television.

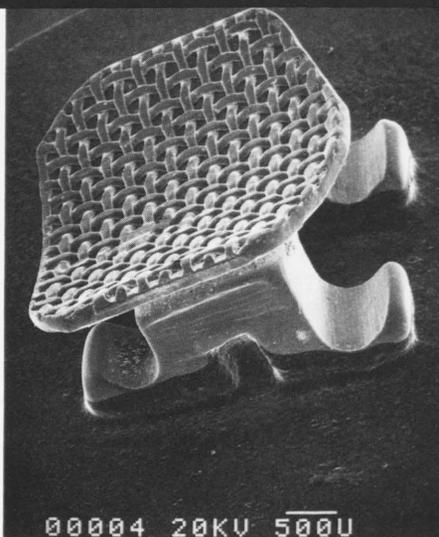
One of the first SEM projects undertaken at IUSD was ironing out problems in the replica technique, a process by which *in vivo* and longevity studies are possible. "At first we had a lot of artifacts showing up, but gradually our technique improved and the replicas look really good now," Ruth says. With the replica technique, the condition of a restoration in a patient's tooth can be monitored over years. An impression of the tooth is taken with a high resolution impression material that gives extreme detail. A resin poured into the impression creates a mold of the tooth that is placed into the microscope.

Sounds easy. It's not. Before any specimen goes into the scope it must pass through several stages of arduous preparation. To study, say, the content of plaque on the cementum surface of a tooth, the researcher obtains a sample from the patient's mouth, then immediately immerses it in a primary fixative, which permits the sample to be stored without harm up to one year. Eight to 12 hours of laboring under an exhaust hood come next, where all of the water is drawn from the specimen and displaced with alcohol or acetone.

Careful Preparation

Ruth writes a detailed protocol for each researcher. "You must stay with the process until you get to a step when the specimen can be stored," she says. "Sometimes you can stop for a couple of hours, overnight or for a couple of days."

After dehydration, the sample goes into the critical point dryer where the alcohol or acetone is displaced with liquid CO₂, which is then bled off. From there the dried specimen heads for the sputter



Not a rattan footstool, but an orthodontic bracket magnified 20 times

coater, where it gets a coat of gold palladium 300 angstroms thick. This makes the specimen conductive so that it can produce secondary electrons in the SEM.

Only then is the specimen (which must be spotless, dust-free and untouched by hands) ready for placement into the scope's large column. After a vacuum is created, electromagnetic lenses in the SEM control a beam of electrons that scan the specimen and electronically project the image onto the screen. A Polaroid camera linked into the system photographs images on the screen.

Does anything ever go wrong? There are days when nothing goes right. "I've seen grown men cry," says Ruth. Samples charge for no apparent reason (causing snow on the screen), images appear to vibrate when nothing *is* vibrating, sometimes pictures won't stay on the screen or come out of the camera. "You can go along for a week with no problems, then suddenly the scope won't work, even though the parameters have not been changed. Just as suddenly, the scope is singing again the next day. No one knows why."

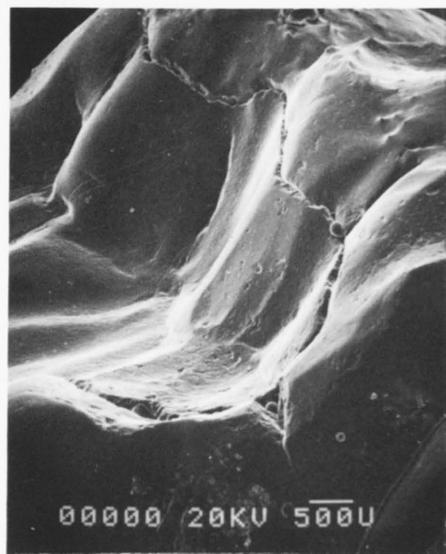
Once a mysterious external magnetic field plagued the system, and no one could identify the source.

"We tried everything," says Ruth. "I even asked the city police about their Citizens Band radios. The interference finally went away by itself."

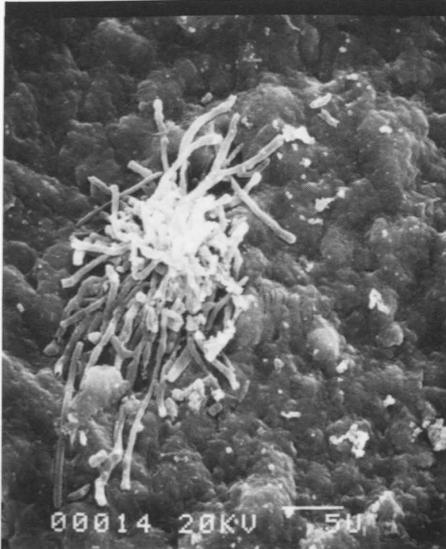
Help From Friends

When the SEM becomes fickle Ruth turns for advice to her network of professional acquaintances, including an SEM engineer from her old base, the Center for Electron Microscopy in Urbana, Illinois. "We microscopists stick together. If you don't have connections, you're sunk. You can't run an SEM with your head in the sand." She stays in touch with people from Dow Chemical, Eli Lilly, IU's University Hospital, the VA Hospital, and the IUPUI geology department. They treat one another like good neighbors, borrowing cups of resin and solution instead of sugar. Ruth belongs to several EM organizations, including the Electron Microscopy Society of America and the Midwest Society of Electron Microscopy.

The SEM's major contributions to research in dentistry at Indiana University thus far have been in dental materials (physical preparations) and periodontics (biologic preparations), although graduate students and faculty members in virtu-



Using the replica technique, Ruth found marginal leakage in a restoration on faculty member Dr. B. Keith Moore's first molar (17X).



SEM micrograph reveals a micro-colony of bacteria on a periodontally treated tooth (2500X).

ally every department in the School have used the scope. Ruth stresses that her main responsibility is teaching others to do their own work, not doing their work for them. It takes three to six weeks of training to learn to use the SEM, including sample and film preparation.

Typically students learn just enough for their project and remain under Ruth's careful supervision. "Dave Lasho (MSD '81, periodontics) was one of the few who learned to operate the scope totally by himself," Ruth recalls. She keeps a watchful eye on users she refers to as "Crunchers"—people with a little bit of knowledge who think they know more than they do. "They can potentially do a lot of damage. I never leave them alone with the SEM," she says. "The students easiest to train are those who respect the SEM and are almost afraid of the equipment."

One of her most capable and motivated students was Dr. David Breininger (MSD '85, periodontics), whose study challenged both him and Ruth. "We had to figure out a way to prepare his samples so that they could be looked at under a light microscope as well as the SEM. Dave undertook the most intensive SEM study we've had here so far. He prepared 120 specimens and took

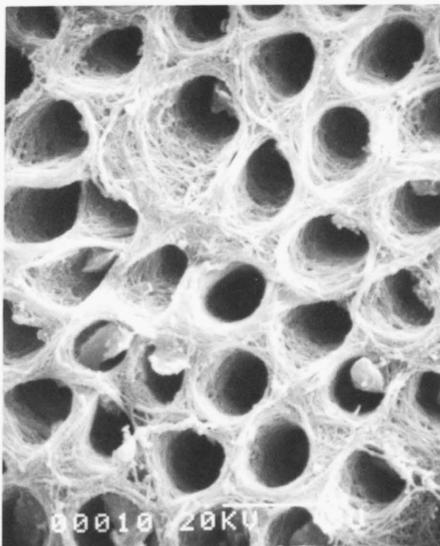
hundreds of photographs, logging 67 hours on the SEM *after* training." Dr. Breininger showed all of the signs of a hardcore SEM user. "He got so caught up in the work that sometimes I had to boot him out to eat lunch or go home in the evenings," she says with a laugh. "He did a remarkable job."

Not Everything Works

Not all projects are as successful. When Ruth tried to check a soft denture liner for bacterial penetration, she couldn't get the specimen dry. "Some physical agent in the liner caused the samples to swell up like balloons and explode in the critical point dryer," she says. "We never did figure that one out."

Ruth has worked with a wide range of magnifications over the years. In Illinois she resolved viruses at 75,000X and at IU she and Dr. Claude Slater (MSD '83, periodontics) got a picture showing periodicity of damaged collagen at 24,000X. "We can't take advantage of the SEM's full range of magnification yet," she says. "We are held back by our own skill and technology in preparing specimens. We limit the scope—it does not limit us."

Scanning electron microscopy grows more fascinating and



Dentinal tubules treated with formic acid to decalcify (5000X)

sophisticated each day, and Ruth feels the excitement. "The possibilities seem endless," she says. "We can now resolve a cell's ultrastructures—things that not long ago were submicroscopic. We can look *inside* bacteria. There's all kinds of juryrigging going on with computers and in photographic darkrooms to create phenomenal, color-enhanced pictures. Now there are totally computerized SEMs—you key into the computer what you want photographed and the scope does it for you overnight."

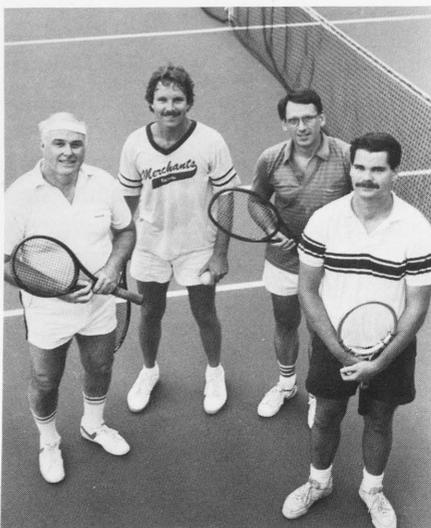
Ruth says that, despite recent advances in the field, IUSD still has a top-quality instrument that will serve well for years to come. "What we really need now is an attachment for the scope called an Elemental Dispersive X-ray. An EDX would tell us what kinds of elements are present in a sample, where the elements are located and how much of the element is present." The EDX would be especially useful in studies on orthodontic appliances and dental materials. Corrosion products in a material could be identified and located. In adhesive systems, the mechanism of interfacing between materials and tooth structure could be more precisely established. In biologic studies, elemental changes in soft tissues that lie next to dental materials could be assessed.

Even without an EDX, Ruth has plenty to keep her busy. The steady whirl of the SEM emanates from her rooms in the basement. She continues to find most challenging that which she loves best: taking biologic tissue and discovering a way to make it conductive in the SEM. "I have a lot of respect for this instrument," Ruth says, "and I think in terms of how I fail it, not it me. There is much more knowlege to be gained from the scanning electron microscope than will ever be obtained in my lifetime."



One of the Executive Committee's lighter moments

“I think I know this School as well as any one by having seen it from so many vantage points.”



Players take five: Drs. Gilmore and Tharp share court with fourth year students Kevin DeaKyne (center) and Jeff McBride.



Mike Halloran

Grillmaster Gilmore serving burger to Oral Health Research Institute employee Kathy Lisby at Staff Council Cookout



Meeting in the Dean's inner office with University Dental Service Plan Board of Directors: Drs. George P. Willis, Charles L. Nelson, James R. Roche, Charles E. Tomich, and Mr. James R. Levens

Photos by Susan Crum

Dean Gilmore Sets Fast Pace in First Year

A handsome oak tree and a big patch of blue Indiana sky beckon just outside the tall windows of the dean's office, but Dr. H. William Gilmore hasn't time or inclination to admire the view. Since his appointment as dean of the Indiana University School of Dentistry more than a year ago, he has devoted full attention to the fast-paced action *inside* the dental school.

That first year as dean, which began July 1, 1985, has been marked by a frenetic schedule of meetings and one-on-one appointments, inspection tours and working lunches, a medley of long hours and late suppers. But Dr. Gilmore, obviously thriving on hard work and loving his new job at Indiana University, is not complaining. He looks back on the first year and says, "I feel right at home!"

Dr. Gilmore's ties to Indiana University go back 35 years. He has logged experience as an undergraduate, predoctoral and postdoctoral student of the University, a full-time and part-time professor, and chairman of operative dentistry. He's been a textbook author, a national fund chairman, president of the IUSD Alumni Association and the Association's *Alumnus* of the

Year. He is also one of the Cream and Crimson's most ardent fans, having rooted for the Fighting Hoosiers since boyhood.

Dr. Gilmore brings to the deanship a long record of achievement outside the University as well. He's had a hand in all levels of organized dentistry and is currently the American Dental Association's trustee for the seventh district (Indiana and Ohio). He practiced general dentistry in Indianapolis from 1970 to 1985 and has edited the *Journal of the Indiana Dental Association* since 1974. He served as president of the American Association of Dental Editors and the Academy of Operative Dentistry, and as trustee of the Indiana Dental Association. He has done consulting work for the Surgeon General of the U.S. Air Force, the U.S. Naval Dental School at Bethesda, Maryland, and the U.S. Army. He has presented hundreds of programs and postgraduate courses in the U.S. and abroad.

Early Years

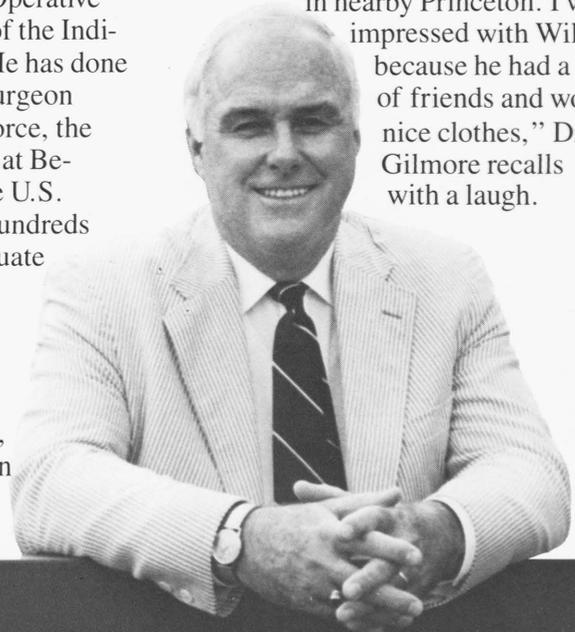
A lifelong Hoosier, Bill Gilmore grew up down the street from Evansville College (now the Univer-

sity of Evansville). His teenage years were devoted to an ever-widening world of sports: football, basketball, track, swim team, you name it.

There were hard times in the early years, too. When Bill was 16 his father died suddenly. "I lost my best friend when Dad died," he says. "He was a big sports fan and came to all of the games."

As a city diving champ in high school, Bill was recruited for the IU swim team by coach Robert Royer, but college sports came to an end after he injured his heel on the bottom of the pool at IU a year later. It was not necessarily an unhappy turn of events. "Sports were taking their toll on my grades and making it difficult for me to keep up in pre-dent," he says. Undergraduate training was completed at Evansville College.

Dr. Gilmore was six years old when he made up his mind to pursue dentistry. "I had a role-model hero, my brother-in-law Wilber Boren ('39), who practiced dentistry in nearby Princeton. I was impressed with Wilber because he had a lot of friends and wore nice clothes," Dr. Gilmore recalls with a laugh.



School of Dentistry

Years later his mother got work as a dentist's receptionist and one evening her boss let Bill accompany him to a meeting of the Evansville Dental Society where featured speaker Dr. Maynard K. Hine was lecturing on toothbrushes. "That was my first meeting with Dr. Hine," says Dr. Gilmore, whose close friendship with the former dean now spans several decades. "My first impression was that he was a quiet, learned man. As I got to know him over the years I grew to respect him because of his good judgment and reasoning powers. He led by example. He ran the school in a fair, kind way, but there was never any doubt that he wanted you to be professional, serve IU and work on developing yourself."

Students who find the going rough in dental school should take heart in knowing that Dr. Gilmore did not find it a breeze, either. He carried a "C" average in his freshman year and had to repeat a course in physiology, but by knuckling down instead of under he eventually came out in the top 10 of his class. At the Honors Banquet he won the award



Dr. Donald Tharp, chairman of dental practice administration, and the Dean gear up for stiff competition from dental student opponents across the net.



Photos by Susan Crum

A family affair: Dr. and Mrs. Wilber Boren, the Dean's brother-in-law and sister, bring Mrs. Hazel Gilmore, the Dean's mother, by for a chat and dental check-up.

for most improved academic record over four years.

After graduation he earned a Master's degree in operative dentistry and in the early '60s became acting chairman of operative dentistry. He chaired the department from 1966 until he turned his attention to a full-time private practice in 1970.

Moving In As Dean

The varied roles he has played at the School have given Dr. Gilmore added perspective as dean. "I think I know this School as well as any one by having seen it from so many vantage points," he says. "I ordered most of the equipment and helped with plans for the second addition. I'll bet I know every closet in the building! I've also been acquainted with most of the faculty over the years. I've read what they have published and followed their activities in research."

Yet the deanship has been somewhat different from what he expected. He was surprised to find that the backing of the University for the School of Dentistry was much

greater than he had realized before coming into the job. "I understood this after talking to other deans around the country," Dr. Gilmore says. "I'm very pleased by the strong support shown by the University administration and also the state legislature for our dental program."

Like any other job, the deanship has its drawbacks. Attending endless meetings and making all of the appearances required of a dean outside the regular work week cut deeply into family time. (Dr. Gilmore married Marcia Duke in 1983. He has four children from a previous marriage, and is stepfather to Marcia's four children.) Maintaining the School's excellent reputation is a constant concern. ("We can do 100 good things here without notice. Then one problem crops up and everybody's interested.") Long active as a general dentist, he misses his patients (and many miss him, often dropping by the Dean's Office to say hello). The slow pace of progress in an institutional setting has taken some getting used to.

"There are two clocks," Annette Reed, administrative assistant to the dean, deadpans. "Bill Gilmore

follows one, the rest of the world the other." To keep up with him, she says she'd have to burn all of the office calendars except hers, and keep *that* one hidden in her desk. "He has a knack for making appointments and not telling me, although he's improved since I've hinted heavily on several occasions that my ESP has failed again."

Debates over the calendar aside, Annette has found much to admire about Dr. Gilmore. "You can't help but get caught up in his enthusiasm over the School and the students. He is a generous and compassionate administrator."

For every drawback of the position, Dean Gilmore has found

For every drawback of the position, Dean Gilmore has found 10 advantages.

10 advantages. He clearly enjoys students, faculty and staff and adheres to a schedule that allows maximum contact outside the dean's office with all groups. He established an Execu-

tive Committee of some 20 faculty members and mulls over school business with them most Wednesday mornings from 8 to 10. On Tuesdays he dons clinic jacket and loupe and instructs in TEAM clinic for a few hours. The dean can often be found in line for lunch in the School's lounge, where he shares meals and informal discussions with students. When the Non-academic Staff Council held a picnic to celebrate the end of the school year last summer, Dr. Gilmore traded suit coat and brief case for apron and spatula and grilled burgers for more than 300 participants. Students who interact with Dr. Gilmore as dean during the day regard him as just another opponent to demolish across the net during tennis matches in the evening.

Accomplishments and Goals

In addition to getting to know about 1,000 people who make up the School's staff and student population, the dean's primary goals the first year were to revise the records maintained on patients and to speed the flow of patients into the teaching system. As a result, a new Department of Dental Diagnostic Sciences was created in the newest wing on the first floor. Directed by Dr. Steven L.

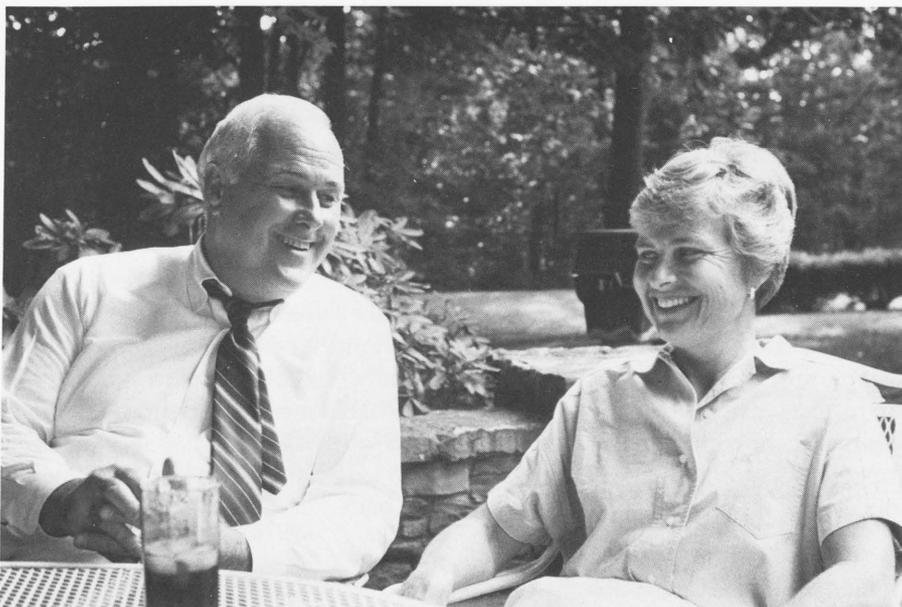


Administrative assistant Annette L. Reed in the midst of Dean's Office action

Bricker, Dental Diagnostic Sciences combines oral diagnosis/oral medicine and dental radiology, and includes services formerly provided by the Office of Clinical Affairs.

Other changes bear the stamp of the new dean. A Student Registry detailing student production in the clinics went into effect last winter. Dr. Sybil S. Niemann was named to oversee activities in the departments of dental hygiene and dental assisting. Mr. Danny Dean, who came on board as development officer, handles fund-raising efforts for the School. The fifth floor television studio was shut down and video services are now rendered by the Medical Educational Resource Program housed in the nursing school. An ADOSI computer program was installed in Dental Practice Administration (TEAM) so that students can learn to computerize a dental practice. The School's *Newsletter* and *Alumni Bulletin* have been redesigned.

Dr. Gilmore envisions many long range goals: "We have an outstanding graduate program at IUSD that is important to maintain," he says. "IU's influence on dental education throughout the world is sig-



Dr. and Mrs. Gilmore on the patio at home

nificant because of the program's hundreds of graduates who are teaching, writing and practicing around the globe." Future projects include studying the problems of geriatric dentistry, developing a strong research initiative, and studying the epidemiology of the state to determine the mix and blend of services that will be needed for graduates heading into practice. He would also like to eliminate extraneous paperwork and committee chores that prevent faculty members from spending more time teaching students.

Dr. Gilmore finds the students of the '80s to be very sophisticated. "They seem to have a more humanistic approach. As a dentist you can deliver a quality service at a fair fee, but if patients don't care for you, they won't return. Today's students seem to understand that."

Being the dean of a busy dental school and an ADA trustee leaves little time for hobbies, but that didn't stop Dr. Gilmore from buying a Roto-tiller last year and doubling the size of his garden "to unwind." He also takes pleasure in editing the *IDA Journal*. "Journal work is therapeutic," he says. "Being an editor forces you to read articles you ordinarily would pass up because they lie outside your field. I also like the mechanics of layout and design." Another love, photography, is evident

He pictures a bright future for IUSD and regards the alumni as the School's strongest supporters.

from the many colorful scenes of Indiana that Dr. Gilmore has captured on film with his Nikon and placed on display in the dean's office and on the covers of most of the *IDA* journals.



Lunch time chow-down with former dean Dr. Maynard K. Hine, development officer Danny Dean and IUSD Foundation secretary Felicia Young

Mike Halloran



Tackling a stack of paperwork with senior business officer James R. Levens

Susan Crum

He pictures a bright future for the Indiana University School of Dentistry and regards the alumni as the School's strongest supporters. "In return we need to serve them, communicate with them, and be an important factor in their continuing education."

Dean Gilmore looks to the challenges ahead and is delighted to be a member of the dental school family. "I have always been, and will

always be, very much impressed with Indiana University—its schools, its programs, its athletics," he says proudly. "I realize that I wouldn't have had a thing in my life if it hadn't been for this University. Serving as dean is one way of paying the University back."

Precautions in Dental Treatment of Patients Using Medical Devices

JACK E. SCHAAF
Associate Professor of Oral Diagnosis/
Oral Medicine and Radiology

Recent advances in the understanding of various disease processes and in the technology for replacing diseased tissues have allowed the victims of accident or disease to live longer and more productive lives. With the increased use of medical devices and techniques, patients are becoming more dependent on the education and capabilities of the physician and other medical professionals. As members of the health care team, dentists must be aware of this technology and its implications for dental therapy. This article describes the indications for several medical devices or procedures and the precautions which are required for dental patients who have undergone these treatments.

Cardiovascular diseases represent a leading health problem, especially in older patients, and medical science has developed many devices and techniques to repair the damage or delay the effects of these disorders. Prosthetic heart valves, coronary bypass surgery, implantable cardiac pacemakers, and artificial grafts are common, and it is expected that several patients receiving these treatments will be seen in any general practice dental office. All of these patients need to receive special care in the delivery of dental therapy.

Prosthetic Heart Valves

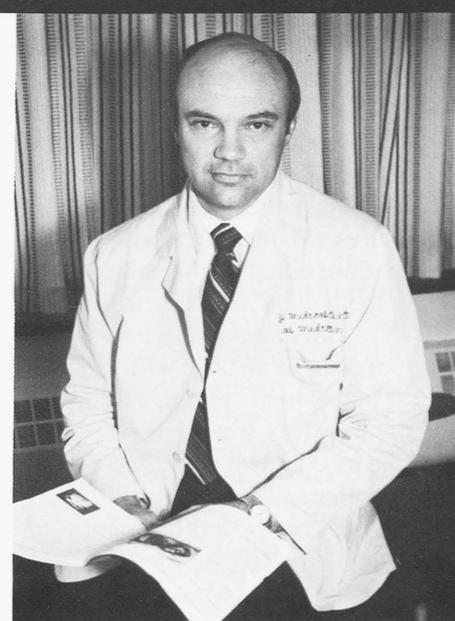
Prosthetic heart valves are used in patients with progressive congestive heart failure due to valvular

dysfunction, systemic emboli from the left atrium, and endocarditis.¹ There are two types of prostheses: mechanical valves, of either the caged ball or central disc with conical occluder design; and tissue valves, either implanted porcine aortic valves or those fashioned from human aortic valves or dura matter.¹ While the mechanical valve is expected to last indefinitely, the tissue type generally is functional for a shorter period, usually several years.

These prosthetic valves are very reliable, but occasionally one will fail with potentially life-threatening consequences. Excessive thrombi, on or around the implant, which produce emboli and mechanical malfunction are two reasons for failure. Infection at the site of the graft is another reason for serious complications, and the cause of this problem may be associated with den-

Dental considerations for the patients with a prosthetic heart valve are most important and a specific protocol should be followed before treating these patients.

tal therapy.¹ The valves are usually positioned with nonresorbable sutures which represent an indefinite site for potential infection. Late prosthetic valve endocarditis, which occurs two months or more after surgery, is usually caused by transient bacteremia.¹ Onset of the infec-



Mike Halloran

tion has been associated with dental manipulative procedures in about 15% of the cases.

Dental considerations for the patients with a prosthetic heart valve are most important and a specific protocol should be followed before treating these patients. Before *any* procedure is started which might cause intraoral bleeding (including periodontal probing), the patient's physician should be contacted to determine the exact antibiotic premedication that should be used. The American Heart Association classifies these patients as "High Risk" candidates for prosthetic valve endocarditis and recommends the following premedication: Ampicillin 1-2

grams PLUS Gentamicin 1.5 mg/kg of body weight IM or IV 30 minutes before the procedure, followed by 1 gm of ORAL penicillin V six hours later (Regimen B).² Standard oral penicillin V premedication is generally considered inadequate.

Other recommendations would include performing all surgical/prophylactic procedures before the implant and stressing the importance of oral hygiene to the patient. Advising the patient *why* the hygiene procedures are important will generally be more effective than simply telling the patient *how* to brush and floss. This, of course, will necessitate spending more time with the patient. Finally, many patients with prosthetic valves, especially those with the mechanical type, will be taking anticoagulants. This will require working with the patient's physician to modify the clotting time, if necessary, to permit normal hemostasis after surgical procedures.

Coronary Bypass Surgery

Coronary bypass surgery has become a routine procedure which is indicated in cases of tight stenosis of the proximal left coronary artery system, severe vessel disease (atherosclerosis), and anginal pain which cannot be controlled with medication.¹ The procedure involves grafting a section of the saphenous leg vein between the aorta and the coronary artery distal to the blockage. Although these patients tolerate dental procedures very well, some precautions are indicated. The physician should be advised of the anticipated treatment and any precautions or other recommendations of the physician should be followed closely. Immediately postoperatively (up to six months), the patient should be premedicated according to the protocol for patients at high risk for bacterial endocarditis (Regimen B). After six months, however, the patients do not appear to be susceptible to the infection and therefore will probably not need any antibiotic prophylaxis.¹

Cardiac Pacemakers

The electrical conduction of the heart is vitally important in the production of effective contractions and the maintenance of adequate

rate and rhythm. A dysfunction in this system can result in a cardiac contraction which fails to expel the blood in a normal fashion, or in a heart rate which is either too fast or too slow to produce adequate circu-

The physician should be contacted to determine what type of pacemaker has been used.

lation. When significant blockage of the conduction system occurs, pacemakers can restore the normal rate and rhythm to the heart. Temporary pacemakers are generally used in emergency situations such as post-myocardial infarction bradycardia or heart block and arrhythmias. Permanent pacemakers are commonly used for patients with significant abnormalities in the heart rate or in those with arrhythmias which cannot be controlled by medication. Patients seen in the dental office will generally be using this second type of pacemaker.

The permanent pacemaker consists of a pulse generator which is implanted beneath the skin of the chest wall. Electrodes pass from the generator into the heart via a vein (transvenous) or they may be attached to the heart muscle through the epicardium (transthoracic).

Dental patients with permanently implanted pacemakers require special precautions. The physician should be contacted to determine what type of pacemaker has been used. Although the risk of endocarditis is low in these patients, this infection may occur, especially in an individual with the transvenous approach. If antibiotic premedication is recommended by the physician, Regimen A (conventional oral penicillin V or erythromycin) will usually be sufficient. The pulse generator of some pacemakers can be

set by an external transmitting device and may also be sensitive to electrical sources in the dental office. Ultrasonic scalers, electric pulp testers, and electrocautery equipment should generally not be used on these patients.¹

Arterial Grafts

Repair of defects in the arterial system is usually accomplished by an arterial graft. This is used to replace portions of large arteries after aneurysm formation which is frequently due to developmental defects or atherosclerosis. Graft material may also be used to repair congenital defects in the heart. The grafts are either autogenous (vessels taken from elsewhere in the patient's body) or synthetic (Dacron).

The physician of a dental patient with an arterial graft should be contacted to determine what type of prosthesis was placed and if antibiotic premedication is indicated during periods of bacteremia. If the graft has been in place for six months or less, Regimen B prophylaxis should be followed. Autogenous grafts generally do not necessitate any prophylaxis after six months. Under ideal circumstances, the synthetic graft will be covered by endocardium or endothelium and not present a susceptible region for the initiation of endocarditis or arteritis after six months. However, the artificial material may not be *totally* covered by lining epithelium and these defects are subject to infection. Therefore, there seems to be only a slight chance for infection during bacteremia and the patient should probably receive Regimen A prophylactic coverage.¹

Prosthetic Joints

The surgical implantation of prosthetic joints has become very common. Total hips, knees, shoulders, elbows, wrists and fingers may now be replaced. It has been estimated that more than 80,000 total

hips, 40,000 prosthetic knees, and 10,000 other artificial joints are placed annually.³ In 1981 approximately 4,400 total hip replacements were performed in Indiana.⁴ These artificial joints are indicated in cases of severe arthritis, nonunion of fractures, necrosis of the head of the femur, and in some cases of severe trauma.¹

Failure of the joints is frequently due to infections which may occur early (within three months of the surgery). The causes of early infection include contamination at the time of the surgery, hematogenous spread of infection from other locations, and transient bacteremias resulting from surgical procedures or trauma to oral or genitourinary tissues.⁵ Late infections, which occur three or more months after surgery, may be due to latent infection from the surgery or (as in the case of early infection) to hematogenous spread of infection from other body regions, or to transient bacteremias resulting from surgery or trauma to the oral or genitourinary regions.¹ This latter mechanism of bacterial contamination is known as anachoresis, or

warranted because of the reported association between bacteremia and prosthetic joint infection. The slight risk associated with antibiotic use is outweighed by the potential for sepsis in a prosthesis which may necessitate hospitalization, prosthetic loss, disability, and financial losses which may exceed \$20,000.⁴ The use of cephalosporins has been advocated because many hematogenous infections have been associated with organisms which are resistant to penicillin. The antibiotics should be given on the day of the procedure and for one or two days following the treatment.⁴ It appears that pins, plates, and screws are not susceptible to hematogenous infections.

Other measures to reduce infection in the patient with the prosthetic joint are also indicated. If possible, the patient should be evaluated *before* the implant surgery to remove all existing or potential sources of oral and dental infection. Any dental infection must be treated aggressively because hematogenous spread of organisms from the infected site may occur even without manipulation. Finally, the impor-

of Regimen B, if the dentist cannot accomplish this in the office. A good working communication between all health care professionals will allow effective dental therapy to be performed with minimal risk to the patient.

The recommendations described here are only the *standard* precautions which are advised for the special dental patient. These medical precautions *must* be confirmed with the patient's physician.

REFERENCES

1. Little, J.W. and Falace, D.A.: *Dental Management of the Medically Compromised Patient*, 2nd ed. St. Louis, C.V. Mosby Co., 1984.
2. Council on Dental Therapeutics/American Heart Association: *Prevention of bacterial endocarditis: a committee report of the American Heart Association*. JADA 110:98, 1985.
3. Hori, R.Y.: The number of total joint replacements in the United States. Clin Ortho 132:46, 1978.
4. Ritter, M.A. and Carlson, S.R.: Anachoresis of total joint arthroplasty secondary to dental manipulation. J Indiana Dental Assoc 62:23, 1983.
5. Little, J.W.: The need for antibiotic coverage for dental treatment of patients with joint replacement. Oral Surg 55:20, 1983.

The dental patient with an artificial joint requires a medical consultation in all cases.

the ability of bacteremial organisms to congregate at an area of previous injury.⁴

The dental patient with an artificial joint requires a medical consultation in all cases. This is intended to determine if the physician (preferably the patient's orthopedic surgeon) feels that antibiotic premedication is indicated during periods of bacteremia. In most cases of total joint replacement, this will be necessary. Although the occurrence of prosthetic joint infection resulting from dental manipulation is uncertain, antibiotic premedication is

tance of oral hygiene should be stressed so that the patient will be less likely to develop infections of the dentition or periodontium.¹

Conclusion

It is most important that the dentist and the physician work together to ensure the best treatment for the patient who has undergone device implantation or special surgery. Most physicians are very cooperative and will supply the needed information *if* it is requested. They may even administer the recommended medications, as in the case

With the Classes...

Help Wanted: Alumni With Scissors

We need all kinds of news on IUSD graduates for this section of the *Alumni Bulletin*, and you can help by clipping items from your local newspaper. A few folks are already scanning papers for us in South Bend, LaPorte, Fort Wayne and Indianapolis, but we'd love to have "field correspondents" representing every city and town in the state. Be sure to include the name of the paper, date published and the author's name for features (no writing required—just send the top of the front page along). Clippings go to Susan Crum, Indiana University School of Dentistry, 1121 West Michigan Street, Indianapolis, IN 46202. And, as always, you have a standing invitation to write up *your* news and send it to us any time.

Journalism Awards

Dr. Kathryn Godwin Stuart ('83), second-year graduate student in endodontics at the School of Dentistry, and Dr. Steven B. Lee ('85), a graduate student in periodontics at the University of Kentucky, were co-winners of the 1986 Indiana Dental Association Graduate Student Journalism Award, sharing a \$500 prize. Dr. Stuart's paper was titled "Cardiac Pain of Endodontic Origin" and Dr. Lee's was "Periodontal Manifestations of Leukemia." The awards were announced at the IDA's 128th Annual Session in May.



Pictured in Killarney, Ireland, with Dr. H. William Gilmore were members of the American Dental Society of Europe who hold Master of Science in Dentistry degrees from Indiana University: (from left) Dr. Declan Corcoran (periodontics, 1980); Dr. Jim Page (pediatric dentistry, 1966); Dr. Donal Fitzgibbon (periodontics, 1980); Dr. Nicholas Mahon (peri-

odontics, 1977); Dr. Gilmore; Dr. Billy Davis (prosthodontics, 1978); Dr. Declan Thompson (prosthodontics, 1975); Dr. Michael Wise (prosthodontics, 1972); and Dr. Martin Walshe (pediatric dentistry, 1967). Dr. Gilmore was in Killarney in 1985 to present a course to the Society.

Emphasis on IU

Two of the three new members recently appointed to the National Advisory Dental Research Council (NADRC) by Dr. Otis R. Bowen, Secretary of the Department of Health and Human Services, have Indiana University backgrounds. Dr. Paul A. Pangallo, who practices family dentistry in Indianapolis, received his D.D.S. here in 1969. Dr. Willis A. Wood, director of microbiology at the Salk Institute/Biotechnology Industrial Associates in La Jolla, California, received his Ph.D. in 1950. In addition, Navy Captain Paul T.

McDavid, who received his Master's degree in oral diagnosis/oral medicine from IU in 1975, is the dental officer named by the Secretary of Defense as an ex officio member of the Council. IUPUI Chancellor Emeritus Maynard K. Hine was appointed in 1948 to the first NADRC and served again in the 1960s. The 12-member Council reviews program developments relating to the National Institute of Dental Research and advises the director of the National Institutes of Health on NIDR policies, programs, and needs.



Dr. Gerald G. Kiley

Dr. Kiley Dies at 83

Friends and colleagues of Dr. Gerald G. Kiley, retired associate professor of oral and maxillofacial surgery and graduate of the Class of 1925, were saddened to learn of his death on July 30, 1986, in Lexington, Kentucky. Dr. Kiley's career on the IUSD faculty spanned nearly 30 years until his retirement in 1982. He was a member of the Omicron Kappa Upsilon dental fraternity. After postgraduate training at the University of Michigan (1936-38), he practiced oral and maxillofacial surgery in Indianapolis for many years. He was the only dentist ever elected president of the medical staff of the former Marion County General Hospital, now Wishard Memorial Hospital, serving from 1961 to 1964. He was also president of the Indiana Society of Oral Surgeons (1956-57); the Great Lakes Society of Oral Surgeons (1961-62); and the Indianapolis District Dental Society (1963-64). Dr. Kiley served in the U.S. Army during World War II and retired as a Lieutenant Colonel in the Army Reserve in 1962. He is survived by his wife, Rosalyn Hays Kiley; a daughter, Ann Brandt; and four grandchildren.

EDITOR'S RECOUNT: In the Alumni Notes section of the fall '85 *Bulletin* we reported that there were 32 graduates in the Class of 1935. We have since received a copy of the original photo-roster that shows 46 graduates. Our apologies to the 1935 grads for inadvertently diminishing their numbers!

Honduras Mission

Two IUSD alumni, Dr. C. Wesley Magnuson ('82) and Dr. J. Douglas Badell ('63), were featured in the South Bend Tribune last winter after they spent a week in Central America performing missionary dentistry for the poor. Here, in part, is the article by Tribune staff writer Linda Bloom:

As the poorer residents of San Pedro Sula stood patiently in line, Dr. C. Wesley Magnuson of South Bend filled 350 cavities and Dr. J. Douglas Badell of Plymouth pulled about 1,500 badly decayed teeth.

The two dentists . . . were in Honduras the first week of February to offer free dental care at a clinic in San Pedro Sula. Their participation was through the Flying Dentists Association Mission Foundation . . .

The Flying Dentists Association is just what it sounds like—dentists who have pilot's licenses and their own airplanes. The mission foundation is a branch of the association.

"This is my seventh year," Badell said. "I've taken out 12,000 teeth in San Pedro Sula."

Magnuson, who is not a pilot, attended Indiana University School of Dentistry with Badell's son, Jeffrey, and learned about the mission program when he talked to Badell at a dental meeting . . . He and Badell flew to Honduras in Badell's plane . . .

Since the dentists treated some of the poorest people, Magnuson said he quickly realized the ease of his own life when he saw the struggle to maintain a day-to-day existence. But the people also were friendly. "They seemed to be real glad we were there," he added.

The dentists worked from 8 a.m. to 4 p.m. for five days in the clinic. "There was a long line. They even had to have a guard in there one day," Magnuson said about the demand for their services . . .

"Not speaking the language, I learned three things: 'Open your mouth, close your mouth and where does it hurt,'" he added.

. . . The (dental) hygiene is poor and the diet is worse, and the knowledge is still lacking," he explained.

But efforts are being made. The American dentists try to help the young people first as a means of preventing problems that already have developed in adults. One of their days in Honduras was spent at an orphanage.

The dentists pay for their own supplies, transportation and living costs, as well as their time away from the office.

What do they receive in return? "We feel like when we do give, we give to the person who needs it immediately," Badell said. "There's great satisfaction in that."

"It's not too often when you can go and do something and know if you didn't do it, it wouldn't get done," Magnuson explained. . . .

1919

We have learned that Dr. Glenn Crim, of Shoals, died November, 1985.

Dr. John P. Jones, an Indianapolis oral surgeon for 53 years, died May 2, 1986. He had been on staff at Methodist Hospital and the former City Hospital (Wishard Hospital). Dr. Jones spent two years at the Mayo Clinic Foundation, Rochester, Minnesota, before starting private practice. He retired in 1972. He was an Army veteran of World War I. Survivors include his wife, Jeanette F.; son John P. Swain; nine grandchildren and four great-grandchildren.

1924

Dr. Ronald Clift, of Golden Beach, Florida, and formerly of Indianapolis, died April 15, 1986, in Miami. Born in Terre Haute, he had lived in Indianapolis most of his life and had been a dentist on the Westside for 53 years. He retired in 1978. Dr. Clift is survived by his son, Ron L.; daughter, Tamara J. Dick; seven grandchildren and eight great-grandchildren.

1926

Dr. Ralph Phillips recently heard from Dr. Harold Dimmich, Box 612, 6573 South Ave., Indian River, MI 49749:

My very interesting Alumni Bulletin came today and it ranks with the best. Keep it an Alumni Bulletin—with pictures. I am moved to write immediately before the thought slips my mind and eventually disappears until too late. As coordinator

and "secretary" of the remaining members of the Class of 1926, we are saddened to pass on the following item:

Dr. Garland Fross, one of the most popular members of our class, died March 13, 1986, at his home in Highland Beach, Florida. His widow, Becky, tells us that he went easily, following a week that he enjoyed family visits. Two years ago he had made final plans and his ashes were scattered at sea. He loved his classmates . . . and kept up many contacts. Dr. Fross first started practice in Pierceton, later moving to the South Bend area. He retired some years ago, and had a home in Highland Beach, Florida.

*Speaking of the Class of 1926, there were 76 of us . . . In School (635 North Pennsylvania St.) we were known as the "singing Sophomores" because of an interminable habit of singing songs led by the late Herb Mason, just before each class or lecture roll call. It was fun and our specialties were Church in the Wild-wood, One Grasshopper Hopped, . . . and many others. For years we had annual reunions, then breakfasts, and now we make every effort to keep in touch with those remaining. Reunions are out of the question because of the many miles separating all of us—and, after 80 years of age, traveling and incapacitation make it impossible for us to get together. Our last reunion was in 1982. To our best knowledge the following are still with us: Lloyd Abel, Bradenton, FL; Charlie Seal, Sarasota, FL; Gorman McKean, Fort Myers Beach, FL; Charles Newman, Memphis, TN; Norman Enmeier, Tulsa, OK; John Gainey, Indianapolis; Maurice Lord, Lafayette, IN; Hilmer Dittbrenner, Noblesville; William Duncan, West Milton, OH; Gorman Lundy, Scottsburg, IN; and Harold Dimmich, Indian River, MI (but we "winter" in West Lafayette . . . 400 miles south of our northern Michigan home). We can't afford to go any farther south and besides, we aren't the puny type seeking the warmer climates. So we are scattered far and wide, none of us have an office any more but, personally, I think retirement is "for the birds." If maintaining an office is **not** a hardship, if your hand is steady, keep going! You can't live in a boat, spend all day on a golf course, and at 80+ traveling is a problem. Keep that office for seeing only two or three patients a day! Best wishes to all of you.
(P.S. We were able to visit Maurice Lord in Lafayette last winter.)*

1927

Our faithful correspondent Dr. Delmar Faun, RR 1, Box 64A, Colfax, IN 46035, offers up a bit of personal history from the early years. Excerpts from a letter originally addressed to classmate Brinley Lewis follow:

. . . In my junior year in high school six of us decided to join the Navy. We went to Dayton, Ohio to enlist but it being Saturday, the recruiting office was closed. Next week five of them went back without telling me . . . and I was left behind. So I dropped out of school and got a job on the railroad, worked a year and then to Columbus Barracks, Columbus, Ohio and enlisted in the Medical Corps, Regular U.S. Army (1918). I was shipped to medical officers' training school, Camp Greenleaf, Fort Oglethorpe, Georgia, for intensive schooling—and I do mean intensive. They rammed it down our throats from reveille till taps. Then I was sent to Embarkation Hospital, Camp Stuart, Newport News, Virginia. Finally, I was honorably discharged in September at Camp Taylor, Kentucky. After winning the war (ahem) I returned to my old railroad job which was switchtender handling the main line switches at Bradford, Ohio (1919). One of my aforementioned classmates was home from the Navy in August and when school began in September he went back to finish his senior year. After thinking it over for awhile I realized he did the right thing. It was too late for me to go back but . . . I held my job and the next year started to school again. I worked from 11 p.m. to 7 a.m., in school from 8:30 till 3:30 p.m. That left about 10 hours in which I played basketball, socialized and tossed a little woo here and there and tried to get some sleep. I was graduated in 1921—an old man. But it was worth the effort. I worked two more years to save some money and then off to Indiana Dental College and met a swell bunch of fellows, among whom Brinley Lewis was THE SWELL-EST. I "dentisted" in Indianapolis 49 years, in Colfax five and am now living the life of a gentleman farmer. Oh yes. Between college terms I worked in the Stutz automobile plant and (was) conductor on the street cars in Indianapolis and got married somewhere along the line. Well, that's my awful biography, mostly. I thought it best to keep my big mouth shut about some things such as the time I derailed a New York Central passenger train which was routed through Bradford and the time I put the engine and seven cars on the ground.

Dr. James H. Moden, of Napoleon, Ohio, died April 24, 1986, after a long illness. He had practiced in Napoleon for 57 years. From 1940 to 1945 he served as a Lt. Colonel in the Army Dental Corps at Walter Reed General Hospital in Washington D.C. Dr. Moden is survived by his wife, Leah; sons William and James; six grandchildren and five great-grandchildren.

We have learned that Dr. Joseph E. Morris, Merrillville, died January 5, 1984.

1929

We have been notified that Dr. Luther D. Doty, Fort Wayne, died May 5, 1986, and Dr. John C. Farmer, Oakland City, died December 24, 1985.

1931

Dr. Fred B. Fugazzi writes from his home in Seneca, South Carolina that he has heard from a couple of classmates: Dr. George Haworth, who Dr. Fugazzi says has "a great outlook on life"; and Dr. George Goodman, of whom Dr. Fugazzi says, "Like myself, he likes to garden and brag about his great-grandchildren." More from Dr. Fugazzi's letter:

. . . It has been a very hectic summer in South Carolina, but we haven't dried up and blown away. Our beautiful lakes near us are now down more than 15 feet. I remember the severe winters and floods in Indiana and Ohio, so we just have to make the best of it. Sorry to report Guy Swisher passed away two years ago according to a note I received recently from his son . . . Even with the torrid summer Mildred and I managed to attend the christening of our 5th great-grandchild in Columbus, Ohio and a grand-nephew's wedding in Roanoke, Virginia. With our 53rd wedding anniversary coming up in February, we thank God we are still able to get around that well. . .

Dr. William Russell Shoemaker, a dentist in Anderson for more than 50 years, died February 6, 1986 after an extended illness. He had retired in 1984. Dr. Shoemaker served as president of the Indiana Dental Association 1960–61. He also taught periodontics part-time at the School of Dentistry. He is survived by a daughter, Judith Eaton; a son, William; and two grandchildren.

1932

Dr. S. Lynn Vance, 1741 Wall St., South Bend, IN 46615, updates us on his activities:

... I have been quite active in the dental field for many years, also in my class affairs. Dr. Harry Glass has been reporting our class news for several years very well. I was the last of my class working, but gave it up as of 1-1-86. There aren't many of us left but we will meet again at this year's ('86) state meeting to enjoy each other's company. I will receive my 50 year pin from the association this year. Also celebrate our 50th wedding anniversary in June ('86)...

Dr. Harry M. Glass, 8728 N. Ridgeway Ave., Skokie, IL 60076, has once again thoughtfully provided a detailed account of the class's reunion in Indianapolis:

The class of 1932 met at the Embassy Suites Hotel on Saturday, May 3rd for their 54-year class reunion. The following attended: Harry Glass and wife, Ina; Glen Lake and wife, Margaret; Meredith Tom and wife, Helen; and Lynn Vance and wife, Verna. Vance's son Gregory brought his girlfriend... and Vance's daughter Patty brought her husband Steve to share in our celebration. This group of 12 had lunch... and then met in Glass's suite for our continued visitation and for our usual Kentucky Derby pool. The Kentucky Derby, our state dental meeting plus our annual reunion usually fall on the same day... Ina Glass was the lucky one to win 1st prize.

... Lynn Vance received his 50th year pin. Lynn and Verna attended the Century Club dinner... Lynn and Verna are celebrating their 50th wedding anniversary on June 15th, Meredith and Helen Tom are celebrating theirs ten days later. (They had just returned from Seattle, which was to be a short stay to welcome a new grandchild and then took 24 days. You can never be sure! Glen and Margaret Lake look very much the same. Time does not seem to affect them... I received a phone call from Robert Durham of Sun City, Arizona in April telling me that Harold Asher had just passed away (April 12, 1986—Eds.). This was a shock to all of us... To the best of my knowledge there are ten survivors of our graduating class of 35. Namely—the four who attended our reunion plus Don Lee and Ralph Kroot who reside in Florida; Evan Steele and Robert Durham of Arizona; Walter Grupe of Munster, Indiana and Fred Havrilla of California.

Ralph Kroot was good enough to visit us at our home and take us out for lunch. Ralph is a very interesting person and to have him tell tales of a family of five whom he helped raise was good. He had a boy and girl from his first marriage

and then married a girl who had three children of her own. They are as happy as they can be and they spend a lot of time visiting their grown children who are scattered everywhere.

We do plan to meet again on the first Saturday in May in 1987 for our 55th year meeting. This will be held at the Embassy Suites Hotel downtown Indianapolis. (They lived up to everything they bragged about in their brochure... at our last meeting.)

1934

Congratulations to Dr. and Mrs. Fredrick A. Hohlt, who celebrated their 50th wedding anniversary this past summer. Dr. Hohlt and the former Bertha Schlenker were married July 12, 1936, in a garden wedding at the home of the bride's parents. Dr. Hohlt is a retired professor of operative dentistry from the School of Dentistry.

Dr. George F. Hendricks, North Webster, died June 12, 1986.

1938

The death of Dr. Lewis V. Sheek, Franklin, on February 15, 1986, has been reported.

1939

Dr. Edward Young, a practitioner in LaPorte for 47 years, has received a Special Service Award from the Northwest Indiana Dental Society for his "contributions to dentistry and the society." He has served as treasurer and director of the Society for 26 years.

1944

We have received word that Dr. Arthur E. Gustavson, of Maitland, Florida, formerly of Donaldson, Indiana, died August 8, 1986 at Winter Park, Florida.

1948

A new address for:
Dr. Paul A. Badell
73441 Poinciana Place
Palm Desert, CA 92260

1949

We have word that Dr. Sam A. McIntosh, Butlerville, died March 9, 1986.

1950

Dr. Harold R. Dick, West Lafayette, died in December, 1985.

Dr. Rod Phelps of Indianapolis has passed along a note he received from classmate George "Choo Choo" Justus, a dentist in Terre Haute whose career has included a practice as a general dentist and a few years in real estate and insurance. He has practiced prosthodontics since 1969. His youngest son works for the Attorney General's office in Indianapolis in the medical fraud division. As of last April, Dr. Justus counted just 23 months to go before retirement.

Dr. N.J. Buechler, 1345 E. Madison #46, El Cajon, CA 92021, responds to a recent Alumni Bulletin article on associateship practices involving a couple of his classmates:

Please—but PLEASE don't show pictures of handsome classmates Raymond Rothhaar and Ralph Schimmele anymore, as you did in the Spring '86 Alumni Bulletin. It gives me an inferiority complex.

Dr. Buechler also mentions that he has retired from dentistry in South Bend and now works as a volunteer in a hospice.

1953

Dr. Robert T. Wilson, a practitioner in Milan and a two-term member of the State Board of Dental Examiners, died in May, 1986, in Cincinnati. A native of Michigan City, he was a former teacher at the School of Dentistry and a World War II Navy veteran. Survivors include his wife, Eleanor; and sons Thomas and William.

1956

Dr. George B. Robinson, formerly of Crawfordsville, sends a new address and personal update:

Our new address is 2335 N.E. 27th Street, Lighthouse Point, FL 33064. I passed the Florida boards in 1984 (also passed California boards in 1970). I will be doing some implant oral surgery studies in Florida beginning this fall. I intend to associate in Florida and do a limited type dental practice so that I can eliminate certain dental procedures one must do in a solo environment... I was fortunate to find a dentist (Steve Rasmussen IUSD '86) to take over our excellent practice here (Crawfordsville). Rosemary and I are looking forward to a more relaxed life style in Florida. I will not retire but, instead, do the kinds of dentistry I enjoy most. We both look forward to hearing from our former classmates. I keep in close contact with Bill Rogers in Phoenix. In 1984 I visited him and John Austin at their homes there.

1958

We have a report that Dr. Ralph Beatty, Noblesville, a former faculty member at the School of Dentistry, died in March, 1986.

1959

An address change for:
Dr. John Benjamin Boyd, Jr. (MSD)
1336 Douglas Avenue
Annapolis, MD 21403

1960

Dr. Billy E. Coppes, an orthodontist in Portage, died in an automobile accident on May 15, 1986. He was a veteran of the U.S. Navy, past president of the Porter County Dental Society and the Northwest Indiana Dental Society. He is survived by a son, Steven, a student at the School of Dentistry; and a daughter, Catherine Johnson.

1961

We have received notice that Dr. James G. Fipp, of Leo, died June 8, 1986.

1962

Dr. Richard S. Buchanan, Spencerville, Ohio, has been elected president of the Ohio Dental Association.

Same address, but a new suite for:
Dr. Noritaka Kitajima
408 S. Beach Blvd., Suite 104
Anaheim, CA 92804

Dr. Horace Garoutte, Jr., of Jones, Michigan, died July 13, 1986 following an apparent heart attack. Born in Chicago, Dr. Garoutte practiced dentistry in Goshen. He was an Army veteran. Survivors include wife Colleen; and daughters Jane and Tammy Garoutte and Joan Conde.

1963

We have received a notice that Dr. John W. Sandlewick, Indianapolis, died July 22, 1986.

1964

Dr. Arden D. Walgamuth has notified us that his box number has changed to #357 (still North Webster, IN 46555).

Dr. Lee R. Koertge, Indianapolis, died August 16, 1986 in Community Hospital. Born in Detroit, he moved to Indianapolis in 1949 and practiced dentistry for 22 years. He was

champion of Indiana State Archery indoor and outdoor competitions and a first master in the Western Electric Co. Pistol League six times. He was a Navy veteran. Dr. Koertge is survived by his wife, Barbara J.; sons Richard, Stephen, and Larry; and three grandchildren.

1965

BELIEVE IT . . . OR NOT! Karen S. (Masbaum) Yoder, a 1963 graduate of the IUSD Dental Hygiene program, recently recalled an incredible experience that she had in East Africa some years ago. At the time she and her husband, Keith Yoder ('63) were providing dental care at the Kilimanjaro Christian Medical Centre during a five-year period of voluntary service in Africa. As we pick up the story . . .

Traffic was thin on the foot trail leading to the top of Mount Kilimanjaro. When Karen signed the registry, she noted only one other name, a man with an address somewhere in Germany. She was planning to find a quiet spot beyond the rain forest near the second hut, where she could study Swahili for a couple of days to prepare for an examination.

She started up the muddy path with her backpack and walking stick. After a couple of hours of hiking she had passed the banana and coffee groves and was into the rain forest. As she approached a junction in the trail she met a Tanzanian mountain guide, four porters and the best outfitted mountaineer she had seen for a long time. They were resting on big lava rocks near the river.

Karen only nodded at the well-turned out mountaineer, since she didn't speak German, and began chatting with the Tanzanians in Swahili about things mountain folks talk about—mostly weather.

After several minutes of just observing, the other mountaineer spoke to Karen. With a puzzled look on his face, and with an American accent, he said: "Good job! Who are you and where are you from?"

She told him her name and said she was from Indiana. He replied, "Is that right?" She explained that she and her husband, Keith, had lived there several years and were doing dental work in the hospital near the mountain. His reply again was, "Is that right?"

Then he tossed out another question. "Where did you go to school?"

"We graduated from Indiana's dental school and dental hygiene program in 1963."

This time a big grin spread over his face. He said, "I'm Jack Hoerath and unlikely as this may seem, I'm a dentist, too, and I graduated from IU School of Dentistry in 1965."

"Sure you are," replied a laughing but skeptical Karen. "Do you really expect me to believe that?"

After a moment of pondering, her companion's face lit up and he said: "Who else but an IU dentist would know that Mrs. Harvey's first name is Cleona?"

Epilogue: After Jack finished his climb and before he went back to his Air Force base in Germany, he spent an evening



IUSD grads meet by chance on Kilimanjaro.

with Keith and Karen at a Kilimanjaro Mountain Club party. They enjoyed talking about "the old days" at IUSD and how ironic it was that they had never met in Indy but stumbled upon each other on the other side of the world.

Now a question for the statisticians: What is the probability of two IUSD grads being the only two climbers and meeting at a junction on the trail on a 19,320-foot mountain in East Africa on February 26, 1978?

1968

New addresses:
Dr. Norman R. Novak
PO Box 578
Chesterton, IN 46304

Dr. Larry M. Wadsworth
Medical Multi-Specialty Clinic
Box 565
North Michigan Avenue
Greensburg, IN 47240

1969

Dr. Thomas Hassell, associate professor of periodontics and anatomy at the University of Maryland dental school, has been awarded a \$1 million grant from the National Institute of Dental Research. The grant, which will continue through February 1991, is for the study of the causes of gingival enlargement and fibrosis. Dr. Hassell joined the University of Maryland dental school faculty in 1983.

1971

A brief note at our request from Dr. David A. Theis, 1674 Providence Blvd., Deltona, FL 32738. He is practicing general dentistry in Deltona (about halfway between Orlando and Daytona Beach), and says that the classmate he hears from most often is Eddie Walters, a pediatric dentist in Coral Springs.

1972

Dr. Paul Walker (MSD), associate professor of pediatric dentistry, was recently appointed director of the University of Minnesota Hospital Dental Clinic Program.

A new address for Dr. David M. Plank (MSD '77), who moved to Florida from Akron, Ohio in 1984: 201 North Lakemont Avenue, Suite 2300, Winter Park, FL 32792.

An address:
Dr. John Doyle
9857 Baptist Church Road
St. Louis, MO 63123

New address:
Dr. Ralph E. Nettelhorst
Qtrs. 214—MCRD
Beaufort, SC 29902-7515

Some more addresses:
Dr. David L. Carr
769th Medical Detachment (DS)
APO NY 09178-3329

Dr. Jeffrey A. Dolle
2301 Lila Lane
Tampa, FL 33629

Dr. JoAnn (Pappas) Kozonis
17 Overbrook Road
South Barrington, IL 60010-9568

Dr. Douglas Weber has a new address:
802 East Coolspring Avenue,
Michigan City, IN 46360.

A brief note from Dr. Steve Chu in response to a recent Alumni Bulletin article on the remarkable rehabilitation completed by a group of Fort Wayne dentists on a Vietnamese refugee: *I enjoyed the article about Loc Luu . . . The team on Loc surpassed a fabulous challenge that proved IUSD's usual talents.*

Address change:
Dr. Carol M. Stewart
10922 NW 11 Avenue
Gainesville, FL 32606

Other addresses:
Dr. Roy C. Blake (MSD '84)
1740 Tudor Road
Juno Isles, FL 33408-2435

Dr. Richard Lee Smith
490 Meadowview Drive
Evergreen, CO 80439

1976

1977

1978

1979

1980

1981

1982

Dr. Parvin Carter, who came to the United States from Tehran, Iran 20 years ago, was recently profiled as "A Dentist with a Mission" in The Indianapolis News. Excerpts from an article by Bernice O'Connor follow:

... Health care must be "humanitarian," Dr. Carter said softly. That was a lesson her father taught. That is a lesson she practices by providing reduced fee dental services to trainees at Goodwill Rehabilitation Center.

"I went into dentistry for humanitarian reasons and because it's a family-oriented profession" . . .

Taking priority over all her concerns are her engineer husband and three young children. She never allows herself to be too busy to consider their needs.

The life she grew up with in Tehran has virtually disappeared, Carter said . . .

"Women were not restricted in Iran before (Ayatollah) Khomeini," she noted. "Education was very much emphasized, even among the most religious people. It's a different world now."

She studied English from seventh grade on . . .

In those pre-revolutionary years, English was the language used in many of Tehran's professional schools and it was the urge to master English that brought her to the U.S.

Arriving in 1966, she lived with an uncle and his family and attended Center Grove High School.

It was a difficult period in her life. She missed her parents and two sisters enormously. (Her parents and both sisters eventually settled in Indianapolis.)

Added to this early homesickness, she felt she was drowning in a sea of incomprehensible English.

"In Iran, I was a good student," she recalled. "Here, I became a mediocre student because I was having so much trouble with the language."

She refused to give up. After high school, she completed X-ray and radiation oncology technician programs and worked at St. Vincent Hospital and Indiana University Medical Center. She also earned a bachelor's degree in allied health sciences.

"I was working my way toward either dental or medical school and finally my father told me it was time for me to decide," she said.

She chose dentistry and has never regretted her choice, although she believes female dentists have to "prove themselves" in a profession dominated by males . . .

She stresses preventive dentistry in her practice and along the way has developed some psychological insights into the attitude of patients.

"If patients feel they are in control, it helps. I tell them I'm not in a hurry and if they want me to stop while we talk for a while I will" . . .

An address change:
Dr. Joyce E. Coats
Lodge Apt. 294F
Eden Street
Pascagoula, MS 39567

1983

Dr. John C. Walter writes that he has established a private practice at the following address: 545 S. Jackson Park Dr., Seymour, IN 47274.

Dr. Michael J. Hayduk (MSD '86), The Gainer Center, 8585 Broadway, Suite 565, Merrillville, IN 46410, has joined the practice of Dr. Gene M. Ranieri, limiting his practice to periodontics. He has been appointed assistant professor of periodontics at the School of Dentistry and will also teach on the IU-Northwest campus.

New addresses:
Dr. Bernard J. Asdell
707 N. Michigan St., Suite 300
South Bend, IN 46601

Dr. David B. Clark
414 Shelby Street
Shelbyville, IN 46176

Dr. Charles A. Mullin
2010 W. 86th Street
Indianapolis, IN 46260

Dr. Clarence E. Wentz
3822 24th Street
Lefors, TX 79401

1984

Dr. Nora Harmsen was recently featured in the South Bend Tribune for her treatment of homebound dental patients. Excerpts from an article by Becky Emmons follow:

. . . Harmsen moves behind the wheelchair to the mobile dental unit that she and her dental assistant, Margie Price, had wheeled into the room at Meridian Nursing Center-Eastlake, Elkhart. The nursing center is one of several that Harmsen visits as

part of her visiting geriatric dental program.

She and Price plug wires into electric outlets and wheel the unit closer to . . . (her patient), . . . a partially paralyzed stroke victim.

. . . The elderly are special to Harmsen and when in dental school, she discovered she had an affinity for them.

Clad in casual slacks and a polo shirt, braces glinting on her own teeth, Harmsen looks more like a college coed than a full-fledged dentist. But that she is. She . . . has been working in private practice with Dr. Norman Bryan of Elkhart.

Hers is no ordinary practice. She wouldn't know what it's like to spend each working day in the office.

Every Tuesday she's out visiting, making her "house calls" on the elderly and the handicapped. Many such patients, she says, are bedridden or suffer from Alzheimer's disease or strokes. She also sees patients in the psychiatric ward and drug detoxification section of Elkhart General Hospital.

On Tuesday and Thursday afternoons she's at Indiana University at South Bend where she serves as a clinical instructor for the dental hygiene program.

The Dunlap native . . . graduated from Concord High School and Indiana University, Bloomington, before going on to dental school, where as a student she got her first exposure to geriatric dentistry.

At school she became involved with a program through the American Society for Geriatric Dentistry and was president of the student chapter. As a member of the organization, she went out to nursing homes where she'd do oral exams and mark dentures and generally help put the patients at ease and cheer them up, which she believes is important.

"They just need more patience—extra TLC. They have enough medical problems as it is . . ."

Harmsen says with some of her special patients, she never knows what to expect. She may have a good day with an individual, then go back another day and have the person act vicious toward her. Or a patient will be acting fine, then suddenly "something clicks" and he or she will bite Harmsen or start grabbing at instruments.

Harmsen shrugs. It's all in a day's work for her.

Pat Saunders, director of the Meridian Center . . . praises the young woman's efforts.

"For the bedfast patient, her service is invaluable. Her integrity in geriatrics is invigorating. It's a difficult group to do dental care on. She takes a real professional interest and dedication" . . .

. . . (Dr. Bryan) was enthusiastic about working with the elderly and handicapped.

"He thought it was a neat idea, but no one had a portable unit. A patient actually built this unit. It took him several months to put together," she says, referring to the 65-pound unit that stands about chest high.

It fits into the back of her car and the two young women lift it in and out. The unit carries all of her equipment including low- and high-speed drills, suction, air and water spray, bondings for cosmetic dentistry.

"Basically, we can do whatever needs to be done."

The patient can stay in his or her own bed or sit in a chair . . .

Dr. Yiming Li (MSD '84), a Ph.D. candidate in preventive dentistry at the School of Dentistry, has received a \$3000 Starr Fellowship for the 1986-87 academic year.

A new address for:
Drs. Kenneth E. and Carol J. Braun
1200 E. Byers Avenue, #E511
Owensboro, KY 42301

1985

From her letter, it sounds as if Dr. Laura Dalton-Ecker, 16 Larundel Road, City Beach, Perth, WA, Australia 6015, finds her new home all that she'd hoped for. Laura married Dr. Garry Ecker (MSD '82) in September '85. She says, in part:

Greetings from Perth, Australia! . . . Garry and I are so very happy here in Perth. Thank goodness I passed my Australia dental boards and am busy as can be. We are busy fixing up our beautiful home near the ocean and are enjoying the water skiing and scuba diving that goes along with it . . .

Dr. Ron Zentz lets us know what he's been up to since graduation:

. . . I have finished my GPR at the Veterans hospital in Indianapolis. It was a very worthwhile year. My wife Pam and I will be seeing some new country in central New York state; it should be a little bit of a change for two native Hoosiers. Our address is 201 Ansonia Ct., Camillus, NY 13031, ph. 315/487-7599. This is a smaller community/suburb on the

west side of Syracuse, NY. I will be associating with a group practice in Syracuse consisting of five other GP's, an oral surgeon and an orthodontist . . . It is exactly the type of practice I wanted to start out in and they are busy. I hope luck stays with us so we can pay our student loan payments and still buy food! If any classmates or acquaintances are living in or visiting our area, feel free to call and/or visit!

Dr. Diane Beecher, 202 Arbours Drive, Savoy, IL 61674, has written to Dr. Robert Walters, assistant professor of clinical affairs and a retired U.S. Air Force officer. Excerpts follow:

. . . It is amazing that a year has passed already! We are settled in over here in Illinois. I, of course, am at Chanute and completely enjoying Air Force life again. Steve is recruiting out of an office in Champaign. The whole transition has been a good one . . . As is usual for a new dentist in the service, I'm on the amalgam line and enjoying it. Later on I'll start rotating through the specialty sections. The continuing education offered has been impressive . . . May 15-17 (86) I'm scheduled for "Red Flag"—that will be a new experience. We didn't have that 10 years ago. There have been a few new twists in the way things work but it just goes to show the constant striving for improvement . . .

Addresses:

Dr. Curt Beach
Dental Department
USS Dwight D. Eisenhower
FPO New York 09532-2830

Dr. Marcia (Hirschinger) Soder
13 Dawn Drive
Brownsburg, IN 46112

Dr. Richard Zollinger
208 East Whitley Street
Churubusco, IN 46723

Lt. Kevin Ward, USN DC, 1963 Rolling Ridge Dr., Midway Park, NC 28544, has also passed along a personal update to Dr. Walters:

. . . Things are going fine here in North Carolina at Camp Lejeune. Navy dentistry is not a bad way of life. I've done more operative dentistry in two weeks here than in four years of dental school. I'll tell you one more thing—IU sure did prepare me well. They've got me scheduled for six months rotations in endo, perio, and oral surgery while I'm here. It sure sounds like I'll get a lot of experience while I'm here, but I do miss Indy and all you IU people . . .

We've had a postcard from Dr. Lee Souweine (MSD), of the US Army Dental Corp, who treated himself to a vacation in Alaska upon completion of the graduate program in orthodontics. After three days of arduous hiking in the Mt. McKinley area, he reports the following: **SORE FEET!** His next assignment is at the Craven Dental Clinic, Ft. Knox, KY 40121.

More addresses:

Dr. Todd Dill
2101 Rolling Ridge
Midway Park, NC 28544

Dr. William Myers
5070 Narragansett Avenue #301
San Diego, CA 92107

Dr. Ronald E. Tedeschi
96 Broad Street
Manasquan, NJ 08736

Michigan Street Memos

The annual luncheon for the Omicron Kappa Upsilon and Sigma Phi Alpha honorary societies honoring new members was held at the Hyatt Regency Hotel on May 2, with Dean H. William Gilmore as the featured speaker. Angela Everling, Monique Gano, Cindy Gray, and Jill Reed received certificates as new alumni members of Sigma Phi Alpha. OKU members were presented with keys and/or certificates. New alumni members are: Frederick C. Abel, Jr., David M. Cummins, Steven J. Hoagburg, Michael J. Koufos, Richard A. Moll, Kirk T. Ripley, Eileen R. Robrock, Bryan J. Roy, Nicholas J. Volz, and Steven R. Wert. New faculty members are: Drs. Steven L. Bricker and Charles O. Hazelrigg. New life members include Drs. James J. Baldwin, E. Byrd Barr, Floyd E. Hale and Carl R. Kohlmann.

Dr. Rosario H. Potter, professor of oral facial genetics, was one of 11 site visitors recruited from U.S. and Canadian institutions by the National Institutes of Health to review a \$2.5 million grant proposal from the Institute of Reconstructive and Plastic Surgery at the New York University Medical Center. The proposal includes 14 research projects on craniofacial anomalies. Dr. Potter was assigned to review genetics, growth prediction, statistical analysis, and computerized tomography imaging of patients with craniofacial anomalies, as well as the first degree relatives of those patients.

Dr. Potter has also received NIH awards totaling \$43,800 for two pilot studies on the genetics of dental traits, one in twins and the other in families. The latter is a collaborative project with the Beijing Medical University Research Institute of Stomatology (the main dental research

center in China), collecting data from Chinese families in Beijing whose unique and homogeneous commune environments offer an effective approach for genetics research. A visiting scholar from the Institute, Dr. Jiuxiang Lin, arrived last summer and is working with Dr. Potter on the grant project for one year.

Dr. James J. Baldwin, associate professor of orthodontics, was honored by the IU Orthodontic Alumni Association in May for 30 years of faithful service to the Indiana University School of Dentistry. The program of the meeting at Embassy Suites-North included scientific presentations by Dr. Robert Winkler (MSD '71), Dr. Anoop Sondhi of the orthodontic faculty and former chairman of orthodontics Dr. Charles Burstone. Former orthodontic students from all over the country were in attendance, as well as Dr. Toshio Deguchi (MSD '83) from Japan and Dr. Renan Serracante (certificate '76) from Puerto Rico. Among the gifts to Dr. Baldwin, a graduate of the orthodontic program here, was a London theater trip. Although Dr. Baldwin is not retiring, the Orthodontic alumni just wanted to say thank you for outstanding teaching.



Joining the Indiana University School of Dentistry faculty for special assignments as lecturer and consultant is Dr. M. Maxwell Sullivan, of Melbourne, Australia. Dr. Sullivan is president of the Australian Society for Occlusal Studies and the First Australian Occlusion Congress. He is a member of the American Academies of Periodontology, Operative Dentistry, and Restorative Dentistry. He has presented lectures and courses in Australia, New Zealand, Canada and the U.S.

Indiana University
School of Dentistry
(ALUMNI BULLETIN)
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Indianapolis, Indiana 46202

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