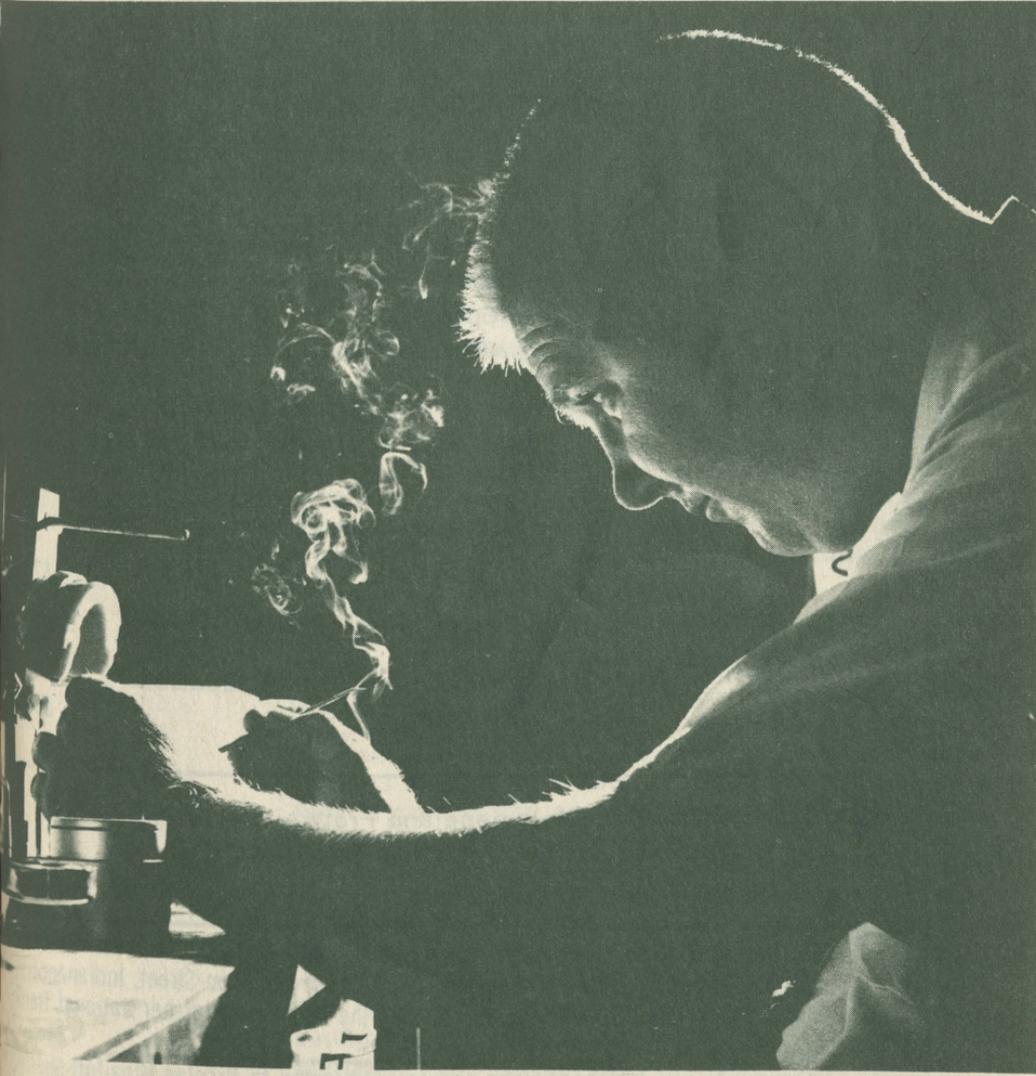


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# dental student newsletter

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*spring issue  
1969*

**COVER PHOTO:** This photograph of Gerald R. Funderburk is one of the many illustrating activities at the School of Dentistry appearing in *Circle '69*. This is the first yearbook recording the events of the 1968-1969 school year for the 11 divisions of Indiana University at Indianapolis.

Article appears on page 17.

Picture credit: Pat McKendrick, Cincinnati

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Class news, Dental Hygiene and Fraternity News will appear in the fall issue of the Dental Student Newsletter.

EDITOR

The Dental Student Newsletter is published quarterly by the Student American Dental Association, School of Dentistry, 1121 West Michigan Street, Indianapolis, Indiana. It is printed through the courtesy of the American Fletcher National Bank and Trust Company.

Manuscripts and correspondence should be directed to Nicolas Mihailoff-Shelly, Editor, Dental Student Newsletter, School of Dentistry, 1121 West Michigan Street, Indianapolis, Indiana 46202.

# Dental School Enlarges Facilities

Robert Lee Bogan, D.D.S.

The sound of earth-moving equipment and the sight of workmen assembling steel girders will soon be evident as the new addition to the dental school building becomes a reality. Over the past four years, reams of paperwork and many man hours have gone into the preparation and planning that precedes such construction. The experiences of many other dental schools, further along in their planning than we; the advice of engineers, dental equipment manufacturers, faculty, architects, students, and assisting staff have all gone into the development of this program. From this we believe we have evolved a facility that will allow for the improvement and enlargement of our present program, plus space for limited enrollment increases.

This new addition will add over 96,000 square feet of space on six floors and be located immediately south of our present addition. It will consist primarily of lecture and seminar rooms, office space, and patient clinics.

An appropriation from the Indiana Legislature and matching funds from the Federal government will provide over six million dollars to make this building a reality.

This sum includes construction, equipment, furnishings, connecting to utilities, on-site improvements, architects fees, and all the many details which will result in a finished ready to use building.

## EAST ENTRANCE

The east entrance will be the main door for patient entry. A similar entrance on the west end will serve the students, staff, and faculty. Inside the east entrance will be a service desk to direct patients and visitors, answer telephone calls of a general nature, and operate the master paging control for the building. Also opening on this lobby are the two large elevators that supply the main vertical transportation through the building. Adjacent to the lobby is the patient's waiting room and admitting office. Here the initial interview will occur and the patient's chart prepared. A new Oral Diagnosis - Oral Medicine clinic will include a nine-cubicle general diagnostic center, three operatories for special cases, and a separate four-chair clinic for emergency diagnosis and treatment. Services will include complete diagnostic examin-

*Dr. R. L. Bogan is the Assistant Dean of the School of Dentistry*

ations including radiographs, relief of pain, and limited exodontia. A clinical laboratory will also be available for diagnostic tests.

The first floor will also include two large lecture rooms, each seating 145 in the audience, and two smaller seminar rooms to accommodate 12 to 18 persons. The lecture rooms will be equipped to offer either front or rear screen projection, closed-circuit television, and clinical demonstrations. Provisions are also available for future installation of a student response system.

## TECHNIC LABORATORY

In the basement a new student technic laboratory will be equipped to permit about a 30 percent increase in class size. It is anticipated that many of the sophomore classes will then be held in the dental building. This laboratory will include facilities for clinical demonstrations, all dental technical procedures, and future installation of closed-circuit television. Also included in the basement will be locker rooms for all students, vending room for limited food and snack service, and a large lounge which can be set up for the presentation of special programs. In suitable weather the lounge can also be opened onto an outdoor terrace.

The second floor will be shared between Orthodontics, which will have a 22-cubicle clinic, and a 14-cubicle Pedodontics clinic. Each department will also have separate X-ray and dark room facilities, student laboratories, offices, and receptionist area. The Pedodontic Department will provide a student study area, and a departmental laboratory.

Each of the four floors where patient treatment will be conducted will include a spacious patient waiting area with provisions for the display of patient educational materials.

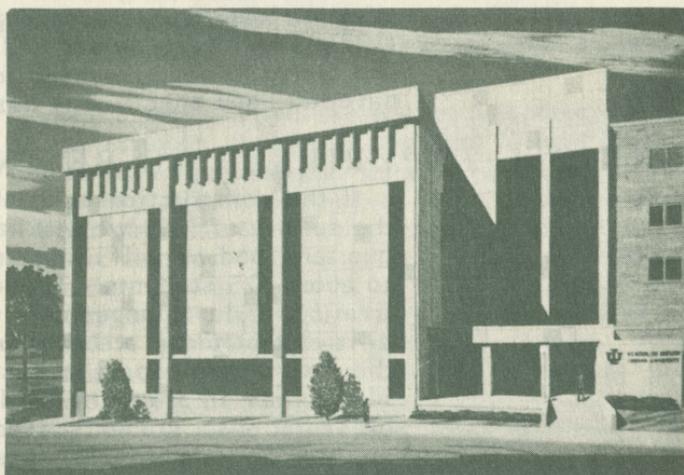
Partial Prosthodontics will move into the third floor, and have a large 40-chair clinic, two smaller 8-chair clinics, X-ray and dark room facilities, a student technic laboratory, a ceramics laboratory, a seminar room, and additional office space.

## TEACHING LABORATORY and TEACHING MACHINES

The fourth floor will house the Complete Denture clinic containing 31 operator spaces, several student laboratories, a technicians laboratory, seminar room, a faculty laboratory, and 12 separate operatories. They will also have a teaching laboratory in which teaching machines will be programmed to permit individual student study and review.

Animal quarters, animal surgery, and gnotobiotic colonies will occupy about one-half of the fifth floor and mechanical equipment will utilize the other half.

In general, the building can be described as being of limestone veneer over a steel frame structure with poured concrete interflooring. Windows will have tinted glass, and bin hoppers for ventilation when the air conditioning proves inadequate. Vinyl-asbestos tile flooring with accent carpeting and more varied wall colors have also been included.



## ALL CLINICS PROVIDE FLEXIBILITY

Although individual departments have been given some latitude in the clinical design that will best fit their teaching program, considerable uniformity has been included in the suggestions that all clinics provide the flexibility necessary to teach two-handed as well as four-handed dentistry and that neither left nor right handedness impose a handicap upon the student.

Increased illumination and more reliable environmental control equipment were given high priority. A broader coverage of the paging system, more widely distributed student telephones, an increased number of dispensing and cashier sites, and widely scattered display cabinets were also suggested and included.

Closed-circuit television transmission points and reception areas are designated in every department, and hopefully can be equipped shortly after the building is occupied.

## JUNE 1969: "GOODBYE PARKING LOT"

During the construction phase, which is to begin in June, 1969, we will lose access to our finest parking lot. Even after completion of the building we will only regain a small part of it. Steps have been taken to identify additional ground south of Vermont street where parking will be available.

## REHABILITATION OF EXISTING SPACE

Phase II of our modernization will be the rehabilitation of space in the existing building which can be reassigned. The library will be expanded to include the space now devoted to the hygiene students lounge and the undergraduate lecture room (122). Spaces to be vacated on the second, third and fourth floors have been identified, but as yet have not been specifically assigned.

## CLINICAL EXPERIENCE TO BEGIN SOONER

If the construction schedule is maintained, by the summer of 1971 we will have occupied our new quarters, and we will increase the freshman class to about 125 students. These students will profit from curricular changes and improved teaching facilities that today are only on paper. Students in the future can expect a vastly expanded use of electronics in the form of live color television presentations, student response tabulators and analyzers, video-taped presentations, and other adjuncts to our present teaching methods. They will begin their clinical involvement with patients at an earlier point in their education, and though their treatment responsibilities may be primarily diagnostic, a greater appreciation for the complexities of the dental mechanism can be expected. Greater flexibility in scheduling will be programmed to allow enrollment in electives, greater involvement in the field of Community Dentistry, and an increase in hospital dentistry for both in-patients and out-patients.

Just as no two classes in the past have had identical educational programs, the classes of the future will experience change, but the modifications will be rapidly accelerated.

# ORTHODONTIC SPECIALIZATION : Graduate Training versus Preceptorship

LaFORREST D. GARNER, D.D.S., M.S.D.

Orthodontics, as a specialty, began in the early 1900s when Edward H. Angle established the first recognized school of orthodontic principles and techniques. It was the first of a now expanding series of dental specialities which found early favor with dental practitioners who realized the relationships between teeth in opposing jaws and within the same jaw varied and could be rearranged to give better function and esthetics. This discourse is designed to compare graduate training with preceptorships and short post graduate courses.

There are forty-two recognized orthodontic graduate schools in the continental United States. Most states have dental schools which have operational graduate courses in orthodontics or they are in the process of establishing graduate orthodontic courses. The majority of these schools begin their class in June, with several starting in March or January. A listing of schools can be found in any World Orthodontic Directory. This publication lists orthodontists throughout the world, where they received their training and where they are currently located. It also publishes a list of departments, chairmen, and number of students enrolled.

## DISTRIBUTION OF ORTHODONTISTS

Statistically speaking, 10% of the approximately 3,000 dentists graduated each year enter the specialty of orthodontics, periodontics and pedodontics. Less than 10% enter oral surgery, however. The percentages are not too meaningful if one considers need versus availability. To expand on this factor we might discuss the ratio of orthodontist to population in Indianapolis where there are approximately one orthodontist per 20,000 persons as compared with Gary, Indiana where there are three orthodontists for approximately 300,000 people or one orthodontist per 100,000 persons. Another way of looking at the statistical analysis of specialist per patient is area location. In Indianapolis ten of the twenty-five orthodontists are located in the northeast section of the city, with two

*Dr. L. D. Garner is an Associate Professor of Orthodontics*

located south and two located west, the remainder downtown and north. As can be observed, the location of the specialist is toward the flow of population, which is north and east. This tends to produce a void in needed areas of the south, west, northwest, and east.

Each year approximately 300 new orthodontists are graduated from recognized graduate schools, and the migration of these specialists is toward the heavily populated cities, creating a statistical void and deficiency in small cities. This same trend occurs in all phases of medicine and dentistry, however. Any statistical analysis of medical or dental graduates will indicate the flow of physicians and dentists to the heavily populated cities producing low physician or dentist patient ratios there and high ratio in small cities and communities. The scope of this paper is not to discuss the pros and cons of orthodontic distribution, but to explain graduate, post graduate, and preceptorships as they pertain to the production of orthodontists.

## GRADUATE COURSES

Graduate orthodontic courses, as previously mentioned, are offered in forty-two accredited dental schools. They vary from twelve months duration at the University of Pennsylvania to thirty-six months duration at the University of North Carolina. The average length of time is twenty-four months. Course content is varied, but most offer a liberal amount of basic didactic courses in oral anatomy, physiology, recent advances in dentistry, oral histology, oral pathology, bone physiology, and science of speech and its relevancy to the teeth. Pure orthodontic courses of biomechanics or tooth movement, theoretical mechanics, cephalometrics, case analysis, treatment planning, advanced orthodontic clinic, orthodontic techniques, dento-facial analysis, and retention courses are also taught. The American Association of Orthodontist requirements for membership are 3,000 clock hours of training. The clock hour is equivalent to the number of hours spent in a laboratory or lecture course per semester or quarter, that is, sixteen consecutive one-hour lectures would be recorded as sixteen clock hours.

The graduate courses normally are directed by the College of Arts and Sciences and upon completion of the prescribed course and submission of a thesis, the degree Master of Science in Dentistry (M.S.D.) is conferred upon the student. There are approximately 300 openings available

annually. Should the student elect not to submit a thesis, he receives a certificate stating he has completed the required time in an accredited school of orthodontics and is eligible to claim himself a specialist.

## POST GRADUATE COURSES

The post graduate course is not as extensive in didactic work nor clinical manipulations as is the graduate. It may last for half a day to several months, and usually consist of refresher type course content. They are designed basically for people who have some background in the field, not for the neophyte. There are approximately 150 openings available annually, and upon completion, a certificate signifying the successful completion of the post graduate course, but no degree issued.

## PRECEPTOR PROGRAMS

Preceptor programs are no longer in existence as a method of becoming a recognized orthodontist by the American Association of Orthodontist (A.A.O.) The program, when it was in favor, consisted of a practicing orthodontist who was recognized by the A.A.O., who wished to accept a preceptee, (the person wishing training). The preceptor (person doing the teaching) administered in his office to the trainee. He teaches him techniques, cephalometrics, diagnosis, treatment planning, and supervises his work on patients. The duration of the preceptorship is usually 3 to 4 years. At the end of this time, the preceptee must pass a written, practical, and clinical examination by the governing board of the regional orthodontic society.

The requirements for admission to a graduate orthodontic course are: (1) a grade average of B or better in undergraduate dental school; (2) letters of recommendation vouching for applicant's personality, integrity, and sincerity; (3) availability of opening; (4) post graduate involvement by the applicant, that is, scientific papers presented, scientific papers published, etc.

In summary, the field of orthodontics as a specialty is an expanding one, and a definite need exists for qualified applicants. The trend is toward graduate training in place of preceptorships. Any qualified dentist who has a desire to specialize in this age can find available schools to attend.

# Traveller's Notebook : Denmark

DAVID BIXLER, Ph.D., D.D.S.

As I am sitting here gathering my thoughts on what aspects of life in Denmark would be most interesting to present to you, my mind has wandered back to the many preconceived ideas that I held before coming to Denmark. Most of them proved to be erroneous, so I shall merely bypass them now and get down to what life is really like here. However, the point to be made here is that the only way to know something is to live it yourself – second-hand is often incorrect and frequently uninteresting.

## 1000 MILES NORTH OF INDIANAPOLIS

Min kone og fem børn – excuse my lapse; my wife, Gloria, the five children and I arrived here on a cold rainy October morning which proved to be the beginning of some ten consecutive days of rain! I never knew that Denmark had a monsoon season. Actually, the total rainfall was quite small, since rains here consist of a fine mist. The weather is almost exclusively regulated by the Gulf Stream which is responsible for the fact that winter temperatures here are almost identical to those in Indianapolis, even though Copenhagen is about 1000 miles north of Naptown. Warm air from the Gulf Stream pushes in over the land and keeps that bitter cold north-east wind coming in from Moscow from penetrating. The penalty for this protection is three winter months of overcast, dark skies, where the sun shines only occasionally (the sun shone yesterday for the first time in ten days). The extreme north location makes for an additional interesting problem. In the winter, the sun rises at about 8:30 and sets about 3:30, making a 7-hour maximum of daylight. After a while you get used to getting up in the dark, going to work in the dark, coming home in the dark, and eating and going to bed in the dark. On the other hand, in the summer time the cycle is reversed with the sun coming up at 3:30 A.M. and setting about 11:00 P.M. This makes a very long day and undoubtedly accounts for the continual beach parties that occur all up and down the eastern shores of the main island, Sjoelland (pronounced Zealand) on which Copenhagen is located. With so little darkness everyone stays up all night.

## MILLIONS OF BICYCLES

On moving here we rode the bus – with our 22 suitcases – to the SAS terminal and there I picked

*Dr. D. Bixler, Associate Professor of Basic Sciences and Associate Professor of Medical Genetics, is on Sabbatical leave in Denmark*

up the Volkswagen bus (7-passenger) I had ordered from Germany. We loaded the kids and luggage and started out to find the house we had rented for four stay here. It is located in a small community called Rungsted about 20 kilometers (about 12 miles) north of Copenhagen. The minute I pulled out onto Hans Christian Andersen boulevard I knew I had made a mistake! What traffic! Thousands of tiny cars (Fiat size) and millions of bicycles, all going in every direction, with what appeared to be complete reckless abandon. It took the better part of an hour to get out of the downtown area with the help of two policemen. The most confusing part of driving in Copenhagen is the street system. For example, you're driving along a street which is well-marked on the map, and you're feeling a little cocky — when all of a sudden you notice that the street name is different, and yet you have made no turns. Most streets here have four or five names, depending on the section of the city you are in. This is undoubtedly an outgrowth of the fact that the city is over 600 years old and grew up like Topsy. It's really wild. Or, you may come upon a circular plaza in the middle of the road. Here, several streets come together (like Monument Circle) and the traffic is 4-6 lanes wide. From this point on it's every driver for himself. It took me two months to figure out how to bluff out the merging traffic so you can get through to your own street.

## MINI SKIRTS

But to return to the bicycles, they are everywhere. That first day when we were all driving downtown my 7-year-old stuck his arm out of the side window and karate-chopped an elderly man on a bicycle! The worst part of the bicycle traffic is created by the young girls. It's bad enough being surrounded by pretty young things with mini skirts a foot above the knee, but have you ever watched one of them ride a bicycle? Fascinating! But deadly when you are trying to maneuver your car in heavy traffic.

## DANISH FOODS

Everyone, it seems, rides a bicycle, and I am no exception. I cycle about one mile to the train station each morning to go to work. As a typical American cream puff I must confess that this idea had very little appeal to me initially. But now . . . I really enjoy the exercise, and to give my ego a little boost, I find that I have trimmed away 14 pounds of flab since arriving. All this in spite of the Danish pastries — which incidentally did not fit my preconceived ideas. The Danish pastry is quite delicious and made of many layers of light

flaky crust, but with almost no sugar, since the typical pastry is quite good, but not sweet. Some are loaded with cream – again without sugar – and others have every imaginable kind of fruit.

Foods are quite similar to those in the U.S., but with some notable exceptions. One may readily find American brand canned goods on the shelves, but beef is not a common item. Even hamburger here, although very tasty, is half pork-half beef. The cattle are grass-fed and have a taste different from our corn-fed – but this is probably easier on the coronary arteries. One exceptionally different food is served for lunch, and is called smørrebrød. These are the internationally famous open-faced sandwiches. Everyone eats them, and they even make little lunch boxes with metal shelves to hold the sandwiches separate from each other. Their composition defies description, and represents a real engineering challenge, with items ranging from raisins and chocolate on a buttered bread to smoked eel or rare roast beef and pickled beets on french bread. They're delicious! Gloria has a book of 500 smørrebrød recipes, and I am the envy of my luncheon colleagues with her ingenuity and variety.

## NATIONAL PASTIME: "SKÅL"

But all good sandwiches must be washed down with a refreshing liquid, and that brings us to the national pastime: drinking! The supplies available to accomplish this end are excellent and varied. The most popular beers are Tuborg and Carlsberg, the former being the Danish export beer. This beer is much better – in my opinion – than American beer because it is much less carbonated and is served cool (not warm or cold). A case of 50 bottles costs about 70 Danish crowns (roughly \$9) for a unit cost of 18 cents/bottle. I suppose that Cherry Herring (the cherry-flavored liquor) is known to all, but I personally don't like it. Too sweet! Aquavit - schnaps - is something else. Schnaps is distilled from fermented potatoes, and the first taste is over-whelming and something less than delicious. However, on a cold evening, after skiing, skating, etc., it really warms the toes.

We had our departmental Christmas party in the Genetics Institute the Friday before Christmas, and it was a beautiful feast of all kinds of goodies (fish, beef, pork, etc.) Two of the laboratory assistants were successful in elevating my blood alcohol by alternately offering the Danish toast. This is done by lifting the glass of Schnaps and saying SKÅL (pronounced skoal) to the person toasted. That person must respond by saying SKÅL and draining his glass – a truly vicious custom!

## DENTISTRY

Turning for a moment to Scandinavian dentistry, it appears to be well ensconced in the grip of socialism. The government pays for all dental treatment through a national health service plan, and the private practitioner then is paid for his effort by the government. Incidentally, dentistry does not enjoy the professional prestige here that it does in the U.S. When I applied for credit at several stores in Copenhagen I was surprised to find out how much more receptive the credit department was to listing my profession as "Professor" rather than "Dentist." Typical incomes range from 8-15,000 dollars per year, with orthodontists and periodontists doing somewhat better. Prosthodontics is mostly accomplished by laboratory technicians since they have a "denturist" law enabling such persons, who have limited training, to take impressions, set up teeth and so on.

### 60% OF DENTAL STUDENTS ARE GIRLS

There are two dental schools here, one in Århus which is about 200 miles away, and the other in Copenhagen. In the latter school there are about 800 students taking the normal 5-year course. About 60% of these students are young women who eventually — in most cases — end up being school dentists (more of this point later). There is heavy emphasis on basic science training, which appears to be thorough and of high caliber. The clinical years are spent mostly in pedodontics, periodontics and orthodontics, but with an average of about 6-7 months clinical experience per student. This, of course, is considerably below that of most U.S. dental schools and accounts for the general lack of interest and professional achievement in the restorative areas of dentistry. The equipment is modern, so this is certainly not a limiting factor. However, office expenses and other overhead are high, so it may be that many dentists cannot afford the more modern equipment.

### 50% INCOME TAX

Since the typical Dane is relaxed and easy-going, there is not a great deal of competitive "push" to further the profession. However, the 50% income tax on everyone regardless of salary is undoubtedly responsible for a good part of the "why should I work hard" attitude that prevails over the country. I have heard that when this tax was imposed a few years ago a great number of persons emigrated to Australia, England, and other countries, including the U.S.

## BCG INOCULATIONS FOR T.B. COMMONPLACE

All of the public and many of the private schools in the country participate in a preventive medicine and preventive dentistry program. In the former, the school doctor, who incidentally sets your child's broken leg if it happens at school, performs all the necessary inoculations for the children. This includes tuberculosis. I didn't realize that an effective vaccine was available, but I'm sure the inoculation will do one thing — it will make skin-testing worthless. I held my own children out of this program successfully since Gloria is a physician and requested it (we had U.S. vaccination records with us.

## SCHOOL DENTISTS

The preventive dentistry — as well as the school-required restorative dentistry — is performed by and under the supervision of the school dentist — usually one of the girls previously mentioned. This preventive program consists of a topical fluoride treatment by mouthwash twice per year. (The kids participated). I don't know what kind of fluoride was used, but since it was almost tasteless and clear, it must have been NaF: possibly a buffered fluoride-phosphate, but I doubt it.

## LOW CARIES RATE and NO COMMUNAL FLUORIDATION

The caries experience here is not high and one sees many adults with a full complement of natural teeth. This seems somewhat remarkable to me since there is no communal fluoridation and the diet appears to be cariogenic. Perhaps the high intake of sea foods and dairy products has something to do with it.

My own work here consists of family studies with persons having cleft lip and cleft palate. I am working with the man whose work in the heredity of this problem is universally quoted, and I consider myself most fortunate. His name is Dr. Paul Fogh-Andersen. He is a very energetic plastic surgeon who does the surgery on all cleft lips and palate cases in Denmark (about 100-150 cases a year). My first week here I spent in surgery with him, observing his techniques and approaches to this problem. The surgical methods, facilities, anesthesia and the like are very comparable to those in our own major hospitals. Cleft lips are repaired at two months of age, and cleft palates at two years. On Friday afternoons we visit the State Speech Institute to see new cases, review old ones, and plan secondary procedures for cosmetic and functional reasons. His results in gen-

eral are excellent and the reviewing team of consultants, consisting of Dr. Fogh-Andersen, an orthodontist, an ENT physician, two speech therapists, and a social worker, has good rapport with the patients. All in all, everyone seems quite pleased with the overall results.

## MY WORK IN GENETICS

My specific task is to examine families with multiple affecteds (cleft lip and palate) for evidences of incomplete gene action in the non-cleft relatives, and to obtain better recurrence risk figures from such families to improve our genetic counseling of prospective parents.

Speaking of parents, illegitimacy is rather common here. At first glance one might guess that is a reflection of a general breakdown of moral standards. I don't think this is true. Another of the "myths of Denmark" that I was proffered was that of the "free" Danish women. This is nonsense. The principal difference between Danish and American women, as best I surmise on very limited data, is that the Danish woman is more open about her sex life — but quite selective. Abortion is legalized, but still difficult to obtain. The Genetic Institute where I am working is frequently consulted for sufficient reason to perform an abortion, since a complete record of all inherited diseases is recorded here for the entire population.

## NO STIGMA ATTACHED TO ILLEGITIMACY

Since there is no social stigma to illegitimacy there are no orphan homes or the like. Mothers keep their babies and the State helps them raise them. The birth rate here is low (about 17 live births/1000 population) and when one considers the cost of living this is quite understandable. The Danish motto seems to be "make love, not children."

## COST OF LIVING SURPASSES AMERICA'S

Since Denmark is primarily an agricultural country, all its other needs must be imported. This fact, plus the 50% tax has inflated the cost of living here to above that in the U.S. (In fact about 10% higher). Although wages are good, this cost of living is so high that I marvel at how some of lower income families survive. Gasoline is 74 cents a gallon; good beef about 1.50-2.00 dollars/lbs; automobiles are almost prohibitive in cost with a 100% tax on their purchase — a 1968 T-Bird goes for 12-14,000 dollars! Some items are however, very reasonable. Dairy products and fish are inexpensive and tops in quality — much better

than any I've had in the U.S. Sweden is the best place to buy clothes, coffee, and even cigarettes (\$1.25/pack here), so we can make this little trip if need be, since it is only a few miles away by ferry.

Night-clubbing costs about the same as in the U.S., but certain kinds of entertainment are reasonable. Movies cost .50- 1.50 depending on where you sit and almost all of them are English or American with Danish subtitles. (On television the other night we watched a Japanese movie with Swedish subtitles. That was really wild!) Before coming here I was assured that everyone speaks English, so don't worry. Ha! about half of the people speak some English, but not enough to carry on a conversation. This has led to several impasses where both parties end up grunting and pointing. We are all taking Danish lessons.

## POLSER STANDS

Sightseeing is very popular here, particularly the beautiful rolling countryside, the old castles (some over 1000 years old), and ancient buildings with historical significance. One museum here has Sunday symphony concerts for about two crowns (about 28 cents). Everyone has a big dog, and I think it must be a prestige symbol, since all are out walking them on Sundays and in the evenings. Polser (hot dog to you) stands are everywhere, and I must admit they beat the American dog in all ways with their special mustard relish and chopped french-fried onions. Tivoli Park has to be the center of recreation for the Dane in warm weather. Admission is 75¢ and the amusement park type rides (roller coaster, etc.) are about 15- 20¢ each. They also have free circus shows, dancing, concerts, boating on the beautiful park lakes, etc. We plan to spend time there next summer.

Well, I've rambled on quite a bit, but I would like to close with the same idea I started with - you have to live it yourself to know it. That certainly is true for this charming country and its friendly people.

Best wishes to you all for a successful year, and I'm looking forward to sharing some of my experiences with you when I return to the good ol' U.S.A. this summer.

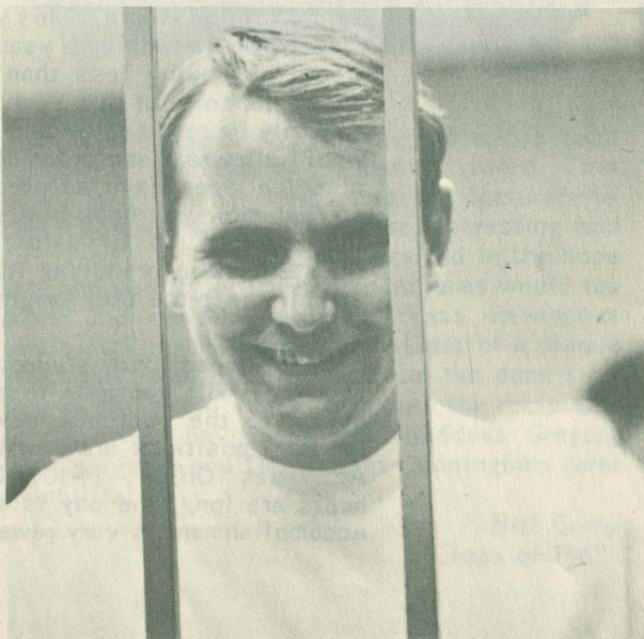
*Fawel! Til Lykke!*

# Dentistry Is In The Center Of The Circle

ROY GREEN

This year for the very first time the Indianapolis campus will have its own yearbook, *CIRCLE '69*. This 256-page annual has attempted to capture all the highlights of academics and activities in the eleven divisions that composed I.U.I. before the merger with Purdue Indianapolis Campus. These include Allied Health, Dentistry, Downtown Campus, Herron School of Art, Law School, Medicine, Graduate Medicine, Methodist Nursing, Normal College, Nursing-Four Year, and the Graduate School of Social Service.

The School of Dentistry can be proud of the contribution their students have made toward this charter yearbook. It was strongly promoted by Dr. David Epstein when he served as president of the Student Union Board in 1967-1968. As a result of his foresight and enthusiasm the project was accepted by the Union Board, and a staff was recruited over the summer. The Dental School had more representation on the staff than any other division, with Herb Stevens serving as editor of the Dental Section, Terry Cobb as editor of Allied Health Division, and Roy Green serving as editor-in-chief.



Because David Steele, a junior dental student, was able to cover the school so well photographically, the dental section of the yearbook is larger than any other section. Our total book sales are second only to the School of Nursing, due to the subscriptions collected by the class representatives: Herb Stevens, Sue Green, Dave Bristow, Perry Wainman, Sandy McClain, and Judy Stout.

*CIRCLE '69* is now at the printers, and is scheduled for delivery early in May. A limited number of extra copies have been ordered and will be sold on a "first come, first served" basis to students who have not reserved their copy.

The merger of I.U. and P.U.I. to form the new Indiana University-Purdue University at Indianapolis will make this charter yearbook the only pictorial record of I.U.I. before its expansion. Although Purdue had its own yearbook, the *PICA*, last year, it appears that both books will be merged next year, and plans are being made for an even larger book.

Another bright prospect is the possibility that the yearbook subscription would be included in an activities fee that is under consideration by the Student Union Board. This would mean that every student would receive a yearbook, and in actuality would be paying less than half the amount that the books sold for this year. This kind of savings can only be realized through an activity fee which would allow a mass order of 10,000 books. Many other colleges have adopted this type of system so that their yearbook staffs would be relieved of the arduous job of sales, and could devote all their efforts to producing All American yearbooks at half the price they originally cost their fellow students.

It is hoped that students from the School of Dentistry will continue to make an active contribution to the yearbook next year. Applications for staff positions are now being accepted in the Activities Office, M-102 Union Building. The hours are long, the pay is short, but the pride in accomplishment is very rewarding.

## Lecturer of the Month Award



The senior class has initiated what has been called the "Lecturer of the Month" award. This award is given each month to the lecturer the class votes has been the most interesting and informative. The award was started in the hope that the quality of the senior lectures would improve and consequently that class attendance would pick up. The award consists of a plaque which has been placed outside of the dean's office in the dental school. To date the recipients of the award have been Dr. Thaddeus Gregory (oral surgery) and Dr. Donald Cunningham (oral rehabilitation).

*Bill Craig  
Class of 1969*

# BACKGROUND: Higher Education Unification

A plan to unify Indiana University and Purdue University in Indianapolis was announced January 28th by representatives of the two institutions to Marion County General Assembly members.

This merger plan, to be executed in four phases, with final recommendations to be made to the 1971 General Assembly, was unanimously approved by the Boards of Trustees of both institutions.

The action taken by the Boards states that:

-- The joint operation in Indianapolis will be known as "Indiana University - Purdue University at Indianapolis."

-- Indiana University, through a chancellor in Indianapolis, will have primary responsibility for management functions for the joint effort.

-- The two universities will recommend to the 1969 General Assembly that all appropriations and/or bonding authority for capital construction in Indianapolis be made to Indiana University at Indianapolis.

In a joint statement, Presidents Joseph L. Sutton, Indiana University, and Frederick L. Hovde, Purdue University, said:

"We believe that the public higher education needs of young men and women in the Marion County area, as well as the economic welfare of the city and the state, require a unification of our operations in Indianapolis."

"This is necessary in order to realize the greatest return from manpower and financial inputs. Furthermore, this must be accomplished without reducing the quality of our present programs. It must be thoroughly planned and coordinated so that our present high academic standards can be maintained during this period of transition."

"We believe that this plan will accomplish these goals."

The resolution also states that faculty duplication will be eliminated by the assignment of each professional and disciplinary field to one of the two institutions. The university assigned a particular academic mission will employ all faculty members who offer instruction in the area in Indianapolis, award all degrees in the field, and supply all services or support courses in that field as required by students pursuing degrees in a different field with the other university.

# RESOLUTION REGARDING UNIFICATION OF INDIANA UNIVERSITY AND PURDUE UNIVERSITY OPERATIONS IN INDIANAPOLIS

WHEREAS the Trustees of Indiana University and Purdue University are in agreement that the public higher education needs of Indianapolis and the State can be best served by the unification of the Indianapolis operations of the two Universities;

IT IS RESOLVED that the Boards of Trustees of Indiana University and Purdue University agree in principle to such unification of the two operations and that they approve the attached Time-Action Plan with the understanding that the Presidents of the Universities are authorized to negotiate such revisions in the plan as circumstances may require.

IT IS FURTHER RESOLVED that the following items are agreed to and shall guide all actions taken to accomplish said unification:

The joint operation in Indianapolis will be known as "Indiana University - Purdue University at Indianapolis."

Indiana University will have primary responsibility for management functions for the joint effort.

The two Universities will recommend to the 1969 General Assembly that all appropriations and/or bonding authority for capital construction in Indianapolis be made to Indiana University.

The chief executive officer of all Indianapolis operations will be the Chancellor who will report solely to the President of Indiana University.

Purdue University shall employ a Vice Chancellor who will report to the Purdue Vice President for Regional Campus Administration. He shall work with the Chancellor in all operational matters and shall have prime responsibility for the execution of Purdue University's academic programs in the unified operation.

Each professional and disciplinary field is hereby assigned to one of the two Universities.

The institution which is assigned a particular academic mission will

- employ all faculty members, part-time and full-time, who offer instruction in the discipline in Indianapolis
- award all degrees (associate, baccalaureate, professional, and/or graduate) in the field
- supply all service or support courses in that field required by students pursuing degrees in a different field with the other university.

A number of the assigned missions are not fully developed as yet. Complete development, in the future, will be dependent upon community needs and the availability of funds, space, and faculty.

The President of each University is hereby authorized and directed to take such actions as are appropriate, to make an employment offer, in writing, to those of the other university faculty members who will be displaced by the assignment of missions with the same rank, tenure status and salary which would have applied had they continued in their present positions after September, 1970.

The two Universities will jointly prepare any enabling legislation that may be required to implement unification plans for submission to the 1971 General Assembly.

# TIME - ACTION PLAN

## PHASE I

2/1/69

Boards of Trustees approve "in principle" agreement including assignment of academic missions.

Recommend to the General Assembly that all appropriations and/or bonding authority for capital construction be made to Indiana University.

## PHASE II

9/70

Implement assignment of academic missions.

Unify calendar and schedule.

Unify facilities planning.

Study student services and student activities and establish target dates for the unification of each.

## PHASE III

1/71

Recommend to the 1971 General Assembly any enabling legislation required to accomplish Phase IV.

## PHASE IV

9/71

Unify library operations.

Unify adult education management.

Unify registration and admissions functions.

Unify bookstore management.

Unify food service management.

Unify traffic management and parking control.

Unify fee collection process.

Unify housekeeping management.

Unify telephone service management.

Unify budget.

Unify physical plant operation and management.

Identify other aspects of business management and establish specific target dates for the unification of each.

# ACADEMIC MISSION ASSIGNMENTS

## TO INDIANA UNIVERSITY

### PROFESSIONAL SCHOOLS

Law  
 Business  
 Education<sup>1</sup>  
 Nursing - (include, Associate in Arts)  
 Medicine  
 Dentistry  
 Graduate School of Social Service  
 Normal College A.G.U.

### ARTS & SCIENCES

Fine Arts - Herron School of Art  
 Economics - (include Ag. Econ.)  
 English  
 Geography  
 Government  
 History  
 Journalism  
 Modern Languages  
 Philosophy  
 Speech & Theatre  
 Sociology  
 Biochemistry  
 Zoology  
 Botany  
 Anatomy & Physiology  
 Chemistry<sup>2</sup>  
 Psychology (except industrial)

<sup>1</sup>Purdue will teach secondary education methods courses in the fields of Chemistry, Mathematics, and Physics.

<sup>2</sup>Task forces will be used to study the future development of Chemistry.

## TO PURDUE UNIVERSITY

### ENGINEERING

Engineering Technology  
 Civil Engineering Technology  
 Computer Technology  
 Construction Technology  
 Electrical Technology  
 Industrial Engineering Technology  
 Industrial Supervision Technology  
 Manufacturing Technology  
 Mechanical Engineering Technology  
 Architectural Technology

Agriculture  
 Home Economics  
 Veterinary Medicine (pre)  
 Pharmacy (pre)  
 Industrial Education (vocational)  
 Physics  
 Mathematics  
 Computer Sciences  
 Mathematics  
 Statistics  
 Psychology (except clinical)  
 Chemistry<sup>2</sup>

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