

NEWS- LETTER

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IU School of Dentistry

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THE SCHOOL OF DENTISTRY was visited by Ms. Kim Hood, co-anchor for channel 8's P.M. Magazine," recently to use one of our clinical areas as a background for her introduction to a dentally related film. This piece is expected to deal with how a patient's stressful feelings may be overcome in the dental office, and it will be broadcast on Tuesday, April 14, 1981.

THE L. D. PANKEY INSTITUTE FOR ADVANCED DENTAL EDUCATION, through a private grant, has made it possible for Indiana University School of Dentistry to make a one week continuing education course at their institute available to one of our graduating dental students. Mr. Steven P. Walker has been selected as our representative, and he will be participating in their program in August.

THE TRADITIONAL HONORS DAY PROGRAM of the School of Dentistry will begin at 12:30 p.m. on Sunday, May 10, 1981, in the 500 Ballroom of the Indiana Convention-Exposition Center. The Commencement exercises for IUPUI will follow at 3 p.m.

A CROWD ESTIMATED AT 400 (substantial, though hardly of NCAA proportions) turned out on March 13 for the Annual Senior-Faculty basketball game, sponsored by the Dental Students Wives Club. The Seniors won by a score of 82 to 76, breaking a faculty win "streak" at two. Jim Gordon tallied 23 points for the victors, and Dr. Dave Riggs was high-point man for the Faculty, with 20. In a preliminary contest the sophomores (led by Mark Morrissey's 16 points) beat the Juniors, 55-48. Kurt Kingseed scored 12 points for the losers. Proceeds from the game will help support the South Side Dental Clinic.

DR. SORAYA BEIRAGHI, Assistant Professor of Pedodontics, has been notified by the American Academy of Pedodontics that her thesis was selected as one of the six winners of the Graduate Pedodontic Student Research Award for 1981. She is the first person to win the award from IUSD since 1974. Dr. Beiraghi has been invited to present a paper about her research at the 34th Annual Academy meeting in Philadelphia in May.

A HANDSOME PLAQUE HONORING Dr. Rolando DeCastro for his beautiful mural depicting the history of dentistry has been placed next to the mural in the foyer of the building. The plaque includes a photograph of the artist and the following inscription: "The Indiana University School of Dentistry Student Body presents this plaque to Dr. DeCastro for his unselfish dedication in the creation of this mural."

THE FOLLOWING NEWS REPORT has been submitted by Ms. Diane Buyer, President of the Student Affairs Council:

A statewide conference: Designing an Optimal Environment for the Impaired Elderly, sponsored by the Indiana University School of Nursing and the Indianapolis Jewish Home, Inc. (Hooverwood), was held March 26-27, and will reconvene April 30-May 1, at the Airport Quality Inn. Topics include many phases of elderly life, such as rehabilitation, long-term care, and maintaining independence. The American Student Geriatric Dental Society is presenting a table clinic concerning often neglected dental needs of the elderly patient at the conference.

The I.U. Chapter of A.S.G.D. is one of two student societies in the nation. In the past year, under the direction of its president, Chris Brown, a third year dental student, the Society has viewed films, listened to lectures on oral pathology, conducted oral cancer screenings, presented in-service seminars to the nursing staffs, and continues to visit area nursing facilities. Chris Brown presented a table clinic on the I.U. Chapter of A.S.G.D. at the 1980 A.D.A. Convention. He has also written several articles which will appear in the April issue of "Dental Student" concerning geriatric dentistry. Due to his involvement in geriatrics, Chris was invited to speak at the 1981 annual meeting of the American Society for Geriatric Dentistry in Chicago and was named the first student representative to the Board of Directors of A.S.G.D.

DR. RALPH W. PHILLIPS, Associate Dean for Research, received the Fifth International Award given by the Friends of the University of Connecticut School of Dental Medicine on March 14 in Farmington, Connecticut. The annual award recognizes "outstanding achievement as reflected either in singular achievement or in a life's work." At the presentation banquet Dr. Phillips became acquainted with another guest, Dr. Chu Hsi-tao, Dean of the Faculty of Dentistry at Peking Medical College in China. The Chinese educator gave Dr. Phillips a paper headed "A Brief History of Dentistry in China," which is excerpted here:

In the 11-14 centuries B.C., the record about diseases of the teeth had already appeared. According to the concept during that time, caries was caused by "worm", and hence the word for caries was composed of a word for worm at the top and a word for tooth below. By this was meant that the "worm" came at the surface of a tooth and penetrated into it.

Early in the Han Dynasty (about 200 B.C.) the habit of gargling the mouth had been formed among Chinese. Some claimed that the gargling should be performed after getting up in the morning and after each meal, thus the purpose of preventing dental diseases could be achieved. On the other hand, some advocated that in order to prevent diseases of the teeth, you should rinse your mouth before going to bed.

Cleaning teeth with brushes made of horse tail began at 1189 A.D., but the use of brushes to brush teeth was not favoured by some people who maintained that the gum might be damaged. Before that time "tooth brushes" were made of poplar twigs.

As early as the Tang Dynasty (618-907), amalgam was used as a filling material for decayed teeth. This was called "Silver paste" at that time, which was put down in writings in the "Materia Medica of Tang Dynasty" edited by Su Kung in 659 A.D.; the ingredients and methods of its manufacture were also recorded.

According to the writings of Li Shih-chen (1518-1593), the arsenic preparations were applied in treating caries in the year of 752 A.D. It was prepared by mixing the arsenic with starch and by putting into carious cavity, it could kill the "worms".

During the Sung Dynasty (960-1127), there were professional technical personnel engaged in restorative dentistry, but the techniques used were not recorded.

The record of tooth replantation appeared also about the 10th century. (Sung Dynasty)

During the era of Sui and Tang Dynasty (581-907), Dentistry gained great advances. "On Pathogenesis of Various Diseases", written by Chan Yuan-fang (610 A.D.) was the earliest pathological monograph. There is a chapter dealing with oral and dental diseases, in which odontal diseases, periodontal diseases, arthropathies and congenital deformities were described. There was also the record about postextraction hemorrhage, but the techniques applied in teeth extraction were not mentioned.

The national medical school was established during the Sung Dynasty (960-1279), with departments specializing in different branches of medicine. Dentistry and laryngology were included in a same department, which engaged in teaching as well as research work.

Modern dentistry was introduced into China about one hundred years ago. Missionaries set up hospitals and opened schools thereafter. One of the earliest dental schools--The College of Dentistry, West China Union University was founded in 1918; the College is now called the Faculty of Stomatology, Szechuan Medical College.

CONGRATULATIONS ARE EXTENDED to the following faculty members on their promotion to the ranks indicated, effective July 1: Dr. Rolando A. DeCastro, Professor of Oral Anatomy; Dr. James H. Dirlam, Professor of Oral and Maxillofacial Surgery; Dr. James L. McDonald, Jr., Professor of Preventive Dentistry; Dr. Chris H. Miller, Professor of Oral Microbiology; Dr. Richard J. Schnell, Professor of Dental Materials; Dr. Donald R. Tharp, Professor of Dental Practice Administration; Dr. Carl W. Newton, Associate Professor of Endodontics; Dr. John R. Risch, Associate Professor of Complete Denture; Dr. Anoop Sondhi, Associate Professor of Orthodontics; Dr. Robert L. Bratton, Assistant Professor of Operative Dentistry; Dr. Arnold E. Felten, Assistant Professor of Oral and Maxillofacial Surgery; Mrs. Sheila W. Mordarski, Assistant Professor of Dental Hygiene; Dr. Abraham J. Ochstein, Assistant Professor of Dental Auxiliary Education; and Mr. Charles J. Palenik, Assistant Professor of Oral Microbiology.

DR. CHRIS H. MILLER was named President-Elect of the IADR/AADR Microbiology and Immunology Group at the Annual Meeting in March, in addition to serving as author or coauthor of three papers. Dr. Miller also spoke on "Challenges to the Teacher of Dental Asepsis" at the AADS Microbiology Section program in Chicago.

DR. MYRON KASLE, Chairman of Oral Radiology, presented an all-day program on "Radiology For The Young Dental Patient," to the California Society of Dentistry for Children on March 7 in San Francisco. Dr. Ron Mack, former graduate student in Pedodontics, is the organization's President-Elect and was chairman of the program. Also, at the American Association of Dental Schools Meeting, Dr. Kasle was elected Chairman of the Oral Radiology Section.

DR. KASLE AND DR. ROBERT LANGLAIS (M.S., 1975) are co-authors of Basic Principles of Oral Radiography (W.B. Saunders, Publishers), Volume 4 of the Series in Exercises in Dental Radiology.

READERS OF THE NEWSLETTER may be interested in the impressions recorded by two dental students from Ireland who were in this country last summer on an exchange basis with IUSD students John Atkinson and Patrick Dunigan, whose experiences in Ireland were reported in a recent issue. The following accounts are by Sean Malone and then Michael Fenlon.

Michael and I arrived in New York on Wednesday, August 13, and spent the night in the students' hostel. We arrived in Indianapolis on Thursday, August 14, and went from the airport with Dr. Ralph G. Schimmele to the Medical Center. That evening we were dinner guests of Dr. and Mrs. James R. Roche. Friday morning we toured Indiana University School of Dentistry. I was struck by the facilities available for research, particularly the scanning electron microscope and animal facilities. Dr. Schimmele showed us around the various departments of the School. Of particular interest was the Radiology Department and I much appreciated the kindness shown to me by Dr. Myron J. Kasle, Department Chairman. Dr. Roche joined us during the tour and provided us with an extensive exposure to the Department of Pedodontics. Friday afternoon I went to Dr. Dan Rohn's office. He and his wife, Jackie, put me up in their home for the remainder of the two weeks. I cannot say enough for the generosity and kindness with which they treated me. They made me feel like a member of the family.

Over the weekend they took me to visit Indianapolis, organized games of golf and generally could not have been more welcoming to me. The following Monday Dr. Rohn had arranged for me to visit Dr. David McClure's office in Anderson. Dr. McClure is an excellent teacher. He took the trouble to emphasize certain points regarding children's dentistry, particularly the use of Demerol and Phenergan with the child patient as a means of calming them and making them more amenable to treatment; also the use of full mouth local anesthesia in a child, reducing the possibility of the child biting his lip because he will not compare the two sides. The importance of sending diagnostic reports to the parents before treatment was also stressed. This provides the parents with a better understanding of the dental treatment their child is to have and the approximate cost. I also had the opportunity to observe

his skill as an operator when he did a pulpotomy on a central incisor of a less than cooperative 15-month-old child. Dr. McClure also provided me with some sage advice; he suggested that whenever you do not have the trust and confidence of the parents and patient, you should consider discontinuing treatment.

On Tuesday, I visited Dr. Steele, a young general practitioner in Alexandria with an interest in Crown and Bridge. He taught me three things: (1) the importance of determining as many static and dynamic jaw relations as possible when constructing crowns and bridges; (2) how to conduct a practice with maximum efficiency, with two patients being treated excellently at the same time; (3) how to communicate to a patient the need for a very complex and extensive treatment plan, by making them understand the benefits of this treatment to them.

The next day I visited I.U. again with Dr. McClure. In the morning, I went to Riley Hospital where I attended a General Anesthesia session for full mouth dentistry on a mentally retarded child. In the afternoon I went to the Pedodontic Department where I observed students treating children. Dr. Roche, who was there, very kindly showed me videotapes of behavior management problems that he and his staff and students had dealt with in children.

Thursday I visited the office of Dr. Worster and Dr. Culler; two practicing orthodontists in Anderson. I also visited the office of Dr. Worster's brother, who is a general practitioner. He impressed me with his ability to communicate with patients. On the following day I went to the office of Dr. Pierce, another general practitioner in Anderson. Dr. Pierce showed me a certain attitude to dentistry which I greatly admired. He gave himself plenty of time for his procedures, had rests when he felt he needed them, and thus achieved a standard of excellence without tiring himself. Dr. Pierce is also very successful in communicating with the patients.

I flew to Chicago with Dr. Rohn on Saturday to see the city and on Sunday I flew to Michigan with Dr. and Mrs. Rohn for a meeting of the Flying Dentists Association. The next day included a visit to Dr. Rohn's office. Again, I was impressed by the importance of communicating with the patient. Dr. Rohn made a statement that has stayed with me when he said that the dentist must nearly adjust his personality to each individual patient as he treats them. On Tuesday I visited Dr. Paul Van Dorn, a periodontist practicing in Anderson. I was very interested in how he arranged his patient schedules: three pre-surgery sessions to include scaling and oral hygiene instruction, two surgery sessions, two recovery sessions and recall every three to six months post-operatively to check on oral hygiene, and follow up scaling.

Finally, if the question, "How would you compare American dentistry to Irish dentistry?" were asked of me, I would say that American dentistry is more complete because the American dentist can offer a type of dentistry more closely approaching ideal dentistry than

the Irish dentist for two reasons: (1) there are many more dentists per patient in America than in Ireland and therefore there are fewer patients who have been neglected over a long period of time; and (2) American people appear to have a higher dental I. Q. and are more inclined to place a higher priority on total dental treatment.

I would like to express my most sincere thanks to the following: Dr. Schimmele, Dr. Roche, Dr. McClure, Dr. Steele, Dr. Worster, Dr. Culler, Dr. Pierce, Dr. Rohn, and Dr. Van Dorn for their kind help to me. I especially want to thank Dr. Rohn and his wife for being so kind and hospitable to me during my stay at their home and also for organizing the schedule to see all the various practices that I visited while I was in America.

NOTES FROM MIKE FENLON

On August 13, 1980, we arrived in the U.S. from Dublin aboard Aer Lingus Irish Airlines. After clearing through customs, which required approximately 70 minutes, we immediately went to a hotel which is recognized as a meeting place for visiting Irish students. Quite by accident and much to my surprise I met my first cousin and a former classmate of mine who were also visiting the States.

The following morning found Sean and me wandering about New York City. We were very much aware of the dramatic difference between the city of Dublin and the city of New York. Late that afternoon we arrived at Indianapolis International Airport and were met by Dr. Ralph Schimmele. What we all thought might be a problem of identification at the airport proved to be no problem at all. Identification for Sean and myself with Dr. Schimmele proved to require nothing more than eye contact and a smile. That evening we met Dr. and Mrs. James Roche and were their guests at an excellent meal and a very pleasant evening.

Dr. Roche gave us a tour of the Dental School the next day and introduced us to many faculty members. We were impressed with the excellent all-around facilities. That afternoon Dr. Schimmele introduced Sean to Dr. Dan Rohn of Alexandria, and I went on to Fort Wayne where I met the Schimmele family and was made very welcome. The following two days were spent seeing the sights of Fort Wayne, attending an amateur soccer game and visiting the I.U.-P.U. campus in Fort Wayne where I witnessed methods and equipment used in formulating experimental toothpaste and chewing gums. Next on the schedule came two days spent in the offices of Drs. Dumas, Bojrab, and Shambaugh in Fort Wayne. Besides having the opportunity of witnessing very efficient and well organized dental surgery practices, I attended a Rotary Club luncheon one day and had lunch with eight local dentists on the next. In addition to an exchange of professional information we enjoyed a lively exchange of political views. Late Tuesday afternoon, Dr. Schimmele and I left Fort Wayne for Winchester, Indiana, and the office of Dr. V. R. Williams where I was to remain until departure time. I was made very welcome by the Williams family.

The next week (August 20-27) was spent with Dr. Williams and his family. Dr. Williams has a very impressive approach towards the practice of general dentistry and an excellent philosophy of dealing with and treating patients. In addition to being accepted as a part of the office team, which was most enjoyable, I visited Ball State University, saw a high school football game (my first), attended a horse show, toured a glass factory, moulding plant, and a plant that builds race cars. We also visited Wright Patterson Air Force Museum, which was well worth seeing, and Kings Island Amusement Park, which was most enjoyable. Likewise Dr. Williams and I spent several pleasant hours around the swimming pool discussing the political and economic systems of Ireland and the U.S., as well as the U.S. legal system and the impact of the I.D.A. and A.D.A. on the practice of dentistry.

All too soon my visit had ended. On August 28, we assembled in the Dean's Office at the Dental School where Dean Ralph McDonald presented Sean and me with mementoes of our visit to Indiana University School of Dentistry, and early that afternoon I was once more airborne and en route to my home in Ireland. As the airplane left New York I recalled the events of an exciting experience and the excellent hospitality of my new-found American friends.

SCHOOL OF DENTISTRY faculty members playing active roles in the Annual Meeting of the American Association of Dental Schools in Chicago March 14-18 included Dean Ralph E. McDonald and Assistant Dean Michael R. Curtis, commentator and moderator, respectively, for a program on "Financial Implications and Adjustment to the Anticipated Decline in Dental Student Enrollment"; Associate Dean S. Miles Standish, panelist, "Discussion Report of the Task Force on Advanced Dental Education; and Dr. David W. Allmann, Chairman, Biochemistry and Nutrition Section.

Researchers from Indiana University School of Dentistry made 25 research presentations at the Annual Meeting of the American Association for Dental Research March 19-22. The titles and authors are: Effect of Sodium Fluoride-Silica Abrasive Dentifrice Upon Caries--B. B. Beiswanger, C. W. Gish and M. E. Mallatt; A New Method for Determining Plaque in Rats--B. R. Schemehorn, J. L. McDonald, G. K. Stookey, K. K. Park; Evaluation of Intubation Diets for Caries Research--C. A. Rodlun, J. L. McDonald, B. R. Schemehorn, G. K. Stookey; An In Vitro Model for Assessing the Cleaning Ability of Dentifrices--G. K. Stookey, T. A. Burkhard and B. R. Schemehorn; A Method for Measuring Dental Stain in Rats--J. L. McDonald, B. R. Schemehorn, G. K. Stookey; Effects of Moisture Contamination on Properties of Selected High-Copper Amalgams--Y. Kathoh, B. K. Moore, M. L. Swartz and R. W. Phillips; Marginal Seal of Cast Full Crowns - An In Vitro Study--R. W. Kawamura, M. L. Swartz, R. W. Phillips and R. W. Dykema; Basic Skills Among Dental Students: A Factor Analysis--R. H. Potter, G. O. Segraves and R. E. McDonald; Gingival Reaction to a Calcium-Phosphate Resorbable Ceramic in Humans--W. B. Gillette and A. H. Kafrawy; pH Gradient Induced Redistribution of Fluoride in Rat Hepatocyte Suspensions--G. M. Whitford, D. W. Allmann, D. Chalker; Effect of NaF in Perfused Rat Liver on cAMP and Glucose Metabolism--D. W. Allmann, A. Dunipace and D. Chalker; Effect of Intraperitoneal Administration of NaF on Some Liver Glycolytic Enzyme Activities--H. Kleiner and D. Allmann.

Also, Movement of F Through an In Vitro Stimulated Membrane System--B. Olson, D. Chalker, K. O'Connell and D. Allmann; Psychological Satisfaction of Smoking Reported by 57 Habituated Dental Patients--A. G. Christen and E. D. Glover; Effects of Enamel Wear on the Porcelain-Metal Interface--R. M. Fisher, B. K. Moore, M. L. Swartz and R. W. Dykema; Predental Correlates of Dental School Performance--R. H. Potter, G. O. Sagraves and R. E. McDonald; Molar Occlusal Units, Asymmetry and Discrepancy: A Genetic Variance Estimate--R. H. Potter and R. S. Corruccini; Effects of Fatty Acids on Rat Caries--K. A. Williams, B. R. Schemehorn, J. L. McDonald, G. K. Stookey and S. Katz; An In Vitro Model for Studying Stain Formation on Intact Enamel--B. L. Olson and G. K. Stookey; Role of Plaque in Enamel Fluoride Acquisition from Fluoride-Mouthrinse--K. K. Park and G. K. Stookey; Pulp Reactions to Three Composite Restorative Materials in Monkeys--D. M. Dickey, A. H. Kafrawy and R. W. Phillips; Pulp Reactions to a Visible Light-Cured Restorative Material--A. H. Kafrawy and R. W. Phillips; Caries-Susceptibility in Two Wistar Rat Colonies--C. H. Miller, G. K. Stookey, J. L. McDonald and C. J. Palenik; Analysis of an A. naeslundii Extract Containing Attachment-Related Substances--J. M. Saunders and C. H. Miller; A Cariogenic Coccus Resembling Streptococcus salivarius--C. J. Palenik and C. H. Miller.

FURTHER TRAVEL NOTES -- At the request of the Newsletter, Dr. Simon Katz, Professor of Preventive Dentistry, has provided the following account of some of his experiences on sabbatical leave in Spain last year:

Spain is a wonderful country, and Spaniards are marvelous people. The first impression you get upon arriving in Spain is that people really enjoy living. They are friendly--with that warm, open, no-strings-attached type of friendship that characterizes Latins. They have a sharp sense of humor, love singing and dancing, like jokes (give and take), go out a lot....and blame government for whatever goes wrong. This of course allows them to go on with the show.

I had direct proof of their friendship as soon as I arrived at the Madrid airport to begin my one-year sabbatical. Two colleagues were waiting for me. It was 7:20 on a cold January morning. After the customary greetings, one of them -- whom I had met at our School when he came to Indiana to investigate possibilities of advanced training here -- said: "Listen, my parents are staying in the Canary Islands for the winter. Would you like to use their apartment in Madrid while you look for housing? I asked my father and he said it would be O.K." And so I had for my sole use a fabulous apartment in one of the best sections of Madrid. In the following days my friend helped me to look for, and find, a comfortable and well furnished apartment 10 miles north of the city, close to a super-highway connecting almost directly with the University and in a development with lots of yards, plenty of trees and flower plants, a swimming pool, a tennis court, and so on. When my wife and son arrived in Madrid one week later, we went directly from the airport to our Spanish home for the year to come. Who could have dreamed of such hospitality and good fortune?

Dental education in Spain follows the stomatological approach, which means that the students must first obtain a medical degree -- which takes six years -- and then go through two more years in their specialty field of stomatology. Requiring the medical degree as a condition for admission to the School of Stomatology is based upon the assumption that physicians have a broad biological and medical training and thus are better prepared to understand, diagnose and treat oral conditions beyond the domain of "simple" dental diseases. It was said, for instance, that by virtue of his medical training, a stomatologist was better prepared to detect early signs of oral cancer and orient the patient to proper treatment than the dentist with pure "odontological" training.

Paradoxically, I found during my research on prevention of radiation caries that in only a few cases had the diagnosis of cancer been arrived at in an early state of tumor development. Most of the patients I saw had extensive lymph node involvement. Quite a few had had total laryngectomies, and some distant organ metastases. In talking with chiefs of oncology services about the reasons for the serious problem of late tumor diagnosis, they tended to divide the responsibility for it in three equal parts. In their opinion, one-third rested with the patients who, perhaps hoping for a magical cure, waited too long before asking for professional help. The second third was attributed to the medical profession, whose members were not well prepared to make an early diagnosis. For example, one of my patients, who had an epidermoid carcinoma of the nasolarynx also involving one of the maxillary sinuses, was treated with antibiotics for "sinusitis", thus wasting some precious time before starting adequate cancer therapy. The final third of the responsibility belonged to the dentists, whose training had not prepared them to make a differential diagnosis of questionable lesions.

Another problem with the stomatological approach -- at least as I saw it in Spain -- is that it leaves a no man's land between medicine and dentistry, an area that neither the medical nor the dental curriculum covers. The existence of this no man's land defeats the very purpose upon which the stomatological approach is based. Although the medical curriculum includes training in such basic areas as physiology, biology, microbiology, anatomy and the like, no emphasis whatsoever is devoted to such subjects in relation to the mouth. Likewise, operating under the assumption that such training belongs in the medical school, the curriculum of the School of Stomatology does not contain courses in oral biology, oral microbiology, oral physiology, and so on. The so-called better overall biological training attributed to stomatologists (dental physicians) existed only in the minds of the program planners and defenders.

Available teaching time is a serious problem at the Madrid School of Stomatology. The whole dental curriculum is jam-packed into two academic years. To compound the problem, Spaniards -- as another example of their enjoying life -- make use of every opportunity to take a vacation. The academic year starts by October 15, and ends at the end of May. Christmas vacation is

3-4 weeks long, and so forth. The school opens at 9:00 A.M. and closes at 2- 2:30 P.M. etc., etc. Do I need to comment that it is impossible to cram a decent dental training into such a time frame?

Let's look at a practical example. My headquarters in Madrid was the Department of Preventive Dentistry, Pedodontics, Prosthodontics and History of Dentistry. Yes, you read right, the four fields are the domain of a single department. There were only three or four paid faculty members; the rest were volunteers who came mostly out of friendship with the department chairmen. As a result, it was common for a student not to find a faculty member to advise him about a laboratory or clinical procedure he was performing, or to supervise his work.

One-half of the academic year -- from October 15 to the end of January -- was devoted to laboratory and preclinical training. The other half (February through May) was given over to clinical treatment of children in the three areas composing the practical portion of the department curriculum. History of Dentistry and the theoretical parts of the other areas were taught in lectures throughout the academic year.

It may appear from the foregoing that the possibilities of obtaining a good dental training are non-existent. There was, however, a lot of dedication and effort by the chairman of the department and many of his faculty to do the best possible job within the available resources. They most certainly understood the problem, and are working hard to find solutions. It may not be easy. But I am certain that through their dedication and hard work along with cooperation from those who, like ourselves in Indiana, have had the opportunity to obtain an outstanding training, they will be able to bring about the changes that Spanish dentistry, the Spanish people most certainly deserve.

We may not realize how outstanding our training is until we have a chance to compare it with what others receive. I tended to take for granted what I learned through my years in Indiana. This encompassed not only dental and related subjects, but educational matters as well, such as all that we learned by participating in our Teaching Conferences, and attending seminars and lectures on how to prepare behavioral objectives, write a test, conduct a small group teaching session, prepare a lecture, use audiovisual aids in a proper manner, and so on.

During my experience in Spain, I had the tremendous satisfaction of putting the entire preventive program of the departmental curriculum in terms of behavioral objectives. When I presented them to the students, and explained what that meant for them in terms of knowing exactly what they were expected to learn, and what they were going to be tested on, they loved it. I am not so sure that my fellow faculty members loved it, because the reaction of the students forced them to put their parts of the program in terms of objectives too. In all candor I should say, however, that they did a most commendable job.

I also had the opportunity of learning first-hand how the students liked the approach. Several weeks before my departure back to Indiana, the student representatives asked me if I would be willing to postpone the final test on prevention from early December to early January. They explained that they had several other examinations to take and needed more time to prepare themselves properly. I told them that, subject to approval by the Department Chairman, I had no objections. But I warned them that I could not be there for the exam, because I was scheduled to leave Spain on December 30. Their immediate response: "Then we will take the exam as scheduled, because we know that you are going to test us on the objectives you gave us the first day of class."

I experienced a warm feeling of pride and satisfaction. The names of Paul Starkey, who started the Teaching Conferences, and Jim Roche and Paul Barton, who followed his steps, came immediately to my mind, as well as those of Bruce McQuigg, Meryl Englander, and so many others from whom I learned what objectives were, how to prepare them, and how to put them to work. Isn't it great to have been a product of such fantastic education?

THE NEWSLETTER SALUTES Vivian Haggard, who retired on March 31 after 12 years of outstanding service in the Graduate Office. In addition to her duties there, Vivian assisted in many ways with the production of the Newsletter and other publications of the School. Succeeding Vivian in the Graduate Office is Susan Crum, who was appointed to the position after seven years of exemplary service in the office of the Complete Denture Department. Susan's replacement there (this is beginning to sound like a session of musical chairs) is Christine Smith who joins us from a position with Patient Accounts. Our congratulations to all concerned!

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