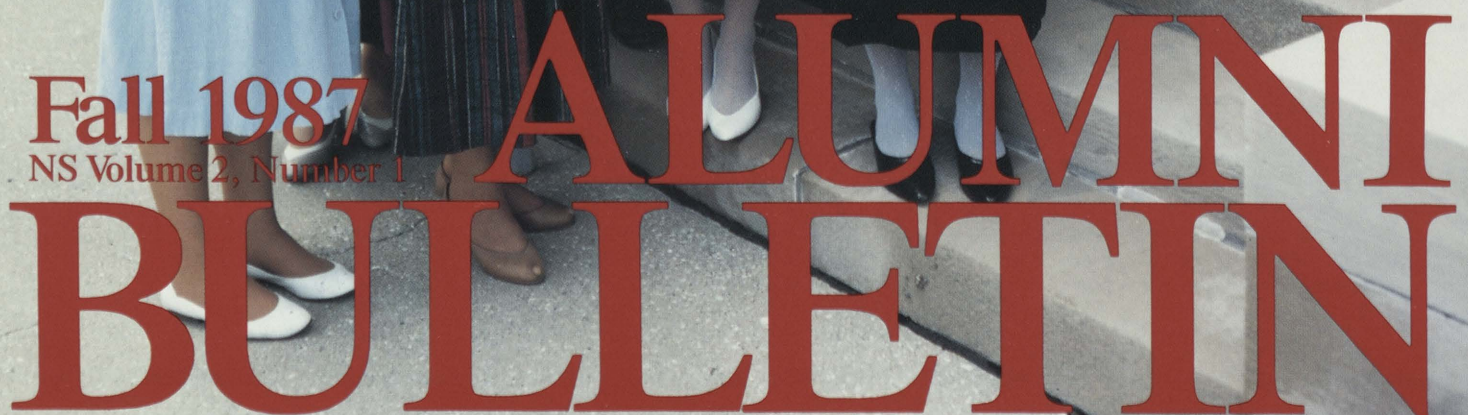


Indiana University School of Dentistry



Fall 1987

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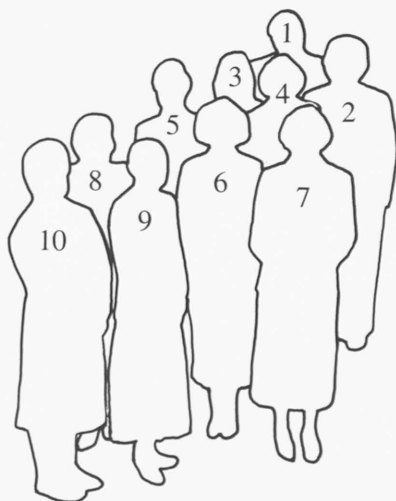
ALUMNI BULLETIN



On The Cover

Employees in the patient admitting and assignment division of dental diagnostic sciences lend an Ivy League look to the halls of the school with their natty, navy blue blazers. The jackets were the brain child of former faculty member Dr. R.C. Walters, and former division coordinator Ms. Agnes Kluska, who were searching for a way for the department to look sharp and also assist patients in easily identifying employees. A bullion badge displays the IU seal.

Shown on the front steps of the dental school are: (1) Dr. Michael Stropes, division director, (2) Delores Riczo, (3) Rita Fordyce, (4) Nancy Cox, (5) Tylor Rainbolt, (6) Karen Voiles, (7) Sandra Jones, (8) Sue Rogers, (9) Shirin Rafati-Afshar, and (10) Donna Dobbs. An article on the new Department of Dental Diagnostic Sciences follows on page 2. Photo by Mike Halloran.



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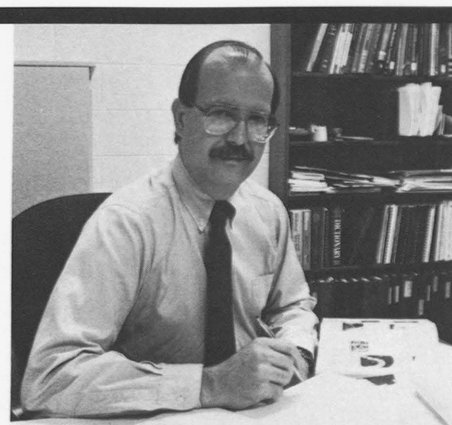
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PUBLICATIONS STAFF: **Editor:** Jack E. Schaaf; **Managing Editor:** Susan M. Crum; **Associate Editors:** Paul Barton and Ralph W. Phillips; **Designer:** Diane Alfonso, IUPUI Publications; **Photographer:** Mike Halloran; **Staff Illustrators:** Rolando A. DeCastro and Mark A. Dirlam; **Photographic Technician:** Alana L. Barra; **Alumni Officers:** Robert N. Modlin, *President*; Lester E. Tweedle, *President-Elect*; Patricia H. Clark, *Vice-President*; Karen S. Yoder, *Secretary-Treasurer*.



Dental Diagnostic Sciences: A New Department at IU

STEVEN L. BRICKER
Associate Professor and Chairman
of Dental Diagnostic Sciences



Susan Crum

Although the Department of Dental Diagnostic Sciences was formed at Indiana University a year and a half ago, for many the phrase still has a new ring to it. Officially approved by the IU Board of Trustees in July, 1986, the department reflects a national trend in dental schools of combining several related disciplines and services into one unit. At Indiana University, the departments of Oral Diagnosis/Oral Medicine and Radiology and the Office of Clinical Affairs now collectively fall under the umbrella known as Dental Diagnostic Sciences.

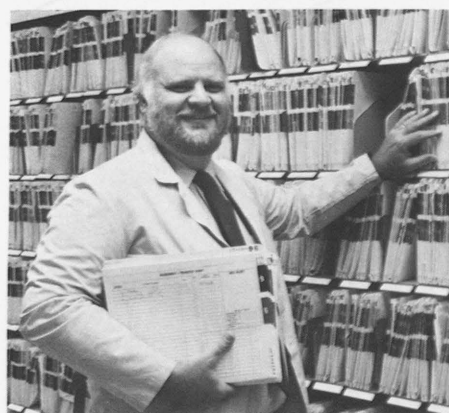
Given the department's diversity, it was important to define individual areas of responsibility. Thus five divisions were created, with these divisional chairmen and directors: Oral Diagnosis/Oral Medicine, Division Chairman S. Miles Standish; Radiology, Division Chairman Myron J. Kasle; Patient Admitting and Assignment, Division Director L. Michael Stropes; Special Patient Care, Division Director Jack E. Schaaf; and Graduate Studies and Research, Division Director Steven L. Bricker.

This article offers the reader some insight into the department's role and its direction, as viewed by the department head, and outlines accomplishments made in the department over the past year.

Within the new department, the academic responsibilities of teaching and research in Oral Diagnosis/Oral Medicine and Radiology are complemented by a strong service commitment to patients, students, and faculty through such avenues as the Emergency Clinic, Patient Admitting, Patient Records, Patient Assignment and Patient Information. In general our mission is twofold: to provide high quality service to patients, students, and faculty and staff members in the various departments within the School; and to prepare dental students to be competent diagnosticians. More specifically, we want to create a professional environment which allows for expeditious entry of patients into the school's teaching program, follows the patient's progress through therapy and provides a sounding board for patient and student concerns regarding patient care. The academic units within the department strive to teach students to use all of the diagnostic skills available to them by thinking logically and analyzing patient information. Students are learning the importance of communication—helping patients understand their oral health and sharpening skills as problem-solvers who can develop a plan of treatment that will be pragmatic and in the best interest of the patient.

Patient Admitting and Assignment

Patient Admitting and Assignment was initially directed by Dr. Robert C. Walters, who left Indiana University last summer. He was committed to patient service and professional demeanor and believed that positive first impressions were important. Dr. Walters, along with Ms. Agnes Kluska, former division coordinator, came up with the idea of procuring professional-looking, navy blue blazers for the admitting staff to wear. The blazers provide instant recognition for patients and help us convey our pride in the school to everyone who visits here.



Mike Halloran

Dr. L. Michael Stropes

This emphasis on quality patient services continues under the new direction of Dr. Michael Stropes.

In many ways Patient Admitting and Assignment has experienced the most change, especially in the area of remodeling. We are indebted to Dr. James W. Huckelberry, School of Dentistry Class of 1924, and his wife, Ama, whose generous contribution to the School was used in the remodeling project. The patient reception area has been enlarged to include a new patient admitting counter, allowing for the necessary paper work to be completed more efficiently. The redesigned area is handsomely refurnished and seats 34 patients. Lovely plants surround the room. The new reception area creates a relaxed, yet professional atmosphere that is pleasant for patients and employees alike.

As with any large institution, storing an ever-growing number of patient records presents a significant problem. There must be security for the records, and they must be easily located. To address these concerns, the records room was remodeled and movable track shelving has replaced the old storage system. The floor space we gained allowed us to

Some of the faculty members of the Department of Dental Diagnostic Sciences gather in the newly decorated patient reception area. They are, clockwise, from left: Professor Gail Williamson, Dr. Myron J. Kasle, Dr. Marita Tuohy, Dr. David M. Dickey, Dr. Jack E. Schaaf, Dr. S. Miles Standish, Dr. Thomas F. Razmus, Dr. Steven L. Bricker, Dr. Donnell Marlin, Dr. Paul A. Zitterbart, and Dr. Abdel H. Kafrawy.



Photos by Mike Halloran

While workmen prepared the floor in the reception area for new carpeting, some 38,000 displaced patient charts found a "home" in one of the School's lecture halls. Ms. Agnes Kluska and Dr. R.C. Walters, formerly of the department, survey the temporary quarters.

Ron Hanson



Dr. and Mrs. James W. Huckelberry (right) greet IUSD friends and well wishers at a reception held at the School in their honor last summer. The Huckelberrys donated the funds that were used to remodel Patient Admitting and Assignment.

move the records of patients currently being treated by students from the old hallway lockers into the records room. The system increases our record storage capacity by 40-45%. Windows were placed along the south wall for the daily dispensing of patient charts to students.

The division has increased its effort to address patient concerns through the appointment of Patient Relations Coordinator, Ms. Donna Dobbs, who also supervises the staff in this division. Donna plays a critical role in the School's commitment to provide the best service possible for patients. She listens to what patients say and is always open to suggestions. For example, our patients and students were the ones to suggest that we re-locate the insurance clerk more conveniently to the patient admitting area. We did, and have found that their suggestion was a good one.

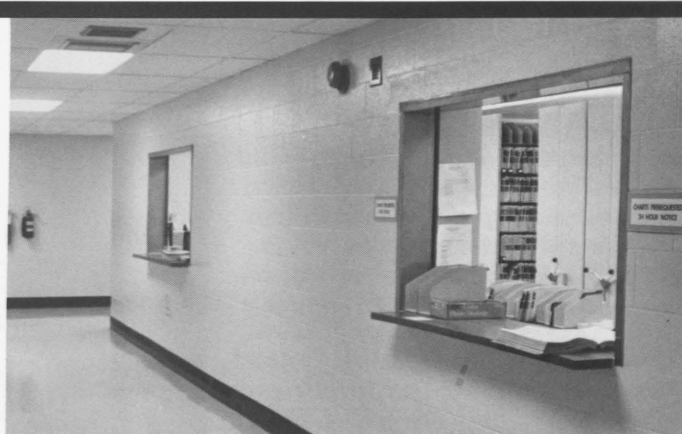
As the division investigates additional methods to better serve patients and students, existing computer programs will be altered and new programs will be developed. The current method of entering patient treatment plans into the computer is being modified so that each dental procedure that is completed on a patient can be easily noted and updated by the computerized cashier system.

A new reception area has been added to the waiting area for easy access to patients. Lisa Cox (foreground) and Delores Riczo look right at home in their new surroundings.





The new cashier's window, facing directly into the patient waiting area, eliminates the crowding of patients and employees in the inside office area. Nancy Cox smiles a greeting.



Two large windows have been added to the hallway where the students' chart files used to be. At the lefthand window, students request new patient assignments. At the right, students pick up the files of patients currently assigned to them.



Ms. Shirin Rafati-Afshar assigns new charts . . .



. . . and dental students Scott Baldwin (left) and Peter Blank receive (from the opposite window) the patient charts they will need that day.

Radiology

The division of Radiology is chaired by Dr. Myron J. Kasle, Howard Riley Raper Professor of Radiology. Radiology has always been and continues to be a valued resource for the programs in dental assisting, dental hygiene, undergraduate dental and graduate dental education. The academic mission of Radiology is to present information which will give students an understanding of (and appreciation for) the hazards of ionizing radiation. Quality assurance is stressed. Students also learn the value of diagnostic radiographs. They are required to demonstrate technical proficiency on manikins prior to any patient care. Plans are under way to increase radiographic interpretation taught in the diagnosis clinic by remodeling a room which will provide an optimal environment for the reading of radiographs.

Radiology capabilities in the school have been increased by the addition of equipment which will allow for

tomographic projections of the skull, as well as conventional plain films. It was determined that the students needed to become more familiar with the various types of processing available, so automatic processing was added to the Radiology Clinic darkroom. To accommodate the new processors, much of the old plumbing and some wet developing tanks were removed. The automatic processors allow for additional experiences and shorten the time it takes to have full radiographic surveys available for radiographic interpretation, thus speeding up diagnosis and treatment planning phases.

Dr. Kasle and Dr. David M. Dickey have worked hard over the summer to integrate the lecture courses given in Radiology and Oral Diagnosis to undergraduate dental students. When the curriculum was reviewed by the department, it was thought that some information was being given too late and some information too early. We have adjusted some lectures and developed new ones to

deal with such discrepancies and have managed to do so without adding new courses. The result is a new curriculum offered this fall. The newly restructured courses present radiology material, as well as topics considered to be primarily in the diagnostic area. The goal is to present a continuum of information relating to the two areas.

Clinical experiences of the dental student in radiology, diagnosis and treatment planning were also evaluated, particularly in regard to patient movement among the areas. A plan was developed to gradually move some of the radiology experiences from the Radiology Clinic to the Diagnosis and Treatment Planning Clinic. The goal is to eventually allow more functions to occur in one area.

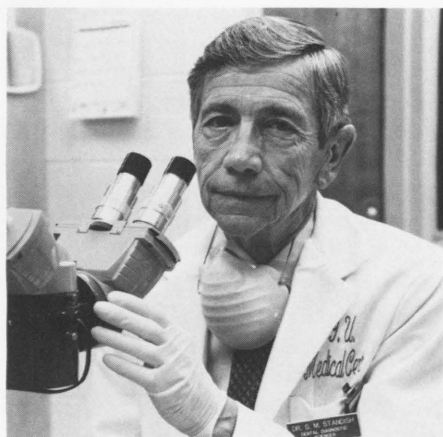
Dr. Kasle and Professor Gail Williamson, in conjunction with the various dental auxiliary program directors, are evaluating the clinical radiology experience of auxiliary students. While the current training obtained by the auxilia-

ries is as comprehensive as any in the country, changing patterns of patient entry necessitated a reevaluation. Although plans have not been finalized, it is expected that the auxiliary program in radiology will put greater emphasis on extraoral techniques, such as the panoramic projection, while continuing to maintain an excellent instructional series on intraoral techniques.

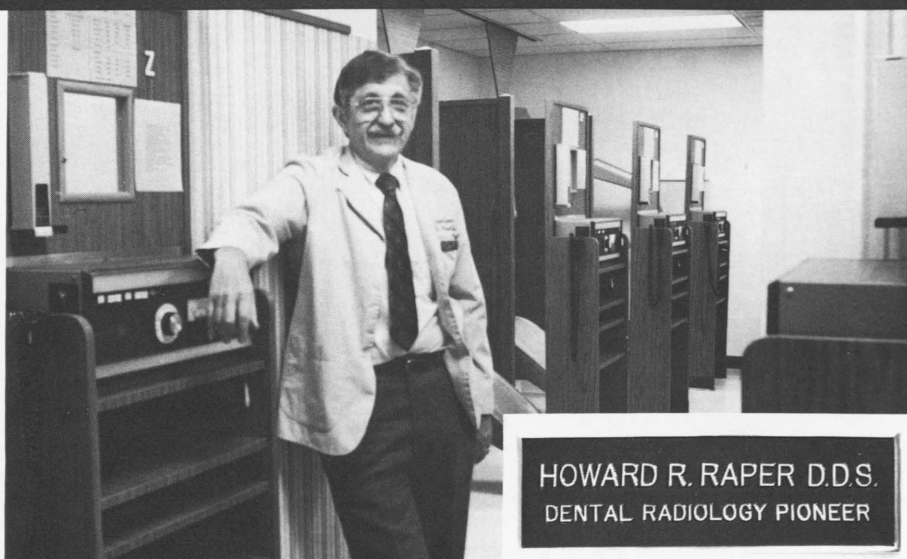
Oral Diagnosis/Oral Medicine

As chairman of the division of Oral Diagnosis/Oral Medicine, Dr. S. Miles Standish has contributed to the new department by offering his guidance and vast experience. This division has traditionally had the responsibilities of instruction in oral diagnosis, oral medicine, treatment planning, dental emergencies, and forensic odontology. As part of the division's mission, emphasis is placed upon the student's ability to thoroughly examine the patient and evaluate the patient's physical status. By interpreting and synthesizing the data collected, the student can develop a thorough understanding of the patient's condition and therefore develop a pragmatic treatment plan. Identification of common clinical pathologic conditions is stressed, as well as the treatment of common mucosal lesions.

The lecture series includes management of common dental emergencies and the Emergency Clinic allows the students an opportunity for hands-on experience. Due to the efforts of Drs. Paul Zitterbart and Donnell Marlin, the Emergency Clinic has increased the number of patients seen by 15%. They have made several excellent recommendations concerning the clinic, such as simplifying the emergency patient chart, that are currently under consideration.



Dr. S. Miles Standish



Dr. Myron J. Kasle, Howard R. Raper Professor of Radiology, in the radiology clinic on the second floor. A plaque (inset) was recently placed in the clinic to honor Dr. Raper, a pioneer in dental radiology and 1906 graduate of Indiana Dental College.

Photos by Mike Halloran

Dr. Standish is nationally known for his contributions in Forensic Odontology and continues, along with Dr. Marlin, to provide instruction to fourth year students with an interest in forensics. In recent years there has been an increased demand for their services in identifying victims of crime or accident seen by the Marion County Coroner.

The division has developed a Consultation Clinic supervised by Drs. Dickey and Kasle and staffed by representatives from all of the specialty areas in the School. This clinic is the site mainly for patients who have difficult treatment plans involving many departments. The intent of the clinic is to allow all necessary departments to see the patient and develop a plan of treatment. All questions that the patient or student may have regarding care can be addressed.

A priority of Dean Gilmore has been for the School to develop a new dental patient record that will contain all necessary data, be medically and legally sound—and brief! He also requested that the record be a document that students would find useful in their dental offices after graduation. This project was not an easy undertaking and required input from all departments of the school. Through a cooperative spirit, a streamlined, legally-sound dental record was developed (five pages shorter than its predecessor). One new feature is the recording of periodontal status along with other dental findings so that the status of each tooth can be

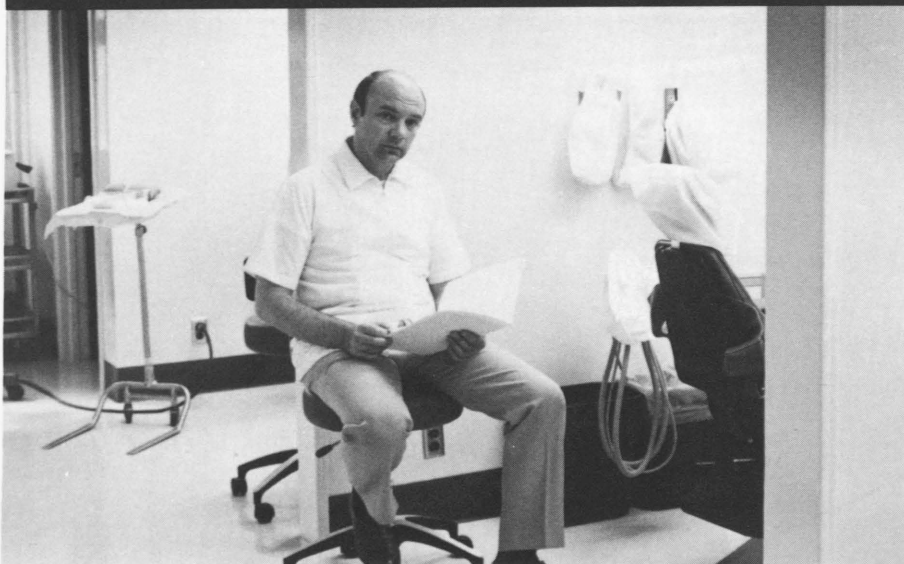
easily determined. Also, students plan treatments according to the priority needs of the patient, and in a format used by insurance carriers, thus simulating private practice recordkeeping.

Finally, the division has developed a manual, "Management of the Medically Compromised Patient," which tells how to obtain medical consultations, what information should be collected, and what treatment precautions should be taken. This manual helps students gain confidence in the management of patients who might be at medical risk.

Special Patient Care

Dr. Jack E. Schaaf is the director of the Division of Special Patient Care. This division is a resource for the school and the private practice community for the referral of patients that are best served in the dental school environment. Dr. Schaaf also lectures to the undergraduate dental students on many aspects of patients who have special medical risks.

Recently a Special Care Clinic was developed. A small, private clinical area on the second floor was remodeled to make individual operatories spacious enough to allow for easy access by wheelchair patients. The clinic was also designed so that ideal infection control procedures can be easily demonstrated to students and followed in the treatment of actual patients. Undergraduate dental students will rotate through the clinic as observers of patient care.



Dr. Jack E. Schaaf in the new Special Care Clinic

Patients seen in the clinic have been referred for evaluation and treatment. The Special Care Clinic is the primary treatment area for individuals who are at medical risk, those who are prone to infections, and those who have infectious diseases. The patients are seen by a faculty member of the school, with residents of the various graduate programs also providing therapy. Since the clinic is newly opened, protocol for referral is still in the development stage.

Graduate Studies and Research

The division of Graduate Studies and Research in Dental Diagnostic Sciences has two distinct, yet related goals. Originally there were separate graduate programs in Radiology and Oral Diagnosis/Oral Medicine, but in keeping with the overall mission of the department, these two programs were combined. The task was accomplished chiefly by Dr. Standish, who consulted with Dr. Kasle regarding the Radiology courses. The integrated program allows students to choose between a two or three-year course of study, with the longer program involving more clinical experience. Both offer core courses in radiology, diagnosis, oral medicine and oral pathology and thoroughly prepare graduate students to enter dental education in either radiology or diagnosis.

The graduate program continues to provide a referral clinic for the private practitioners of the state. Consultations, radiographic services and treatment are offered upon request. Formerly called the

Oral Medicine Clinic, the Dental Diagnostic Sciences Referral Clinic is now staffed by faculty members in addition to graduate students. The new clinic, like the old, continues to see patients with a variety of oral mucous membrane conditions, pain of unknown origin, temporomandibular joint dysfunction, and a number of miscellaneous complaints. Graduate students observe and treat patients under faculty supervision in this clinic.

Graduate students as well as faculty members are expected to pursue scholarly activity in clinical or basic research. The department, indeed the School, is fortunate to have the knowledge and expertise of Dr. Abdel Kafrawy and Ms. Shirley Shazer in preparing and interpreting histologic specimens for research efforts of graduate students and faculty in several departments. Dr. Kafrawy is undertaking projects supported by the Research Committee which may eventually lead to outside support. An average of 10 to 12 projects per year involving histologic preparations are completed. Through the efforts of Dr. Kafrawy, as well as others, the department has succeeded in increasing funding for research projects.

Personal Notes

In addition to activities within Dental Diagnostic Sciences and the School, our faculty members are involved in their respective national organizations, which routinely places a heavy burden upon the secretarial pool and Ms. Carol

Ann Steinmetz, principal secretary. They do an outstanding job of keeping up with the demands of a busy faculty.

The department has recently said goodbye to old friends, such as Dr. E. Byrd Barr, a long-time professor in this area who retired last June, and welcomed aboard new faculty member Dr. Thomas F. Razmus, who joined us in July. Individuals like Tom with strong backgrounds in dental diagnostic sciences will help us to ensure that the ongoing goals of the department are met.

As changes have occurred in our department, the faculty and staff have maintained their composure when 38,000 charts were moved out of the records room . . . when dust and dirt was flying all around us . . . when plenty of noise and confusion was the order of the day! While we still have much to do to make Dental Diagnostic Sciences the best department it can be, I extend a heartfelt thanks to each member of our group for their past efforts and continued cooperation.

Part-time Faculty

Dental Diagnostic Sciences

William Borman
Edward Erotas
Carl R. Kohlmann
Gerald M. Lande
Marita Tuohy



Bouncing Back From Heart Surgery: Personal Reflections

ARDEN G. CHRISTEN
Professor and Chairman
of Preventive Dentistry

When unforeseen life circumstances knock a person down, it is important not to stay down, but rather to develop "bounce." What is bounce? The ability to rebound from a personal setback much as a rubber ball rebounds when thrown to the floor. The following article is an account of my personal rebound experiences after undergoing major heart surgery.

Moving from Health to Illness

I first suspected that I might be ill about a year ago, when I noticed that I was becoming increasingly out of breath during physical exertion. Although my newly developed condition was annoying and inconvenient, it was not painful. "I can live with it," I stoically reminded myself. However, when jogging and lawn mowing became taxing chores, and my ability to rake leaves, chop wood and perform other tasks requiring strength and endurance declined markedly, my anxiety mounted. To alleviate my increasing apprehensions, I visited my internist for a physical check-up. After examining me thoroughly, he assured me that my problem, an exercise-induced asthma, was quite manageable. I was immediately relieved and readily accepted his diagnosis. In retrospect, I have concluded that it was made with scant supportive evidence. While he arranged for pulmonary function tests to be run, he ordered neither treadmill nor EKG stress tests. His sole treatment plan consisted of prescribing the use of an inhaler. Perhaps he assumed that my long-term status as a jogger, a non-smoker and a health-oriented professional exempted me from further diagnostic evaluations.

As I mentally reviewed my problem and the proposed solution, reason was on my side. Hadn't I been a life-long

health nut? Hadn't I quit smoking over 20 years ago? Weren't my risk factors minimal? Didn't my Grandpa Charlie live to be 100? Hadn't I been inconvenienced by various allergies since infancy? After mentally answering all these questions with a resounding "yes," I philosophically concluded that I could tolerate one more annoying condition: asthma. In fact, I accepted this newly described affliction with a sense of relief. My lurking suspicions of life-threatening heart disease demanded abatement. (At the time, I didn't realize that even asthma can be a serious, life-threatening condition.)

During the following eight months, I rolled along on a day-to-day basis, functioning quite well, but still experiencing shortness of breath when hurrying through airports, shoveling snow or expending extra energy engaging in various activities. However, I had no chest pains, sleeping difficulties or other alarming symptoms to indicate heart involvement. Consequently, it was easy to discount the problem. I could readily deny my symptoms, labeling them as be-

Hadn't I been a life-long health nut? Hadn't I quit smoking over 20 years ago? Didn't my Grandpa Charlie live to be 100?

nign or trivial. In retrospect, I realize that at the time, I was responding to this situation as many men characteristically do. After all, one's masculinity is contingent upon being active, in control, powerful and able to manage or negate physical/emotional discomfort or pain. To the male of the species, succumbing to ill-

ness is viewed as an emasculating process. Admitting illness is interpreted as a sign of weakness. However, the need to depend on good health for the maintenance of high self-esteem is taxing and anxiety-producing for those who must always present themselves as self-reliant, strong and "in charge." In the past, I have been guilty of rendering harsh judgments against other men who have developed serious health problems. In our culture, it appears to be relatively automatic to "write off" someone who has acquired heart disease or cancer. While I was negating others in this way, perhaps unconsciously, I feared that I might be similarly negated, if and when my turn came.

In October 1986 an event occurred which caused me to break the process of denial. While attending the American Dental Association meeting in Miami Beach, I impulsively decided to participate in the organization's annual health screening program. This decision undoubtedly saved my life. The resting computerized EKG evaluation which I received from the testing process informed me that my EKG reading was "abnormal." I was advised to visit my physician immediately. This shocking news really captured my attention! Now, I would be forced to face my problems!

After spending several anxious days at the convention, I returned home and immediately visited my internist. This time, he responded to my situation quite differently, referring me to a heart specialist without delay. In the weeks that followed, I underwent intricate diagnostic and therapeutic procedures. As I entered this new, unknown area, I began to experience vague and unfamiliar anxieties. While rationally I projected the expected risks involved with my condition and my probable treatment plan, irrationally I

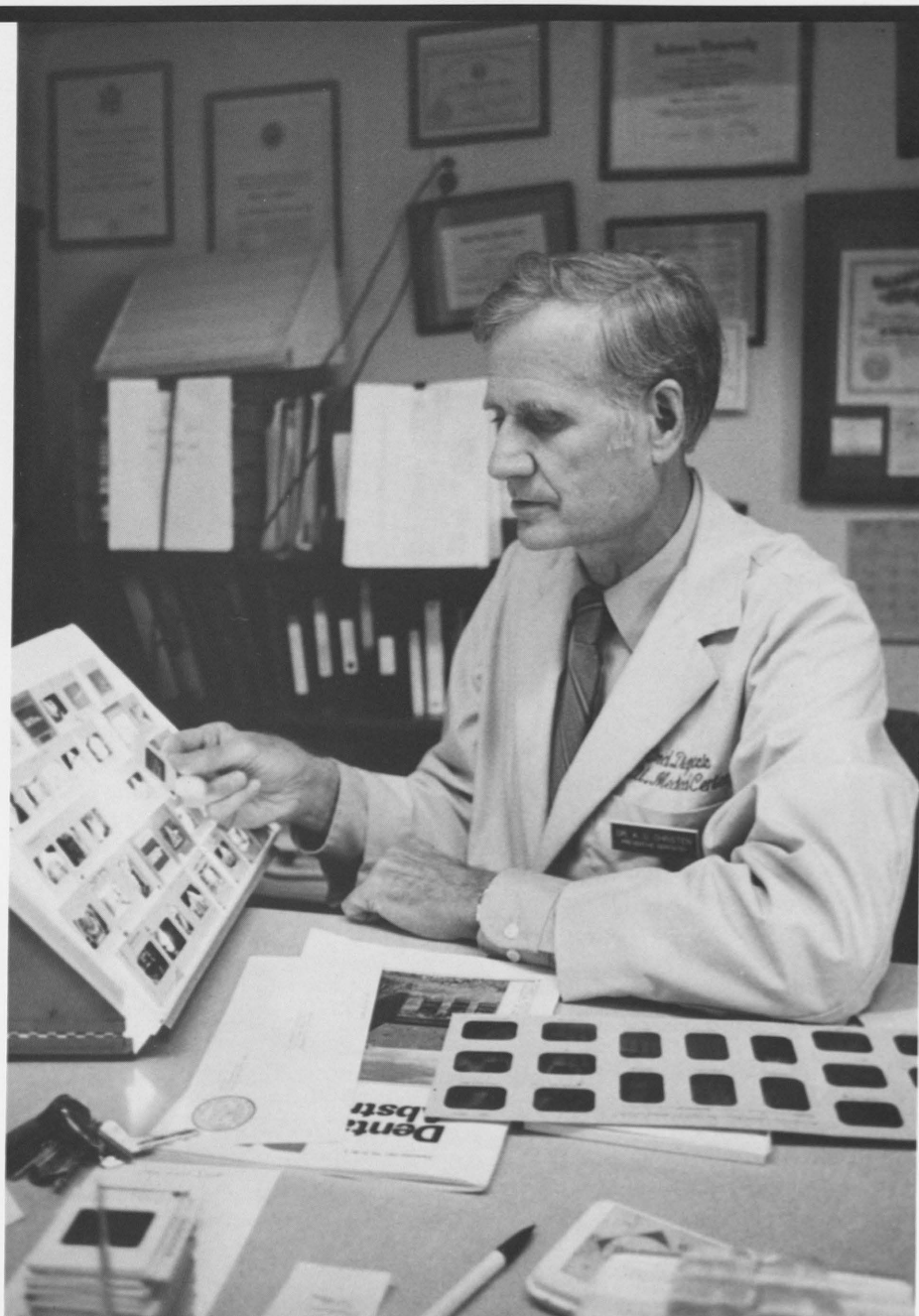
Dr. Christen with wife Joan outside his office

predicted heavy physical losses or even death as my fate. As I scanned the complex mechanical paraphernalia used in my diagnosis, I felt intimidated and manipulated by these impersonal tools of modern medicine. After participating in echocardiography and a treadmill test (which I flunked), I was submitted to a catheterization diagnostic procedure. Lightly sedated but wide awake, I watched the TV screen while radiopaque dye was injected into my heart. Although I listened hopefully for optimistic statements, none came. All evaluations were temporarily withheld for several days until the evidence was in. As I waited "in limbo," my anxiety escalated. Finally, I was given the facts. I had significant blockage in two of three major coronary vessels. Due to the nature of the blockage, a balloon procedure would be inadequate. I needed a bypass operation as soon as possible.

My sense of confusion and disorientation was exacerbated by frequent, impersonal visits from hospital technicians. Sporadically, they appeared from seemingly nowhere to draw my blood, auscultate me, record my blood pressure and perform other tasks involving my body parts. However, in spite of my awe and fear of the cold, aseptic hospital environment, these negative feelings were considerably diminished because of the caring attitudes and respectful attentions of my wife, daughters, relatives, friends, car-

While attending the ADA meeting in Miami Beach, I impulsively decided to participate in the annual health screening program. This decision undoubtedly saved my life.

diologist, heart surgeon, anesthetists and nurses. Initially, my wife and I met with the surgeon whom I had chosen, in order to view the video tape of my catheterization procedure. Patiently and empathetically, he explained the nature of my condition and his proposed surgical procedures. His description of the rationale for the therapy was concise, direct



Dr. Arden G. Christen on the job at the Oral Health Research Institute

and devoid of technical jargon. Additionally, he did not confuse or alarm me by announcing any "borderline," equivocal findings. Because I had taken good care of myself over the years and my present health was otherwise excellent, my doctor was optimistic that I would achieve a full recovery. My condition was also caught before I had suffered an infarct, which also allowed me a much better prognosis. (I remember thinking, "Prevention pays off after all"!)

The night before my surgery my wife and I were given a guided tour of the intensive care unit. Observing a male by-

pass patient who was receiving immediate postsurgical care allowed both of us to mentally rehearse my future operation. Although we were quite shocked by the image of this gray, pallid gentleman whose every orifice was attached to tubes, we were reassured that the patient was receiving competent, intensive care and attention and was progressing satisfactorily.

My physicians and nurses patiently explained all medical procedures related to my surgery and to postoperative recovery. I was grateful for these reassurances. During this medical crisis, it

was vitally important for me to believe that I was in capable, trustworthy hands. An old medical dictum aptly states, "In any contact between doctor and patient, there is room only for one anxious person—the patient."

What I had always envisioned as someone else's problem was now mine.

Accepting Illness

When I awoke in intensive care, I was told that the operation had gone well. There were no complications. However, the unthinkable had now become thinkable. What I had always envisioned as someone else's problem was now mine. I, too, would carry the stigma of being a "heart patient" from this day forward. As I lay in the hospital contemplating the healing, painful incision on my chest wall, my long-term image of myself as a role model for physical fitness was shattered. However, unless I abandoned my illusion of maintaining perfect health and accepted my illness, I would never progress and experience the "bouncing back" phenomenon.

In our society, the acceptance of illness includes the acceptance of help and assistance from others. This surrender of independence was not easy for me, a person who had always wanted to "do it myself." My wife reminded me that I didn't have to *like* accepting help, I simply had to *accept* it. I am grateful for the sound psychological approach she took in addressing my health care needs. Many of her insights were gained during her graduate studies in Marital and Family Therapy at Butler University, a program which she recently completed.

As an achievement-oriented person, I deliberately chose a difficult, new goal to channel my present diffuse energies toward: I dedicated myself to the project of getting well. Temporarily withdrawing from my present adult responsibilities, I narrowed my focus on one task: fully cooperating with my physicians and their aides in order to insure my recovery. Previously, I had made my own health decisions. Now, I must transfer this

right of personal choice-making to my medical healers by placing my explicit trust in comparative strangers. Although I had knowledge of their professional expertise, I had no sense of familiarity with or security in these medical professionals as supportive, caring human beings. In truth, I felt exposed, vulnerable, and diminished as a co-professional who was now at their mercy.

Back at my office, my co-workers and the dental school administrators picked up the slack by temporarily taking over my professional duties. I received the news of their generosity with mixed emotions. While I was grateful for their willingness to help me out, I was also resentful that they could manage without me.

Returning home I found that my world had suddenly become simple, childlike and constricted. Now spending hours of unstructured time resting in the luxury model recliner thoughtfully provided by my wife and children, I became preoccupied with my condition. Certain aspects of my newly assumed "illness persona" were especially disquieting to me. I began to abandon my former interests in politics, business, social involvements and family occurrences, responding to these events with an amazing apathy. Recently, I read an insightful book chapter* entitled, "How the Sick View Their World," which has helped me to understand my reactions at that time. This author states that during times of illness, one regresses to behaviors similar to those which occurred during childhood. The main features of illness behavior are egocentricity, constriction of interests, emotional dependency and hypochondriasis. The self-absorption which I was exhibiting became even more understandable after reading the following excerpt from "The Convalescent," an essay by Charles Lamb:**

How sickness enlarges the dimensions of a man's self to himself! He is his own exclusive object. Supreme selfishness is inculcated upon him as his only duty . . . like a child, the patient is concerned with the selfish matters of satisfying simple needs for rest, food, absence of pain, physical comfort and the relief of bodily tensions . . . satisfaction of these needs assumes precedence over more social ones.

Although I counted on the strengths of others to meet my daily physical/medical needs, I did not do it will-

ingly. By facing my state of dependency, I had to acknowledge the fact that I was physically unable to care for myself. Initially, when I was admitted to the hospital, I was placed in a wheelchair and wheeled to my room, even though I felt well enough to walk. This blow to my independence and pride clearly showed me from the beginning of my treatment that I would be helplessly placed under the direction of caretakers. Although I had been well and able during my entire 54 years of life, my status suddenly changed. Now I was an "invalid."

"Bouncing Back" During Convalescence

In my postsurgical recovery period, I experienced alternating and paradoxical feelings toward my medical benefactors, which vacillated between uncritical admiration and covert hostility. Assessing the weak and inferior position I held in relationship to them, I was clearly jealous of their "wellness"! Additionally, as I observed those around me who were "healthy," yet undisciplined in personal health care habits, I secretly and smugly categorized them as excellent "heart disease candidates." I also wondered to myself, "*Why me?* How did *they* escape?" In fact, some of the medical support team members whom I encountered were grossly overweight, out of condition and heavily addicted to smoking.

Convalescence is that transitory period between illness and health when

In my recovery period, my feelings toward my medical benefactors vacillated between uncritical admiration and covert hostility.

physical strength, emotional stability and routine living patterns are regained. My healers prodded me toward convalescence, forcing me to get on my feet several days after surgery. I benefited both physically and emotionally from this painful act of mobilization. I could not bear the thought of experiencing either a lengthy convalescence or invalidism. I was eager to return to normalcy and I frequently reminded my wife not to "infantilize" me. Fortunately, she did not



Dr. Christen with Dr. John W. Brown, the Indiana University surgeon who performed the bypass. The photo was taken in Dr. Brown's office at Emerson Hall.

treat me as a "hothouse plant." In responding to my surgery, we have both tried to strike a balance. I have scrupulously followed the physicians' ground rules. They wisely advised me not to test my "physical limits," nor to challenge their postoperative advice. I followed their suggestions closely. Within six days of my surgery, I left the hospital. After three weeks of home convalescence, I returned to work on a half-time basis.

Six weeks after my surgery, I was introduced to a philosophical concept which gave me a broader, deeper insight into my present situation. A friend with whom I was conversing, (a PhD candidate in psychology), suggested that, in facing my illness, I had psychologically "hit the wall." She explained the basic idea of "the wall," as expressed by Jean-Paul Sartre,^{***} the French existentialist/philosopher. Sartre claimed that those who are dying or seriously ill do not perceive life in the same way as those who are well. The former group of persons are standing in front of a symbolic wall which limits their human inclinations to look and plan ahead. As Sartre expressed it:

... man is essentially freedom, the anticipation of his own possibilities projected toward his future. But as soon as man knows that he has to die at a definite, very near date, he can no

longer "project" himself toward the future; he feels as if a wall had suddenly been erected in front of him, a wall beyond which he cannot go, think, feel, or plan. He is no longer a real man, because being a man means being free to project oneself toward the future, toward one's possibilities; and this is just what he cannot do, because of the wall in front of him.

Sartre concluded that in order to accomplish great things in life, humans must live under the fiction of immortality. For me, facing heart surgery meant that I might also be facing my appointed time to die. Even if I survived the operation, I would always wonder if my remaining time on earth would be limited; if my productivity would be cut short. In standing in front of "the wall," I had very little in common with those who could still project their full human potential into the future. I felt that anyone who had not yet faced the certainty of her/his imminent or eventual demise, as I was now doing, could not truly empathize with me, or understand my perceptions.

Progressing Toward Wellness

While still hospitalized, I began to refuse many extra attentions and kindnesses offered by the physicians and nurses, in order to regain some sense of my former self-reliance. I quickly decided that the broader scope of my "healthy"

world was far more attractive than the restrictive, regressive pleasures of illness. In my mind, I had already packed my luggage, and positioned myself on the other side of the wall.

Fortunately, my physical therapists and physicians recommended that I engage in increased physical activity daily. Gradually, they omitted cautionary measures and encouraged me to move about independently. I was given unrestricted visiting privileges, a status which was both helpful and burdensome. I was flattered by the kind, caring responses of many visitors, but often drained by their well-meaning but intrusive requests for detailed, personal health reports.

I discovered that bouncing back is easier to achieve if it is accomplished through a series of small, progressive steps. My physical therapy program started several days after surgery. A steady stream of medical and dietary personnel began to broaden the scope of my restricted world. Through their daily efforts, I was slowly encouraged to reestablish my self-confidence and self-sufficiency. Additionally, I was emotionally reinforced by frequent telephone conversations and personal contacts with co-workers and friends, with whom I could often identify and confide. A steady flow of get-well cards, flowers, plants and gifts arrived in my room. To me, they were visible, reassuring signs that others cared.

Stereotyping the Ill

A few people who visited or called me did not know what to say. Sometimes they inadvertently made inappropriate remarks. In an effort to be supportive or optimistic, they might comment: "You have good color!" Quickly, this became a joke between my wife and me. One day, I concluded that nearly half of my visitors had reminded me of my good color. Well-meaning others related how "shocked" they were to hear of my problem. I had always led such a "clean" life, they said. Why should this happen to me? Their rationale was of little comfort. I, too, had counted on my sense of wellness and healthy life style for over 30 years, but it had let me down!

I began to realize that my condition was evoking diverse and powerful reactions among certain significant others in my life. Often, I could sense the pity,

denial, sadness, aversion, disgust or discomfort which they were feeling. Visitors of the ill are painfully reminded that they, too, cannot completely control their life events, protect their fragile natures, or continue to deny their mortality. Is it any wonder that the disabled, chronically ill or dying are frequently avoided by those who are well? Sadly, sick people are generally isolated from healthy society.

During my convalescence, it occurred to me that Americans live as though death were optional! "I'm Gonna Live Forever" could be enlisted as our

During my convalescence, it occurred to me that Americans live as though death were optional!

national anthem. This type of collective denial tends to color everything we do as a society. In our fundamental optimism and common pursuits of health and physical fitness, sought through aerobics, prune juice, diets, plastic surgery and higher education, we subtly imply that death can be continually abated. We are told to take care of our bodies so they will last and to pursue the highest possible quality of life. Under this idealistic banner, we seek to become self-responsible persons in charge of our own destinies, who are and continue to be beautiful, clever, slim, successful and healthy.

Some of my visitors and correspondents, feeling the necessity to tell me *why* I had developed heart problems, subtly suggested that "it was my own fault." In the past, when I heard about others suffering from heart attacks, I automatically assumed that these persons had done something "wrong," or had not worked hard enough to remain healthy. (Had they avoided exercise, overindulged in fatty foods or failed to control their stress levels?) Operating under this rationale, we become guilty of "victim blaming." Or, we face a new personal hazard, as expressed by Lewis Thomas in the New England Journal of Medicine (1975): "The new danger to our well being is in becoming a nation of healthy hypochondriacs; living gingerly; worrying ourselves half to death."

As I faced these awkward moments with others, my wife helped me to realize that they were doing the best they could to lend their support, under trying circumstances. I concluded that the most appropriate responses a visitor can offer a patient are to: (1) simply *be there* in order to listen; (2) express concern and sorrow, with a few well-chosen words; (3) volunteer to help in concrete ways, either at work or at home; (4) resist the urge to dispense advice, "solution messages," or simplistic, religious platitudes; (5) avoid asking for explanations, (e.g. "How did you get this way?"); (6) keep the visit short; and (7) avoid excessive speaking, which needlessly tires the patient.

Achieving Personal Growth

As a result of my disability experiences, surgical treatment and convalescence, I have achieved profound, personal growth. The quality of my daily life is enhanced, for I am more keenly aware of its transitory nature. Consequently, I use my time more carefully. I am grateful to still be alive, and thus, I have an urgency to reevaluate my priorities. While I have a heightened awareness of life's precious qualities and of health's indeterminable values, paradoxically, I fear death less. I seem to be more accepting of events over which I have no control. I am more compassionate and less judgmental toward others. I have a renewed sense of purpose. My need to love and help others has become

stronger, whereas my desire for material possessions and power has lessened. As I learn to focus on the human values that really matter in my life, I am evolving in challenging, new directions.

*Jaco, E.G., ed.: Patients, Physicians and Illness. New York, The Free Press, 1958, pp. 247-256.

**Lamb, C.: Essays. New York, Viking Press, 1949.

***Stern, A.: Sartre, His Philosophy and Existential Psychoanalysis, 2nd ed., New York, Delacorte Press, 1967, pp. 173-174.

Dr. Christen with colleague, friend, and former jogging buddy, Dr. James L. McDonald, Jr., on a health walk around campus



Back Yard Spectacular

SUSAN CRUM

Helicopter view of Pan Am action in IUPUI Track and Field Stadium, captured by IUPUI photographer Rick Baughn (dental school in upper right-hand corner).

Not much more than a hop, skip—and a long jump à la Carl Lewis—separates the IU School of Dentistry and a world class sports complex that has helped identify Indianapolis as “Amateur Sports Capital of the Nation.”

When 4,453 athletes from 38 countries came to town last August, our campus rose to the myriad challenges presented by the 10th Pan American Games. IUPUI's first-rate facilities offered excellent sites for nine of the 30 sports, including the IU Natatorium (diving, swimming, synchronized swimming and water polo) and the Track and Field Stadium; the Indianapolis Sports Center (tennis); and the IUPUI Athletic Fields (softball) and Gymnasium (judo and taekwondo).

With only the student parking lot and New York Street (lined with parrot-colored banners) standing between the dental school and the Track and Field, the School seemed very much in the thick of the action. Our building was prominently displayed in the background on national television during CBS coverage of Carl Lewis' attempt to break Bob Beamon's world record for the long jump. (Carl jumped short of Beamon's 29-2½, but far enough at 28-8½ to set a new Pan American record.)

IUPUI venues were well attended, and often sold out. The largest crowds gathered for track and field, with 67,350 attending nine track and field sessions in all.

Our only fear (a big one) during the 16-day sports extravaganza was that thousands of spectators and busloads of athletes descending on campus would rob us of our parking places. It proved to be unfounded. John Gilbert and his Parking Services staff deserve a gold medal of their own for a top-notch team performance in designing a parking system that accommodated everyone. The only traffic excitement we spotted (or rather were alerted to by horn honking) was an increase in the number of cars traveling east on Michigan, a one-way street on campus heading west!

The first Pan Am Games, traditionally held the summer before the Olympics, were hosted by Buenos Aires, Argentina, in 1951. Indianapolis is only the second U.S. city to host the games, the first being Chicago in 1959. This year 23 venues throughout Marion County

and at other locations in the state were attended by an estimated 947,000 people.

From August 9 to August 23, athletes of varying sizes and shapes cycled, spiked, lobbed, jabbed, parried, whacked, slam dunked, hammered, rowed, stroked, and somersaulted their way to bronze, silver, and gold medals. United States teams claimed the most victories by far, but there were some surprises:

- Swimmer Silvia Poll of Costa Rica won her country's first Pan Am gold, and seven other medals.
- The U.S. baseball team beat Cuba's team for the first time in 20 years (although Cuba still wrapped up the gold).
- The tiny country of Surinam, which had never won a medal, took home two this year, both through the efforts of swimmer Anthony Nesty in the 200-meter butterfly (bronze) and 100-meter butterfly (gold). Remarkably, this country with a population of 400,000 has only one swimming pool!
- The "sure-gold" U.S. basketball team lost to Brazil 120-115, easily the biggest upset of the '87 Games, ending a 34-game Pan Am winning streak for the U.S.

IUSD 'Family' Gears Up

In June folks at the dental school, in anticipation of the August games, slipped into a Pan Am partying mood. The IUSD Non-Academic Staff Council sponsored a lunchtime School cookout with a south-of-the-border twist. Advertised as a Fiesta Feast, the cookout drew a crowd of 330 that included Amigo, the official Pan Am mascot. Amigo took the Fiesta participants under his wing, dancing with the dean and leading a chorus in Spanish ditties.

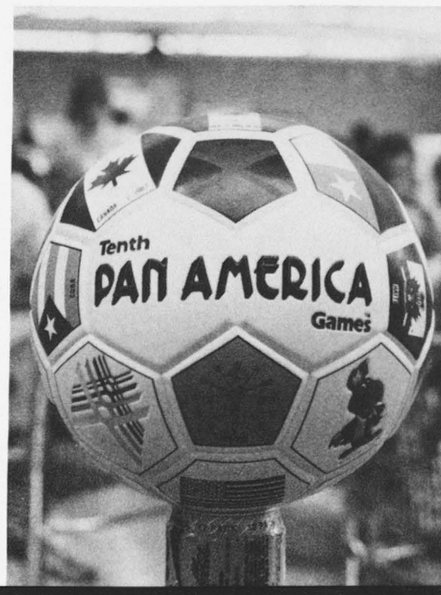
By the time the athletes, coaches, media and fans rolled into town, many people with ties to the dental school had parts to play in the Pan Am production.

Dr. Gregory C. Bell, and IUSD alumnus from the Class of 1961 and a former Olympic gold medalist (see story on page 20) helped dedicate the Pan Am Plaza downtown, and was featured speaker at a brunch organized by the U.S. Olympic Committee at the Radisson Hotel. He remembers Wilma Rudolph, the former track star who lighted the torch at this year's opening ceremonies, when she was a "15 year old kid" competing,



Photos by Mike Halloran

Very furry, very green, and well over six feet tall, Amigo hit it off with the dental school's faculty, students and staff as they feasted at the School's second annual cookout, held in the cafeteria and school yard a few weeks before the Games officially got under way.



Jan Leach, of the periodontics department, ended the two-week post-cookout suspense on who won the raffle for the Pan Am soccer ball when she retrieved the winning ticket from her laundry.

as he did, in the 1956 Olympics in Australia.

Kenneth Turchi, son of Dr. John L. Turchi (Class of 1958), was a member of PAX/Indianapolis, the organizing committee for the 10th Pan American Games. He chaired the Interpreter Corps Committee, under Language and Meeting Services, one of 18 PAX/I divisions.

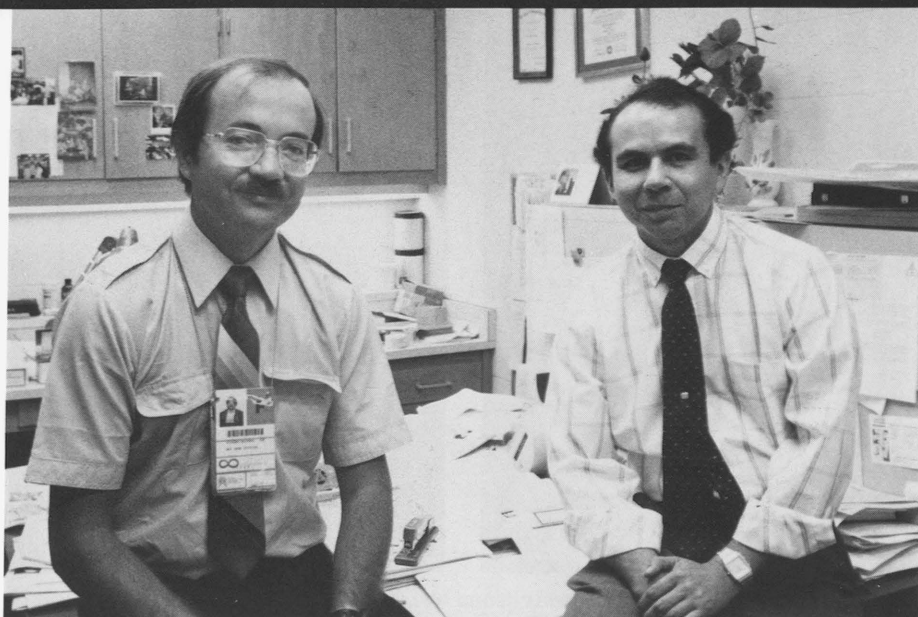
Dr. Ricardo Kriebel-Coronado, 1981 graduate of the IUSD prosthodontics program who practices in San Jose, Costa Rica, returned to Indianapolis to coach his nation's tennis team. With a dismal Pan Am history of just one silver medal, earned in soccer in the late 1950s, the Costa Rican delegation hoped at best that Silvia Poll might win a medal in swimming this year. They got their wish—and then some! Silvia won *eight* medals, three of them gold. Then other athletes won a silver in the marathon, two bronze in roller skating, and even Dr. Kriebel's tennis team captured a bronze in the men's doubles. The thoroughly astonished Dr. Kriebel, who has been a top seeded tennis player in Costa Rica himself, assured his old friends at the IU dental school that there would be much to celebrate back home—and lots to remember about the trip to Indianapolis.

Many employees of the dental school joined the ranks of some 38,000 volunteers in Indiana who put Hoosier

Drew and Libby sat alongside the 600-foot stage and right across from Vice President George Bush.

Hospitality in high gear to welcome and assist the visitors.

Drew Beck and Libby Strain, of the library staff, were two of 20,000 volunteers who formed a card section for the dazzling Pan Am opening ceremonies, produced by PAX/I and Disney World and televised nationally. Performing before a sell-out crowd at the Indianapolis Motor Speedway on August 8, Drew and Libby sat alongside the 600-foot stage where a spectacular parade of singers and dancers entertained, and right across from Vice President George Bush. As



Costa Rican tennis coach and IU graduate, Dr. Ricardo Kriebel-Coronado (left), chats with IUSD faculty member and PAX/I interpreter, Dr. Carlos Munoz-Viveros, in his office in the prosthodontics department. Coach Kriebel is wearing his official Pan Am credentials.

part of the "advanced" card section (those who attended a pre-performance practice), Drew and Libby helped "flash" pictures of Mickey Mouse, Amigo, the Pan Am Torch, and a waving American Flag. They have since spotted themselves in the Kodak Pan Am poster that is selling around the country.

Each card section volunteer was given a gold or aqua T-shirt to wear. "All the shirts were the same size," says Drew with a laugh. "Some children wore shirts that came to their ankles!" Drew found the whole affair "breathtaking," from the sky she describes as "polka-dotted with balloons," to actor Robert Guillaume's hitting the final note of the Star Spangled Banner just as a formation of jets flew over the crowd.

Sports Related Dentistry

Also on opening day the School of Dentistry, along with the Pan American Health Organization, sponsored a Symposium on Oral Facial Trauma in Relation to Sports. Speakers included Dr. G.M. Gillespie, of the Pan American Health Organization's Regional Dental Administration; Dr. I. Lawrence Kerr, of the Committee on Dental Health, U.S. Olympic Committee; Dr. John R. Hildebrandt, Chief Dental Consultant, U.S. Olympic Training Center, Colorado Springs; Ms. Marge Albohm, Athletic Trainer and Coach, International Institute of Sports Medicine, Indianapolis; Dr.

Kenneth J. Spolnik ('75), IUSD assistant professor of endodontics; and Dr. R. Dale Lentz ('67), an Indianapolis oral and maxillofacial surgeon.

During the month of August, Fort Benjamin Harrison was transformed into the Pan American Village, home for 5,400 athletes, trainers and coaches. The Village was staffed by 3,000 volunteers, including about 60 dentists, dental hygienists and dental assistants (headed by Dr. Lentz, Ms. Marsha Strong, and Ms. Vicki Bowen, respectively), who cared for the villagers in a mobile dental unit. The PAX/I Dental Care Committee, of the PAX/I Medical Services Division, was chaired by Dr. Larry Ryan ('65), IUSD associate professor of dental practice administration. The provision of dental care at the Village was a joint effort: The Indiana State Board of Health supplied the mobile unit, which was equipped by Ryker's Dental Depot and stocked with School of Dentistry supplies. All volunteer dentists were members of the Indianapolis District Dental Society.

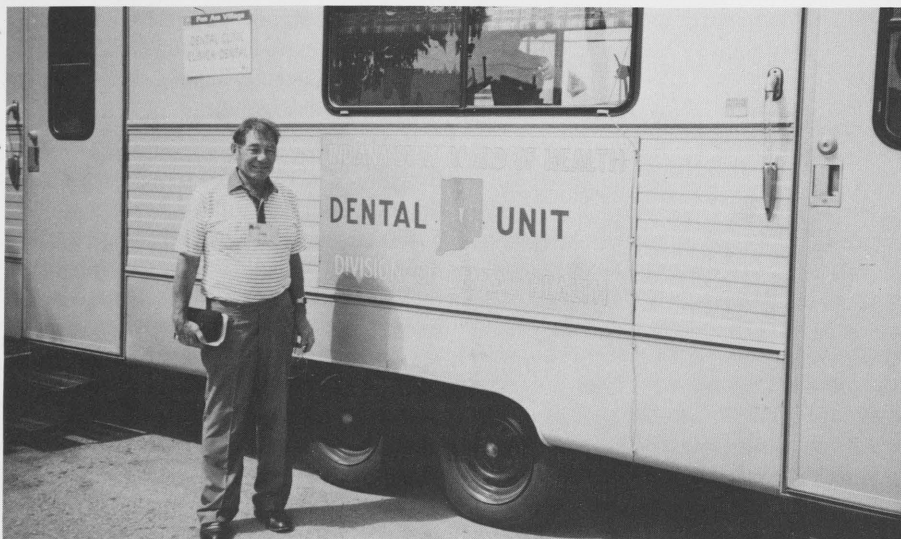
A total of 174 patients from 31 countries were treated at the Village, plus 11 at the dental school and two in private practice. Placing temporary fillings was the most common treatment, and 13 mouthpieces were fabricated for basketball players and water polo competitors. Ironically, the only significant sports re-

Susan Crum



Pictured above are just two of the many dental teams who cared for athletes and coaches in the Indiana State Board of Health's mobile dental unit in the Pan American Village. The team on the left, back row, left to right: Dr. Dale Lentz, Ms. Sally Pollard, Dr. Gregory McGowan, and Ms. Marie Lawlor; in front, Ms. Vicki Bowen and Ms. Colleen Liddy. In the righthand photo, from left: Ms. Jenny Blake, Ms. Polly Thomas, Dr. Darlene West, and Dr. Neil Pinney.

Photos by Jack Schaaf



Dr. I. Lawrence Kerr, of the U.S. Olympic Committee on Dental Health, addressed the symposium on Oral Facial Trauma in Relation to Sports, held at the IU School of Dentistry. He is shown here dropping by the mobile dental unit, parked in the Pan Am Village.

lated dental injury reported during the month was not received by a Pan Am athlete, but by Dr. Larry Ryan, Dental Care Committee chairman, who fractured his cheekbone in a softball game the day of Pan Am opening ceremonies!

Dr. Jack Schaaf, IUSD associate professor of dental diagnostic sciences and one of the IDDS volunteers, noted that Village security was thorough. The Village was divided into three zones—an international area, where anyone with Village credentials could go; adminis-

tration, where the medical and dental units were located; and housing, which was under the tightest security. PAX/I volunteers received their credentials at Lawrence Central High School and passed through a metal-detector clearance similar to those in airports. From there they boarded a bus to the Fort, and before the bus could enter the Village, the state police ran a check of personal credentials and also examined the underside of buses with mirrors. Jack was impressed by the large number of non-Indi-

ana state police assisting with Village security. He saw uniforms representing all of Indiana's bordering states.

Helping Hands All Over Indy

Ms. Shirley Shazer, a histotechnologist in dental diagnostic sciences, spent her time volunteering as an official greeter at Indianapolis International Airport. Donning the greeter uniform of red coat and white culottes and polishing up on her "smattering" of Spanish, Shirley smiled, waved, chatted, and saw to it that our visitors' first impressions of the city were good ones.

Since there was often no way of knowing who was with the games and who wasn't, the greeters, numbering about 40 at any given time, greeted one and all. During one of her 12 shifts (4½ hours each), Shirley met former Olympic gymnast Bart Conner, who arrived to announce the games for CBS. Another time she helped keep the Costa Rican women's softball team occupied when a transportation foul-up kept them stranded for several hours.

Shirley's group also escorted visitors to another part of the airport, where a new team of volunteers charged with arranging transportation took over. Things went smoothly, and Shirley felt that the greeters were well received. At least one bi-lingual volunteer 'floated' at all times in case someone got into communication difficulties.

Knowing Your Manzanas From Your Naranjas

A top priority among Pan Am organizers was making sure that English and Spanish speaking participants saw "eye to el ojo" on all matters pertaining to the games. The Pan American Events and Language Program Office on the IUPUI campus certified more than 2,000 Spanish speakers ranging from age 16 to 70. Dr. Carlos Munoz-Viveros, IUSD assistant professor of prosthodontics and dental materials, was among them. Formerly of Colombia and fluent in both languages, Dr. Munoz applied to become an official volunteer of PAX/I's interpreter corps, about 400 strong and including volunteers speaking French, Portuguese and Dutch.

The interpreters began meeting every other week nearly half a year before the games. Equipped with a hefty book of guidelines that included a dictionary of

hundreds of words pertaining to each Pan Am sport, Carlos and others role-played, watched video tapes, and acquired a broad knowledge of each sport. During the games, Carlos was assigned to medical services, the PAX/I control center, the media center, and opening ceremonies.

A top priority among Pan Am organizers was making sure that English and Spanish speaking participants saw “eye to el ojo” on all matters pertaining to the games.

At the control center he joined the “Flying Eagles,” a group on call to go “anywhere, anytime.” One of his duties was to escort Cuba’s band, who played in the disco at the international zone of the Village. The group was supposed to be returned to their hotel at 10 pm, but they were enjoying themselves so much that it was more like 2:30 am before Carlos wrapped that assignment.

As can be imagined with any event as immense and complicated as the Pan Am Games, some mixups occurred, and Carlos tried to help when possible. One problem, in which two South American reporters arrived in Indianapolis wearing credentials for athletes, never was solved, much to Carlos’ disappointment.

“Credential changes were virtually impossible to obtain,” he says. “Because they had been incorrectly issued credentials as athletes in their country, I had to take them to the Village as ‘athletes.’ At the Village, they were told: ‘You can’t sleep here—you belong to the media!’” Neither man spoke English, but Carlos stayed with them for 10 hours, trying to undo the mess. Finally, they gave up and took a flight home. Although the reporters were understandably upset, Carlos says that they realized the mistake was not the doing of their host country and they seemed very appreciative of Carlos’ assistance. “After that,” he says, “I learned not to get emotionally involved.”

Fortunately, most of his other contacts were good ones, especially at the

medical clinic, where athletes were overwhelmed by the generosity and quality of care they received. “Some were so happy with their treatment, they kept coming back for more!” Carlos says. “They brought miniature flags and lapel pins to show their gratitude.”

Ms. Joyce Stafford, of the dental school’s development office, ushered guests at the equestrian events at Johnson County’s Hoosier Horse Park, and worked in the office. There she met the man responsible for designing the Pan American communication system for relaying by computer results of every game and event—quickly—to main headquarters. Altogether 132 of these units were located throughout the venues.

One of Mr. Robert Wegner’s first activities after retiring from the dental school’s order office on July 31 was to volunteer as a driver from the Hyatt Regency Hotel downtown to IUPUI and Market Square Arena. With no knowledge of Spanish, Bob managed to do just fine with a smile and a friendly “No comprendo.” He was trained on what to do and where to go in case of accidents. Bob experienced only one minor snafu: Working with an unfamiliar dashboard, he inadvertently turned on the blinkers and couldn’t figure out how to turn them off. “While I drove around, my passengers combed through the manual, looking for the answer,” he recalls. Finally, he pulled over and flagged down a policeman for help.



Bob met lots of nice people in his role as driver, including other Indiana retirees on the driving squad, some who were putting in 12-hour shifts. Of the city’s visitors, Bob says: “Many commented on how beautiful and clean Indianapolis is—and for those who had been here years ago, on how much the place had grown!”

Ms. Julie LeHunt, of dental diagnostic sciences, issued badges at several centers around town and also acted as messenger at the fencing bouts. The bouts were well attended, despite the fact that they were narrated in French. Julie says that she used plenty of gesturing to get her messages across. Her college background as a voice major helped her figure out some of what was being said, but did not prepare her sufficiently for the Peruvian weighlifter who indicated (through an interpreter) that he wanted to purchase her waist-length hair!

With no knowledge of Spanish, Bob managed to do just fine with a smile and a friendly “No comprendo.”

Offering to pitch in and help some of her friends on the Awards Committee, Julie wound up doing everything from laundering uniforms to rolling flags and labeling them “indoor” and “outdoor.”

Many other members of the dental school family, too numerous to mention here, participated in some fashion in the 10th Pan American Games. Most will never forget the experience. The city of Indianapolis, and the state of Indiana, will always be able to look back on the Summer of 1987 with much pride, thanks to the tireless efforts of thousands of volunteers, like those from the dental school.

A cardboard cutout of Amigo, official mascot for the 10th Pan American Games, on display at Lawrence Central High School, site of Pan Am credentialing

Alumnus Close-Up

Gregory C. Bell

Class of 1961

Success was Gregory Bell's delayed reaction to life.

By the time he reached his 21st birthday, he still had few clues to his future. He grew up poor, the seventh in a family of nine children living on a truck farm south of Terre Haute. Greg took no college prep classes in high school, having been raised in an environment where struggling to make ends meet took priority over most other things, education included. Only three of the children graduated from high school. When Greg's turn came, he dyed a pair of Army pants black and borrowed a white coat from the principal's son to attend commencement.

Jobs in poultry houses and lumber yards followed for the next three years, until Greg was drafted in 1951. While he was stationed in France, life tossed a bit of serendipity onto his path. Word got out among the soldiers that a track meet was lined up in Bordeaux. Private Bell signed on, seeing it as nothing more than an opportunity to get off the post and have a little fun for a few days. He had had some track experience in high school, and was able to borrow track shoes from the Special Services Department.

No one was more surprised than Greg when he literally ran away with the meet—running, vaulting, and jumping to victory. Two weeks later, he captured the European Championship in the Armed Forces in Nuremburg. "I was in good shape from basic training," Greg says, "and the latent ability was apparently there."

When Greg was discharged in 1953, he returned home and hired on at Allis Chalmers. Now 24 years old, he assumed that his brief athletic career was behind him. Tonsillitis, of all things, threw Greg his next lucky curve. Dr. William Bannon, a physician in Terre

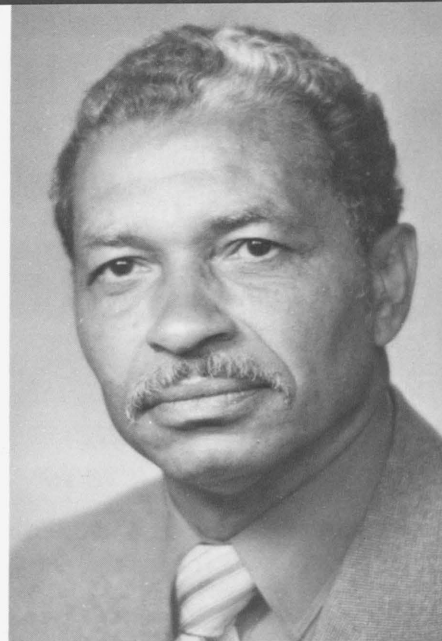
Haute and a strong supporter of Indiana University who was later to become an IU trustee, made a housecall for the ailing Greg as a favor to Mrs. Bell. Dr. Bannon took a gander at all of Greg's trophies in track from his Army days and ordered him (in no uncertain terms, as Greg recalls) to get out of bed and into college.

"Dr. Bannon adopted me as a project," Greg says. He took Greg to track meets, and soon Greg began stopping by his old high school to work out on the track. "I had no coaching and didn't know what I was doing. I was just running and jumping." Greg entered his first Amateur Athletic Union meet and jumped an astonishing 24 feet.

"Dr. Bannon continued to hound me about school," Greg says, who began to seriously consider the doctor's advice. Recently promoted to tool-store keeper on the night shift at Chalmers, Greg was earning \$1.59 an hour. By this time he had married Clara Stewart, his sister's childhood friend, and she urged him on. He began to work out in earnest—and to think about an athletic scholarship. With help from Dr. Bannon, Greg enrolled at Indiana University in 1954 with a track scholarship and a growing determination.

At 25 he became the fifth man in the world to jump 26 feet.

As a 25-year-old college freshman he jumped 25 feet. One collegiate policy that Greg found hard to swallow was that freshmen could not participate in varsity competition—a rule that no doubt had track and field upperclassmen across the nation doing cartwheels! "It was the hardest year of my life." Greg



Dr. Gregory C. Bell

says. "At that point I was outjumping everybody by a foot and couldn't compete with them." Before long, Greg had jumped his way into world prominence. At 25 he became the fifth man in the world to jump 26 feet.

Greg went through his college career undefeated, and his 1957 IU outdoor long jump record of 26-7 still holds today. From 1954 to 1959 he consistently had the best jump in the world—a remarkable achievement that he never let go to his head. Michael R. Curtis, assistant professor of community dentistry at the IU School of Dentistry, knows this better than most. He was a track and field teammate of Greg's at IU who speaks highly of the IU track phenomenon today: "Greg would do anything he could think of to help the other men on the team do their best. He really knew how to look after his buddies, and was a pro at 'psyching out' the competition!"

In his sophomore year Greg was already smashing track and field records, but the memory he cherishes most was a trip to New York City in the spring. "All my life I had dreamed of going to Madison Square Garden to see a fight or something." When he finally arrived, it wasn't to observe other athletes from a seat in the stands. Instead, he was part of a track and field competition that thousands had paid to see.

As a sophomore at IU Greg found himself standing before 120,000 people in Melbourne, Australia, waiting to take a crack at the gold medal in the long jump during the 1956 Olympics. His thoughts at the time? Greg says with a laugh: "I thought to myself, 'What in the hell are you doing here, aspiring to be the best in the world, a little green country boy with cow manure between your toes!'" He strongly suspects that, deep down inside, despite outward appearances, most world champions feel the same way at such moments.

Both small and old for a long jumper, Greg hurtled his body down the Australian track as far as his strength would take him—25 feet, 8¼ inches to be exact, and far enough to win him the gold. His memories of that day are vivid: "Standing on top of that podium, with the flag being raised and the Star Spangled Banner being played, it put a lump in this old cynic's throat. It made me realize that with all the faults this country has, it is way ahead of anything coming in second. The Olympic spirit transcends everything—hatred, bigotry, colors, language, politics. The first three people to congratulate me were Russian athletes."

Asked to compare today's track and field stars like Carl Lewis to yesterday's, Greg Bell shakes his head and says it can't be done. "I never saw a slow motion movie of myself. I ran with ¾-inch spikes on cinders. Today they run on scientifically engineered Tartan or Mondo surfaces that are smoother than this floor. Also, different eras present different psychological barriers. It's like trying to compare Muhammed Ali to Jack Dempsey. For example, until Roger Bannister broke the four-minute mile, nobody seriously tried. Now, if you can't break four minutes, you'd better stay home. There used to be an event known as the 440-meter run—now there is an 880-meter *dash*! And if you can't jump 27 feet, go back to bed."

The world record today, set by Bob Beamon in Mexico City in 1968, is 29 feet, 2½ inches. In Greg Bell's eyes, the late Jesse Owens is still unsurpassed as the greatest track and field legend.

Perhaps even more remarkable than Greg's track and field career has been his ability to recognize stardom for what it is—fleeting—and his wisdom in

pursuing new goals with the same enthusiasm, if not more. He believes that athletes would be better off competing more for the camaraderie and fun of the sport than for the money and fame. He sees irony in a system that lets a second-place, world-class winner, who may have lost by a mere fraction of an inch, go unheralded by the public. Greg is wary of young talents who begin to believe everything that is written about them, and even more turned off by the aggressive marketing of a few chosen 'stars.' "Athletes should forget about setting their sights on a gold medal for the purpose of transmitting it into real gold." His straightforward advice: "Aspire to be the best you can be. Set realistic, approachable goals, and do something because you enjoy it."

He remembers that crown and bridge instructor John F. Johnston had no intention of letting the "hot-shot athlete" rest on his laurels.

Greg calls his decision to seek a career in dentistry a "lucky stumble." He also remembers that crown and bridge instructor John F. Johnston had no intention of letting the "hot-shot athlete" rest on his laurels.

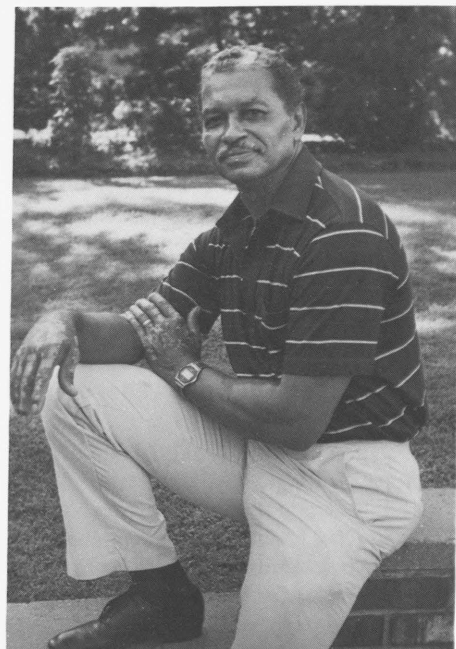
"It was rough that first year," Greg says, "because Dr. Johnston had some preconceived ideas (with some justification) about athletes getting free rides. As time went on he began to see that I was serious about my education." By Greg's fourth year, he was making A's in crown and bridge and Johnston was still "cussing" him almost weekly, now urging him to teach instead of practice. "Johnston had a good friend at Howard University who was head of the crown and bridge department. Johnston harangued me until I agreed to give teaching a try."

The new dental graduate went to Washington, D.C. and enjoyed teaching at Howard, but returned to Terre Haute after a year and practiced there from 1962 until 1969. Next came a move to Logansport, the town where Clara had taken her psychiatric nurse training. She suggested that he look into a position in the dental

department at Logansport State Hospital. As it turned out, an older dentist there decided to take early retirement. Dr. Bell was appointed to replace him and has been on the staff ever since. He also maintains a busy part-time private practice two evenings a week. He says that his patients at the psychiatric hospital may require of him a few "special skills, but mostly they are not much different from other people. They still respond to kindness and have a sense of pride. I've been thanked many times for making a tooth look pretty again. They are concerned about missing teeth just like anybody else."

When an uncle left Dr. Bell a volume of Paul Lawrence Dunbar's works, Greg was off and running with a new love: poetry. He memorized an hour of Dunbar's pieces and began to do readings at Rotary meetings and ladies' clubs in the area. Performing Dunbar's poems stirred him to take pen in hand and write a few of his own. He now has about 60 poems copyrighted on subjects ranging from track and field to family reminiscences to tributes to people like Martin Luther King.

Another group of people scattered around the globe knows Dr. Bell as N9AHW. He is a ham radio operator whose interest was sparked while he was operating a Citizens Band radio in his car, under the handle "Toothpick."



Susan Crum

Dr. Bell at home in Logansport



As a “Hammer” Dr. Bell earned full radio privileges in six months. On his game room wall today hangs a huge world map with pins identifying locations of many of the people he has spoken with. “It’s intriguing to me how you can speak into a microphone, throw some magnetic waves out, and half a world away someone can pick your voice out,” he says. “You can travel around the world without ever leaving home.”

The farthest contact he ever made was a scientific expedition of Russians and New Zealanders just off the coast of Antarctica. Another time Dr. Bell was talking with someone in California about his track days when a voice, breaking in from Los Angeles, asked: “Did you happen to know Harold Connolly or Olga Fikotova?” Dr. Bell had known them well, as 1956 Olympic gold medalists in the hammer and discus, respectively. Harold and Olga had married during the 1956 games. It was their son who had tuned in Dr. Bell’s voice on the ham radio. Aside from the fun and the “needle in a haystack” discoveries, Dr. Bell says that ham radio operators often provide a

“Show me a ‘good loser’ and I’ll show you a loser!”

valuable service to the public when other communication systems fail.

Asked to cite his one greatest accomplishment, Dr. Bell quickly points to the family portraits sitting atop the piano in his living room. Wife Clara, with baccalaureate, master’s and doctoral degrees, is director of continuing education for nurses at Purdue University. Eldest daughter Valinda Jones is associate director of the School of Nursing at Vanderbilt University, an OB-GYN nurse-practitioner, and mother to Jason, 6, and Mike, 1. Son Gregory Kent is in research and development for the Allison Division of General Motors, and youngest daughter Shari is in her last year of law school at IU

Watching Dr. Bell try to keep abreast of his one-year-old grandson as he travels throughout the house, one is amused to see the toddler gleefully outmaneuver grandpa time and time again.

1956 Olympic Long Jump Medalists in Australia, from left: John Bennett, Marquette University, the Silver; Greg Bell, Indiana University, the Gold; and Jorma Valkama, Finland, the Bronze

One may draw the conclusion from this scene that Gregory Bell has mellowed. Guess again. One moment, he may be reciting a few stanzas from a Dunbar poem in a soft, melodious voice, but let the topic change to sports and he says without batting an eye: “Show me a good loser and I’ll show you a loser!” The 57-year-old still accepts neighborhood challenges from men in their 40s who hope to outrun an Olympic gold medalist. So far, they haven’t. “You can learn to lose gracefully,” says the man whose life has been an interesting mix of hard work, steely determination and good fortune, “but don’t ever quit trying to win.”



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Student Sketches

Jeffrey C. Thalls

Class of 1989

Fireman or dentist. Those were the occupations of choice for Jeff Thalls back in 1969, when he was attending second grade in Hagerstown, Indiana. Jeff's dad, Jack, was a volunteer firefighter and Dr. Peter Zonakis ('61), then a general practitioner, was taking care of Jeff's teeth. A few years later the dental profession edged out the fire department in his career plans after an orthodontist in Richmond fitted Jeff with braces. "They changed my appearance and, more important, the way I acted and felt about myself," Jeff says. "I didn't smile much before. I was probably the only junior high kid who ever looked forward to getting braces and enjoyed wearing them! I also began to realize that dentists are able to help patients in many ways."

After high school Jeff entered a pre-dent program at Ball State University, only to find that he had to declare a second major. He dabbled in business courses long enough to know he didn't want to wind up behind a desk. After switching to education, he enjoyed classes in teaching so much that he placed dentistry temporarily on a back burner. He graduated in 1984 with a professional arts degree in pre-dentistry, but held off applying for dental school for another year and a half until he had earned enough credits for a state teacher's license.

"I did my student teaching at Cambridge City for a class of fifth graders, and really loved it," he says. "I still get letters and pictures from kids in that class who are now in eighth grade. Children are very appreciative. One little girl wrote recently that she's going to take French this year because of the French she learned in my class."

With school behind him, Jeff simultaneously launched applications for dental school and résumés for teaching jobs. He taught as a substitute at Cambridge City while waiting to see where

life would take him next. On the verge of accepting a teaching position in South Carolina, Jeff was offered a place in the Class of 1989 at the IU School of Dentistry. As rewarding as he found teaching, Jeff jumped at the chance to study dentistry.

Long on enthusiasm but short on money, Jeff grappled with the problem of financing a dental education. He wasn't alone in the struggle. His parents, an uncle and aunt, and a grandmother backed him 100 percent.

"They sat down together to figure out a way to help me," Jeff recalls. Finally Grandma Johnson came up with a plan. Mrs. Johnson lives on 110 acres outside Hagerstown, part of it wooded. In the woods were some walnut trees that she gave Jeff permission to cut and sell. Three weeks before the first day of dental school, Jeff took up logging with the aid of a small tractor, his dad and uncle. Together they felled a dozen walnut trees and carefully hauled them from the woods without damaging the surrounding trees. Jeff sold the highly valued timber to a buyer from Cincinnati and used the money to pay for his first year of dental school.

"It's not unusual for them to do things like that," says Jeff, an only child who speaks of his family with much pride. "When I was an undergraduate my grandmother gave me my own field to plant and take care of. I tended a crop of beans that helped pay for school. I wish the members of my family could have their names printed on my dental diploma along with mine."

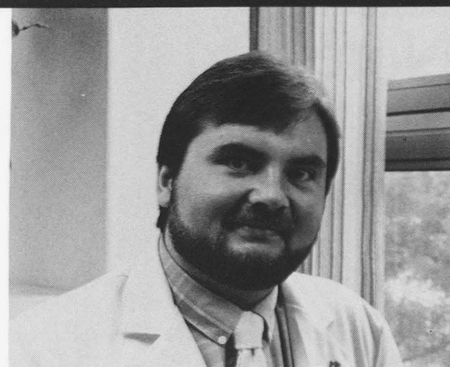
Now halfway through dental studies, Jeff says that it's been an interesting hodgepodge of "trauma and good experiences." He got a kick out of bumping into Pete Zonakis, now a faculty member on the Fort Wayne campus, in the dental

school corridors last year. "We hadn't seen each other for 14 years," Jeff says. "I think he was pleased to see that I was in dental school."

Jeff's preconceived notions of what dental school would be like were quickly dismissed when he arrived. "I expected a backstabbing atmosphere—a place where my rural background would work against me. Instead, it turned out that nobody cares about your background here, and I have made lots of friends." He and four classmates do lab work together in a spare room at their apartment complex. "I'm going to miss the support group when I graduate."

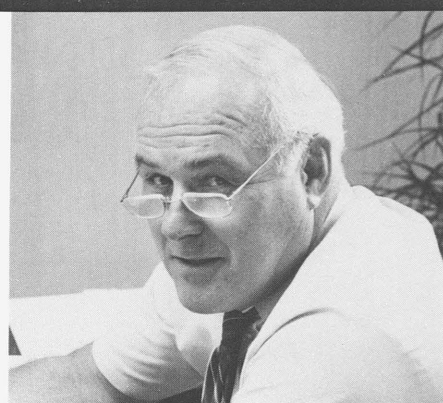
Jeff hopes to settle down as a general practitioner in east central Indiana near his hometown. He's not looking for a high-volume practice. "I want to take time to know my patients, to talk with them. I think you can partially measure success by how you relate to people." He is encouraged that one of his dental school patients who earlier admitted to being very apprehensive in the dental chair now falls asleep in his care.

Even though he chose dentistry over teaching, Jeff still surrounds himself with young people whenever possible. He is a past president of the Hagerstown high school band, and has remained friends with the band director. Even after becoming a dental student, Jeff has often chaperoned the band's week-long trips to band camp or state fair competitions. During the first week of dental school this past August, he put up 100 members of the Hagerstown Golden Tiger Marching Band at his apartment's clubhouse while they were in town to compete at the state fair. They placed 13th, a fine accomplishment for a small town band. Hagerstown must be very proud of its Golden Tigers—and also of Jeffrey Thalls, a native son who seems well on his way to achieving success in the dental profession.



Susan Crum

Notes from the Dean's Desk



Dr. H. William Gilmore

The new school year is under way with many new enhancements in our School of Dentistry programs. Bringing the first-year class into the 1121 W. Michigan facility was made possible by extensive remodeling of the preclinical laboratory and locker rooms. The new admitting and diagnostic patient areas and special care clinic are now available for patients. This August was the first time that all clinical departments have remained open for patient care and teaching. The adjusted, more active schedule blends well with our updated facility. Students also are treating more challenging cases and managing more patients.

The decreasing applicant pool is an acute problem for the nation's schools and organized dentistry. Student recruitment will be a top priority for all dentists and auxiliaries for at least another decade. Quality students need to be attracted to the profession at an early age, and this is the strategy planned by the ADA/AADS sponsored SELECT program. The profession has joined forces with Project SELECT to recruit quality students. SELECT has also enhanced dentistry's image.

The first-year class in August contains 68 new students (60 Indiana residents, eight non-residents), nine minority students (two blacks, six Asians, and one Hispanic). Current enrollment matches that of the 1950s. Enrollment is up in auxiliary programs in the state and most auxiliaries are finding employment in dental practices even before graduation.

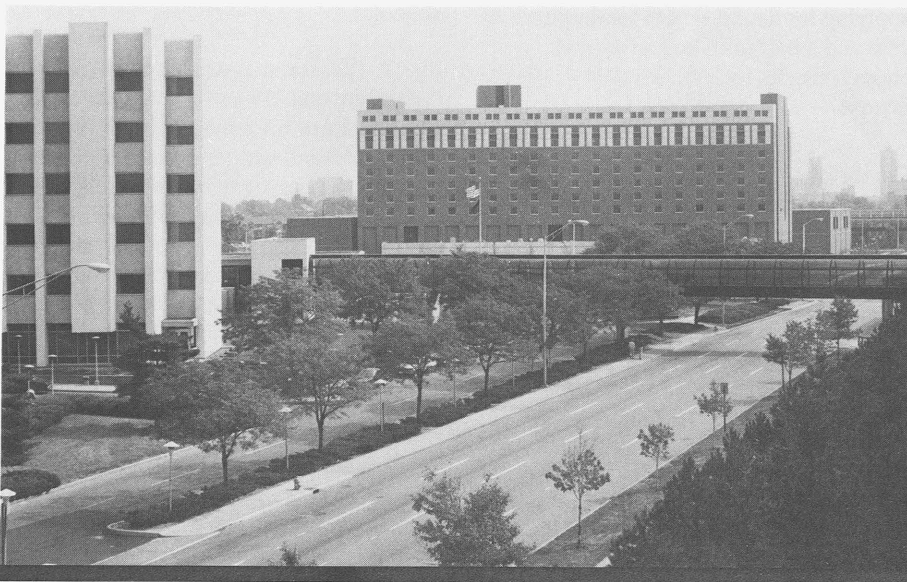
Dr. Donald E. Arens has methodically studied dental continuing education in this country and has begun to revamp our IUSD system. Alumni, faculty and

outside experts have been contacted to rechart the future in continuing education. New courses are planned for both generalists and specialists and include new subjects such as TMJ diagnosis and management, implantology and IV sedation, as dictated by national guidelines and the Indiana Dental Practice Act. Another form of continuing education is available through the school-sponsored video tape subscription service offering traditional as well as new topics. Through the mail dentists will be able to acquire six 1-hour taped topics for the home VCR or for the study club. Efficient, low-cost learning will occur with the video tapes produced on the IUPUI campus as a service to alumni.

Another unique experience is available if you visit or stay in the new Lincoln Hotel during your next visit to the city. The hotel is located in the center of the IUPUI campus and is linked to a world-class conference center. This is a major venture for the University with private enterprise (the Conference Center was funded by the Lilly Foundation). The whole venture is a measure of the growth

and change occurring on our IUPUI campus. The IUSD Alumni Association will hold their winter board meeting in the complex and see first-hand the audiovisual devices available for teaching professional subjects.

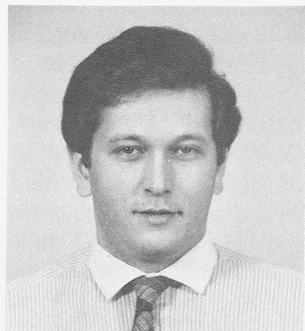
Using interpersonal skills and staying current are the toughest challenges for faculties of professional schools. Establishing these behaviors in students must also be done innovatively and effectively. Futurists expect a doubling of the gross national product in 25 years, more foreign trade and a renaissance in U.S. manufacturing and entrepreneurship. These rapid changes and market forces point up the importance of the University's role in our expanding, dynamic society.



New Lincoln Hotel and University Conference Center on the IUPUI campus, east of University Hospital (in foreground)

Photos by Susan Crum

Postdoctoral Profiles



Abdul Aziz Alawa

HOMETOWN:

Damascus, Syria

DENTAL DEGREE:

D.D.S., Damascus University, 1980

POSTGRADUATE PROGRAM AT
INDIANA UNIVERSITY:

Maxillofacial Prosthetics, with minor in
Dental Materials

THESIS:

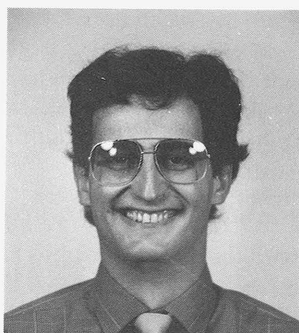
Thermoplastic Chlorinated Polyethylene
Material Proposed for Maxillofacial
Prostheses: An In Vitro Evaluation and
Comparison of Physical Properties

DEGREE:

M.S.D. September 1987

PLANS AFTER GRADUATION:

Private practice in Miami, Florida



Warren H. Blair

HOMETOWN:

Stuttgart, West Germany

DENTAL DEGREE:

D.D.S., Indiana University, 1984

POSTGRADUATE PROGRAM AT
INDIANA UNIVERSITY:

Periodontics, with minor in
Oral Pathology

THESIS:

(Study comparing a number of surgical
root surface treatments. Article is being
prepared for publication.)

DEGREE:

M.S.D. August 1987

PLANS AFTER GRADUATION:

Appointed to the Faculty, Department of
Cariology, Periodontology and Preventive
Dental Medicine, University of Zurich
Dental Institute, Zurich, Switzerland



Donna R. Huggins

HOMETOWN:

Bethesda, Maryland

DENTAL DEGREE:

D.M.D., University of Florida, 1979

POSTGRADUATE PROGRAM AT
INDIANA UNIVERSITY:

Operative Dentistry, with minor in
Dental Materials

THESIS:

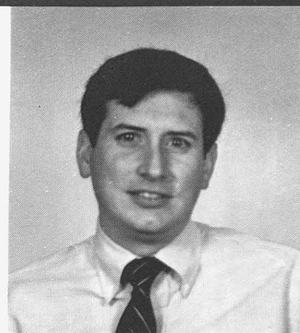
An In Vitro Evaluation of the Marginal
Leakage of Dentin-Bonding Restorative
Materials

DEGREE:

M.S.D. June 1987

PLANS AFTER GRADUATION:

Dental officer, US Navy Dental Corps,
Washington, D.C.



Anthony A. Kamp

HOMETOWN:

Ft. Thomas, Kentucky

DENTAL DEGREE:

D.M.D., University of Kentucky, 1981

POSTGRADUATE PROGRAM AT
INDIANA UNIVERSITY:

Pediatric Dentistry, with minor in
Speech Pathology

THESIS:

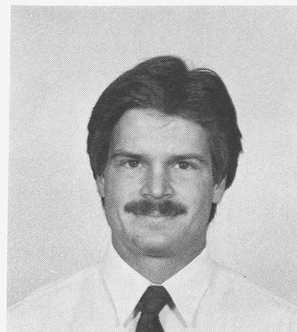
Computer Assisted Analysis of Dental
Crowding and Its Relationship to Tooth
Size, Arch Dimension, and Arch Form in
the Mixed Dentition, Utilizing the Apple
II Personal Computer

DEGREE:

M.S.D. August 1987

PLANS AFTER GRADUATION:

Major, U.S. Air Force Dental Corps,
Misawa, Japan



Robert A. Kunas

HOMETOWN:

Merrillville, Indiana

DENTAL DEGREE:

D.D.S., Indiana University, 1985

POSTGRADUATE PROGRAM AT
INDIANA UNIVERSITY:

Periodontics, with minor in
Oral Pathology

THESIS:

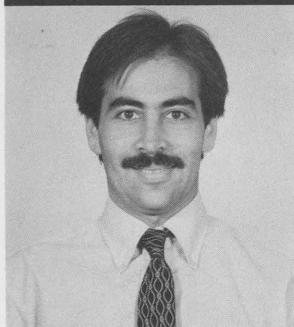
(Study concerning pressure-controlled
probing. Article is being prepared
for publication.)

DEGREE:

M.S.D. June 1987

PLANS AFTER GRADUATION:

Private practice in Champaign, Illinois



Neil A. Landy

HOMETOWN:
Hartford, Connecticut

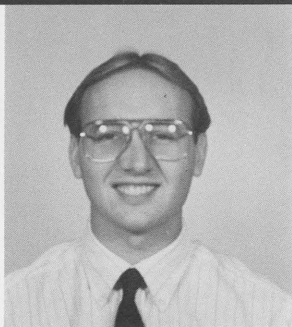
DENTAL DEGREE:
D.M.D., University of Connecticut, 1984

POSTGRADUATE PROGRAM AT
INDIANA UNIVERSITY:
Periodontics, with minor in
Oral Pathology

THESIS:
(Study concerning periodontal maintenance in diabetic patients. Article is being prepared for publication.)

DEGREE:
M.S.D. July 1987

PLANS AFTER GRADUATION:
Private practice in Virginia with part-time appointment in the Department of Periodontics, Medical College of Virginia School of Dentistry in Richmond



Mark L. M. Powell

HOMETOWN:
Jenison, Michigan

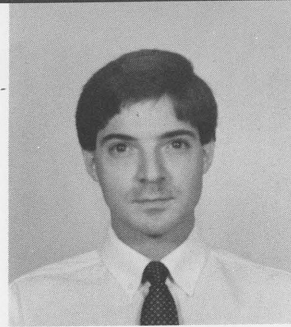
DENTAL DEGREE:
D.D.S., University of Michigan, 1985

POSTGRADUATE PROGRAM AT
INDIANA UNIVERSITY:
Orthodontics, with minor in
Speech Pathology

THESIS:
Histological Tissue Rearrangement Following Circumferential Supracrestal Fiberotomy on Orthodontically Rotated Teeth in the Dog

DEGREE:
M.S.D. July 1987

PLANS AFTER GRADUATION:
Private practice in Jenison, Michigan



Jeffrey D. Sessions

HOMETOWN:
Salem, Oregon

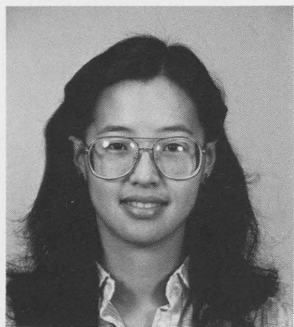
DENTAL DEGREE:
D.M.D., Oregon Health Sciences University, 1985

POSTGRADUATE PROGRAM AT
INDIANA UNIVERSITY:
Orthodontics, with minor in
Speech Pathology

THESIS:
Changes of the Nasolabial Angle Due to a Combination of Orthodontic Treatment and Facial Growth

DEGREE:
M.S.D. June 1987

PLANS AFTER GRADUATION:
Private practice in Lake Oswego, Oregon



Ruby J. Lee

HOMETOWN:
Valparaiso, Indiana

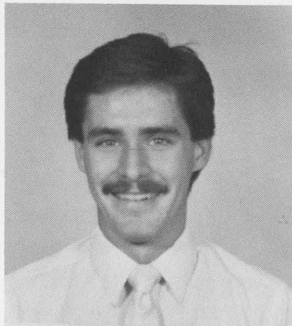
DENTAL DEGREE:
D.D.S., Indiana University, 1983

POSTGRADUATE PROGRAM AT
INDIANA UNIVERSITY:
Maxillofacial Prosthetics, with minor in
Dental Materials

THESIS:
Laboratory Investigation of Zinc and Lead Alloys for Use in Facial Prosthesis Mold Fabrication

DEGREE:
M.S.D. June 1987

PLANS AFTER GRADUATION:
Private practice in Indianapolis and part-time faculty member in Prosthodontics at Indiana University



Greg S. Samuelson

HOMETOWN:
Kearney, Nebraska

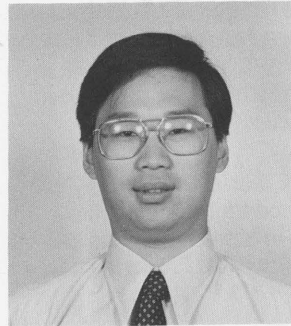
DENTAL DEGREE:
D.D.S., University of Nebraska, 1985

POSTGRADUATE PROGRAM AT
INDIANA UNIVERSITY:
Orthodontics, with minor in
Speech Pathology

THESIS:
Tooth Movements Associated With Deep Overbite Correction of Class II Division 1 and Class II Division 2 Malocclusions in Postpubertal Patients

DEGREE:
M.S.D. June 1987

PLANS AFTER GRADUATION:
Private practice in Lincoln, Nebraska



Zu-Liang Wu

HOMETOWN:
Taipei, Taiwan, Republic of China

DENTAL DEGREE:
B.D.S., National Defense Medical Center, 1982

POSTGRADUATE PROGRAM AT
INDIANA UNIVERSITY:
Preventive Dentistry, with minor in
Operative Dentistry

THESIS:
The Effect of Topical Concentrations of Strontium Upon the Remineralization and Demineralization of Artificial Incipient Enamel Lesions

DEGREE:
M.S.D. August 1987

PLANS AFTER GRADUATION:
Graduate studies in endodontics at the University of Pennsylvania

An Update

The Oral Pathology Biopsy Service



Mike Halloran

Dr. Lawrence I. Goldblatt

The Oral Pathology Group of the Indiana University School of Dentistry has offered an important biopsy service to dentists and physicians statewide and around the country for nearly 40 years. At the request of the *Alumni Bulletin*, Dr. Lawrence I. Goldblatt, professor of oral pathology and a longtime faculty member of the Oral Pathology Group, provides an update on the School's widely respected biopsy service. Dr. Goldblatt is a 1968 graduate of Georgetown University. He was appointed to the Indiana University faculty in 1973, after earning an MSD in oral pathology here. His observations follow:

What is the official name of the biopsy service and how did the service develop?

Known originally as the Indiana University School of Dentistry Oral Pathology Biopsy Service, the service was established in 1950 by Dr. William G. Shafer.* It was brought about chiefly as a service to the dental and medical communities, in the rendering of microscopic diagnoses based on tissue removed from living persons for the purpose of such evaluations. The graduate program in oral pathology was also getting under way during the early 1950s, and the service no doubt provided an important teaching tool in the training of postdoctoral students, just as it does today. The name of the service was changed to the Oral Pathology Group in 1981.

Who plays a role in the service?

In addition to three full-time members of the oral pathology faculty, the service group includes three histologic technicians, one full-time secretary, one departmental secretary who spends about

half of her time on the service, and the oral pathology graduate students (residents). The three faculty members—Drs. Charles E. Tomich, Lawrence I. Goldblatt, and Susan L. Zunt, are Diplomates of the American Board of Oral Pathology and have collectively 39 years of experience as trained oral pathologists.

Where do the biopsies come from? Who is entitled to use the service?

We receive biopsies from all over the world. Most of our regular contributors practice in Indiana, Illinois and Ohio, but we have many frequent or regular contributors in other parts of the country, and occasionally cases come from Canada, Mexico and Africa. Most specimens are contributed by dentists but physicians also use the service. Only about 10% of the specimens come from IU School of Dentistry patients.

How important is it to the total educational program of the department?

The service is just as essential to the total educational program of the department of oral pathology as is the practice of any other phase of dentistry to the teaching of that discipline. The teaching of all areas of health care is based on both scientific and empirical knowledge derived from clinical practice. The same is true of oral pathology.

Describe the procedures for a typical case.

When first-time contributors contact the department, they are sent our standard mailing kit: a plastic bottle containing 10% buffered formalin, a history form, mailing labels and stamps. Typically a case is mailed to us or hand-delivered by the practitioner or an assistant. After being logged in, the case is examined grossly and trimmed for optimal embedding, infiltrated with paraffin, cut,

stained and coverslipped for microscopic examination. The microscopic features and diagnosis are then dictated by the resident or staff member assigned. Finally, the case is discussed in our daily biopsy service conference ("noon session"), and the final report is typed and signed out. Another mailing kit for future use is automatically sent to the contributor, along with the biopsy report.

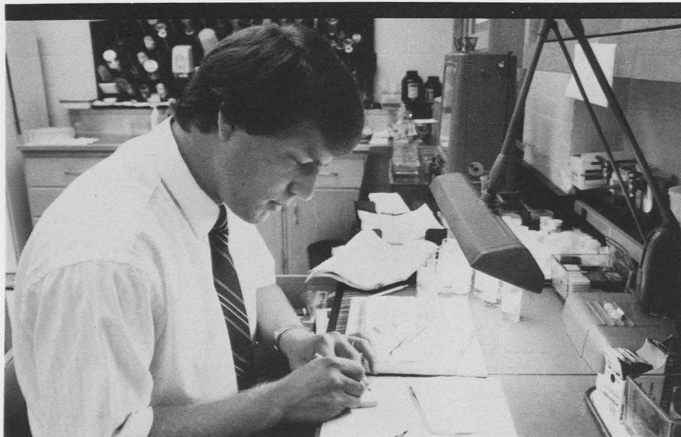
Are there special guidelines for preparing the specimens?

Guidelines for preparing and submitting biopsy specimens relate to three areas: 1) history form; 2) surgical procedure; and 3) fixation. A standard history form is supplied by the service and completed by the contributor. An accurate, relevant, complete and legible history is an absolute necessity for the rendering of the proper microscopic diagnosis. Not all microscopic findings are specifically diagnostic, so that an accurate picture of both the history of the patient and the clinical nature of the disease process is of paramount importance in arriving at definitive diagnosis. An incomplete and/or illegible history is not only an annoyance, it can present a serious medical-legal problem for the contributor and pathologist alike. It must be remembered that the history sheet is a legal document, not a friendly letter.

Proper surgical procedures are necessary to make the tissue as diagnostic microscopically as possible. Careful, gentle handling of the tissue is essential to avoid crush, electrosurgical, slow-freeze or surgical suction artifact, any of which can greatly compromise the diagnostic value of the tissue.

Finally, optimal fixation for routine biopsies is rendered by placing the tissue immediately in 10% formalin. If this is not available, ethanol or other alcohol is acceptable. Tissue should *never* be placed

*Distinguished professor emeritus of oral pathology and chairman of the Department of Oral Pathology from 1957 to 1985.



Dr. Don-Jon Summerlin, third year resident in oral pathology, performs gross examination of biopsy specimen before trimming it.



Laboratory assistant Patricia Wise embeds biopsy specimen in paraffin block for cutting.



Mary Ann Schabel, oral pathology histotechnologist, removes specimen from water bath and places microscopic section on glass slide.



Lee Ann Hadley, also a histotechnologist for the department, coverslips microscopic slides of biopsy specimens.

Photos by Mike Halloran and Susan Crum

in water, saline or "reconstituted" formalin (made by adding water to the crystals in the formalin container from which the liquid has evaporated).

How are the specimens evaluated?

The specimens are routinely evaluated both grossly (with the naked eye or a magnifying lens) and microscopically. Occasionally electron microscopy is used as an adjunct to light microscopy.

How long does the procedure take?

For routine soft tissue specimens, processing takes approximately 48 hours. The specimen arrives fixed in formalin, is trimmed and placed in the tissue processor on day one. On day two it is embedded, cut, stained and the initial microscopic description and diagnosis dictated. On day three the case is discussed at our biopsy conference, and the final report is typed, signed by the resident and faculty

member assigned and mailed. For specimens composed of bone, tooth or calculi, decalcification is necessary before routine tissue processing and may add anywhere from several days to several weeks to the procedure. Should a diagnosis be required by telephone sooner than the normal time for soft tissue specimens, a faculty member can often provide the information to the contributor on day two (or, in exceptional cases, day one) of the cycle.

Who gives the interpretation first?

During the daily biopsy conference the first person to interpret a case is the resident who is assigned to the service that week. However, it is a departmental rule that all faculty members and residents present in the department on a given day must examine all cases for that day and offer a diagnosis.

How many cases do you see on a typical day?

There really is no such thing as a "typical" day, but an average day (based on total annual cases divided by total number of workdays) brings 30 cases.

Do members of the daily session sometimes disagree on a diagnosis? How is that situation handled?

Even experienced pathologists disagree as to the specific diagnosis on occasional cases. If the disagreement is minor (regarding only terminology and having no bearing on treatment or prognosis), generally the final diagnosis is that of the faculty member signing out that day. If a major difference of opinion occurs, outside pathologists with expertise in the area of pathology in question may be consulted.



The "noon session" at work

How many biopsies are performed in a year? What percentage of the samples show signs of cancer?

The number of specimens received annually continues to climb, although more slowly in recent years, possibly due to standardization or "evening out" in both clinical suspicion of the practitioner and referral rates to specialists. In 1986 we received 7,626 cases. For the years 1984-86, the percentage of these cases showing signs of cancer was slightly over 2%. About 6% of the total showed premalignant change.

What is the most common diagnosis and what group submits the specimens?

One of the most common diagnoses is the periapical granuloma, usually submitted by endodontists or oral surgeons.

Is there a charge for the service?

The fees (as of this writing) are \$32.00 for each routine specimen, \$5.00 for each extra block cut, \$10.00 for special stains, and \$10.00 for decalcification.

Has the noonday session group ever been completely baffled by a case and unable to make a diagnosis?

Occasionally a definitive diagnosis is not possible. Reasons may include absence of detectable microscopic differentiation in neoplasm, clear but non-specific microscopic findings, insufficient tissue, sub-optimal fixation or tissue-handling artifact.

How many other dental schools have such a service, and how does ours compare in size?

Most other dental schools have biopsy services but to the best of our knowledge ours is the largest dental school-based biopsy service in the country.

How does the daily session enter into the training of residents in oral pathology?

The daily biopsy conference is the foundation upon which much of the training of our residents is based. It represents the "hands-on" part of their job as oral pathologists, and is the forum in which most

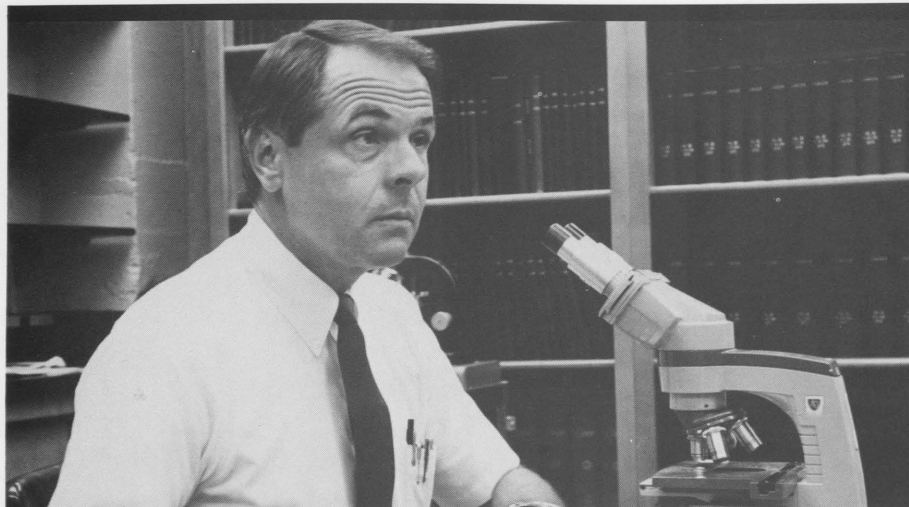
of the key problems and questions arise that their course of study is designed to answer.

By the time an oral pathology resident completes the program, what is the extent of training?

At the completion of the three-year course of study, a resident will have reviewed almost 24,000 biopsy cases, along with approximately 1,300 special study consultation cases, and will have personally dictated and signed out about 6,000 cases. The resident will also have spent three months on the general surgical pathology/autopsy service at Indiana University Hospital. The master's program requires completion of many didactic courses and an original research project, including the writing of a graduate thesis. No other training program in the country provides residents with more experience in diagnostic oral pathology.

Who is your typical contributor?

Most of our regular contributors are oral surgeons. We also receive specimens from endodontists, periodontists and



Dr. Charles E. Tomich, professor and chairman of the Department of Oral Pathology, heads daily session.

general dentists. Physicians occasionally submit cases.

Do some dentists or physicians bring the cases in person or is the process done entirely by mail?

Some contributors come in person if it is more convenient than mailing or if they wish to maximize speed. Sometimes they are concerned about freeze artifact in the winter.

Time is a major factor in the biopsy service. What happens during times like Christmas vacation?

The biopsy service runs every weekday of the year except on the major single-day holidays such as Christmas, New Year's Day and Memorial Day. There is no extended "vacation" for the service.

Describe the new computer system.

In 1984 the biopsy service at Indiana Uni-

versity entered the computer age. At that time we began to enter all of our current biopsy service information into a main-frame computer located in the Engineering and Technology Building on the IUPUI campus. This process, performed by way of a "dumb" terminal in our department, has been largely a one-way operation with very limited feedback due to time and personnel constraints. Building on our experience with this initial system, we are now designing and programming a new system which will be capable not only of extensive data retrieval, but will greatly facilitate handling of current cases as well as billing procedures.

The new system will consist of two microcomputers (Personal Computers), independent of any outside computer services, and two printers. Providing the contributor fills out the newly revised history sheets completely, accurately, and legibly, the information

entered into the computer will be processed in such a way as to automatically generate the daily case log, daily case status, three sets of mailing labels, the first half of the biopsy report and patient name-number cards.

Patient identification information will also be entered into the billing system and the historical and clinical data will be stored for future retrieval in a variety of ways. The cases will be retrievable by accession number, patient's name, and by a large number of variables from the clinical history. After patient identification data from the pre-1984 cases are entered, the computer will be able to search the files for previous biopsies on every new patient.

All of these printing processes will save many hours of secretarial time and the data retrieval functions will be virtually instantaneous. This system will greatly improve service to our con-



Secretary Angie Smithey enters data from history forms into computer and prepares mailing labels for the biopsy specimen containers.

tributors and patients and help us to more accurately accumulate data on which future research can be based.

What exposure to the biopsy service, if any, do predoctoral students receive?

They can arrange informally to attend our daily biopsy conference on any day or even for periods of one or more weeks. This experience is also offered to predoctoral students as an intramural elective course.

What are some of the major research projects that have grown out of your biopsy service records?

A sampling of completed projects that stemmed from the biopsy service appear in the following publications:

Houston, G. D.: The giant cell fibroma. A review of 464 cases. *Oral Surg* 53:582, 1982.

Shafer, W. G.: Oral carcinoma-in-situ. *Oral Surg* 39:227, 1975.

Shafer, W. G.: Verruciform xanthoma. *Oral Surg* 31:784, 1971.

Shafer, W. G.: Verrucous carcinoma. *Int Dent J* 22:451, 1972.

Shafer, W. G. and Waldron, C. A.: A clinical and histopathologic study of oral leukoplakia. *Surg Gynecol Obstet* 112:411, 1961.

Shafer, W. G. and Waldron, C. A.: Erythroplakia of the oral cavity. *Cancer* 36:1021, 1975.

Tomich, C. E.: Oral focal mucinosis. *Oral Surg* 38:714, 1974.

Tomich, C. E. and Shafer, W. G.: Lymphoproliferative disease of the hard palate: A clinicopathologic entity. *Oral Surg* 39:754, 1975.

Tomich, C. E. and Shafer, W. G.: Squamous acanthoma of the oral mucosa. *Oral Surg* 38:755, 1974.

Waldron, C. A. and Shafer, W. G.: Leukoplakia revisited. A clinicopathologic study of 3256 oral leukoplakias. *Cancer* 36:1386, 1975.

Brannon, R. B.: The odontogenic keratocyst. A clinicopathologic study of 312 cases. Part I: Clinical features. *Oral Surg* 42:54, 1976. Part II: Histologic features. *Oral Surg* 43:233, 1977.

How are the records filed and safeguarded? How far back do they go?

The records, dating back to the beginning of the service in 1950, are maintained in



Ramona Lemme, administrative secretary, transcribes tapes (dictated by residents or faculty members) that provide a microscopic description and diagnosis of each case. After the noon session has met and the group is in agreement on the diagnosis, she types a final report and sends it to the contributor. Mrs. Lemme also maintains all records pertaining to the biopsy service.

the Department of Oral Pathology. Only dentists and physicians directly involved in the case are given access to the information. No diagnoses are given over the telephone except to the contributing dentist or physician.

Are there any hazards in sending the material you see?

Generally, there are no significant hazards in sending biopsy material except in rare cases of radioactive tissue due to an implant inserted for therapeutic purposes or patient exposure to high radiation levels from other sources. With proper fixation, even infectious organisms such as hepatitis B virus, herpes virus, human immunodeficiency virus and mycobacterium tuberculosis are inactivated by formalin. However, it is always prudent to take precautions by wearing gloves, a mask and protective eyewear to prevent infection from improperly fixed tissue.

What should practitioners do if they are interested in using the School's service?

They should write to the Department of Oral Pathology, Indiana University School of Dentistry, 1121 West Michigan Street, Indianapolis, IN 46202; or call the department at 317/274-7668.

DAE Around Indiana

Program Updates from the Fort Wayne Campus

Dental Hygiene

The Dental Hygiene Program at Indiana University-Purdue University at Fort Wayne is pleased to welcome Mrs. Mary Danusis Cooper as a new full-time faculty member. Mary is a 1977 graduate of the Fort Wayne program. She received her baccalaureate degree in Dental Health Education in 1980 and is currently completing her master's degree in Secondary Education.

Mary brings 10 years of private practice experience with her to her new teaching position. She has been employed full-time for Dr. Thomas Winans of Fort Wayne since she graduated. Mary has also been a part-time clinical instructor and assistant radiology instructor for us for the past 8 years. She is well-liked and respected by both students and faculty.

Mary has been active in the American and Indiana Dental Hygienists' Associations, as well as the Isaac Knapp Dental Hygienists' Association. She has held a number of offices with the Isaac Knapp Component and is currently the Chairperson for Continuing Education. Mary volunteers her time at the Matthew 25 Dental Clinic in Fort Wayne. She is also a member of the IPFW Alumni and Dental Hygiene Alumni committees.

Mary is married to George Cooper (IUSD-DDS '82) and has been busy this summer helping him decorate his new Fort Wayne office. Mary and George are the proud "parents" of Bubba, their golden retriever.

We are very pleased to have Mary join our faculty and know she will be an asset to our program.



Mary D. Cooper (left), assistant professor of dental hygiene, and Jami L. Sons, assistant professor of dental assisting, on the Fort Wayne campus

We begin the fall semester with 19 first year dental hygiene students and 17 second year students. They are bright and energetic. We know we will enjoy working with them.

This year we were surprised to find that there were many more dental hygiene positions available than our graduates were able to fill, yet the number of qualified applicants for *all* dental programs is down. As reported in a recent survey, over 80% of the dental hygienists responding to a questionnaire indicated that they chose dental hygiene as a profession because of the dentist or hygienist in their dental office.

To the members of the Indiana University dental alumni, we make a plea: Your assistance is needed in actively recruiting top-notch students. Be the guiding hand that helps someone toward a career in dentistry!

*Elaine S. Foley
Supervisor of Dental Hygiene*

Dental Assisting

The faculty and staff at IPFW are pleased to welcome Ms. Jami L. Sons to the Dental Assisting Program as an assistant professor in Dental Auxiliary Education.

Jami, a native of Bedford, Indiana, comes to us from Evansville. She received from the University of Southern Indiana an Associate of Science degree and a Certificate in Dental Assisting in 1984, and a Bachelor of Science degree in Health Occupations Education in 1986.

Jami has three years of private practice expertise that she brings to the program, having been most recently employed by Dr. Judith A. Giorgio (IUSD-DDS '78). Jami was also an associate faculty member with the University of Southern Indiana's Dental Assisting Program.

We are excited to have Jami with us and know she will be a valuable addition to our faculty.

*Rosemary M. Kovara
Supervisor of Dental Assisting*

Rosemary Kovara

The Good Old Days

(As discovered by Elaine S. Foley,
Supervisor of Dental Hygiene at Fort Wayne)

At family gatherings the conversation frequently turns to how life used to be back in the "good old days." Bread was 23¢ a loaf. A frosty mug of Root Beer was a nickel. The walk to school was 8 miles each way—uphill both directions!

In sorting through files this summer, I came across the lists of school expenses for dental hygiene students dating back to 1965. They brought a smile to my face as I read the figures:

	1965	1975	1987
Tuition & Fees	\$388/year (\$11/credit hr)	\$588/year (\$21/credit hr)	\$1800/year (\$50.25/credit hr)
Textbooks	\$75/year	\$148/year	\$365/year
Instruments & Case	\$120	\$260	\$365
Lab Coats	2 for \$14	2 for \$24	2 for \$60
Uniforms	5 for \$60	3 for \$90	3 for \$150
White Shoes	\$15	\$30	\$50
Dues for Student American Dental Hygienists' Assoc.	\$3	\$5	\$12

IU-Northwest Student Finds Rhyme—and Reason—In Dental Assisting

Professor Kathleen J. Hinshaw, supervisor of Dental Assisting at IU-Northwest, has passed along a poem composed by one of her students, Ms. Dianne Wilson, during spring semester last year. Ms. Wilson is a 1987 graduate of the Northwest program. "I think the poem summarizes quite nicely the beginning of a new life for each graduate," says Professor Hinshaw.

A Day in the Life Of a Dental Assistant

by Dianne Wilson

To the office she hurries,
she must be there on time,
arriving before the doctor
is always on her mind.

She disinfects everything:
the countertops, chair and light,
pencils, pens and handpieces,
anything that's in sight.

The day sheet is checked
to see who'll be coming in,
then pre-set trays are made up
as she hums with a grin.

Patients arrive
one by one,
with looks of concern
over what will be done.

Crown preps, amalgams,
composites and more,
dentures, root canals
and extractions galore.

She takes a good impression
and mixes cements just right,
her x-rays are perfect
to the doctor's delight.

Suction here, retraction there—
"Adjust the light, please."
She always knows just what instrument
the doctor will need.

"Up and down, back and forth,"
she instructs the patient to brush.
"Now take the floss between two fingers,
be careful not to rush."

She's caring and courteous
and cheerful most every day.
She does her job, and does it well
with a minimum of pay.

White uniform, white shoes,
gloves, glasses and a mask;
she wears these things with pride
as she completes her daily tasks.

With a red and blue pencil
she charts with ease
amalgams, composites
and cavities.

Emergency, emergency,
call the doctor quick—
a fractured jaw, a broken tooth
and a pulp is very sick.

Appointments are made
at the patient's request,
while others are canceled
to the doctor's distress.

Insurance claims must now be filed
as monthly statements are compiled.

And when the day is over
a smile brightens her face;
she sighs and realizes
she wouldn't work any other place.

With the Classes . . .

Your Alumni Bulletin Cited for Excellence by International College of Dentists

The editors of the *Indiana University School of Dentistry Alumni Bulletin* are most proud to inform the dental alumni that this publication in its new format has received the prestigious Golden Scroll Award, Division I, presented by the USA Section of the International College of Dentists. The award honors IU's publication for showing the most improvement during the year in content and format of all dental publications submitted for review. The *Bulletin* was redesigned in the fall of 1986 and changed from a semi-annual format to quarterly.

Dr. W.E. Hawkins, president of the USA Section of the ICD, calls the new *Bulletin* "a bright, handsome publication with good story selection, writing, and illustrations."

The award will be presented during the ICD's annual convocation in Las Vegas in the fall.

The *Bulletin's* staff is headed by Dr. Jack E. Schaaf, editor, and Ms. Susan Crum, managing editor. The staff includes Mr. Mike Halloran, chief photographer; Ms. Diane Alfonso, of IUPUI Publications/Information Services, graphic designer; Professor Paul Barton and Dr. Ralph W. Phillips, associate editors; Dr. Rolando A. DeCastro and Mr. Mark Dirlam, staff illustrators; and Ms. Alana L. Barra, photographic technician.

In 1988 the *Bulletin* will be 50 years old. We wish to thank all of our many thoughtful readers who continue to write and call with words of encouragement and support for the *Bulletin*.



Dr. Gilbert LeVine Mellion and some of his artwork he has placed on exhibit

Dr. Mellion Retires

The 1987 American Dental Association Directory lists 16 dentists in Rocky Hill, Connecticut, but back in 1946 IUSD alumnus Gilbert LeVine Mellion started up the only full-time practice in town. On June 11, 1987, he retired from dentistry at 798 Old Main Street, the only dental office he's ever had.

Born in New Haven, Connecticut, and raised by an aunt and uncle, Gilbert entered dental school at Indiana University at the end of his third year at Connecticut State College at Storrs (now University of Connecticut). After earning the DDS degree in 1943, he entered the U.S. Army and was assigned to a 1,000-bed hospital in England. Other war-time assignments included providing dental treatment for 5,000 German prisoners in England and supervising captured German dentists. He returned to the U.S. in May, 1946, and opened the Rocky Hill office in October.

In addition to serving his community as a dentist for 40 years, Dr. Mellion

has contributed to the dental profession in many other ways. He and his wife, Ruth Berman Mellion, M.S., a nutritionist, have published more than 30 articles on the relation of nutrition to dental health. He served for 21 years as chairman of the Connecticut Joint Dental-Pharmaceutical Committee and has represented the Connecticut State Dental Association on the Connecticut Nutrition Council, chairing the Council from 1959 to 1961.

Dr. Mellion has been widely recognized by many professional organizations. In 1969 he was elected a Fellow of the International College of Dentists. He was made an honorary member of the Connecticut Pharmaceutical Association and received the Hartford Dental Society's highest honor, the Award of Merit, for his contribution to the fields of pharmacology and nutrition in relation to dentistry. Dr. Mellion is also a recipient of awards from the Waterbury Dental Society and the University of Connecticut Alumni Association.

Over the years Dr. Mellion has also found time to pursue his love of art.

His hobbies of painting and sketching, which he took up in 1948 as a "method of relaxation," have blossomed over the decades into exhibit-quality productions. In a style he calls "Impressionistic," Dr. Mellion paints quickly, sometimes finishing a piece in half an hour. "I'm not trying to be a Rembrandt," he once told a reporter of the *Hartford Courant*. "I'm just trying to create a mood." He has exhibited his works in the Cora J. Belden Library in Rocky Hill and elsewhere.

Dr. and Mrs. Mellion (who is also an IU grad, with a B.A. in 1942), have four children: Bruce, Paul, Joan and Dan. The *Alumni Bulletin* extends warm congratulations to Dr. Mellion upon his retirement and for his outstanding record of service to the dental profession.

Dr. R.L. Hayes Dies; Noted Professor at Howard University

Dr. Raymond Lewis Hayes Sr., whose faculty career at Howard University School of Dentistry spanned half a century, died in Washington D.C. on July 13, 1987, at the age of 76. He was a 1935 graduate of the Indiana University School of Dentistry.

During Dr. Hayes' faculty service at Howard University, which began in 1935, he chaired the departments of oral medicine, oral pathology and endodontics and was an associate dean of the College of Dentistry for eight years. After retiring with the rank of professor emeritus in 1973, he spent the next eight years teaching dentistry at the University of Michigan. Dr. Hayes returned to Howard in 1981 and remained on the faculty there until his death. He held the title of distinguished professor.

Born in Indianapolis, Dr. Hayes graduated from the University of Michigan before enrolling in dental school at Indiana. He also received specialty training in oral pathology at Michigan.

Dr. Hayes was a fellow of the American College of Dentistry and the American Academy of Oral Pathology, and a diplomate of the American Board of Endodontics and the American Board of Oral Medicine. Memberships included the Robert T. Freeman Dental Society,



Colonel Kenton S. Hartman



Captain John M. Foley

2 IUSD Alumni Get Top Posts In Armed Forces

Colonel Kenton S. Hartman has recently been appointed Associate Director of the Armed Forces Institute of Pathology, Washington, D.C. He is the first dentist named to the prestigious AFIP post. A graduate of Versailles High School in Indiana, Colonel Hartman joined the Air Force after earning the DDS degree here in 1964. After completing an internship at Chanute Air Force Base in Illinois and an overseas assignment, he enrolled in the oral pathology graduate program at IU, earning the MSD degree in 1970. Prior to his appointment as AFIP associate director, he chaired the Institute's Oral Pathology department for three years.

Another IUSD alumnus, Captain John M. Foley, has been serving since last year as Fleet Dental Officer of the U.S. Pacific Fleet. Captain Foley is also Commanding Officer of the Naval Dental Clinic at Pearl Harbor and Chief Dental Officer of submarine services in the Pacific. Born in Baltimore, Captain Foley received the DDS from the University of Maryland in 1959 and the MSD degree in oral pathology from IU in 1971. Captain Foley has held various fellowships and residencies and has taught on dental and medical school faculties in Maryland and California. His decorations include the Meritorious Service Medal, Navy Commendation Medal, Combat Action Ribbon, and Vietnam Service Medal.

the International Association for Dental Research, Omicron Kappa Upsilon and Sigma Xi.

Dr. Hayes is survived by his wife, Angella, of Silver Spring; a son, Dr. Raymond L. Hayes, Jr.; a daughter, Ila (Becky) Hayes Edwards; and six grandchildren.



Dr. Raymond L. Hayes

1917

The Alumni Association has informed us of the death of Dr. Marion F. Sullivan, of Clifton, Illinois, on November 25, 1986.

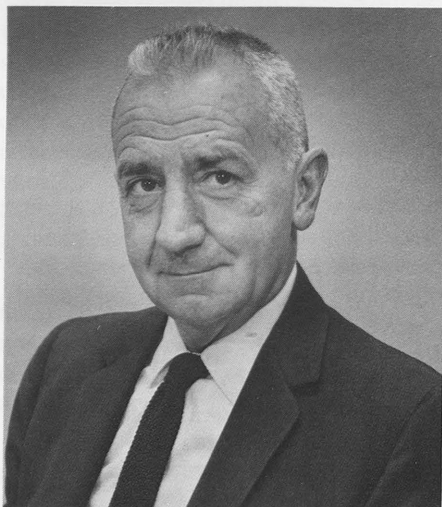
1918

We have word that Dr. Russell F. Shafer, of Las Vegas, Nevada, died May 11, 1986.

1925

Dr. Maurice J. Healey, a retired assistant professor of dental sciences at the IU School of Dentistry, died July 31, 1987, in Sun City Center, Florida. Dr. Healey had moved there upon retiring from the IU faculty in August, 1973. He was buried in Arlington National Cemetery.

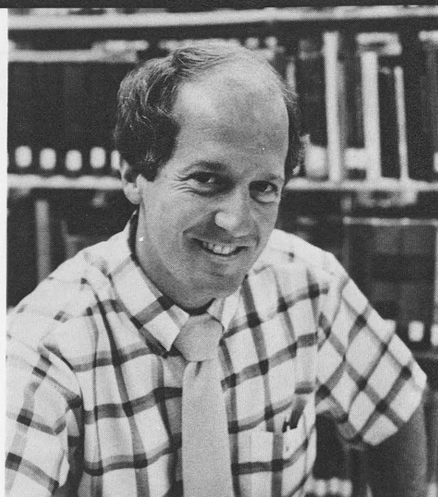
Dr. Healey joined the IU faculty after retiring from the United States Air Force in 1960. He was a native of Indianapolis and a member of the first graduating class of Indiana University School of Dentistry, formerly Indiana Dental College.



Dr. Maurice J. Healey (file photo)

Dr. Healey practiced for a number of years and was called to active duty in the U.S. Army Dental Corps at Fort Harrison in 1940. From 1942 to 1944 he was Chief of the Prosthetic Section of the Medical Department Enlisted Technician's School at Billings General Hospital at Fort Harrison. Later he directed the dental laboratory at Camp Campbell, Kentucky, and served as prosthetic coordinator at Fort Knox.

Dr. Healey's overseas assignments in the military included three years as prosthodontist at the U.S. Air Force Hospital in Wiesbaden, Germany, immediately after World War II. Subsequently he commanded the Air Force's Dental Prosthetic Center in



Susan Crum

Maurice "Bud" Healey

England, which provided dental laboratory support for 30 Air Force bases in the United Kingdom and Ireland. He was also prosthetic consultant to the Surgeon General, U.S. Air Forces in Europe.

Dr. Healey taught in the Basic Dental Science program during his 13-year career at IU, and served for a time as Director of Clinics. He was a member of Omicron Kappa Upsilon, National Honor Dental Society.

His brother, Dr. Harry J. Healey, served for many years as Professor and Chairman of Endodontics before retiring in 1972. Dr. Harry Healey died in 1979.

As of fall semester 1987, Dr. Maurice Healey's son, Bud, carries on the Healey tradition in dentistry. Bud has enrolled as a first-year dental student at IU. Having earned a bachelor's degree in biology at IU-Bloomington in 1974, he worked in clinical research at IUSD's Oral Health Research Institute from 1974 to 1979. He then moved to Bradenton, Florida, and was running a restaurant and bait shop there at the time of his enrollment here this fall.

Dr. Maurice Healey is also survived by his wife, Doris, and a daughter, Kathleen, who teaches in Florida.

1926

Dr. Lloyd F. Abel, of Bradenton, Florida, died July 20, 1987. He was 82.

Dr. Abel was born in Benton County, Indiana, and moved to the Bradenton area eight years ago from Pensacola. He was a retired Navy dentist. Memberships included the International College of Dentists, Xi Psi Phi fraternity, American Legion, Boy Scouts of America Alumni Family, Retired Officers Association and the Emeritus Club of Indiana University. Dr. Abel also worked for the Escambia County Red Cross and the Escambia County Cancer Society.

Dr. Abel is survived by his wife, Melbae; a son, Jack; a daughter, Jane Woolf; and seven grandchildren and two great-grandchildren.

1928

The School recently learned of the death of Dr. Seth W. Shields III, of Seymour, on June 21, 1987. He is survived by his wife, Muriel.

1930

We have word of the death of Dr. Lester R. Woltermann, Fort Thomas, Kentucky, on July 17, 1986.

1931

Dr. Fred B. Fugazzi, Rt. 2, 116 Terrace Drive, Seneca, SC 29678, has kindly supplied us with an update on the Class of '31.

Well I guess it is about time to have roll call for the Class of '31. Sad to say we have lost two more members, namely Fran Reid and Edgar Temple. Was glad to get a letter from Fergie Ferguson at Richmond and to learn that he is quite active and still taking long trips. A recent letter from George Goodman informs me that he and his wife had a bad accident near Connorsville. Fortunate to escape with minor injuries. George hasn't lost his great sense of humor. His comical stationery will attest to that . . .

South Carolina has survived the past two-year drought and we are all happy that our beautiful lakes are back to their normal level. I still enjoy golf, woodworking and gardening at age 83. Just finished a black walnut coffee table for our den and our deep freeze is almost full with veggies from our garden. Enjoy golf with the senior group.

Last week I received a very newsy letter from Marv Cochrane's wife Betty. She informs me that Fran Reid's wife still goes back to Vermont to spend the summer and I don't blame her for that as the Carolinas sure have the heat and humidity in the summer time.

Guess I have given you the latest from the Class of '31 and God willing will try to keep you posted in the future. When you see Ralph Phillips tell him I said hello. He used to put on some great programs for our N.W. Ohio Dental Association.

1937

Dr. Richard J. Stoelting, of Syracuse, died July 18, 1987, in Goshen. Dr. Stoelting had retired from his dental practice in 1983. Born in 1913 in Freelandville, Indiana, Dr. Stoelting married Dorothy Scoles in 1942. She survives. Also surviving are two daughters, Jean Burgess of Bloomington and Judith Sanford of St. Louis; seven grandchildren; two great-

grandchildren; and a brother, Dr. Willard Stoelting (DDS '31) of Sandborn. He was a past president of the Ligonier Rotary Club, and member of the Ligonier Elks Club, Masonic Lodge, and Kosciusko County Dental Society. He was an Army veteran of World War II.

1946

As was previously reported in the Alumni Bulletin, Dr. Charles C. Alling received the Honorary Doctor of Science degree from Georgetown University during commencement exercises last May at the John F. Kennedy Center in Washington, D.C. Among others receiving honorary doctorates during the program were Mrs. Nancy Reagan and Dr. Zbigniew K. Brzezinski. Dr. Alling is in the private practice of oral and maxillofacial surgery in Birmingham, Alabama, with one of his sons, Rocklin, a 1977 graduate of the IU dental school.



Dr. and Mrs. Charles C. Alling

1950

Belated word was received from the Alumni Association of the death of Dr. Isadore Zarin, Kent, Ohio, on October 9, 1985.

1951

Dr. Edward R. Beidelman, Corpus Christi, Texas, died January 11, 1986. He is survived by his wife, Leona.

1953

We have been informed that Dr. John E. Vogel, of Marion, died March 12, 1987.

1954

New Address:

Dr. Allen E. English
600 E. Winona, #7
Warsaw, IN 46580

1959

Dr. Gerald E. Nickens (M.S., 1974), of Evansville, died June 30, 1987. He is survived by his wife, Darlene.

1960

An address change for:

Dr. Peter R. Reibel
5337 Longwoods Ct.
Indianapolis, IN 46254

1962

Dr. William C. Amos has opened an office for the practice of periodontics at 820 Jefferson Avenue in LaPorte.

1963

Change of address for:

Dr. John W. Osborne
Director of Clinical Research
Dept. of Restorative Dentistry
University of Colorado School of Dentistry
4200 East Ninth Ave.
Denver, CO 80262

Dr. Richard Orr, of Zionsville, died September 14, 1987. He was 53. Dr. Orr practiced in Zionsville for 24 years. He is survived by his wife, Adrienne; sons Richard and Greg; and daughter Trisha.

1966

Address:

Ms. Pamra D. (Dalsasso) Michaels (ASDH)
R.R. 13, Box 225
West Terre Haute, IN 47885

Dr. Abraham J. Ochstein, 9418 Chestnut Lane, Munster, died September 8, 1987. He was a periodontist in Munster and an assistant professor of Dental Auxiliary Education at the IU-Northwest (Gary) campus. Dr. Ochstein received the MSD degree in periodontics from IU in 1968. Before joining the IU faculty he held an academic appointment at Prairie State College from 1970 to 1975. He was a secretary/treasurer of the Indiana Society of Periodontists and a member of the Hospital Care Committee of the American Academy of Periodontology.

1968

Dr. Jeffery P. Allen has a new address:

Dental Clinic
N.A.S. Cecil Field
Jacksonville, FL 32207

1969

Address update:

Dr. Robert H. Michaels
R.R. 13, Box 225
West Terre Haute, IN 47885

1970

A new address for:

Ms. Beverly Boone Ruebeck
10954 Windjammer N
Indianapolis, IN 46256-9669

1973

Address change:

Dr. Wayne E. Hott
1306 Pinion
Derby, Kansas 67037

1975

Dr. Daniel W. Fridh, of LaPorte, recently participated in the Core-Vent Implant Symposium in Chicago where he was accepted into the International Congress of Oral Implantologists.

1976

Dr. Samuel A. Passo, 405 Mohawk Street, Sayre, Pennsylvania 18840, has sent us an update:

I have recently graduated from a specialty training program in Periodontology at the University of Nebraska College of Dentistry in Lincoln. I am now employed as a periodontist at the Guthrie Clinic and Robert Packer Hospital in Sayre, Pennsylvania.

A change of address for:

Dr. Thomas L. Sutton
PSC Box 7119
APO SF 96366-0006

1977

Dr. James Cottone (MSD-Oral Diagnosis/Oral Medicine), a teacher at the University of Texas Health Sciences Center in San Antonio, has received Honorable Mention in Division II of the International College of Dentist's prestigious Golden Scroll award that recognizes dental publications. Receiving the honor is OTOD News, official publication of the Organization of Teachers of Oral Diagnosis, a national body of dental school educators primarily in the area of oral diagnosis, oral medicine and radiology. Drs. S. Miles Standish ('45) and Steven L. Bricker ('74) are the organization's president and secretary/treasurer, respectively.

Address changes for:

Dr. James H. Hastings
2900 Cold Springs Road
Placerville, CA 95667

Dr. Charles N. Heape
218 W. Jackson St.
Sullivan, IN 47882-1430

1979

See Class of 1983 for update on dental hygiene graduate Suzy (Fivel) Falender.

Address change:

Dr. Mark L. Konantz
7184 A1A Hwy S.
St. Augustine, FL 32086

1981

Address:

Dr. William E. Arnold
545 Heritage Rd.
Radcliff, KY 40160

1982

New addresses:

Dr. Gordon E. Newlin
4116 Albert Drive
Nashville, Tennessee 37204

Dr. Mark S. Kendra
9002 Indianapolis Blvd.
Highland, IN 46322

1983

Dr. Larry Falender, 8279 Waldorf Lane, Apt. C, Indianapolis, Indiana 46268, has kindly supplied us with a personal update. He and his wife Suzy (Fivel-ASDH 1979) have returned to Indianapolis after spending the last four years in New York City. His letter follows:



Dr. Lawrence G. Falender

I just completed a four year residency training program in Oral and Maxillofacial Surgery in the Bronx, New York. My hospital had the third busiest emergency room in the country, so needless to say, it was a hectic and exciting four years. The experience and

state-of-the-art training I received gave me a diversified and thorough preparation for my specialty.

Suzy worked as a hygienist on Central Park West in Manhattan and had as patients: David Hartman, opera diva Marilyn Horne, soap opera stars, Broadway performers, etc. Quite a contrast from my patients. We lived in Fort Lee, N.J. across the Hudson River from Manhattan. Suzy and I found time to take advantage of much of what NY has to offer, with one high point being memories as well as lasting friendships.

For current news: I have joined Oral & Maxillofacial Surgery of Indiana as an associate of Bob Edesess (DDS 1966) and Hal Smith (DDS 1973) here in Indianapolis. This is an especially busy time for us with my addition to the practice and the opening of our third office on Indianapolis' northeast side. Suzy and I are excited to be back home again in Indiana.

1984

In the category of "What are the chances of this happening?"—Dr. Bob Burnett, 78 Poinciana, FPO San Francisco, California 96630, shares some interesting news:

I have been meaning to write ever since reading the story last year of the IUSD classmates meeting per chance on Kilimanjaro Mountain. This certainly was a coincidence, but how about three alumni from the Class of 1984 winding up on an 8 mile x 35 mile island in the middle of the Pacific Ocean some 8000 miles from Indianapolis? Jon Dallmann, Phil Walerko and I are practicing on Guam, a territory of the U.S. located in the Marianas Islands. Jon came here shortly after graduation and is practicing in the private sector, while I arrived in August of 85 after completing a GPR in the Air Force in Tucson, AZ. I am presently stationed at Andersen AFB here on Guam. Phil arrived in February 87, after a tour of duty in Los Angeles and is now stationed at the Naval Communications Station here on Guam. Even more of a coincidence is that Phil and I live within 50 yards of each other in a Navy housing area which has a few houses designated for Air Force.

Jon and Lande Dallmann recently had a new addition to their family, Kyle, who was born in June. Phil and Erin Walerko and their two girls, Stacy and Megan, have recently been occupied with a visit from Erin's mother. Christy and I are still much too young to have children and are intent on seeing as much of this part of the world as possible, as we have traveled to Australia, Japan, Okinawa, Hong Kong, South Korea, New Zealand, China, and the Philippines. Our tour here will end in April 88 and I will begin a three year periodontal residency at Lackland AFB in San Antonio, TX. If any-

one should find themselves in this neck of the world, please drop by to visit the 1984 IUSD Alumni Chapter of the Pacific.

Address updates:

Dr. Elizabeth Cameron Barra
27 Harvard Road
Watervliet, NY 12189

Dr. David W. Dormans
6322 Langwood Blvd.
Ft. Wayne, IN 46835

1986

Sharon K. (Rehfuß) Click (ASDH '84), stopped by the dean's office to let us know that she and John P. Click were married May 30, 1987, and are now residing at R.R. 2, Box 119A, New Salisbury, Indiana 47161. Dr. Click is associating with Dr. Michael Keller ('82) in Milltown, and he also teaches at Indiana University-Southwest. Sharon, who earned an M.S. degree in Health Occupation Education in 1987, is currently working as the hygienist for Harrison and Crawford Counties. She conducts DMF and def studies in the schools.

We have word that Dr. Robert P. Janowski has set up his dental practice in Evansville.

New mailing addresses for:

Dr. Lorne D. Koroluk (MSD)
#53-120 Acadia Dr.
Saskatoon, SK S7H-3V2
CANADA

Dr. Brian Roy
6016 Georgetown Rd., Apt D
Indianapolis, IN 46254

Dr. Lon P. Spain
3230 Richardson Place Rd., #6
Arnold, MO 63010

1987

Dr. Ralph E. McDonald, dean emeritus and professor emeritus of pediatric dentistry, has received a nice letter from Dr. Noel S. Torigoe, 5255 Alahee Street, Honolulu, Hawaii 96821:

I'd like to take this time to thank you for giving me the opportunity to pursue a career in dentistry. To be accepted to and graduate from an excellent academic/clinical institution such as the Indiana University School of Dentistry were at first dreams of mine. Those dreams have now become reality. I will do my best to uphold those principles and professional ethics that you have instilled in me for which I am forever grateful.

I feel confident with the education I've received at IUSD, but I also feel the need to pursue the continuing education necessary to stay on top of the field. You have shown

faith in me in the past, accepting me to your fine institution. I will do all that I can to uphold the Indiana University tradition of excellence in the treatment and care of the people in the community and in the dental profession.

Thanks to you, Dr. McDonald, and Dr. Walter Ching, I've been able to turn a dream into reality.

Aloha!

Dr. Mark J. MiHalo has opened his dental office in LaPorte for the practice of family dentistry. He is in association with Dr. Ronald K. Corley ('72), LaPorte Professional Building, 1300 State Street.

And, finally, addresses that we have heard about for some of our newest graduates:

Dr. Kamal A. Abdel-Wahab
6238 Eastridge #203
Indianapolis, IN 46219

Dr. Ines M. Acaron Acosta
#120 Padre Las Casas St.
Hato Rey, PR 00918

Dr. Merneatha Bazilio
5346 Leone Dr.
Indianapolis, IN 46226

Dr. Bruce P. Benifiel
2730 E. Edison Rd.
South Bend, IN 46615-3506

Dr. Christine Borkowski
6176 Carvel Ave.
Indianapolis, IN 46220

Dr. Tyrus W. Campbell
7905 River Rd.
Muncie, IN 47304

Dr. David D. Carrier
Naval Air Base
Alameda, CA 94501

Drs. J. Kevin and Elaine (Hrisomalos)
Coghlan
5437 Holly Springs Dr. West
Indianapolis, IN 46254

Dr. Mark A. Corn
7080 E. 700 N
Brownsburg, IN 46112-9024

Dr. Kevin J. DeaKyne
127 Matilda
P.O. Box 229
Warren, IN 46792

Drs. Thomas D. and Charlene (Brown)
Drakos, Jr.
2715 W. 65th Place
Merrillville, IN 46410

Dr. Anita Walters Elliott
P.O. Box 17148
Phoenix, AZ 85011

Dr. Mark W. Fulton
3506 State Rd. 9 North
Anderson, IN 46012

Dr. Judy Garard
8154 Lincoln Ave., #D
Evansville, IN 47715-7249

Dr. Mohssen Ghalichebaf
3450 Timbersedge Dr.
Indianapolis, IN 46222

Dr. Scott M. Glassley
5625 Litchfield Rd.
Fort Wayne, IN 46835

Dr. John Courtney Gorman, Jr.
8939 Cardinal Terrace
Brentwood, MO 63144-1168

Dr. John C. Greif
2759 Plaza Dr., Apt. D
Indianapolis, IN 46268-4314

Dr. Peter A. Grieser
3 Hi Dunes Dr.
Fripp Island, SC 29920-9512

Dr. Kenneth E. Grindlay
1005 Weeping Willow Dr.
Chesapeake, VA 23320

Dr. Larry J. Hicks
2656 E. Comanche Dr.
Salt Lake City, UT 84108

Dr. Andrew P. Howard
6320 N. College Ave.
Indianapolis, IN 46220

Dr. Jeffrey L. Jordan
3484 Woodfront Place
Indianapolis, IN 46222

Dr. William R. Kirtley
833 N. 50 E.
Danville, IN 46122-9502

Dr. Cheryl A. Krushinski
4108 Patricia St.
Indianapolis, IN 46222

Dr. David A. Lehman
23872 Arlene Ave.
Elkhart, IN 46517-3533

Dr. Gary L. Llewellyn
7425 Charmant Dr., #2910
San Diego, CA 92122

Dr. Robert L. Loudermilk
8218 White Oak Ave.
Munster, IN 46321-1433

Dr. Mark D. Magura
6013 Beachview Dr. #272
Indianapolis, IN 46224

Dr. Jeffery S. McBride
8031 Back Bay Dr., Apt. 2C
Centerville, OH 45459

Dr. James A. McConnell
3402 Timbersedge Dr.
Indianapolis, IN 46222

Dr. Mark J. MiHalo
68 Diana Road
Ogden Dunes/Portage, IN 46368

Dr. Ronald J. Munden
9538 Grinnell
Indianapolis, IN 46268-1236

Dr. Lisa A. Nonweiler
8140 Shorewalk Dr. D
Indianapolis, IN 46236

Dr. David E. Peters
1601 W. 50th Ave.
Gary, IN 46408-4318

Dr. Nicolette Polite
1720 Alta Vista
Munster, IN 46321

Dr. Mariam Razvi
1226 W. Michigan St.
Indianapolis, IN 46202

Dr. Thomas K. Ringenberg
407 S. 4th St.
Richmond, IN 47374-5409

Dr. Jamie M. Roach-Decker
Queen's Terrace '8G
Southington, CT 06489-1912

Dr. William O. Roller, Jr.
106 Dean Street
Lynchburg, VA 24502

Dr. Richard T. Rosiecki
2300 Riverside Dr.
Gary, IN 46405-2162

Dr. Thomas A. Saitta
8618 Algeciras Dr., #1C
Indianapolis, IN 46250-3625

Dr. Robert C. Scheele
1617 Channel Place
Fort Wayne, IN 46825

Dr. John P. Simoncelli
R.R. 2, Box 331 Wigwam Rd.
Litchfield, CT 06759-9629

Dr. Eugene L. Siurek
4708 Broadway
Indianapolis, IN 46205

Dr. Bryan E. Spilmon
R.R. 1, Box 421
Wadesville, IN 47638

Dr. Paula D. Stern
16040 Loch Katrine Trail, #7804
Del Ray Beach, FL 33446

Dr. Robin M. Thoman
37 N. Main
Indianapolis, IN 46227-5135

Dr. Robert J. Ueber
821 Pasadena Dr.
Fort Wayne, IN 46807

Dr. Kurt D. VanWinkle
3225 Merrick Lane, #2B
Indianapolis, IN 46222

Dr. Annette J. Williamson
264 S 610 W Imperial Ct.
Hebron, IN 46341

Dr. Carl Wu
35 Poncetta Drive, #136
Daly City, CA 94015

Dr. Joseph A. Zakowski
Naval Hospital Dental Dept.
San Diego, CA 92134-5000

Michigan Street Memos



Dr. E. Brady Hancock

IUSD Welcomes New Full-time Faculty

Dean H. William Gilmore is pleased to introduce three new full-time faculty members, whose appointments began for the 1987-88 school year.

E. Brady Hancock, DDS, MSD, an internationally recognized periodontist, researcher, and clinician, and former graduate student at Indiana University, has been appointed to chair the Department of Periodontics. He succeeds Dr. Timothy J. O'Leary, professor of periodontics and head of the department for 16 years. Dr. O'Leary, who continues as a faculty member and researcher at the School, will divide his time between the graduate program and research on osseointegrated dental implants.

Dr. Hancock is a retired Captain in the United States Navy Dental Corps. He was acting Director of Programs and Scientific Advisor for the Naval Medical Research and Development Command, as well as associate Director for Program Planning and Oral and Dental Health Program manager.

Dr. Hancock received BS and DDS degrees from the University of Illinois and completed a postdoctoral fellowship at the Naval Dental Clinic, Long Beach, California, in 1972. He was awarded the Master of Science in Dentistry in periodontics from IU in 1974.

Dr. Hancock is a diplomate of the American Board of Periodontology and has been active in many professional organizations, including the American Academy of Periodontology and the International Association for Dental Research. Faculty positions he held during his military service include appointments at the universities of Oregon, Illinois, and



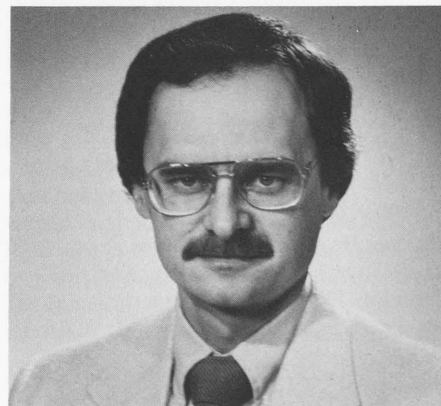
Dr. Dwight C. Swimley

Maryland, and the Naval Dental School at Bethesda.

Dwight C. Swimley, DDS, MS, has been appointed to the oral and maxillofacial surgery faculty as an associate professor after a distinguished career in the United States Air Force. He comes to IU from the USAF Medical Center in Lackland, Texas, where he was chairman and program director of the Department of Oral and Maxillofacial Surgery. He retired with the rank of Colonel.

Dr. Swimley received a bachelor's degree from Mansfield (Pennsylvania) State College in 1954, a DDS degree from Temple University in 1959, and a master's degree from the University of Texas School of Biomedical Sciences in Houston in 1970. He received certification by the National Board of Dental Examiners in 1959 and the American Board of Oral and Maxillofacial Surgery in 1972.

Assignments in the military took Dr. Swimley around the country and to Japan and Thailand. Past academic appointments include USAF Medical Center, Scott AFB, Illinois; David Grant USAF Medical Center, Travis AFB,



Dr. Thomas F. Razmus

California; and USAF Regional Hospital, Eglin AFB, Florida. He is a 1973 recipient of the USAF Surgeon General's Award.

Thomas F. Razmus, DDS, MS, has been appointed assistant professor of dental diagnostic sciences. He was formerly on the faculty at the West Virginia University in the Department of Oral Diagnosis and Radiology.

Dr. Razmus earned a BS degree from Aquinas College, Grand Rapids, Michigan, in 1971. He graduated from the University of Michigan School of Dentistry in 1975 and was a private practitioner in Michigan until 1983, when he enrolled in the graduate program in dental diagnostic sciences at the University of Texas in San Antonio. He received his master's in dental diagnostic sciences in 1985.

Dr. Razmus is a diplomate of the American Board of Oral Medicine and is Board-eligible in oral and maxillofacial radiology.

Photos by Mike Halloran

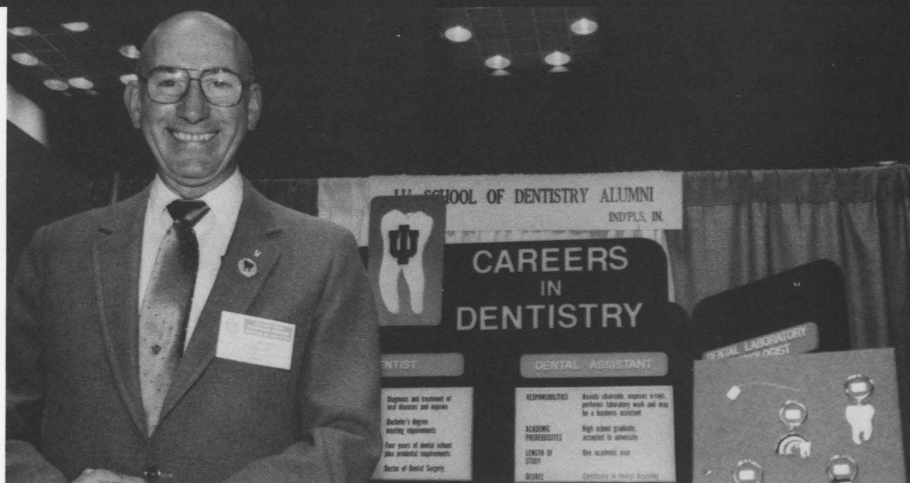
12 Years of Filling Tall Orders: Robert L. Wegner Retires

A dozen years after assuming the role of supervisor of stores and acquisitions at the dental school, and 29 years to the day after becoming an employee of Indiana University, Robert L. Wegner retired on July 31. Bob was honored at a luncheon on campus with friends, co-workers, and his wife, Carolyn. Gifts included a handsome captain's chair made of northern yellow birch painted in black enamel and bearing the Indiana University insignia.

Bob is a lifelong resident of Indianapolis and a Navy veteran (Radioman 2nd Class) who served two of his three years overseas. He's been married to Carolyn since 1959 and has two grown daughters, Cheryl and Julia, and a grandson, Daniel. He held various jobs in the city before taking a position on campus as administrator of the Institute of Psychiatric Research, where he remained for 17 years. He transferred to the dental school in 1975.

A few years ago a supply item arrived at the School that caught Bob's eye. "A tie tack came in shaped like a molar," he said recently. "We bought a few and sold them. Then Atef Tawadros, a dental student at the time (DDS '81), suggested that I put an IU logo in the middle of the molar." Bob picked up on the idea and wound up setting off a trend. He created a design and lined up a company to put the logo on all kinds of tooth-shaped pins, tie tacks, key chains, charms and pendants. Today he has 22 styles and has sold about 3,000 pieces, mostly in the building but also at alumni events and the state convention. He was honored by the IUSD Alumni Association at the 1986 Fall Dental Alumni Conference Banquet for coming up with an idea that has carried the IU name worldwide. "Being recognized in front of hundreds of people at the Conference, I realized that I had made a real contribution to the School."

Robert L. Wegner has contributed to Indiana University and the School of Dentistry in many other ways, through 29 years of dedicated service. Congratulations to a man who has more than earned his retirement!



Bob Wegner with display of dentistry pins at the IUSD Alumni Association booth during the Indiana Dental Association's annual session last spring.

Class of 1927's Table Lamp Gets Second Glances in Dean's Office

When the Office of the Dean was spruced up a bit this summer, a table lamp given to the School of Dentistry by Dr. Delmar Faun ('27) several years ago was moved from the dean's inner office to the busy reception area. There it is grabbing the attention of a whole new audience, including many dental students who have never seen a dental foot engine before—let alone a table lamp made from one!

Dr. Faun fashioned the lamp from a foot engine and presented it to the School on behalf of his class. Inscribed on the wheel portion of the engine are the words: "Class of 1927, in appreciation for their education."

Since the lamp was moved to its new high-profile location, Mrs. Ginger Lashley, Dean's Office receptionist, has spent much of her time explaining the lamp to the dean's delighted—but puzzled—visitors. (Most guess that it was formerly a spinning wheel.)

The lamp has been quite an eye-opener for today's students, many of whom are unaware that dentistry was practiced this way in the early days. They can only imagine what it must have been like to perform long dental procedures while pumping a foot engine in the un-airconditioned dental offices of yesteryear!



Dean Gilmore poses in his refurbished outer office with Administrative Assistant Annette Reed (left), Mrs. Ginger Lashley, receptionist, and the whimsical table lamp.

Photos by Susan Crum



Dr. Garner (left) accepts a plaque honoring him for dedication and service to the Department of Orthodontics from long-time colleague, Dr. Anoo Sondhi.



Photos by Mike Halloran

Billing themselves as "JJ and the Hawaiians," the second year graduate orthodontic students managed to belt a tune, dance the hula, and poke a little fun at Dr. Sondhi's mustache and goatee all at one time. Dr. Jean Musselman is singing into the spoon. The grass-skirted lovelies are, from left: Dr. Michael Lanzetta, Dr. Jeffrey Sessions, Dr. Mark Powell, and Dr. Gregory Samuelson.

Some Surprises at Annual Orthodontic Banquet

At last summer's annual orthodontic banquet, which carried a Hawaiian luau theme, the pig wasn't the only thing to be roasted. Much to his surprise, Dr. LaForrest D. Garner found upon arriving at the new Lincoln Hotel on the IUPUI campus that he, too, was in for a little heat!

The banquet is held each July to present orthodontic certificates to gradu-

ate students completing the program. But faculty, staff, and students of the Department of Orthodontics, along with their guests and Dr. Garner's family, decided to add a "celebrity" roast of "Woody" to this year's agenda in honor of his service as chairman from 1970 to 1987.

On July 1 Dr. Garner assumed the new position of associate dean for minority student services for the IU School of Dentistry.

Dr. Garner took a lot of good-natured kidding during the evening and was presented with gag gifts, including a

portrait of Dr. Garner that has been hanging in the department for years (they made him give it back). Then, the second year orthodontic graduate students (no doubt emboldened by the receipt of those certificates, officially releasing them from the program), provided an extra bit of entertainment, loosely speaking.

In a more serious vein, the group presented Dr. Garner with a plaque in recognition of his commitment and service to the department for 17 years. Dr. Garner will remain acting chairman of orthodontics until the search and screen committee makes its recommendations for a new department head.

New friends from Brazil.

A delegation of professors from Pontificia Universidade Catolica do Rio Grande do Sul, in Porto Alegre, Brazil, visited the Indiana University School of Dentistry and the IUPUI Department of Psychology in July. The group, hosted by Dr. James R. Roche, IUSD associate dean for academic affairs, and Dean H. William Gilmore, included teachers from the Brazilian University's dental school and psychology department. During their 10-day stay, the visitors conducted a scientific observation of clinical departments in an exchange of information and experiences with many IU faculty members. In the photo, from left, are James R. Roche; Brazilian guests Marco Antonio Piccolli, Bernardo Kripka, Renato de Oliveira Rosa, Sueli Teitelbaum, Antonio Silva de Freitas Drumond; Marilia Gerhardt de Oliveira, Stella Maria Drumond Loro, Raphael Onorino Carlos Loro, Henrique Teitelbaum; and Dean Gilmore. Other guests not pictured were Celso Gustavo Shwalm Lacroix, Edson Mesquita, and Luis Carlos Schuch.



Students and Employees 'Star' in School Video

A few got caught in the act of just being themselves, such as Rob Eversole, who was treating a patient in operative dentistry when the camera crew from Medical Educational Resources Program happened by. But many of the faculty, staff, and students who participated in the making of the IU School of Dentistry recruitment video in May had a chance to let the thespian talent flow as they performed in make-believe scenes designed to create a picture of what it's like to go to dental school at Indiana U.

Third year student Rick Burns pretended to be a first year student examining his first patient in pediatric dentistry. Third year students Reed Johnson and Tom Dunn donned cap and gown and "graduated" along with Carole Busch, coordinator of records and admissions. Third year student Bonni Boone portrayed a college girl receiving her acceptance letter from ISUD. And Dr. Carl Newton, chairman of endodontics (and camera natural), evaluated "patient" Kim Stevens, receptionist in complete denture, so convincingly that she must have wondered for a moment if *real* root canal therapy was on his mind. (It wasn't!)

Altogether some 40 people in the School played a role in one or more of the 17 scenes. MERP rounded out the video with footage of the city, the campus, and with scenes supplied by sponsors of the Pan American Games. The video was produced by Dr. Beverly Hill, director of MERP, and Dr. James R. Roche, IUSD associate dean for academic affairs. The video represents one way that Indiana is participating in PROJECT SELECT, a nationwide effort to attract students to careers in dentistry, co-sponsored by the American Dental Association and the American Association of Dental Schools. The four-minute video will appear with tapes from about a dozen other dental schools on the "National Dentistry Videodisc," produced by College U.S.A. and distributed to 1,200 high schools and selected health advisers.

Thanks to the cooperation of the faculty, students, and staff, and a first-rate performance by the MERP organization, including writer Elaine Patton and film director Michael Ullrich, Indiana University finished its video in time to be slotted on the first national recruitment tape.



Susan Crum

Dental students Bonni Boone and Tom Dunn use a television in the School's library to watch the video they helped to make (that's Bonni on the screen).

4-Day Course at IU Draws International Participants

"Basic and Advanced Direct Gold Procedures for Dental Teachers," co-sponsored by the American Academy of Gold Foil Operators and the IU School of Dentistry, was presented at the School last June. The 11 "hands-on" participants included dentists from around the country, as well as Germany and Italy. Teach-

ing the four-day series of lectures, laboratory exercises and clinical operations were Drs. Michael A. Cochran, Ronald K. Harris, and Melvin R. Lund, of the IUSD Department of Operative Dentistry; and guest faculty member Dr. Lloyd Baum, director of international dentistry at Loma Linda University.



Mike Halloran

Course participant Dr. Milt Skeeters, of Lexington, Kentucky, performs the direct gold procedure while third year IU student Peter Blank observes.

Dr. Nelson Responds to Inquiries

Dr. Charles L. Nelson, who wrote "Chronic Nitrous Oxide Exposure: Occupational Hazards in Dentistry" for the spring '87 issue of the *Alumni Bulletin*, has received several inquiries regarding the availability of monitoring systems and services for individual offices. He has located two companies that provide nitrous oxide monitoring services. The Landauer company provides small personal dosimeters that can be worn much like a radiation exposure badge. Contact:

R.S. Landauer, Jr. & Co.
Division of Tech/Ops, Inc.
Glenwood Science Park
Glenwood, Illinois 60425
312/755-7000, or
800-323-8830

The American Sterilizing Company provides gas analysis services for offices. A company representative comes to the office to take air samples for analysis. Contact:

American Sterilizing Co.
20853 Farmington Road
Farmington, MI 48024
800-521-6868



Mike Halloran

Dr. Timothy Carlson, with dental model in hand, has the undivided attention of the IUPUI Young Scholars.

Young Scholars Program Big Success at IUSD

For the fourth consecutive summer Dr. Timothy J. Carlson, associate professor of operative dentistry, directed the dental section of the Young Scholars Program, a special course of study offered last July to youngsters in grades four to 10. The annual event, sponsored by the IUPUI Honors Program, gives talented students an opportunity to explore a wide variety of topics covered in 10-day sessions.

"Getting to the Root of the Matter," the title of Dr. Carlson's course, included lectures by several IUSD faculty members and hands-on experience in a laboratory. As in past years, the fabricating of "vampire" teeth was a popular assignment.

Other classes presented around campus included such subjects as engineering, Roman history, stagecraft, and Russian Folklore.

IUSD Student Takes Second Place in National Competition

Dr. Raffi H. Margossian, a 1986 graduate of IUSD's three-year program in maxillofacial prosthetics and currently an advanced standing student in the pre-doctoral program, has won second place in the annual research paper competition of the American Academy of Maxillofacial Prosthetics. His paper, "Tarnish and Corrosion of Dental Alloys in Simulated

Oral Conditions of Normal Patients and Patients Who Have Received Radiation Therapy," is based on his thesis research for the Master of Science in Dentistry degree in maxillofacial prosthetics, under the direction of Dr. Varoujan A. Chalian.

The award includes a cash prize of \$500 and an opportunity for Dr. Margossian to present his paper at the Academy's annual meeting in San Diego in the fall of 1987. Dr. Margossian is a 1982 dental graduate of Damascus University in Syria.



Mike Halloran

New IU President pays first visit to dental school.

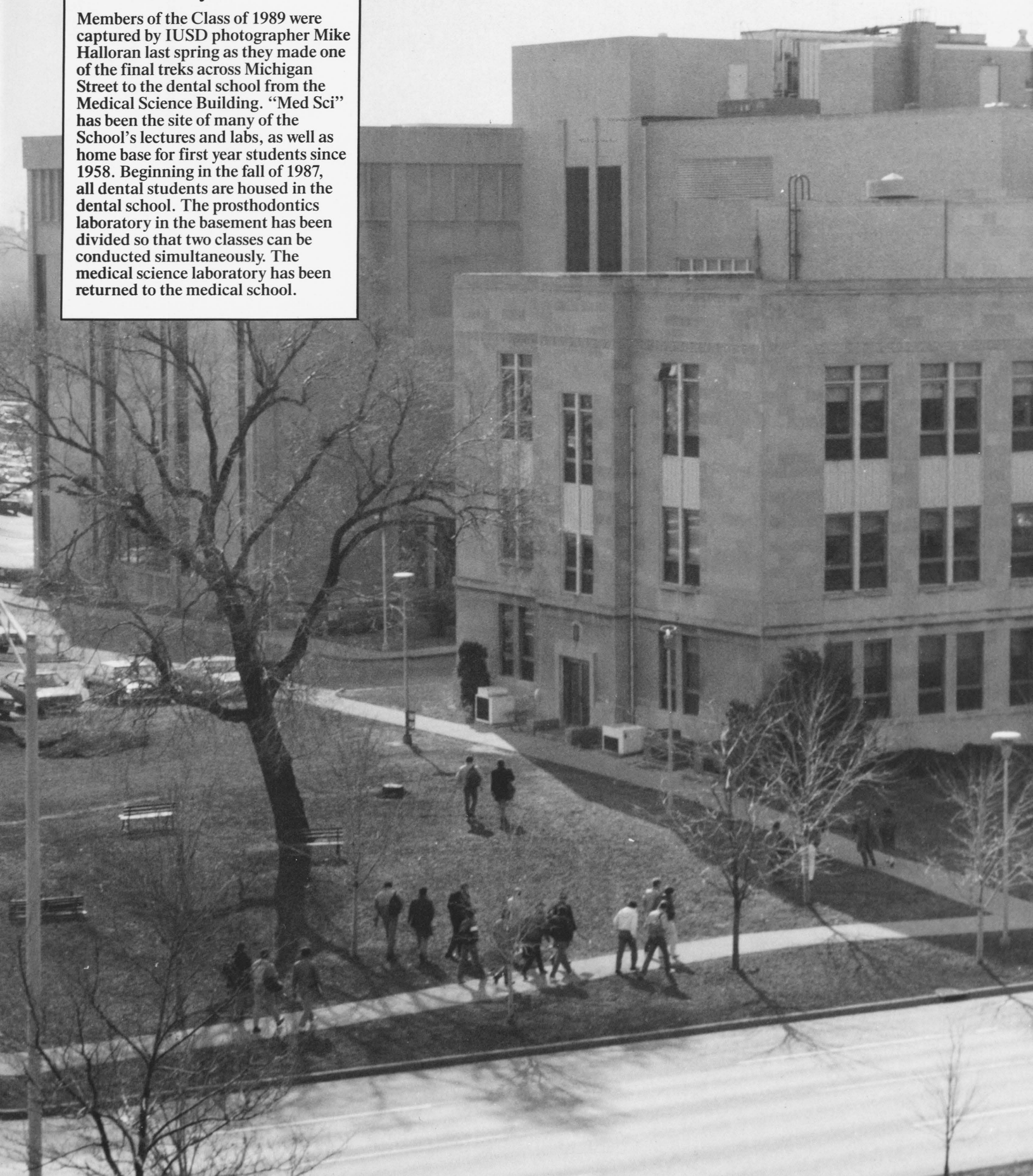
Just a few days after becoming president of Indiana University on August 1, Dr. Thomas Ehrlich was spotted in the halls of the dental school, on his way to meet Dean Gilmore. Accompanied by IU Vice President (Indianapolis) Gerald L. Bepko, President Ehrlich spent much of an afternoon talking with Dean Gilmore about the School and the many challenges dental schools throughout the country are facing. President Ehrlich was provost of the University of Pennsylvania before coming to Indiana. As IU's 15th president, he replaces Dr. John W. Ryan, who left the post after 16 years to conduct fund-raising for the Campaign for Indiana. President Ehrlich (center) is shown in the Dean's Office with Vice President Bepko (right) and Dean Gilmore. The School of Dentistry welcomes President Ehrlich into the Indiana University family.



Dr. Margossian and his award-winning research project at the IUSD Oral Health Research Institute

Adding a page to IUSD history.

Members of the Class of 1989 were captured by IUSD photographer Mike Halloran last spring as they made one of the final treks across Michigan Street to the dental school from the Medical Science Building. "Med Sci" has been the site of many of the School's lectures and labs, as well as home base for first year students since 1958. Beginning in the fall of 1987, all dental students are housed in the dental school. The prosthodontics laboratory in the basement has been divided so that two classes can be conducted simultaneously. The medical science laboratory has been returned to the medical school.



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

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