

THE
BULLETIN
OF THE
VIRGINIA STATE
DENTAL ASSOCIATION

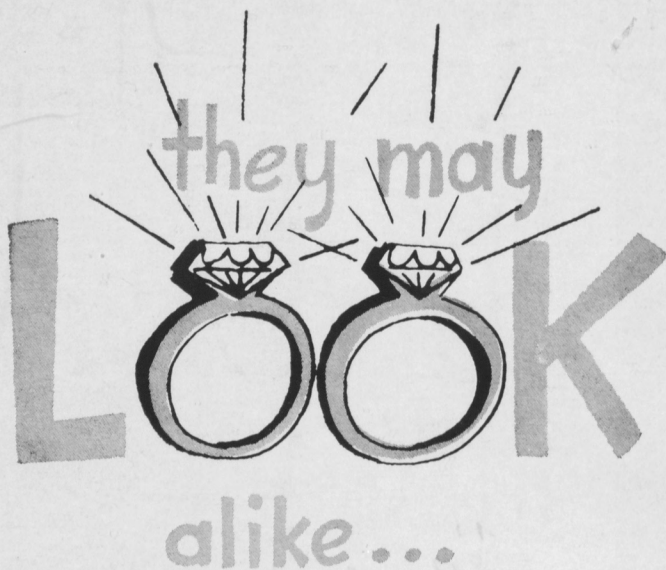
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Volume XLI February, 1964 Number 1



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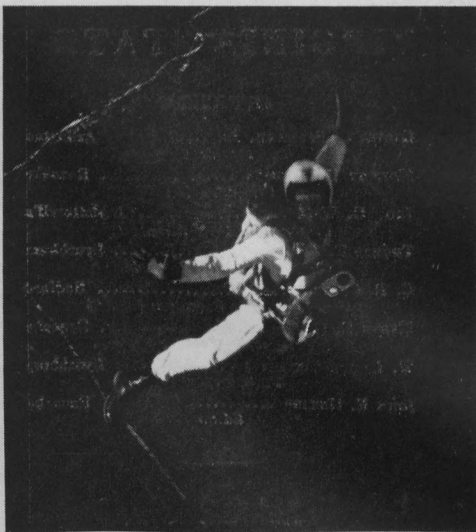
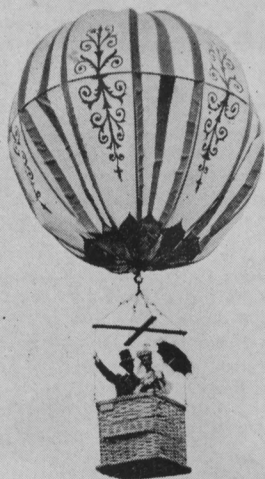
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
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References: 1. Weil, C., Santangelo, C., Welham, F. S. and Yackel, R. F. Clinical evaluation of mepivacaine hydrochloride by a new method. J.A.D.A. 63:26 July 1961. 2. Sadove, M. S. A preliminary report on Carbocaine, a new local anesthetic. New Physician 9:39 Sept. 1960. 3. Feldmann, G., and Nordenram, A. The anesthetic effect of Carbocaine and lidocaine. Svenska Tandl.-Tidskr. 52:531 1957. 4. Ross, N. M. and Dobbs, E. C., Mepivacaine HCl (Carbocaine) without vasoconstrictor. J. Oral Surg., Anes. & Hosp. D. Serv. 21:215 May 1963. 5. Dobbs, E. C. and Ross, N. The new local anesthetic, Carbocaine. New York State D. J. 27:9 Nov. 1961. 6. Ross, N. and Dobbs, E. C. A preliminary study of Carbocaine. J.A.D.S.A. 7:4 Nov. 1960. 7. Dhuner, K. G., Oljelund, O., and Aagesen, G. Carbocaine -d,l-N-methylpiperic acid 2,6-dimethylanilide-a new local anesthetic agent. Acta Chir. Scandinav. 112:350 May 1957. 8. Collins, V. J. and Roventine, E. A. Clinical evaluation of mepivacaine for regional anesthesia. Arch. Surg. 84:680 1962. 9. Sadove, M. S., Vernino, D., Lock, F., and Kolodny, S. An evaluation of mepivacaine hydrochloride. J. Oral Surg., Anes. & Hosp. D. Serv. 20:399 Sept. 1962. 10. Albertson, G. L. Mepivacaine HCl in dental surgery. D. Progress 4:52 Oct. 1963. Other references total 226, more papers in press. Available reprints supplied on request.

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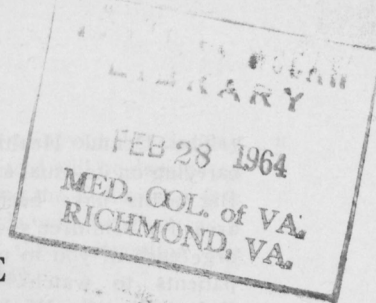
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PRESIDENT'S MESSAGE

Dear Members of the Virginia State Dental Association—

I would like to, as briefly as possible, report to you on my activities for the past eight months, as well as the accomplishments of the various committees.

In May I represented the VSDA at the Maryland State meeting in Baltimore and was very much impressed with their methods of holding a State meeting.

Also in May I was privileged to present greetings from the VSDA to the Public Health Department meeting in Roanoke.

In July I again represented the VSDA at the West Virginia meeting at the Greenbrier. The Trustees of the 5th District of the ADHA were holding their meeting in conjunction. I was privileged to address them at which time I extended them an invitation to hold their next annual meeting with the VSDA meeting in Arlington. I am pleased to announce that they have accepted our invitation.

I have greatly enjoyed attending meetings, both business and social, in all of our Components except one, which I plan to visit soon. I have also attended many, many meetings all over the state too numerous to mention.

Although the summer months were responsible for a late start in committee work, most of the committees have been very active throughout the year. In September I called a meeting of most of the standing committees to promote activity in some committees

and to receive reports from committees already at work. The Executive Council met immediately following the committee meetings to act on many resolutions and requests from the committees.

The demands on the Executive Council have increased so as to make it necessary that they meet more than once a year. Incidentally, problems arising this year have made it necessary that it meet three times already this year. The next meeting of the Executive Council, unless unforeseen problems arise, will be on **Saturday**, April 25, at 1:00 p.m. rather than on Sunday. This will allow adequate time to give full consideration to all problems without conflicting with other functions. **All members are invited and urged to attend.**

Space does not allow me to go into detail about all the committees; however, I would like to mention a few.

The Mouth Guard Committee has done a magnificent job. Mouth injuries have practically been eliminated. This is one area where the dentists have proven themselves to the public.

The Cancer Committee, under the coordination of Dr. Triani, has outlined a very fine three year program for Oral Cytologic Smears (Papanicolaou Smear). This program has been approved by the Executive Council and Dr. Triani is now working out the financial details. This will be one of the finest services we can give the public at a very nominal fee. You will soon be receiving all the details through your Component representative on the Cancer Committee.

The Dental Health Committee is carrying on its usual excellent program. Big plans have been made in each area for Children's Health Week. I urge each of you to prevail upon your patients to watch "The Dick Van Dyke Show" Wednesday evening, February 5, on the CBS-TV network. This show will be presented by the ADA in cooperation with the local dental societies.

The Insurance Committee has kept you all abreast of its fine program.

The Relief and Amalgam Scrap Committee needs help from each of us.

The Dental Trade & Laboratory Committee has worked very hard to enforce our Laboratory Prescription Law. I urge each of you to follow the law in the use of prescription blanks because this committee intends to enforce the new law. In the Norfolk area they ran one of the three U.S. Pilot Surveys for the Accreditation of Dental Laboratories. I attended this survey and found it very informative and successful.

The Legislative Committee has been working diligently to get several bills before the Legislature. State Senator Charles Fenwick has been very sympathetic to our cause and is sponsoring two bills. The first one is for 10 Hygienist Scholarships of \$1000 each to send girls from Virginia to out-of-state schools to study dental hygiene. The girls then must agree to practice a year in Virginia for each year she receives money from the Scholarship. The other bill is one to appropriate \$4000 to be used by the council on Higher Education to make a study of the need for a Dental Hygienist School in Virginia. Dr. Bear with the help of Mr. Barton, our attorney, has prepared a new Dental Service Corporation bill. We need the help of each dentist in contacting his respective members of the Legislature urging them to favor

these bills. **Please write your legislators immediately.**

The Education Committee met in September and presented a very comprehensive set of recommendations to the Executive Council for its consideration.

After ample discussion the Council accepted the report and the recommendations. The recommendations were in line with some of the recommendations which came out of the Workshop on Dental Education.

The Administration at the Medical College of Virginia, School of Dentistry, took exception to some of the recommendations and initiated a series of unpleasant letter writing. The co-sponsorship of the course in periodontics by the MCV School of Dentistry and the VSDA was unilaterally cancelled by the Administration of the School of Dentistry.

Several months of discussion, considerable correspondence and two additional meetings of the Council have ensued. At present the liaison group of the Education Committee is endeavoring to obtain the cooperation of the school in re-establishing the highly successful and beneficial co-sponsorship of Post-graduate Refresher courses at the school.

I am pleased to learn through a newspaper release on January 15, 1964 that after recommendation by Dr. Harry Lyons and concurrence by Dr. R. Blackwell Smith, Jr., MCV's President, the MCV Board of Visitors tentatively approved courses intended to train hygienists, dental assistants and laboratory technicians. This was done by the Board subject to the approval of the Virginia Council of Higher Education.

The profession has shown a great interest for this program for many years. I sincerely hope that this will soon be a reality.

The Program Committee is doing an excellent job toward providing an interesting and unusual program for our State meeting.

The Local Arrangements Committee is leaving no stone unturned to see that every detail for your comfort and pleasure is taken care of. It should be of interest to you that we will have more exhibitors this year than we have ever had before at a State Convention. It should be equally as important to you to remember that these exhibitors pay for your State meeting, so please save up your orders to place at the Convention with as many exhibitors as possible.

I would like to point out that Sunday afternoon from 1 to 4 will be designated entirely for visiting the Exhibits. A free cruise to Bermuda will be given as a door prize for those attending the exhibits on **Sunday**.

The opening session of our 95th meeting will be at 4 p.m. on Sunday, instead of Monday morning, followed by a free Presidents reception with the Northern Virginia Dental Society as host. Everyone is invited.

I am looking forward to greeting you, your wives and family, and auxiliary personnel at our State meeting in Arlington, April 26 to 29th.

Grover C. Starbuck, Jr.
President

SITTING IN WITH THE COUNCIL A REPORT TO THE MEMBERSHIP

J. E. Higgins

Richmond Meeting

On September 29, 1963, sixteen members of the Executive Council met in Richmond, Virginia first as a committee to study the question of redistricting our components. A map was presented along with statistics and after much discussion it was decided to present this to the membership for

study and suggestions, and review the subject again at a future meeting.

Then the meeting of the Council was called to order by Dr. Thomas T. Upshur, Chairman. After the roll call, the minutes were dispensed with since they had been published in the Bulletin. Committee reports were called for.

REPORT OF COUNCIL ON DENTAL HEALTH

National Children's Dental Health Week—Merton Stearns, Jr. State Chairman.

Posters and brochures have been ordered from ADA and will be sent to the components. They will go to the area dental health week chairman where one has been appointed, otherwise to the component representative on the Council on Dental Health.

Dental Health Education—Dr. W. B. Jones, Chairman.

We plan to have a booth again this year at the state meeting. In the past this education booth has received interest among the members. Dr. Jones will also attempt to have the component representative display at the various component meetings the display rack and educational material designed especially by the ADA for reception room display (packaged for \$15.00 by ADA).

Fluoridation—Dr. James Bradshaw, Chairman.

The Fluoride content of local water supplies has been adjusted to the proper level in Wytheville, Lexington, Front Royal, Amherst and Hopewell in the past year. It is in the process of being added in Bridgewater and Timberville. No locality has had it removed from the water in Virginia in the past two years. In Charlottesville, where it was removed several years ago, a referendum vote will be held on November 5th.

In regards to resolutions to be voted on at Atlantic City by the ADA the council agreed as follows:

1. Penn. Dent. Assn.
Change of name of National Children's Dental Health Week, deleting "Children's". Voted against
2. Min. Dent. Assn.
Change dates of N. C. D. H. W. No instruction.
3. Dental therapeutics resolution to include powered tooth brushes in the evaluation program. Voted for.

4. Resolution that the joint statement "Dental Care Programs in Public Assistance Guide for Health Agencies" be approved.

To be acted upon by executive Council:

Proctor and Gamble's current dental education material.

Having reviewed Proctor and Gamble's current dental education material, this committee feels the material involved and the presentation to school authorities to be in good taste and in keeping with the code of ethics of the ADA.

In view of the demonstrated lack of activity and interest in the promotion of a comparable program by the dental profession, it is the recommendation of this committee that the Council on Dental Health sanction the use of

this program and that the matter be forwarded to the Executive Committee for their approval.

The committee wishes to emphasize that this is an endorsement of a very capable program of dental education and is not to be construed as an endorsement of a specific product. Finally:

The Council on Dental Health is opposed to the program of the Armed Forces to train non-dentist technicians to do any dental procedures other than those normally delegated to qualified dental hygienists.

The Council sanctioned the use of the educational program presented by Procter & Gamble for the schools.

REPORT OF MILITARY AFFAIRS COMMITTEE

At the request of Dr. Grover Starbuck, President of the Virginia State Dental Assoc., the Military Affairs Committee, met at the John Marshall Hotel, Richmond Virginia on Sept. 28, 1963 at 6:30 P.M..

The chairman reported communications from 3 of the committee's membership expressing their regrets of their inability to attend the meeting.

A letter was read from Dr. Starbuck relative to dental service for dependents of military personnel wherein he stated that he had received a letter from Dr. Thomas C. Bradshaw of Blackstone and a copy of a letter written by Dr. James A. Boyd, Secretary of Component #3 addressed to Captain Decker of Camp Pickett. These letters requested the Virginia State Dental Assoc. to concur with component #3's decision to permit the Dental

Officers at Camp Pickett to render dental services to dependents of members of the armed services stationed at Camp Pickett. Following the statement by the chairman that it has been the policy in the past that the State Association concur in the recommendations of components, a motion was duly made and carried that this request be granted.

The Military Affairs Committee respectfully requests the Executive Council to authorize our President to notify Capt. Decker, Dr. Bradshaw and Dr. Boyd that the Virginia State Dental Assoc. concurs with the decision and request of component #3.

Communications were read from Dr. Harry Riley of Bayside Virginia to Dr. Starbuck, from Bernard J. Conway, Asst. Sect., legal affairs A. D. A., to Dr. Riley and from Dr. Starbuck to the Chairman of the Military Affairs Com-

mittee relative to the experimental program in expanded function training of dental auxiliaries to be instituted by the U. S. Army Dental corps at the Brooke Medical Center, under the direction of Maj. Gen. Joseph Bernier, Asst. to the Surgeon General, Chief of the U. S. Army Dental Service.

The program involves the training of Dental Assistants to perform the functions of the dentist in the restoration of teeth with silver amalgam (except for the preparation of the cavity) and many other functions, generally believed to require the knowledge and skill of a dentist. This program is thereby not in accordance with an amended statement of Policy by the House of Delegates of the American Dental Assn at the 1962 meeting in Miami Fla. This amended statement of Policy reads:

"By an amendment to its 1961 statement of policy regarding experimentation in the training of dental auxiliaries the House included the following statements under the section, Professional Duties and Responsibilities of the Dentist: The experimentation must not include the following items—Diagnosis; treatment planning, and prescription; surgical procedures on hard and soft tissues; all restorative, prosthetic, orthodontic and other procedures which require the knowledge and skill of the dentist; prescription for drugs, medications and work authorization."

We therefore recommend that the Exec. Council of the Virginia State Dental Assoc. instruct its Delegation to the 1963 meeting of the A. D. A. in Atlantic City to support whole heartedly the resolution adopted by the Florida State Dental Society and being presented to the House of Delegates meeting, in Atlantic City, Oct. 1963.

The Military Affairs Committee further recommends that the Executive Council instruct its delegation to the House of Delegate of the A. D. A. meeting in Atlantic City, Oct. 1963, to support the following resolution #27 being introduced by the District of Columbia Dental Society:

Resolved, that the By-laws of the A. D. A. be amended to allocate the office of third Vice-President annually to the Federal dental services.

It was decided that Camp Pickett should be designated as a remote area.

Dr. Haggerty resolved that delegates go uninstructed but we express ourselves in sympathy with the Florida resolution which opposes General Bernier's program of training dental technicians to place restorations. (This resolution carried.)

It was also passed that there be no instruction to the delegates concerning the allocation of the 3rd vice-presidency to the Federal Dental Services.

REPORT OF THE HISTORY COMMITTEE

Regret was expressed by members of our Committee over the untimely death of Dr. Alton Brashear. His contribution to the Committee and the Association as Historian was invaluable.

It is the feeling of this Committee regarding the scope of our contemplated dental history, that we should publish a History of Dentistry in Virginia, rather than a less ambitious History

of the Virginia State Dental Association. This decision was reached after carefully reviewing the histories of four other states. We feel that the latter would be more in the nature of a clerical or statistical report and would not offer the scope necessary to develop an interesting and colorful volume.

We feel that the Virginia State Dental Association, organized in 1842,

deserves the treatment to which its historical achievements are entitled. This would include the accompanying activities in dentistry as they took place in the history of our State. The matter of developing a history of Dentistry in Virginia is no small task. It is our belief that for this work to be correctly and properly handled would require the services of a qualified professional historian. The work, in our estimation, is too extensive in the matter of research and editorial know how to be handled by a student, as the subject for a thesis or dissertation.

At this time we are not in a position to offer a recommendation to this Council. We expect to have a meeting of our Committee, Sunday afternoon, January 26, during Homecoming Week. If it is the pleasure of this Council, and you can so arrange, we will offer a recommendation for your consideration at that time.

We would like to go into the matter of microfilm recording of the records of the minutes of our Association, as a safeguard against their being lost or destroyed. The extent and cost to be determined for your consideration.

The records of the State Association are now stored in the Library of the Medical College of Virginia. Since we have our own College, which incidentally is more modern and offers better storage and protection for our records, we recommend that they be transferred to the Wood Memorial

building. In effecting this transfer, we recommend that it be stipulated in writing, that these records be available to no one except upon the consent of the Executive Council.

In regard to the historical papers prepared and collected by Dr. Hodgkins, they are carefully filed and stored at the School of Dentistry. Dr. Lyons has stated that these papers are available at all times. In the matter of preparing a history of Dentistry in Virginia, the School of Dentistry is interested from the standpoint of Dental Education in Virginia, and offers to co-operate in a helpful and agreeable manner.

In the event that this Association decides to have this history prepared by a professional, it will be necessary for him to have physical possession of all of these papers and other relevant material.

Dr. Starbuck has appointed me as Historian for the Association. Only my intense interest in this history and my concern for the labor and devotion of Dr. Hodgkins would cause me to accept. I shall be glad to act with the Committee as Historian until such time as we can present a plan to you. This will include suggestions for an author, the approximate cost, and the scope and a tentative format for the history.

This report was received as information

REPORT OF THE COMMITTEE ON DENTAL EDUCATION

This committee will co-sponsor a two day course of lectures and televised clinical demonstrations on periodontology. Dr. D. Walter Cohen, professor of periodontology, University of Pennsylvania will give this presentation Friday and Saturday, April 10 and 11, 1964. Tuition will be \$25.00 if forty register.

The Committee voted to attempt to arrange a dinner the first evening.

The Committee voted to limit its co-sponsorship to one course a year until it has had more experience in this area.

Resolutions:

1. RESOLVED, that a School of Dental Hygiene be established at the Medical College of Virginia.

2. RESOLVED, that the School of Dentistry, Medical College of Virginia develop a training program whereby the dental student is taught to operate with the assistance of trained, competent dental assistants.

3. RESOLVED, that (1) The Medical College of Virginia's curriculum continue to instruct undergraduate students in all phases of dental laboratory procedures.

(2) The Medical College of Virginia enlarge its staff of dental technicians as well as its facilities to better instruct the student in the use of this auxiliary person as well as providing increased services to the teaching staff.

(3) MCV continue its practice of teaching the undergraduate to deal with the commercial laboratory.

(4) That the college continue to assist the educational programs of the Dental Laboratory Association and offer its facilities for special projects.

4. RESOLVED, that Dean Lyons be directed to bring up at the next meeting of the Southern Deans a request for a contact with the Southern Regional Education Board. Following acceptance of this; that he make request from the state budget committee for an appropriation for Virginia Students of Dental Hygiene and Assistants that this fund be administered by him.

APPOINTMENT—Liaison between the Dean and the Committee on Education and hence the Virginia Dental Association.

Charles Heartwell, Clarence Garrard, C. R. Mirmelstein

Dr. Cyril R. Mirmelstein first read his complete report then it was voted to take each item separately. First was the announcement, then four resolutions:

The Council adopted the committee's action to limit its co-sponsorship to one course a year.

The first resolution was discussed thoroughly and then it was resolved that the committee's recommendation be accepted that we affirm the desire for a school of Dental Hygiene being established at the Medical College of Virginia.

The second resolution proposed that we favored the School of Dentistry of the Medical College of Virginia adopting a training program whereby the dental student is taught to operate with the assistance of a trained competent dental assistant. It was adopted.

The third resolution was a confirmation of a summary of the findings of the workshop on auxiliary personnel.

The Council adopted these as their recommendations to the school arising from the workshop concerning laboratory personnel.

Concerning the fourth resolution, Dean Lyons stated that the Association of Southern School of Deans had nothing to do with the developing of a contract between the State of Virginia and some school within the framework of the Southern Regional Education Board to have girls from Virginia trained as dental hygienists. Therefore, his presenting our problem to them would do no good.

Dr. Mirmelstein said that the committee had received a letter from the Southern Regional Education Board advising them to have Dr. Lyons bring this matter before the Southern Deans.

Dr. Lyons stated that, "whether a school was established here or a contract established with a school in another state, the Council on higher education has to be convinced that this is needed in the interest of the people in Virginia. If they are convinced to that degree they will support a request for a budgetary appropriation and then the contract can be developed."

Dr. Mirmelstein stated that, "In conversation with Dr. McFarland and Dr. Bailey, Director and Assistant Director on Council of Higher Education, it is my impression that they are in complete sympathy with our problem and the hopelessness of our problem, without the positive assistance or direction of the Dean. I think this must come, I see no reason why it shouldn't come, because from all I gather from his remarks, he also is in favor of it."

Dr. Blevins then moved, "That our Education Committee, in cooperation

with Dean Lyons, be instructed to request the Council on Higher Education for funds necessary to consummate a contract to operate a program of Dental Hygiene Education out of state."

This passed.

The committee's next item of business was to appoint a liaison Committee between the Dean and the Committee on Education, and hence the Virginia State Dental Association.

Charlie Heartwell, Clarence Garrard, and C. R. Mirmelstein were appointed.

LEGISLATIVE COMMITTEE

ORAL REPORT

The Committee discussed funds for training the hygienists and referred it to the Education Committee. They are handling this just about like we suggested, that they request the funds through the Council on Higher Education. We would like to bring up the point that was just mentioned, amendments to the dental Practice Act. It is not recommended by our committee to open the Practice Act for any changes at this time. We feel that the Board may, on request, or even without request, distribute a form of a letter of interpretation clarifying any points that are brought up and are questioned rather than making rules or regulations. We feel that the Act is liberal enough. The Board intends to make some clarifications of their interpretation of several items as the Dental Practice Act exists. There was a discussion of increasing the State Board of Dental Examiners from six to eight. We feel that there is no particular demand or need for this at the present time, and furthermore, we feel that if such a

change is needed that it should be requested by the Board itself since it is a State appointed body, and actually not under control of this Society. There were certain explanations made as to why it is not as heavy a job on them with the increase of dental examinations as one might believe. We thought this should be referred back to the State board to look into it themselves and possibly bring in a recommendation. We have one resolution which the ADA asks us to bring up, Resolve, "that the appropriate agency of the ADA prepare for information a brochure on Dental Service Corp. This information or brochure be made available to all constituent dental societies, components and committees."

(This resolution passed)

In regards to the Service Corp. bill, there are certain changes being made so perhaps it is best not to distribute any more copies. The committee voted unanimously for the form of the bill as we discussed and amended it.

REPORT OF COMMITTEE ON DENTAL TRADE AND LABORATORY RELATIONS

For the past three years, under the able guidance of Dr. A. L. Martone, this committee has concentrated on Written Work Authorization legislation and education of our members and the craft in utilizing it.

This year the major efforts of this committee will be devoted to implementation of Written Work Authorization through a fact finding Study. The object of this study is to canvas every dental laboratory in the State of Virginia in an effort to determine how well the dentists and laboratories are complying with the new law. The study will be carried out at the component level by teams—consisting of a dental representative of the component Committee on Dental Trade and Laboratory Relations and a representative from the Virginia State Laboratory Association. Major points they will observe, will include:

1. How well forms are made out.
2. Percentage of dentists utilizing forms.
3. Number of dentists sending patients to the lab for repairs, shades, etc.
4. Number drop-in patients Lab sees.
5. Condition of laboratories files.

This study this year will be somewhat of a "milk run," and is expected to accomplish the following:

1. Give us some idea of how well Written Work Authorization is being utilized, and the magnitude of the problem if there is one.
2. Set up mechanics of a state wide study for future years.
3. Will be an opportunity for the dentist and laboratory owner to become accustomed to working together.

4. Laboratories to become accustomed to having inspection teams come into their lab.

Results of this study will be completed in January and be turned over to the State Board of Dental Examiners.

On the National Level, a Joint Commission has been appointed to obtain and study criteria for accreditation of dental laboratories. The National Association of Dental Laboratories originally represented on the commission withdrew, but indicated they would not interfere with the pilot studies.

Dr. A. L. Martone, one of three dentists representing the ADA on the joint commission, was assigned the task of setting up the Tidewater Pilot Study. He secured backing of the Virginia Laboratory group thru the Joint Liaison Committee, and it was decided to conduct the Pilot study and the Fact Finding Study at the same Time. The Laboratories in the Tidewater area were very cooperative, and the mechanics of both studies were set up utilizing the Dental Trade and Laboratory Committee of both Components No. 1 and 2, for August 7th and 8th. The week prior to these dates, the National Dental Laboratory Association wrote letters and made personal phone calls to all laboratories participating in the studies urging them not to do so, citing such reasons as, coercion, pressure, spying, etc., which did interfere to some extent. Nevertheless, under the direction of Mr. L. J. Baird, Director of the Joint Commission on Accreditation, and Mr. Harvey Sarner Sec. Council on Dental Trade and Laboratory Relations, both studies were successfully carried out, inspecting 15 Tidewater laboratories, with dentists

and laboratory owners working well together.

Relations between the profession and the Craft in Virginia are very good.

Our committee has two recommendations that they request action on.

1. We recommend that an appropriate citation be developed for distinguished and outstanding service to the Virginia State Dental Association, and we further recommend that Dr. A. L. Martone be one of the first recipients for his outstanding leadership as Chairman of the Committee on Dental Trade and Laboratory Relations.

2. We recommend that a sum, not to exceed \$125.00 be appropriated to pur-

chase and stock a supply of Written Work Authorization Forms for the use of dentists and new laboratory members in the State.

Respectfully Submitted,
Charles F. Fletcher
Chairman, Committee on
Dental Trade and
Laboratory Relations

The first resolution was ruled out of order because it would set a precedent which would be out of the scope of this committee. It was resolved that a letter of commendation should be sent to Dr. Martone.

The second resolution was passed.

INTERM REPORT OF THE PROGRAM AND LOCAL ARRANGEMENTS COMMITTEES

95th ANNUAL VIRGINIA STATE DENTAL ASSOCIATION

MARRIOTT MOTOR HOTEL, TWIN BRIDGES, ARLINGTON, VA.

APRIL 26-29, 1964

The Program Committee for the 1964 State meeting was organized shortly after the first of the year. Organizational meetings followed under the joint leadership of President-Elect Grover Starbuck, Program Chairman Douglas Wendt and Local Arrangements Chairman Al Dinsmore. Committee assignments were designated.

All members of the two committees were present at the Annual meeting of the Virginia State Dental Association, April 28-May 1, 1963 at Norfolk, Virginia. Direct contact was made with their respective counterparts. Interrogation and recommendations followed. This was invaluable to the new committee members.

On May 13th the Program Committee met jointly with the Local Arrangements Committee and reviewed the previous meeting and formulated policy for the 1964 program.

The Program Committee felt simultaneous clinics on various subjects were essential to hold the attention of the members. We also felt one hour was insufficient for a good clinician to develop his subject. It is also uneconomical when most clinicians charge by the day. Further, we believe workshops should be included to activate and teach those desiring to participate. Paramount in selecting clinicians is their knowledge and experience in their fields, plus, and this is a big essential, their ability to put over their subject by being well organized, good public speakers, and use of appropriate audiovisual aids.

With these factors in mind the Program Committee organized its program. On May 20th the Clinicians were selected and shortly thereafter formally invited to participate. By July 10 all Clinicians had accepted. The

caliber of men we now have listed on our program is outstanding. Only by prompt selection and early invitation could our State have such a stellar cast of men much sought after and heavily booked for clinical appearances.

You will note on the outline included, our format has been changed considerably. This has been done to increase the "scientific time" essential to a good program, offer the exhibitors more recognition and start our meeting Sunday at 1 P.M. Many members will be present Saturday for the Committee meetings and hence another reason for the earlier "kick-off."

If you will go down the outline you will note our clinicians by name and the day to day progress of the meeting.

Dr. Raymond Ernest, Chairman of the Committee to Obtain Exhibitors and Advertising has sent out over 375 invitations. He has also prepared a very fine form including a contract for exhibitors. A copy is included in this report. This has greatly facilitated the work of his committee, as well as put a very "business-like" form before our exhibitors. The letters and forms were sent out in June and fruitful results have already been achieved. Forty-three (43) exhibitors have returned signed contracts. It is assured a larger number of exhibitors will participate than ever before. We now estimate 62 exhibitors. Checks already received equal \$3,500.00 with a like amount due February 1, 1964.

Advertising space is being sold in our program. Letters to solicit those exhibitors signed up and those who refused are going out now. Local business men are also being solicited. We anticipate approximately \$1,000.00 revenue from this source.

Dr. Ferando Rodriquez, Chairman of the Table Clinics Committee assures me a goodly number of excellent clinicians are being obtained. His stress is on quality, variety and pertinence. A

careful grading of clinics has helped his committee invite interesting men to participate.

Coordination of this program with the various auxiliary groups is being accomplished. A coordination meeting with the Virginia State Dental Assistant Association has already worked out the preliminaries.

The success of any program depends on properly motivating those you hope to attend. Publicity becomes the key to unlock and open doors to a well planned and interesting meeting. It is, therefore, our plan to use all available means of publicity.

Dr. Herbert Davidson and his Publicity Committee hope to have every issue of the "Bulletin" announce the date, place, and include a Hotel registration blank. Briefs on the program should be included. The January issue should have a preliminary outline of the entire program. Various "Flyers" will be sent out to our members. The possibility of laboratories including flyers with cases returning to Virginia Dentists is one method being pursued. Also we hope to mail out flyers for information and requests for reservations, tickets to limited attendance workshops, luncheons, and special and social events. The inclusion of stickers for the appointment books is being considered. The program is to be mailed by March 15, 1964. Announcements at all component meetings is urgently requested.

Much work remains to be accomplished. The splendid cooperation of all members of this committee, the Executive Committee, and the officers of the society insures continued support and an excellent program, well attended.

A format of the program was passed out. The editor was instructed to emphasize the state meeting in the Bulletin.

REPORT OF HOSPITAL SERVICE COMMITTEE

ORAL REPORT

Dr. Peters stated that his committee had studied two resolutions from Dr. Starbuck about dental service performed in patient care units other than hospitals. Both were rejected because of lack of complete information. Dr. Peters presented the following resolution:

"WHEREAS, dentistry has the need of hospital use and this is becoming more and more evident as the health services to patients increase. Hospitals, physicians, dentists and patients are asking for more and more dental services at hospital levels. But the path of dentistry in this area is not separation from our medical colleagues and direct competition with existing hospital facilities, but rather the more efficient use of the existing facilities by in-service training of dentist in hospitals

and additional dental services being organized and offered in existing general hospitals. This is offered in hopes of improving dental care in hospitals, filling the demand for this care when it materializes, and by offering protection to the patient, hospital, and dentist involved in the giving or receiving of such services.

BE IT RESOLVED, that the Hospital Dental Service Committee is opposed to any consideration for speciality dental hospitals at this time and this resolution be passed to the Executive Council of the Virginia State Dental Association.

(This was referred back to the Committee for further study.)

REPORT OF COMMITTEE ON EXECUTIVE SECRETARY

Attending; Drs. Upshur, Blevins, Martone, Traynham, Powell, Holsinger, Hampton, Starbuck, Bowman, Haggerty.

Dr. Blevins stated that at the last meeting of the Executive Council this committee was charged with the job of reviewing applications for the job and recommending either that they be retained or rejected.

Dr. Holsinger questioned if there was any budgetary recommendation for this purpose. Dr. Henderson stated that the increase in dues to take place this year will provide sufficient funds for the Executive Secretary. Dr. Martone stated that he understood the increase in dues was for this purpose.

The question was raised, "Are the component societies in favor of hiring

an executive Secretary?" Dr. Starbuck stated that in his visits to the many components they had all expressed their approval of the idea.

After much general discussion it was decided that certain guide lines should be drawn by this committee. These were to be 1. job description 2. duties, 3. location of the Ex. Sect. office. 4. salary, 5. To whom should this Ex. Sect. be directly responsible?

The following resolutions were duly made and passed:

1. This Committee will draw up a job description and will from time to time review it and make any necessary changes.
2. The Ex. Sect. will be a full time employee, not otherwise employed. He

or she will be on a one year contract with a six month probationary period.

3. Salary \$10,000 ceiling, expenses to be set annually by the hiring committee.

4. Location—The office should eventually be set up in a centrally located area of the state.

5. The Ex. Sect. shall be immediately responsible to the elected Secretary.

6. A Committee consisting of the Secretary, Treasurer, Pres. Elect, Chairman of the Ex. Council shall be known as the personnel committee for the "hiring and firing" of the Executive Secretary.

7. This Committee report should be referred to the Committee on Constitution and By-Laws for them to make any necessary changes in the Const. and By-Laws.

At this point several applications were read and considered. Two were of particular interest to the Committee. It was agreed to meet again on the next day and interview one applicant.

The Executive Council of course concurred with these actions.

REPORT OF CANCER COMMITTEE

During the meeting in Norfolk, our President desired a cooperative program of Oral Cancer Detection. It had been observed that various small non-coordinated programs had been conducted through the State of Virginia. At this time a committee was appointed to develop plans for a statewide early detection of cancer, encouraging the use of a simple smear technique not intended to supplement biopsy procedures, but rather to be an aid to the general dental practitioner in determining whether a clinically abnormal appearing area in the mouth or on the lips is cytologically negative, suspicious, or positive for malignant cells. The majority of very early malignancies cannot be characterized clinically and may be unnoticed or passed off as minor irritations that will heal in a short period of time.

The use of the smear technic (oral cytology) is of inestimable value to the dentist in general practice and to the dentist specialists. It provides the dentist with a quick, painless and uncomplicated method of examining a slightly suspicious lesion.

The tremendous value of oral cytology has been demonstrated by many investigators and is particularly well illustrated by a recent study conducted by highly trained dentists with considerable experience in the clinical detection of oral cancer. This report states that 62 patients or 20 per cent of the mouth cancers in the study were completely unsuspected at the time of examination and were not recommended for biopsy. It was only because the investigators scraped all oral lesions and made cytological examinations, whether or not cancer was suspected, that these 62 cancers were discovered.

Oral cytology rightfully is assuming an important position in dental practice. The dentist has the primary professional responsibilities for the health of the oral cavity. It is up to him to raise the five year cure rate of oral cancer and it is his duty to use all available diagnostic methods, including oral cytology.

Cancer of the oral cavity is not as prevalent as cancer in other parts of the body although each year an increas-

ing number of patients with this tumor are seen. In 1962 approximately 36,000 new cases of oral cancer were diagnosed and 6,000 people died from this condition.

Oral cancer has a lower five year cure rate than cancer of the uterus, breast, skin, colon and prostate regardless of whether the malignancy is located or has already metastasized. One the major reasons for the low cure rate is the fact that cancer is not detected early enough in its development. Often, by the time it is diagnosed it has already metastasized to regional lymph nodes or distant organs.

The number of deaths caused by uterine cancer has been dramatically reduced since the advent of the cytology smear for early detection. The cytological technic has been shown to be an accurate and valuable aid not only for the early detection of uterine cancer but also for the early detection of oral cancer.

It is suggested that a cooperative effort should include the State Dental Association, The Medical College of Virginia, the State Cancer Society and the State Health Department. The two major objectives of the above mentioned groups should be as follows:

1. To develop a continuing professional educational program where the dentist in private practice receives training in the detection and diagnosis of cancer while at the same time maintaining his practice.

2. To encourage a high level of community screening for oral cancer by well trained and experienced dental professional personnel.

The details can be worked on later as to availability of educators and site of course.

Supplies: In order to facilitate the matter of supplies for participants who would be participating with the pro-

gram it is suggested that a central area for source of supplies be established.

Mailing Slides for Diagnosis by Cytologist: It is very important to establish areas where these slides will be diagnosed.

Forms: It will be necessary to use forms prepared for distribution to participants of such as results of diagnosis, patient record, examination (areas examined in oral cavity and remarks such as—Tongue-normal; abnormal; Oral Hygiene-good-fair or poor, etc).

A curricula for the course will include demonstrations and education in:

- Etiological factors in oral cancer

- History and Pathology and Biopsy of Oral Cancer

- Benign and malignant tumors of the jaws

- Therapy of oral cancer and biopsy technique

- Observation of cases at hospital

- Biopsy technic for jaw lesions

- Clinical manifestations of oral cancer

- Examination of patient

- Malignancies of the face-tongue-lips

Summary: It is hoped that this program will demonstrate the value of a high level of community screening program by experienced dental personnel and will act as a catalyst to stimulate progressive dentists.

The procedures outlined are general and have been outlined as best I know of an approach to the request made by our President to this committee.

Committee will be appointed by Chairman to request grants.

It was moved and seconded that this program be accepted. This passed.

BULLETIN REPORT

The editor asked for the following changes:

1. The name of our publication be changed from BULLETIN to JOURNAL.

2. The editorial staff be composed of the editor, a business manager and ten associate editors.

3. The code of advertising be approved by the Executive Council.

4. The expenses be paid for the editor or his representative when trav-

eling for two out-of-state meetings—the meeting of the Council on Journalism, and the Association of Dental Editors and the American Dental Association. (The last two run concurrently).

5. Membership in the American Association of Dental Editors be paid for all members of the editorial staff.

The Executive Council acted favorably on all five.

OTHER ACTIONS

Liaison Committee to Va. Council on Health—Dr. Bowman asked that this committee be dissolved and a representative of it be appointed to the Dental Education Committee. (This passed)

Time and Place of Meeting—Dr. Bowman reported that the committee recommends that the State meeting time be changed to the fall of the year. (This motion carried).

Duties of the Parliamentarian—Dr. Upshur appointed Dr. Wall to form a new committee of five to study the duties of the parliamentarian and clarify this position in our State Association.

Resolutions from Component No. 3—Two resolutions from Component No. 3 were introduced:

1. That Component No. 3 go on record as opposing Medicare and Federal Aid to Dental Education and urges the Virginia State Dental Association to do likewise.

(This was received sympathetically and referred to the Delegates)

2. The State Association remind the ADA that our membership is entirely voluntary on our part and if the ADA refuses to seat our delegates at any convention we will cut off our dues to the ADA for the following year.

(This was discussed fully and then a motion passed that "Since our constitution and by-laws are in conformity with the by-laws of the ADA this Council feels that it is inappropriate to take action on this resolution").

Miscellaneous Business—The Secretary requested enough money to buy two stenorettes. (This request passed).

A motion was made and passed that the Secretary be instructed to contribute from the state society funds to the Relief Fund at anytime when necessary in the future to meet our goal in order that we may receive our relief bonus, provided that our bonus return is greater than our contribution.

MEETING ADJOURNED.

Hot Springs Meeting

November 3, 1963

The Executive Council met in the Homestead, Hot Springs, Virginia to complete the agenda begun in Richmond, and also to act on current matters. It first met as a Committee to interview a second applicant for our Executive Secretary position. After the interview, she was made an offer for this position. (She would let the Council know her decision for the position in about 10 days).

The Executive Council was called to order by the Chairman, Dr. T. T. Upshur at 3:30 P. M., a quorum being present. The first order of business concerned the Educational Committee. A controversy had arisen concerning the authenticity of the Dental Education Committee's report.

Dr. Upshur and Dr. Garrard stated that they had both heard the tape recordings of the Education Committee's meeting. Dr. Garrard stated that he found the report in accord with the recordings. A review of notes taken at the meeting by Mrs Cynthia N. Warren, a representative from Virginia Council on Health and Medical Care also confirmed these statements.

The Executive Council then decided to send a letter to Dr. Lyons stating that the resolutions presented by Dr. Mirmelstein were passed by the Education Committee and not "conjured up" as Dr. Lyons stated that Drs. Bell and Heartwell had surmised. The Council asked that this matter be cleared up before negotiations were resumed. This letter was acknowledged but not answered.

Dr. Starbuck announced that there were many girls interested in taking dental hygiene courses and read a letter from one. There are 23 girls now

taking Dental Hygiene courses out of state.

Motion was made and seconded that the recorder for the Executive Council meeting in Richmond, (Mrs. Sheffield) be allowed to keep the pay and send the transcribed minutes when possible. Motion passed . . . unanimously.

Dr. Starbuck announced that he would correspond with Dr. Snapp to see who he would like to have appointed to take his place on the Executive Council from Component No. 7.

Dr. Starbuck also announced that Component No. 6 was setting up a memorial fund for Dr. Alton D. Brash-ear. It was moved and seconded that the \$25.00 for flowers which we were advised not to send to his funeral be sent to his memorial fund. Motion carried.

It was moved and seconded that Mr. Suter's check for a booth for his insurance agency during the state meeting be accepted. Motion carried.

Dr. Starbuck announced that By-laws for the Fifth Trustee District Organization were adopted at Atlantic City. Dues would be \$20.00 per delegation. Discussion followed. Some delegates thought it was \$20.00 per delegate. Dr. Haggerty made a motion that we cover these expenses of our delegation not to exceed \$120.00. Motion carried.

Motion was made and seconded that the state be polled by an insert in the Bulletin to see if a cruise, proposed by the Norfolk Society, would be feasible for the state meeting in 1966. Carried.

Dr. Starbuck read a letter from the Virginia American, Medical Political Action Committee asking him to offici-

ally support their program by writing the membership. This was tabled and Dr. Starbuck instructed to find out more about it.

Dr. Starbuck then announced that the Virginia State Dental Association Life Insurance Program had passed and was in force. He read a letter from Mr. Suter about progress on the development of a retirement plan within the

limits of the Keogh Act. Mr. Suter mentioned that other state associations might be interested. Dr. Haggerty moved that Dr. Starbuck answer and state that we are sympathetic to having other state associations join in this plan and as soon as the plan is approved we could consider entertaining this program.

The meeting was adjourned.

Lynchburg Meeting

January 11, 1964

The Executive Council first met as a committee to discuss the problems of obtaining an executive secretary. It was announced that the previous applicant did not accept our offer. Another applicant was interviewed.

Dr. Bowman moved that the small committee of the Executive Council, which will have the long range responsibility of the executive secretary, be instructed to present a description of the executive secretary's duties to the Council. This passed. Then there was a motion that the committee also interview and hire the executive secretary. This carried. The committee was informed of five applicants for this position.

The Council was then called to order and the roll called. Committee reports were called for.

THE LEGISLATIVE COMMITTEE: Dr. Bear discussed the bills for the Dental Service Corporation, the ten \$1,000 Hygienists scholarships, and the \$4,000 survey to determine the need of a dental hygiene school. It was requested that the Dental Service Corporation Bill be widely publicized to the membership so that it may be hopefully supported.

THE EDUCATION COMMITTEE:

(Although we find no fault with the original report of the Sept. 29 meeting of the Education Committee meeting, this revised report is submitted to help clarify misunderstanding).

Meeting attended by: Drs. T. E. Skepston, Jr., Clarence E. Garrard, M. G. Cox, L. Ray Shields, Jr., J. M. Kline, R. E. L. Miller, Jr., Dewey Bell, C. M. Heartwell and C. R. Mirmelstein, presiding.

1. **ANNOUNCEMENT:** Plans have been formalized between the committee and Dean Lyons to co-sponsor a two-day course on Periodontology with Dr. D. Walter Cohen, Professor of Periodontology at the University of Pennsylvania as guest instructor, Friday and Saturday, April 10 and 11, 1964. Tuition—\$25.00 if minimum registration forty. Attempt will be made to have a dinner the first night.

The committee voted to limit its co-sponsorship to one course a year until it has more experience in this area.

2. A liaison sub-committee to the Dean was appointed and has since been

revised according to the following formula:

- 1) Chairman of Dental Education Committee, VSDA
- 2) Member at large Dental Education Committee, VSDA
- 3) Faculty member of Dental Education Committee, VSDA
- 4) State Board member of Dental Education Committee, VSDA
- 5) President-elect VSDA

Accordingly, this subcommittee is now composed of Drs. C. R. Mirmelstein, Clarence Garrard, Charles Heartwell, R. E. L. Miller, Jr. and Moffett Bowman.

3. The Liaison subcommittee to the Dean is instructed by the Education Committee to discuss the following resolutions with Dr. Lyons: Pending endorsement of the Executive Council.

a. The creation of a school of Dental Hygiene at M.C.V.

b. The development of a training program at MCV whereby the dental student is taught to operate with the assistance of trained, competent dental assistants.

c. Creation of a program under the Southern Regional Education Board for training Virginia students at a school of Dental Hygiene in another state until a school is established in Virginia.

d. With regard to the role of the dental laboratory technician, the committee recommends the continued instruction of undergraduate students in all phases of dental laboratory procedures. It recommends that M.C.V. enlarge its staff of dental technicians as well as its facilities to better instruct the students in the use of this auxiliary person as well as to provide increased services to the teaching staff. Favors M.C.V. continue its practice of teaching

the students to deal with the commercial laboratory. Encourage the college to continue to assist the educational programs of the Dental Laboratory Association and offers its facilities for special projects.

4. The Education Committee was requested by the Legislative Committee to consider the need for revision of the State Dental Practice Act as it applies to the use of auxiliary personnel. It was the unanimous opinion that the Act as it now stands is adequate and any modification needed in these areas can be handled by regulations established by the Board of Dental Examiners.

5. The training of dental assistants in vocational training schools under professional supervision was discussed and tabled.

6. Discussion regarding a survey on the need for dental auxiliary personnel resolved in general agreement that the survey by the V.S.D.A. should not be made at this time—perhaps there would be a need for a survey at a later date.

7. Dr. Heartwell reported meeting with Dr. Lyons to consider wording relating to Dentistry which appears in the Virginia Council on Health and Medical Care publication, "Your Future in a Health Career." He read a proposed change and, following discussion, the committee voted to table this item until the members had time to consider the proposal.

NOTE: Items 5, 6, 7 above were not in original report, but were discussed at meeting.

The Council asked that this report be condensed and specific actions asked. A motion carried that this report be postponed definitely until the next meeting with copies of it being furnished the members of the Council at least 30 days prior to the meeting.

A motion was carried to remove the restriction on the Liaison Committee so that they might meet with Dean Lyons to discuss post-graduate courses.

A resolution was passed "that the Council support its Chairman and the Virginia Dental Association President in their actions with Dean Lyons and commends them for persevering during this ordeal, but in the interest of the other business of the Association, all discussion of the topic be stopped at this time for this meeting." This was amended that a copy be sent to Dr. Lyons and Dr. R. Blackwell Smith.

STATE BOARD OF DENTAL EXAMINERS: Dr. Bowman stated that in April the Nominating Committee will have to nominate nine men. The Governor will choose three of these to serve on the Board. This is necessary because we will not meet again until September 1965.

MISCELLANEOUS:

Dr. Triani stated that the administration of the Kerr-Mills program may need a fee scale in the future.

This was received as information.

Dr. Triani then reported on the survey of the needs of the Eastern State Hospital. Personnel needed: 1 dentist; 1 dental hygienist and 1 dental assistant. The Executive Council supported this report.

Dr. Triani gave a report on the Oral Cancer Committee. The Council approved this program.

Dr. Wall sent in a report on the duties of the parliamentarian. It was his conviction that the parliamentarian was advisor to the presiding officer only. This was received by Council favorably.

Dr. Wall requested that VAMPAC, Virginia American Medical Political Action Committee be given permission to poll the membership of our Association to solicit support. Request was granted.

Dr. Upshur brought up the question of what should be printed in the Bulletin about the actions of the Council and those concerned with these actions. A motion was passed that this be left up to the Editor's discretion. This passed.

It was moved and seconded that a certificate be presented to the living past presidents of the Association. This passed and the format was approved.

Dr. Starbuck announced that space would be available on the Dick Van Dyke Show, February 5, for local societies to use. It was moved and passed that the local dental health chairmen use this at their discretion.

The meeting was adjourned.

VIRGINIA STATE DENTAL ASSOCIATION

ANNUAL MEETING, MARRIOTT TWIN BRIDGES MOTOR HOTEL

ARLINGTON, VA., APRIL 26-29, 1964

The 1964 meeting of the Virginia State Dental Association is going to be held in Arlington, Virginia, at Cherry Blossom Time in one of the largest motor hotels in the world.

The complete format of the program has been changed to present an enlarged and more varied scientific program. Your program committee feels the rapid advances in the scientific aspect of our profession can only be brought before you by this more encompassing

scientific program. We further believe the best available talent should present this material, and have time to fully develop the subject. Further, the different appetites and needs of men dictate that, to interest all, more than one type program must be presented at the same time.

With these general guide lines and many more specific thoughts the program has been prepared.

NEW — DIFFERENT

The new and different aspects of the meeting are as follows:

- 1—The Executive Committee will hold its first meeting on Saturday afternoon, April 25, 1964, 1 PM.
- 2—Various other committee meetings will be held Saturday PM & Sunday AM. Watch for a notice from your committee chairman.
- 3—A gala specific Sunday opening for the Commercial Exhibits, from 1-4 pm, with no other functions planned. Plus a drawing for a fabulous prize for those who attend.
- 4—The opening Business Session will be conducted at 4 PM Sunday.
- 5—A President's Reception sponsored by the Northern Virginia Dental Society is scheduled for 5 PM, Sunday.
- 6—Two sets of limited attendance participation workshops are planned. Reservations must be made in advance to hold a spot for you. First come first served.
- 7—Speakers will have a minimum of 1½ hours to present their project.
- 8—Several all day sessions are planned—take your pick! Almost a Post-graduate course in itself.
- 9—Projected Clinics will be conducted in separated rooms
- 10—A Panel Discussion will be held relating to **Your Health** as a dentist-Discussing the hazards and the prevention of disease by a panel of 5 eminent physicians. A must for all of us to hear and heed.

PLUS

In addition to these we have a full slate of activities planned for the women (while we keep you busy—the auxiliary will entertain your ladies)

The MCV Alumni Luncheon will be enlarged by our Virginia hospitality to invite all at the meeting to attend. We therefore, plan a friendship Luncheon hosted by MCV Alumni featuring a nationally prominent speaker.

REGULAR ATTRACTIONS

The main business meeting will be held on Tuesday, April 28, 1964 at 3:30 PM.

Tuesday evening will be the Virginia State Dental Association cocktail hour, banquet and dance. More surprises are in store for you here, plus great door prizes. In fact you will want to reserve your tickets in advance to assure you a table.

ADVANCE RESERVATIONS

Due to many and varied activities plus limited attendance workshops and special features, pre-registration and advance reservations of tickets and hotel space is essential.

In the near future every member will receive cards to fill out and for-

ward for his reservation to all events. This will include whatever room accommodation he desires. With each set of cards will be a pre-registration blank. When you return these forms, properly filled out an envelope will await you at the registration desk when you arrive for the meeting. It will contain all your ordered tickets, badges, etc. No long lines—no forgetting an office check to pay these tax deductible items. So help yourself and help us to a better meeting. One more word about hotel accommodations. The complete facilities of the Marriott Twin Bridges Motor Hotel (450 rooms and suites) are available to us, the assistants, hygienists, etc. for up to 2 weeks before the meeting. All reservations will be honored, however, any room not claimed by us by April 11, 1964, will have to be turned back to the hotel. Last year many men, who made up their minds too late, were refused rooms at the convention Hotel because of this factor and had to search far and wide for a hotel. Don't be a "puter-offer." Reserve early and have no worries! We have rooms for all, but if you wait until the last two weeks we cannot help you.

**COME ONE, COME ALL
BE READY FOR PRE-REGISTRATION
COME TO ARLINGTON, APRIL 26-29, 1964**

VIRGINIA SOCIETY OF DENTISTRY FOR CHILDREN

The Virginia Society of Dentistry for Children will hold its annual meeting Sunday, April 26, 1964 at 7 PM, Dinner followed by a speaker and business meeting.

VIRGINIA DENTAL HYGIENIST ASSOCIATION

The tenth annual meeting of the Virginia Dental Hygienist Association will convene in the Marriott Motor Hotel, April 26, 1964.

VIRGINIA DENTAL ASSISTANTS ASSOCIATION.

The Virginia Dental Assistants Association will hold its annual meeting at the Marriott Motor Hotel, April 26, 1964.

Douglas C. Wendt, D.D.S.
Program Chairman

A PREVIEW

Dr. Roy Wolff

Practice Administration

Graduate of St. Louis University School of Dentistry in 1942. Dr. Wolff is a member of the Academy of Practice Administration, American Academy of Society of Dentistry for Children, The American Dental Association, Missouri and St. Louis Dental Societies.

Member of the Omicron Kappa Upsilon and Psi Omega Fraternity.

Dr. Wolff is one of the most widely sought dental speakers. He has conducted post-graduate courses at the University of Southern California School of Dentistry, the University of North Carolina School of Dentistry, Baltimore College of Dentistry and University of Oregon School of Dentistry.

He has appeared as a featured clinician for the past nine years on the Chicago Mid-Winter meeting, lectured extensively throughout the United States to all major dental societies and also appeared in Canada.

Dr. Wolff has much to offer in his field of practice administration and patient education and also exhibits much wit and humor. He keeps his audiences attention at all times.

PATIENT EDUCATION + MODIFICATION + PERFORMANCE =
A SUCCESSFUL PRACTICE OF
DENTISTRY

One of the most neglected phases of many dental practices today is patient education. The people of American are buying today what they WANT and not what they NEED.



Why is it today in America less than 40% of the American people visit the dentist regularly? One of the big reasons is that the American dentists have not educated and motivated the American people to purchase dentistry, (which is a health service) while at the same time these people are being motivated by Madison Ave. (the power of advertising) to purchase

the material things that many people want, but do not necessarily need.

The course will place heavy emphasis on the importance of patient education in a dental practice. This education is achieved in most part by means of Audio-Visual Methods.

The speaker will show how this thorough, dynamic educational procedure can be used in every dental office to improve this most neglected phase of ones dental practice. By educating your patients by means of A-V methods, your educational program is consistent each day. It does not vary because of the pressure of time or feelings of the person who would normally be doing this education in the office.

It also releases the dentist or valuable auxiliary personnel to perform other services while this educational program is going on. The program also adds dignity, as it brings in the third persons authority.

By using this method for patient education in the dental office, one will motivate his patient's to seek and purchase more dentistry and will raise their I.Q. and appreciation for dentistry.

It is only after a patient has been educated and motivated that a dentist can then perform his services. With this procedure, anyone can have a more successful and enjoyable dental practice.

The speaker will show by actual demonstration of 16 mm sound movies, the use of film strips and records and the use of your own creation of tapes and 35 mm slides, how this educational procedure is used successfully for each new patient that enters one's dental practice. Also to be discussed and shown is how to use a closing educational procedure to make "missionaries" of our patients.

Case presentation, as done with an automatic slide projector, to replace the shadow box, will be demonstrated. This makes this very important visit of the patient much more dramatic and impressive. Dental fee's will also be discussed.

A "Write-It Once" Pegboard System, by which you indicate for the patient the services that you rendered at that visit and the cost of each service, all broken down and itemized at that visit, so they can easily understand each charge. In addition this system will give you a complete break down of your production for each day. At the end of the work day, you have a total of all services rendered and a breakdown of the services. By the same token you will have a complete breakdown of your collections for the day as well as your total accounts receivable

balance at the end of each work day, or the books will not balance. Any mistakes that have been made, can be found and corrected immediately.

Operative procedures will be discussed and illustrated, the technique of pulpotomies for primary and second teeth will be discussed and shown. The use of multiple, self made matrix bands, for the restoration of several teeth at one time will be shown.

The use of the ROTO-VAC and "air driven mirror" for more pleasant operative procedures will be shown.

Modern design of the dental operating rooms, with built in cabinets, dual sinks, dual operating stools, all designed so as to lessen the fatigue of the dental operating team and to make the task of rendering optimum dental health easier and more pleasant for everyone concerned. Special emphasis will be placed on the use of the chair side assistant, sitting on a comfortable operating stool, so that she will be a much more capable member of the operating team. The use of the dental unit and the elimination of this unit will be discussed and evaluated.

This course will offer many ideas, of which all are quite simple but which will work so very well in one's practice. Your income can be increased by the introduction into your practice of many of the ideas that will be presented and explained. Also, you will have a better patient relationship because of the use of many of the suggestions presented by the speaker.

The whole program will benefit a dentist, regardless if he is in a limited practice or in the general practice of dentistry.

The speaker urgently requests that every dentist be accompanied by their wife and their auxiliary personnel if at all possible. Much of the material covered will also affect them to a great degree.

ANNOUNCEMENT

Doctor Please extend our invitation to your wife to attend this outstanding program of events we have planned for her at the State Convention April 26-29, 1964.

PLEASE TAKE THIS PAGE TO HER

MONDAY APRIL 27, 1964

- 9:00 A.M. Golf
- 10:00 A.M. An Embassy Tour including Islamic Center (mosk), Japanese Embassy, Russian Embassy and finishing at the Indonesian Embassy for tea and a delightful program.
- 3 to 5 P.M. Social Hour . . . cocktails, Fashion Show; Door Prizes and a short business meeting.

TUESDAY APRIL 28, 1964

- 9:15 A.M. VIP Tour of the White House. This special tour arranged to show you areas not included in the public tours.
- 12:00 noon Luncheon with husbands
- 2:30 P.M. Tours to following (choose one)
Capital Building
Mount Vernon
Wax Museum
Washington Cathedral
Arlington Cemetery
- 2:30 P.M. Bridge
- 6:00 P.M. Cocktails and Dinner Dance

NOTICE: If your name is not pre-registered for the White House and Embassy Tours you will not be able to attend.

Please check events you would like to attend and mail this notice with your **name and address** to:

Dr. Ray A. Hamilton
Barcroft Medical Building
939 South Wakefield St.
Arlington, Virginia

or

Mrs. L. H. Blevins
3240 N. Abingdon St.
Arlington, Virginia

*Preliminary Program - 95th Annual Meeting
Marriott Motor Hotel. Twin Bridge*

HOUR	SUNDAY APRIL 26, 1964	MONDAY APRIL 27, 1964		
8:00	REGISTRATION OPENS	REGISTRATION		
9:00		CAPT. JOHN FLOCKEN, DC, USN. "C&B Impressions Technique." WORKSHOP Limited Attendance 30 members	DR. ARTHUR ELFENBAUM "Diagnosis" Part I	DR. ROY V AR FE "Practi"X- Administrapre Part
9:30				
10:00				
10:30				
11:00				
11:30				
12:00				
12:15				
12:30	LUNCH			
1:00				
1:30				
2:00				
2:30				
2:00	OPENING OF	CAPT. JOHN FLOCKEN, DC, USN. "C&B Impressions Technique." REPEAT Limited Attendance 30 members	DR. ROBERT E. LEE "RESTORATIVE DENTISTRY" Part I	DR. ROY V "Practic Administrat
2:30	COMMERCIAL			
3:00	EXHIBITS			
3:30				
4:00	OPENING SESSION			
4:30				
5:00	PRESIDENT'S RECEPTION Sponsored by N. Va. Dental Society	FRATERNITY PARTIES HYGIENISTS' COCKTAIL PARTY	DENTAL ASSISTANTS' COCKTAILS DINNER-DANCE	ROCKY MOUNTAIN CHILDREN DENTISTRY WORKSHO Limited Attent 12 member
5:30				
6:00				
6:30				
7:00	VIRGINIA SOCIETY OF DENTISTRY FOR CHILDREN. BANQUET & MEETING	PANEL DISCUSSION "TO YOUR HEALTH DOCTOR."		
7:30				
8:00				
8:30				
9:00				
9:30				
10:00				
10:30				

Virginia State Dental Association
 Virginia - April 26, 27, 28, 29, 1964

TUESDAY
 APRIL 28, 1964

WEDNESDAY
 APRIL 29, 1964

AMERICAN COLLEGE OF DENTIST BREAKFAST
 COMPONENT OFFICERS BREAKFAST-REGISTRATION

ARTHUR ENBAUM	DR. ROBERT E. LEE	ROCKY MOUNTAIN CHILDREN'S DENTISTRY. WORKSHOP
"X-ray interpretation." Part II	"Restorative Dentistry." Part II	Limited Attendance 12 members

EXECUTIVE COUNCIL
 BREAKFAST-REG.

TABLE CLINICS & PROJECTED CLINICS	ROCKY MOUNTAIN CHILDREN'S DENTISTRY. WORKSHOP Limited Attendance 12 members
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MCV ALUMNI LUNCHEON-(Friendship)
 SPEAKER: National Prom. Speaker

VISIT EXHIBITORS

GEORGE PAFFENBARGER, D.D.S.
 "DENTAL MATERIALS"

BUSINESS MEETING

COCKTAIL HOUR

RGINIA STATE DENTAL
 ASSOCIATION
 DINNER-DANCE

ROCKY MOUNTAIN
 CHILDREN'S
 DENTISTRY.
 WORKSHOP
 Limited Attendance
 12 members

OUR DENTAL SERVICE CORPORATION BILL

Report from Committee on Dental Service Corporation

This committee has been working with the Legislative Committee in getting into final form a draft bill to be introduced in the next State General Assembly. Space does not permit giving all the reasons why we feel that it is desirable to have this bill passed. The officers of the association feel that it is highly desirable to have the enabling bill passed, so that if and when the demand for pre-paid dental care becomes great enough, an organization can be formed to meet this demand. Such an organization will allow the dentists of the state to have a voice in the administration and policies of the organization.

The following is quoted from The Wall Street Journal, December 24, 1963:

"Dental insurance, patterned after medical and hospital insurance, is catching on.

Some of the impetus for growth is coming from organized labor. Half a dozen unions have won dental insurance for at least a portion of their members and are pressing to extend coverage. In contact negotiations with trucking firms that got under way recently in Chicago, Teamsters Union President James R. Hoffa has made dental insurance for 400,000 drivers one of his demands.

Many insurance companies are entering the dental insurance field. Continental Casualty Co., Equitable Life Assurance Society, Aetna Life Insurance

Co., Mutual of Omaha Insurance Co., and Metropolitan Life Insurance Co., are among the 18 big insurance concerns now offering dental insurance.

One reason insurance companies are hurrying to make dental care coverage available is their desire to keep non-profit organizations run by state dental societies from dominating the field. Such organizations, which resemble Blue Cross and Blue Shield health care plans, have already been set up in California, Michigan, New York, Hawaii, Oregon and Washington. One of these non-profit organizations, the California Dental Service, insures 500,000.

Nationwide, more than 1.5 million people are now covered by group dental insurance plans, most of them established since 1959. The U.S. Public Health Service estimates the total will exceed 3 million by the end of 1965. Premium income for both the private insurers and the non-profit plans is expected to reach \$20 million this year. Some analysts think it will top \$750 million a decade from now."

Following is a draft bill that will be presented to the General Assembly. This is not the final form of the bill, and it is expected that perhaps some minor changes will be made in the final form. We ask that all dentists give their support to this bill and at the proper time to so inform their own representatives.

W. Yates League, Chairman
Comm. on Dental Service Corp.

A BILL

To provide for the creation of corporations to act as agents for and on behalf of dentists in establishing and operating plans for prepaid dental and

related services; and to provide for the regulation, supervision and taxation of such corporations and such plans.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF VIRGINIA

1. **Definitions**—As used in the act, unless the context requires otherwise:

(a) "Association" means the Virginia State Dental Association.

(b) "Dental service plan" or "plan" means a plan or arrangement under which prepaid dental services are or may be rendered to subscribers by participating dentists through a dental service plan corporation acting as agent for the participating dentists;

(c) "Licensed dentist" means a dentist licensed by the Virginia State Board of Dental Examiners or other appropriate State licensing authority;

(d) "Participating dentist" means a licensed dentist who is a member of a dental service plan corporation.

(e) "Corporation" means a dental service corporation organized pursuant to the provisions of this Act and the laws of this State;

(f) "Subscriber" means an individual, partnership, association or corporation who or which contracts through a dental service plan corporation with participating dentists for dental services; and,

(g) "Commission" means the State Corporation Commission.

2. **Dental Service Corporation.**—A group of licensed dentists may organize a non-stock, non-profit dental service plan corporation, the certificate of incorporation of which shall include the

following provisions in addition to other provisions necessary to carry out the provisions of this Act and required by law:

(a) There shall be a board of ten (10) directors. The original board shall consist of six (6) licensed dentists designated by the Governor from ten (10) licensed dentists nominated by the Association, and four (4) persons who shall be residents of this State who are not dentists, selected by the Governor. Two dentist members and one non-dentist member of the board shall be designated to serve for two (2) years, two (2) dentists and one non-dentist for three (3) years, and two (2) dentists and two (2) non-dentists for four years. Their successors shall be elected by the participating dentists and shall serve for a term of _____ years each. Vacancies shall be filled by the board. In electing successors and filling vacancies the proportion of dentists to non-dentist members shall always be maintained.

(b) The corporation shall not engage in the practice of dentistry.

3. **Dental Service Plan.**—The dental service corporation shall (subject to the approval of the Commission) adopt one or more dental service plans. Each plan shall include, in addition to other necessary provisions, the following:

(a) The area in which the plan shall operate.

(b) That every licensed dentist practicing in the area shall have the right to become a participating dentist under such terms and conditions as are imposed on other participating dentists under similar circumstances.

(c) That a participating dentist shall have the right to engage in other practice.

(d) That the private dentist-patient relationship shall be maintained and the subscriber shall at all times have free choice of any participating dentist who agrees to accept the subscriber as a patient.

(e) That the participating dentist will agree to perform the dental service specified by the corporation at such rates of compensation as are determined from time to time by the corporation and to abide by the bylaws, rules and regulations of the corporation.

(f) A participating dentist may resign but such resignation shall not become effective until the end of each subscriber's current year in the area.

4. Contracts—The corporation may enter into contracts with subscribers to furnish specified dental service at specified rates to the subscriber or subscriber's members, officers or employers. Contracts may vary as to services and rates.

5. Interplan Arrangements.—The corporation may enter into contracts to supply dental services to subscribers

residing in this State to plans without this State.

6. Application of certain provisions of law relating to insurance. Section 38.1-29, 38.1-44 to 38.1-57, 38.1-99 to 38.1-104, 38.1-159 to 38.1-165, 38.1-174 to 38.1-178, and 38.1-342.1 of the laws relating to insurance shall insofar as they are not inconsistent with this act, apply to the operation of a plan.

7. Licensing of plans—It shall be unlawful to operate a plan without a license issued by the Commission. The corporation shall apply for a license and furnish such relevant information as the Commission requests. Each license shall expire at midnight on the following thirtieth day of April. With each application for a license a filing fee of fifty dollars shall be paid, and if the license is issued, the filing fee shall serve as a license fee for the remaining portion of the license year.

8. Renewal of plan license—Unless the corporation notifies the Commission that it does not wish a renewal license for a plan, the Corporation shall be deemed to have applied for a renewal license for that plan, and shall pay on the first day of May of each year a renewal fee of fifty dollars.

9. Advertising matter—In the operation of a plan it shall be unlawful to use any misleading advertising matter or subscription applications or contracts, whether written or oral.

EDITORIAL

For The Want Of A School

Our Executive Council has met many times this term and for long hours each time. Much of the deliberation concerns the procedures deemed necessary by the Council to establish a school of dental hygiene in our state. In functioning it has worked with many organizations of our State: The Virginia Council on Health and Medical Care, the Council on Higher Education, members of the state legislature and the Medical College of Virginia, School of Dentistry. From all reports these organizations have outwardly favored the development of a school of dental hygiene. Why has not something more concrete been accomplished? At present, all progress seems to depend on a survey being done to establish that this is a need of the residents of Virginia. Are the residents of Virginia aware of the need of dental hygienists? Are the dentists aware of the need? If

not, a survey might have a negative effect. There are very few dental hygienists in the State of Virginia. Few people have received their services. Few dentists know their full value in the practice of preventive dentistry. More dentists are saying they would like to employ a hygienist but are skeptical that their patients will support one. Knowing of their full desirability seems to come only from working with them. If they were more available, there would be more experimentation with them in practices and subsequently more demand for their services by the patients. Therefore, it seems we must look to the future to prove the need of a dental hygiene school in Virginia now. Will a survey do this? The Council hopes so. It will certainly depend on how the survey is conducted and who is surveyed.

John E. Higgins

Help Those Who Help Us

If our State Association Meeting were to depend entirely upon dues paid by our members, it would operate in the red every year; however, we have, "The Goose that Lays the Golden Egg." Our exhibitors and advertisers at the annual meeting. This year it has been estimated \$5,800 will be derived from this source. They help us—let's help them.

1. Buy your supplies at the convention.
2. Save your orders for the meeting.

(Frequently you can get convention specials)

3. Be sure to visit and register at all exhibits. Take your wife, your guests, and your friends.

Some of our exhibitors and advertisers are becoming very discouraged by the lack of interest shown by many members.

Make plans to arrive at the convention early. All exhibits will be open at 1:00 P.M. Sunday, April 26th.

John B. Todd

Our Relief Fund

The quota for the State of Virginia's portion of the Relief fund is \$1,770.00 for the year ending June 30, 1964. To date a total of \$1,354.50 has been contributed or 76.5% of the total goal. A quick glance at last year's record shows

that we missed the goal by only \$70.00. Had we been 100%, we would have received \$423.00 more from A.D.A. If each member would contribute at least \$5.00, the goal would more than be exceeded.

E. Y. Lovelace, Jr.

Report of the Amalgam Scrap Committee

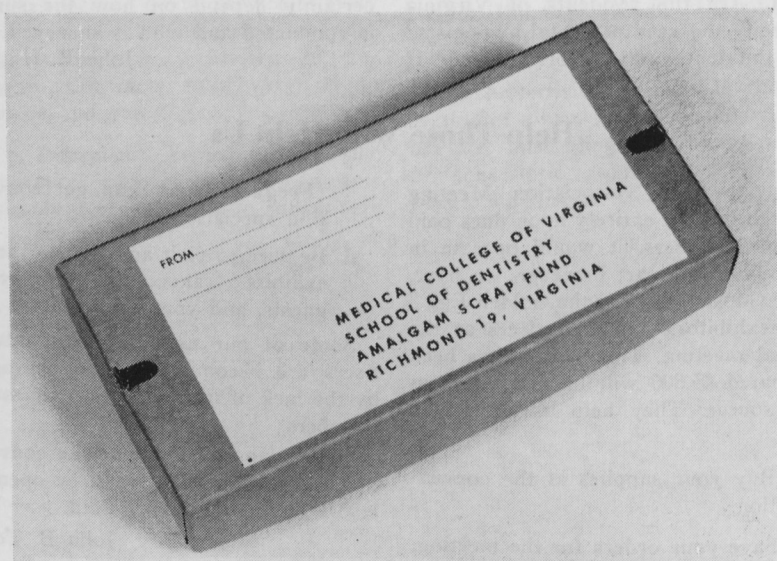
Efforts of the amalgam scrap committee have been directed towards the regular meetings of all component societies of the state during the year. Results of the committee activity have not been overwhelming; very few contributions have been realized to date. The need for student loan funds is very great at M.C.V. The student loan fund is able to assist students with financial problems only in a very limited way due to the small amount of monies on hand. It is hoped that every dentist reading this report will

take it as a personal message to himself urging him to help the dental students, to help the dental society and to help dentistry in general by actively supporting this project.

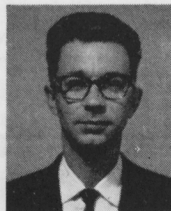
Some thought is being given to soliciting help from the ladies Auxiliary to further this cause.

SEND YOUR SCRAP METAL TO M. C. V. TODAY—this means putting dollars to work where they do the most good—**EDUCATION.**

William B. Powell



EFFECTIVE UTILIZATION OF THE CHAIRSIDE ASSISTANT



Lecture given by Wm. D. Strickland, D. D. S., Associate Professor of Operative Dentistry, University of North Carolina.

Reported by Ralph O. Kennedy

The success of a dental practice depends largely on how the assistant manages the patients of the practice and the interest with which she performs her duties. Increased patient loads and increased demand for more and better dentistry have spurred most dentists to be mindful of their utilization of available time. Well trained chairside assistants release time and relieve stress for the dentist because they have assigned responsibilities which contribute a meaningful part in the total treatment of the patient. They become the dentists' second pair of hands.

In 1956, the Council on Dental Education directed dental schools to train their students in the utilization of chairside assistants. Hence, the demand for well trained chairside assistants will continue to increase as more dental students are trained in the use of auxiliary personnel. The practice of hiring a girl and training her on-the-job will soon be a thing of the past as the demand for trained assistants increases.

Until the supply of trained chairside assistants equals the demand, assistants must be trained in the dental office. Proper training leads to procedures that

are well planned, coordinated team efforts, rather than planned confusion.

Training of the new assistant must be planned—she will not learn by watching the dentist work! The assistant should be taught to do everything that does not require the dentist's special skill to accomplish. Some of the more important phases in training the assistant should include: standardizing procedures, developing techniques which require a minimum number of instruments, teaching the assistant to anticipate the next step in the operation, organizing set-ups for every operation, using trays, color-coding all instruments, and most important, showing the assistant how to assist in all procedures in the office.

Dr. Strickland's lecture was supplemented by the use of a movie and slides. The movie showed the effective use of one and two assistants, accomplishing much more work in a shorter length of time. Tray set-ups reduce time and motion. As much as 30% time can be saved. It also eliminates dirty hands on cabinet handles and drawers and develops routine procedures.

It has been found that the maximum movement a dentist's hands should make is eight inches. Instruments should change from dentist to assistant in front of the patients' face at chin level.

A good assistant is the key to a good office smoothly run.

DIAGNOSIS IS THE KEY TO PRACTICE BUILDING



A New Approach To X-Ray Interpretation In Everyday Practice

Lectures given by Dr. Arthur Elfenbaum, Dentist, Chicago, Illinois. Many years in private practice and teaching. Professor Emeritus of the University of Ill. and Northwestern University, now Senior Attending Member of the Medical Staff at Michael Reese Hospital, Chicago. Writes regularly for dental journals and lectures to dental organizations.

Reported by Ralph O. Kennedy

It is only within the past 50 years that dentistry has changed from a purely mechanical and cosmetic art to a biologic science. Dentistry is now definitely established as a health service and the dentist is being recognized as the mouth physician, because he knows and understands oral problems which may be the cause or effect of an abnormal systemic condition. The modern M.D. has little or no knowledge of oral lesions and it is up to the dentist to be prepared to treat these. The evidence of a person's systemic disease is often reflected in the mouth before the patient is aware that anything is amiss. Since patients usually visit their dentist more often than their physician, the dentist has the opportunity of noticing an oral abnormality with a systemic correlation in its earliest stage. The visits of a dental patient also occur at shorter intervals, enabling the dentist to confirm or rule out a tentative diagnosis of an oral abnormality ac-

cording to the changes he sees from one visit to another.

Diagnosis must be taught as a clinical subject and must precede all other dental procedures. Mistakes are usually due to a lack of knowledge and good diagnosis can reduce mistakes to zero.

As a rule the dentist takes the familiar small x-rays of the teeth and jawbones more routinely than a physician takes large x-rays of the skeletal bones, and if the patient has a disease which affects the growth and development of teeth or the character of the bone in the jaws, the dentist may see the evidence of it in the dental x-ray and refer the patient for medical attention before the corresponding systemic condition becomes too serious.

Diagnosis by a dentist has led to the discovery that some severe cases of decayed teeth may be due to a poor condition of the thyroid gland as well as to an excessive indulgence in sweets. Hypothyroidism is found in plump adolescents and they usually have multiple cavities. 30% of fat women have a thyroid condition. Cortico Steroids cause excessive eating, excessive hair, pop-eyes, and moon face.

Bleeding gums may disclose an anemia; bright red spots on the inside of the cheek may denote a blood disturbance and are danger signs of thrombocytopenic purpura, or an enlarged spleen which may be cancerous. Bluish-white spots usually appear inside the

cheek one or two days before the skin rash of measles is seen, and heart disease is generally accompanied by a purplish color of the lips and the inside of the mouth. Leukemia may show up as puffed whitish gums. If a patient has a history of rheumatic fever in childhood, the dentist will protect him from a sudden heart attack by administering penicillin before the extraction of an abscessed tooth.

Dentists have been known to observe a faulty condition in the root tip of a tooth in the dental x-ray of a child and reveal the presence of rickets or diabetes. "Roller-coaster" bone found on x-ray in the molar area may indicate diabetes. Diabetic patients should be urged to carry cards identifying them as such in case they go into shock. Conditions such as "cottonwool" bone, "ground-glass" bone, "marble" bone, or other bone diseases are often found first in a dental x-ray long before the patient experiences symptoms which would urge him to seek medical advice. Dental x-rays may also uncover diseases of the pituitary, thyroid, parathyroid, and adrenal glands.

A healthy tongue does not shine. The causes of a burning tongue may be (1) Vitamin B Complex deficiency, (2) anemia, (3) hormonal, (4) emotional, (5) or a combination of any of these. A scalloped tongue edge may mean ariboflavinosis and lack of niacin; it may also indicate tenseness. When examining the tongue, look at the ventral surface also, as it may show cardiac and pulmonary difficulties. In treating tongue disorders, multiple vitamins are better to give than vitamins A and D. Vitamin D is not recommended to be given to old people. The burning tongue of pernicious anemia and vitamin deficiency, the extremely dry mouth of diabetes, the enlarged gums of pregnancy, and the many types of sores inside the mouth are now being referred to the dentist for

diagnosis because of his special knowledge of oral pathology, although in many cases the dentist needs the cooperation of the physician for the treatment. Nutritional disturbances are frequently manifested in the mouth, even in the earliest stages.

The health service which dentistry has become is being set back due to full mouth rehabilitation techniques which in many cases have produced periodontal troubles. Dentistry is more than a repair, remove, replace service.

Of course, medical perfection and an eye for cosmetic effect will always be necessary for success in dental practice, but it should be comforting for patients to realize that their dentist knows the tissues into which and upon which he places his restorations and appliances, and that he understands the total patient of whom those tissues are a part.

At the moment, dentistry is taking an active part in improving the health of the aged, the chronically ill and the handicapped by preventive, corrective, restorative, and therapeutic measures. For those patients who are not ambulant, portable equipment has been devised. Many dentists are contributing their time and effort on a voluntary basis, and others devoting their full time to the project in various institutions which have well-organized dental clinics. With the increasing number of senior citizens in our population—and they are becoming increasingly interested in maintaining their teeth for the rest of their lives—dentistry for the aged has developed into a challenging project for the dental profession.

The lecture was fully illustrated with numerous slides of clinical cases. One slide shown revealed that patients who had high protein diets were found to have good tongue and gum conditions.

POWDERED GOLD: A NEW RESTORATIVE MATERIAL

Douglas B. Nuckles, D.D.S.

In 1961 a new type of gold to be condensed into cavity preparations was introduced to the dental profession in this country. This material* was developed by Lloyd Baum and Melvin Lund at Loma Linda School of Dentistry in California.

This material consists of 24 carat powdered gold particles wrapped by hand in cohesive gold foil.^{1 2} The particles vary in size up to 75 microns with the average size being about 15 microns.¹ The manufactured pellets (powder wrapped in foil) are cylindrical in shape, about 1 millimeter in diameter and vary in length from 1 to 3 millimeters.

Powdered gold may be produced by atomization, pulverization, or precipitation from chemical solutions.^{1 2} The manufacturer has not revealed the process of producing the gold powder, pending approval of a patent application.⁴ Baum² says that the shape, size, and surface texture are important considerations of this material. The manufacturer says that the material consists of a balanced blend of various pure gold powders and mesh sizes.⁴

It is interesting to note that automobile manufacturers are using gears, bearings, and other parts of powdered iron and powdered copper alloys in place of conventional cast or machined parts. Thus we see that powdered metals have a promising future in industry.

* Goldent, manufactured by Morgan, Hastings and Co., Phila., Pa.

Physical Properties

All of the physical properties that have been reported to date are equal to or surpass those of gold foil and mat foil.

According to Baum² the tensile strength values of powdered gold are in the range of 15,000 pounds per square inch, compared to 8,000 pounds per square inch for gold foil and 7,500 pounds per square inch for mat foil. It is very interesting to note that the specimens of powdered gold tested by Baum² fractured within the mass of the material, whereas the specimens of foil and mat gold fractured along a line of weld.

The density or specific gravity of condensed specimens of powdered gold average 18.3 grams per cubic centimeter in samples tested by Baum.² This is virtually identical with samples of foil and mat gold which averaged 18.6 grams per cubic centimeter.

Baum² reports average Brinell hardness values of 85 for powdered gold, 81 for mat gold, and 72.2 for gold foil. Hollenback and Collard³ reported BHN values as high as 76.4 for gold foil and 83.3 for mat foil.

Preliminary abrasion resistance tests showed no significant difference between the three types of condensed restorations.²

To this date there have been no reports on compressive or shear strength values, or marginal leakage tests. However, the available evidence indicates that powdered gold restorations can be made as hard, as dense,

and as strong as either regular gold foil or mat foil restorations. Individual variations in technique will naturally affect the quality of the restorations.

Cavity Preparations

The outline and convenience forms of classes I, II and V cavity preparations are the same as those for gold foil. The operator should keep in mind that the design must allow for the insertion of the material. A clean outline form with conservative extension is desirable.

Lund and Baum^{1 2} advocate an alteration in the outline form of a Class III preparation. The alteration occurs by obtaining complete lingual access into the preparation. This permits easy placement of the pellets and allows convenient hand condensation.

The resistance and retention form in occlusal preparations is obtained between opposing buccal and lingual walls. Buccal and lingual retentive grooves within sound dentin provide retention. Establish retention between the occlusal and gingival walls in Class V preparations. Retention in Class III preparations should include a gingival retentive groove from lingual to labial and an incisal retentive point.

Minimize flares and bevels in cavity preparations because the material condenses more readily where acute cavosurface angles are not present.¹ However, remove unsupported enamel rods. Retentive starting points used in gold foil preparations are not necessary.

In placing Class II restorations Lund and Baum^{1 2} recommend the use of curved brass T-bands,* tightly wedged at the gingival, and reinforced with fast setting acrylic. Stainless steel matrix material in a mechanical retainer has been used satisfactorily.

In the placement of Class III restorations Lund and Baum^{1 2} suggest that the teeth be wedged apart with a wooden gingival wedge. Slightly overfill the preparation with temporary stopping. Adapt quick setting acrylic over the labial surfaces and incisal edges of the anterior teeth and remove the temporary stopping before the acrylic hardens. In this technique the acrylic fills the gingival and labial embrasures and provides the missing wall of the preparation.

Manipulation and Condensation

The powdered gold pellets must be annealed prior to insertion into the prepared cavity. Baum⁵ recommends spearing a pellet with a small broach and passing it through an alcohol flame until a dull red glow is observed. He has not used any other method of annealing.⁵ However, annealing on a mica plate over an alcohol flame is also satisfactory. Annealing in an electric furnace may also be satisfactory. In any event, because of the greater density of the powdered gold pellets, allow the material to cool for a few seconds before inserting into the prepared cavity.

After annealing, carry the pellet to the preparation with a broach. Spread out the pellet over the floor of the preparation and loosely pack in place. Condense the gold using the same "stepping" procedure as for gold foil. Brum^{1 5} advocates convex faced serrated hand condensers.* His tests indicate that hand condensation compares favorably with other types of condensation. He also recommends a rocking motion with the convex faced condensers. The Hollenback pneumatic condenser has been used successfully. It can also be used to supplement hand condensation.

* Curved brass T-bands, P. N. Condit Company.

* Loma Linda Gold Foil Condensers, manufactured by the American Dental Mfg. Co., Missoula, Montana.

In contrast to regular gold foil, this material tends to move away from the condenser point when condensed. It must be carefully condensed into point angles and along line angles to prevent the formation of small voids. The walls of the restoration must be built up before the center of the restoration to obtain high density and strength. The effectiveness of the applied force is dependant on the size and design of the instrument and the proficiency of the operator. Powdered gold pellets are about ten times as dense as gold foil pellets. Therefore, considerably less time is required to fill any given cavity preparation. Finish the restoration judiciously because gold has a high thermal conductivity. Carve occlusal surfaces with finishing burs and stones. Burnish the proximal surfaces before filing carving. Use finishing strips, discs, and polishing agents to produce the desired finish. The powdered nature of the material is impossible to discern if the restoration has been well condensed and well finished.

At this time a limited number of powdered gold restorations have been placed at the Medical College of Virginia School of Dentistry. All of these restorations were clinically acceptable at the time of placement. However, they have not been in place for a sufficient length of time to evaluate their longevity. Clinical evaluation of these restorations will be made in the future. The Department of Dental Materials is planning to study the physical properties of powdered gold wrapped in gold foil.

Conclusions

1. The physical properties of powdered gold wrapped in gold foil are equal to or better than those of gold foil or mat gold.
2. The material is easier to manipulate than gold foil.
3. Restorations may be completed in less time than is required for gold foil.

4. The finishing technique is the same as that for similar materials.
5. Powdered gold may be used in place of amalgam in small to moderate sized cavity preparations.
6. It may be used in place of synthetic materials in Class III preparations.
7. The potential of this material may be better than that of any other restorative material that has become available in many years if given a fair trial by practicing dentists.

Summary

Powdered gold wrapped in gold foil is a new dental restorative material. Its hardness, density, and tensile strength are at least equal to those of gold foil and mat gold. No evaluation of cavity seal or marginal leakage has been reported. The use of bevels is not recommended in cavity preparations to receive powdered gold. The material can be used successfully in Class I, II, III, and V restorations. The manipulation and condensation are easier and faster than those of regular gold foil. Conventional methods may be used in finishing.

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RESEARCH NEWS from N I D R

Tetracycline and Dental Enamel

Tetracycline, an antibiotic used to combat many types of infections, is now considered a major cause of enamel defects in children's teeth, according to Drs. Carl J. Witkop, Jr., Chief, and Robert O. Wolf, Human Genetics Branch, National Institute of Dental Research.

They report (*Journal of the American Medical Association*, September 28, 1963) that tetracycline can affect the secondary as well as primary teeth of children who have taken the drug while teeth are developing. Affected teeth usually have yellow or brown discolorations, and in more serious cases, there is hypoplasia of enamel.

Prior to the wide use of tetracycline, enamel defects were seen only occasionally as a result of such hereditary or congenital anomalies as amelogenesis imperfecta, dentinogenesis imperfecta, hypoplasia of enamel secondary to erythroblastosis fetalis, or possibly severe febrile conditions during the stage of tooth formation.

Drs. Witkop and Wolf report seeing much larger numbers of children with hypoplastic and stained enamel, which they traced to tetracycline given to a child in very early infancy or the mother during lactation. One investigator reported enamel discoloration in children who had had no tetracycline



Yellow-stained hypoplastic enamel in a 4½-year old boy who received tetracycline when two weeks old. Lack of enamel on tips of cuspids resembles enamel notch seen in many children who have had erythroblastosis fetalis.

but whose mothers had received it in the last trimester of pregnancy. These defects were confined to those teeth and portions of teeth which were developing at the time the drug was given.

Direct relationship existed between the severity of the defect and the amount of tetracycline administered. The tetracycline is incorporated into the calcifying dental and enamel, producing a bright yellow fluorescence under ultraviolet light. Dr. Gerrit Bevelander of the University of Texas, working under a grant from NIDR, has reported (*Nature*, June 1963) that tetracycline combines with the protein membrane surrounding each crystal and the ground substance as well as the calcite crystal itself.

As the tetracycline flurophore combines with the crystal, there is a reduction in amount of mineral and a decrease in crystal size. The relation-

ship thus demonstrated between administration of tetracycline and decrease in the size of the crystals may be explained as a simple sequestering phenomenon, whereby the mineral available for crystal formation is withdrawn from the available pool. Dr. Bevelander believes that before this explanation can be accepted it will be necessary to ascertain whether binding of tetracycline on the fibrous membrane surrounding the crystal is at least partly responsible for the reduction in crystal growth.

Since the enamel defects are often only cosmetically important, tetracycline should not be withheld when the consequences of infection outweigh the possible damage to the teeth. However, when other antibiotics are effective, they should be used in place of tetracycline in children whose teeth are in process of developing.

A D A NEWS RELEASES

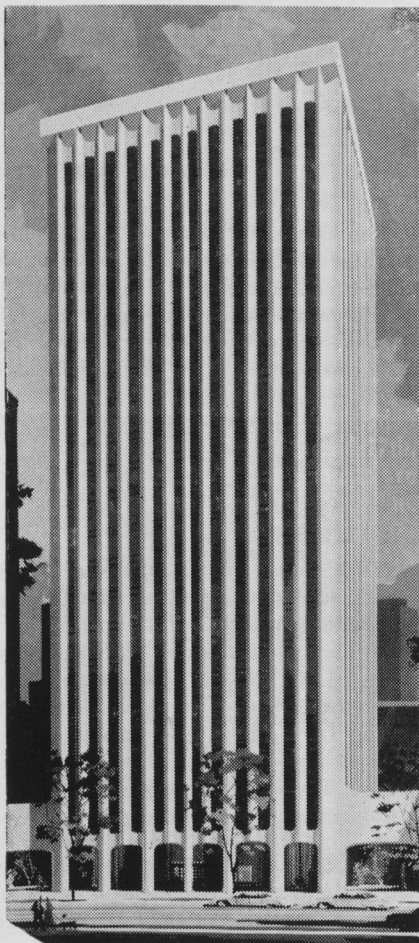
NEW HEADQUARTERS BUILDING BEGUN

The American Dental Association broke ground Monday, November 11, 1963 for its new 22 story office building at 211 East Chicago Avenue. Our new president, James P. Hollers, said "the building will be a tangible sign of the progress which this Association has made in its 104 years of existence. But, more importantly, our actions here point to the future—to the challenging future which our profession faces."

There will be 280,000 usable square feet of which the A. D. A. will occupy 105,000. The bulk of the remainder will be under long term lease to such prospective tenants as the American Association of Dental Schools, the American Dental Hygienists' Association, the American Dental Assistants' Association and The American Fund for Dental Education, etc. The rest of the space will be rented to anyone on short term lease to insure availability of room for expansion of the Association.

The first floor will have a lobby and parking and shipping space. The second floor will have dining and meeting room facilities, an exhibition area, lounge and two courts. The third floor will house the mechanical equipment and the rest will be for office space.

In its space the Association plans to have administrative offices, council and bureau offices, general and specialized libraries, research laboratories, a film library and an editorial office.



Present plans call for meeting rooms, a 350 seat auditorium and cafeteria to be available to all tenants.

FEDERATION LEGISLATION

Hearings on King-Anderson Bill:

Hearings began on the Health Care for the Aged on November 18, 1963. Anthony J. Celebrezze was leadoff witness in support of the bill.

The Administration backed King-Anderson proposal would cover about 17.5 million people 65 or older, including about 2.5 million people not now covered by O.A.S.D.I. Hospital benefits

for covered persons would be financed by a 0.25 percent increase in social security payroll taxes on employers and employees and increase in the base to \$5,200 from the existing base of \$4,800. Benefits for elderly persons not covered by the social security system would be paid from general revenues of the Federal Treasury.

The A.D.A. will oppose this bill.

KEOGH AMENDMENTS INTRODUCED

Representative Eugene Keogh and Senator George Smathers have introduced amendments which would (1) permit tax deductions on the full amount contributed to individual retirement plans by repealing the

present 50 percent limit on deductions and (2) remove the present percentage and dollar limitation except where the self employed individual has no employees.

NOVEMBER:

The Journal of the American Dental Association marks its 50th Anniversary. Beginning in 1913 it has grown to a monthly publication of 270 pages distributed to 101,000 members. There have been six editors, Dr. Otho U. King, Dr. Charles N. Johnson, Dr. L. Pierce Anthony, Dr. Harold Hillenbrand, Dr. Lon Morrey and presently, Dr. Leland C. Hendershot.

The A.D.A. reports about half of all practicing dentists enroll in some form of refresher course at sometime. Since 1958 there has been a 35 percent increase in enrollers. The 1962-63 academic year showed a 20 percent increase over the previous year.

The Alpha Omega Federation is sponsoring and building the School of Dentistry at the Hebrew University in Jerusalem, Israel. It is scheduled for dedication in August 1964.

Mr. Harvey Sarnier was appointed Secretary of the Council on Dental Trade and Laboratory Relations. He is, also, secretary of the Judicial Council.

Mr. Herbert Lassiter, secretary of the Council on Federal Dental Service and the Council on Insurance, is now secretary of the Council on Relief.

DECEMBER:

Coast to coast television programs on February 5, announced to highlight

National Children's Dental Health Week. The "Dick Van Dyke Show" has been purchased by Procter and Gamble and turned over to the A.D.A. to present dental health messages;

Presidents of local dental societies will be asked to present a 30 second message taped in advance of the program.

Procter & Gamble will not be mentioned in any of the publicity material directed at the public.

New York City Council approved fluoridation by a 19-4 vote on December 11, 1963. The next day the Board of Estimate passed the measure unanimously. The worlds largest city will soon be fluoridated.

National Accreditation of Dental Laboratories to begin in 1964. The Joint Commission on the Accreditation of Dental Laboratories was incorporated in February 1963 "to promote an accreditation program which assists the dental profession in its continuing efforts to improve the quality and efficiency of the dentists' services to the public."

The dental laboratory industry has become an important and necessary

part of the dental profession's efforts to extend dental service to more people while maintaining or raising the standards of service. The dentist has been unable to supervise or ensure the quality of this service for which he is responsible. He can meet this obligation through accreditation of laboratories by the profession.

The dental laboratories will participate on a voluntary basis. The applying for and meriting accreditation will be listed in dental journals. Those who do not merit accreditation or do not apply will not be listed in any way. The fee for these services will be \$40 for laboratory and manager plus \$2.50 for each technician with a maximum of \$115.

The first official surveys will begin about March 1, 1964. The dental laboratory owner should apply for accreditation, when he receives his invitation from the commission and prepare for inspection. The dentist should encourage his laboratory to take an interest in accreditation and act as surveyor if asked by his constituent society. The success of the program will depend on these individuals full cooperation toward our ultimate purpose: improve ment of the health of the public.

FROM THE COMPONENT EDITORS

Tidewater Dental Society

Component No. 1

Jack Kanter, D.D.S., Editor

Dr. W. O. Payne, acting chairman of the Council on Dental Health reports a survey has been made of all films and slides that have been purchased for all school systems. In furthering this program, this year's purchase will go to the Chesapeake Schools. Also, in the interest of better dental health all third grade rooms in our component will be furnished a "Swish and Swallow" poster.

Plans for National Children's Dental Health Week are almost complete. We think coverage this year will be the best yet. The Woman's Auxiliary is playing a large part in our activities this year and we are very grateful to them.

Contact has been made with school authorities concerning better methods of cooperation between them and our dental society. We hope this will result in a more complete dental program in the schools.

We are glad to report that Dr. Tom Nicholls is recovering very nicely from his recent coronary condition and trust that he will return to his office early in the year.

Dr. William Shumadine's recovery from a cerebral hemorrhage is a bit slower at Norfolk General Hospital. It is hoped that his recovery will also continue at a faster pace.

Dr Jack Atkins is also recovering nicely after a 10 day illness at Leigh Memorial Hospital.

The Naval Station sends out a request that to complete their dental library they need two issues of the Journal of Dental Research; November, December, 1960, and March, April, 1961. Anyone having either issues please contact your editor at 625-1625. Let's show our colleagues and neighbors some real cooperation and get those two copies for them.

While on this subject, stop discarding your dental publications. Many foreign countries are in dire need of such scientific literature, and the Navy in its "Operation Handicap" is providing the transportation at no cost. Both Harris Dental Co. and Johnson and Vellines Dental Company agreed to collect these books for us. If you have a large number call your editor or the Naval Base (MA 2-8211—Ext. 3081) to make arrangements to have them picked up.

Start saving your journals from now on so that they may be picked up periodically.

The Executive Committee of your Society has appointed a special committee to evaluate the economic status of the dentists in the Tidewater area. A questionnaire will be mailed shortly to all members containing questions on dental economics, practice management, salaries, etc. A return envelope will be provided so that the information will be positively anonymous. Detailed information will be presented at the January meeting.

The Annual Spring Meeting will be held at the Cavalier Hotel at Virginia Beach on March 25, 1964. Have your secretary set this date aside in your appointment book. The program chairman is working diligently to make this meeting worth your attendance. There will be an unusually good speaker who will spend the entire afternoon discussing all phases of practice management.

The following is a list of officers of the Virginia Tidewater Dental Association, elected at our last meeting on January 10, 1964.

President, Dr. T. R. Jarrett, Va. Beach
President elect Dr. E. H. Eskey
Secretary Dr. Herbert H. Bonnie
Treasurer Dr. Lonnie O. Clark
Corr. Sec. Dr. R. H. Whitmore

Peninsula Dental Society

Component No. 2

John B. Todd, D.D.S.

The December meeting of component #2 was held Saturday evening Dec. 21st at Fort Eustis. Our host was Colonel Enmeier, Chief of Dental Services.

Everyone looks forward to this meeting, dentists, our wives and a few guests.

Perhaps our good attendance (150) can be attributed to the social aspect

of the meeting. Dr. and Mrs. Grover Starbuck were guests of honor. Dr. Henry McCoy, our retiring president presided.

New officers are:

Dr. C. E. Stanley, President
Dr. Wallace C. Rowe, President elect
Dr. W. A. Boatwright, Sec. Treas.
Dr. William H. Traynham, Jr,
Exec. Council

Southside Dental Society

Component No. 3

William B. Russell, D.D.S.

The semi-annual meeting of the Southside Virginia Dental Society was held September 24th-25th in Petersburg. Tuesday afternoon and evening were taken up with golf followed by an informal dinner. Golf prizes were awarded, stories told, songs sung and elbows bent.

On Wednesday morning Col. Frank C. Jerbi of Walter Reed Army Medical center was introduced to the Society as guest lecturer. Col. Jerbi gave an excellent presentation entitled "Immediate Dentures."

Following dinner the business meeting was opened by Dr. Martin Sheintock, president. Dr. Grover C. Starbuck, president of the Virginia State Dental Society was introduced and spoke on activities at State level.

Two resolutions were brought before the society as follows:

1. That Component #3 goes on record as opposing Medicare and federal aid to dental education, and urges the Virginia State Dental Association to do likewise.
2. That we as a component ask the State Society to remind the American

Dental Association that our membership is entirely voluntary on our part, and if the A. D. A. refuses to seat our delegates at any convention we will cut off our dues to the A. D. A. for the following year.

These resolutions were passed and copies of same were ordered sent to the Executive Council before Sept. 28, 1963.

The following officers were installed:

President, Dr. Robert M. Comstock
Petersburg

President-Elect, Dr. James A. Boyd
Petersburg

Secy-Treas., Dr. Herbert Tobias
Petersburg

Councilor, Dr. T. C. Bradshaw
Blackstone

The next meeting of the component will be held Wednesday February 19 at Holiday Inn, Route 301 South, Petersburg. This meeting will start at 3:00 P.M. and wives will be invited. A special program will be held for the wives from 3:00-5:00 P.M. This will be followed by a social hour and dinner.

Richmond Dental Society

Component No. 4

John H. Goode, Jr., D.D.S., Editor

The annual installation meeting was held at the Willow Oaks Country Club on December 16, with the wives as guests for the social hour and banquet.

Outgoing president Bill French was thanked for the fine job he did for the year and Paul Chevalier conducted the installation of the following new officers:

Pres. elect: Forrest Jessie

President: Hugh Wrenn

Sec., Treas.: John Beall

Exec. Comm. Rep.: Jack Chevalier

Chairman Dental

Trade & Lab Rel.: Rudy Bruni, Jr.

Chairman Post

Payment Plan Com.: Yates League

Committeeman to Council

of Dental Health: Henry Lamb

The next meeting will be held at the Wood Memorial Bldg. on third Thurs.

Piedmont Holds Annual Meeting At Homestead

Component No. 5

Ralph O. Kennedy, Editor

The Piedmont Dental Society held its annual meeting at the plush Homestead Hotel in Hot Springs for the third consecutive year. The meeting at the Homestead, one of America's most famous resort hotels, was well attended with 167 dentists and wives being present. Among the notables were State

President Grover C. Starbuck and wife, Dr. Arthur Elfenbaum, Senior Attending Member of the Medical Staff at Michael Reese Hospital in Chicago, and Dr. William P. Strickland, Associate Professor of Operative Dentistry at the University of North Carolina. The latter two were clinicians at the meeting presenting excellent programs.

Dr. Starbuck gave a short report on the various state committees. He re-

ported that the State meetings would be held in September or early fall beginning in 1965 due to the following reasons: (1) Better exhibitors and speakers can be obtained. (2) Better hotel space at reasonable prices, (3) Delegates can go to ADA meeting knowing what is going on in the state.

The history of Virginia Dentistry is being prepared and will take about three years for completion.

Dr. Starbuck urged each member to contribute to the ADA Relief Fund hoping for 100%. Due to the lack of \$75 in contributions, we lost over \$400 in refunds.

He reported that the Oral Cancer Program is going good and that centers are going to be set up for paps smear tests throughout the state. 25% of oral cancer is now discovered by oral smears taken by dentists, which is a very good showing.

Dr. Starbuck urged each city to set up an Emergency Program and to run it honestly by always having someone on call through a dentists' exchange or otherwise.

He also urged all dentists to install seat belts in their automobiles and to push the flouride programs in local

water supplies and in the homes where this could not be done.

It was reported that dentists are liable for prosecution if they do not use prescription blanks in writing their instructions and copies of these should be saved for three years. Dental labs are also subject to prosecution if they perform services without an rx.

Dr. Lyons, it was reported, wants an addition to M.C.V. for the purposes of having a school of dental auxiliary, to hold special clinics on how to use dental auxiliary, and more space for dental research.

The social activities included a golf tournament won by Dr. John Glenn of Roanoke; bridge for the ladies; and a cocktail hour and dinner-dance held in the beautiful Commonwealth Room with music furnished by the famous Nocturnes and entertainment by Satch Robertson, song and dance man. A gala evening was enjoyed by all.

The Piedmont Dental Society will hold its 49th Annual Meeting Monday and Tuesday, November 16th and 17th, at The Homestead. All components are cordially invited to attend this very fine meeting.

Southwest Virginia Dental Society

Component No. 6

Henderson P. Graham, Editor

The Southwest Virginia Dental Society met in the Martha Washington Inn, Abington, Virginia, Wednesday, December 4, 1963. The following new officers were elected:

Dr. Thomas B. Haller,
President, Pulaski

Dr. French H. Moore, Jr.,
President-elect, Abingdon

Dr. R. D. Humphrey,
Secretary-Treas., Rural Retreat

Dr. C. L. Hampton,
Councilor, Galax

HAVE YOU CONTRIBUTED TO—

“The Dr. Alton D. Brashear Memorial Fund”? Let's make our Component 100%

Shenandoah Valley Dental Society

Component No. 7

Leon Slavin, D.D.S., Editor

The annual meeting of the Shenandoah Valley Dental Association was held at Hotel Ingleside, Staunton, Virginia on October 18, 1963. The meeting was called to order by the President Dr. Fulton Gilbert of Staunton, Va.

The program consisted of "Endodontics and Periradicular Surgery" by Dr. Harry Kaplan, Washington, D.C., and "Peridontal Treatment Planning" by Dr. F. B. Wiebusch, Chairman, Department of Oral Diagnosis and Therapeutics, M.C.V.

The following were accepted in membership:

Dr. Charles R. Borchart, Charlottesville, Virginia

Dr. Gordon L. Cross, Jr., Glasgow, Virginia

Dr. Harold J. McGram, Charlottesville, Virginia

Dr. D. R. Suyes, Jr., Buena Vista, Va.

Dr. John F. Wolfe, Jr., Charlottesville, Virginia

Dr. T. C. Keister of Charlottesville was elected to life Membership.

The Association was informed on the death, during 1962-1963 of the following members:

Dr. C. Bates McLean, Charlottesville, Virginia.

Dr. J. C. Rutherford, Staunton, Va.

Dr. Edwin Yost, Winchester, Va.

A resolution was approved to have the officers of this component take office at the same time as do the officers of the Virginia State Dental Association. This is in line with the resolution to that effect made by the State Executive Council. President Starbuck had felt this move would permit a more efficient relationship between the state and component officers.

The election of Officers resulted as follows:

President, Dr. James Bradshaw III
Harrisonburg

Pres-Elect, Dr. Virgil Marshall
Charlottesville

Sec-Treas., Dr O. L. Burkett
Woodstock

Councilor (2 yr. term), Dr. John Wall
Charlottesville

Chairman of Dental Health Comm.
(2 yrs.), Dr. James Bradshaw
Harrisonburg

Lab Comm.
(4 yr. term) Dr. Herbert Deane
Staunton

Dr. Blanton Allen, chairman of the 50th Anniversary meeting of the Shenandoah Valley Dental Society announced the date and place. It will be held in the Belle Meade Motel, Harrisonburg, October 16th and 17th. Dr. Miles Markley has already been scheduled as clinician for the two days.

Dr. Markley is a very popular speaker on various phases of operative dentistry, particularly on his amalgam technique using cemented pins as reinforcements. He appeared at the M.C.V. post graduate clinic several years ago and this past year gave registered clinics at the District of Columbia Five State Meeting.

Dr. Wunder, co-chairman of the event is one of the five charter members that will be present. The following are members of the committee:

V. Marshal

F. Lasley

M. Koogler

R. T. Bruce

T. Powers

F. Gilbert

J. Bradshaw

R. E. L. Miller, Jr.

NEWS FROM M.C.V.

George W. Burke, Jr., D.D.S., Editor

With the coming of the New Year the M.C.V. Dental School wishes all of you a most happy and prosperous 1964. By the time this letter reaches press, 1964 Annual Home-coming will be gone and we hope you have enjoyed it as much as has been your experience in the past and even more.

The M.C.V. Dental School will be well represented at the annual joint meetings of the International Association of Dental Research and the American Association of Dental Schools to be held in the city of Los Angeles during the third and fourth weeks of March.

Dr. William M. Feagans will present a study of hyperkeratotic lesions from the oral mucosa of human patients as visualized with electron microscope techniques. The changes in ultrastructure are presented among the various layers of mucosa starting with the tunica propria and basement membrane, basal cell layer, stratum spinosum, stratum granulosum and finally stratum corneum. This is the first in a series of studies designed to survey all changes in oral mucosa that are classified clinically as so called "leukoplakia." It is an ambitious program and should provide some very interesting results and enlightening information on the nature of these lesions which, incidentally, are on the increase in our population since the life span is increasing and these lesions are more prevalent in the older age groups. These studies, very broad in scope, being conducted by

both Dr. Feagans and Dr. Burke will be enhanced by the purchase of an additional electron microscope presently being installed in the Anatomy Department. This recent acquisition was largely through the efforts of Dean Lyons.

A study of developmental cysts found in the hard palates of human fetuses will be presented by Dr. George W. Burke, Jr. The majority of these cysts are confined to the midline of the posterior half of the growing hard palates. The incidence of these cysts is quite high having been detected in all of the prenatal specimens from the ages of $3\frac{1}{2}$ to $6\frac{1}{2}$ months (a total of 31 fetuses). Dr. Feagans is co-investigator in this study.

Dr. Holmes T. Knighton will present a paper entitled, "A Study of *Staphylococcus aureus* in the Oral and Nasal Areas of Dental Students. A Four Year Study." He finds that there is no marked evidence of an increased incidence of organisms in students in their clinical years as compared with those in the pre-clinical period. It was of interest to note that in approximately 10% of cases an individual maintained a specific organism consistently for four years.

Dr. Charles Barr will present a study of healing wounds of oral mucosa of guinea pigs which have been rendered scorbutic. His presentation also includes a study of healing bone under the same conditions. Tissue sections have been investigated utilizing a wide variety of histochemical stains.

ORAL SMEAR TEST IN CANCER DETECTION

Chicago dentists are now ready to make Papanicolaou (Pap) smears of every abnormal area in the mouth of their patients, it was announced Sept. 17th at the launching of an oral cancer detection program in the metropolitan area.

A program involving an expenditure of \$100,000 a year for three years, provided by the U. S. Public Health Service, Chicago Board of Health and the University of Illinois College of Dentistry, in cooperation with the Chicago Dental Society, was inaugurated at a meeting in the University Club attended by officials of the groups.

The smear test in the dental office is a painless procedure and will be done only for persons who have suspicious lesions. No surgery is involved in taking the test. The equipment used by the dentist includes:

1. A plastic instrument (scraper).
2. Two microscopic glass slides in a plastic container.
3. A container of fixative and a mailing slide box.

Dr. Gerson M. Gould, president of the Chicago Dental Society, said Chicago will be the first city on a large scale to use the oral smear test for cancer in dentists' offices.

Dr. Samuel L. Andelman, Chicago Commissioner of Health, announced that Dr. Lon W. Morrey, editor emeritus of the Journal of the American Dental Association, is director of oral pathology, University of Illinois College of Dentistry, is director of the suburban program.

Tests taken within the city will be sent to the Chicago Board of Health for examination by the board's pathologists and their consultants. Specimens obtained by dentists in the suburbs will be sent to the University of Illinois for examination. If a report of suspected cancer is received from the pathologist, the patient will be referred to a physician.

Dr. Richard W. Tiecke, assistant secretary of the council on dental therapeutics of the American Dental Association and professor of oral pathology at the University of Illinois, is chairman of the Joint Oral Cytology Advisory Board.

Cytology kits are now in dentists' offices along with examination blanks. Following the tests, pathologists' services and reports and consultant services are furnished to the dentists.

"Many patients see their dentist more often than they see a physician," Dr. Tiecke said. "The dentist is able to detect a number of ailments and systemic diseases through his examination of the mouth.

"The detection of oral cancer—early enough to do something about it—is only one of many health problems he recognizes in the dental office.

"With the inauguration of this cancer detection program, it is especially important for everyone to schedule regular dental examinations."

Dr. Tiecke said each year approximately 36,000 persons in the nation learn they have cancer of the mouth and at this time "only one out of every

three will be alive at the end of five years."

"Few people realize," he continued, "that oral cancer has a lower cure rate than cancer in any other part of the body except lungs and stomach.

"Oral cancer is in an area that is readily accessible for examination and treatment. The dentist has an opportunity to detect early malignancy in those patients who come in for routine dental care or with specific complaints. Many oral cancers are not obvious in their early stages but may be picked up on a complete examination of the oral cavity. The regular dental checkup provides the opportunity for this type of examination."

Dr. Tiecke said in a study by Dr. Henry Sandler, chief of dental service, Veterans Administration Hospital, Brooklyn, it was found that 20 percent of the oral cancers discovered were

unsuspected by the professional men treating the patient. Seventeen of these were carcinomas in situ (isolated) and 45 were invasive (spreading) carcinomas. It was only because all mouth lesions were scraped for cytological examination, whether cancer was suspected or not, that these conditions were discovered.

"If the disease had not been detected early," Dr. Tiecke said, "the lesions would no doubt have progressed and, in the course of events, it could be expected that two out of three of these patients would have died in less than five years."

Dr. Clifford Merrill Wilk is vice chairman of the advisory board and liaison for the Chicago Dental Society with the Board of Health and the University of Illinois. Dr. John Bergmann, Chief of the Dental Health Section of the Chicago Board of Health, is a member of the advisory board.

GRADUATE AND POST GRADUATE PROGRAMS

UNIVERSITY OF ILLINOIS

The University of Illinois College of Dentistry and the Graduate College have announced a graduate program in the field of oral history and biology for qualified postdoctoral trainees who wish to prepare themselves for a career in dental teaching and research.

Advanced instruction is available in the fields of experimental embryology, histology, histochemistry and submicroscopic morphology of the oral tissues.

Trainees will have the opportunity to participate in the various interdisciplinary research investigations which are currently in progress in the department of histology and other co-operating departments. Accepted can-

didates who qualify for admission to the Graduate College may prepare themselves for M.S. or Ph.D. degree.

Supplementary training in pedagogic principles and techniques with opportunities for practice teaching will also be available to those interested.

Annual stipends provided by the Division of General Medical Science of the National Institute of Health are \$5,000 plus allowances for dependents and tuition.

Further information can be obtained by writing to the dean of the College of Dentistry, University of Illinois, 808 S. Wood St., Chicago 12, Illinois.

UNIVERSITY OF KENTUCKY

The University of Kentucky College of Dentistry, Lexington, Kentucky, is offering the following postgraduate courses during the winter and spring of 1964:

CROWN AND BRIDGE PROCEDURES FOR THE GENERAL PRACTITIONER, Dr. Harry C. Lundeen and Staff.

February 25, 26, 1964

Fee: \$50.00

THE PSYCHOLOGIC SIGNIFICANCE OF THE ORAL CAVITY AND TEETH: ITS RELATIONSHIP TO PATIENT MANAGEMENT, Dr. Nathan Friedman.

April 16, 17, 1964

Fee: \$50.00

From: Dr. Stephen F. Dachi
Director of Postgraduate Education
University of Kentucky
College of Dentistry
Lexington, Kentucky

AMERICAN FUND FOR DENTAL EDUCATION

The American Fund for Dental Education has reported the largest number of contributors since its founding gave a total of \$305,212 in 1963. The AFDE was created in 1955 as the national agency for collection and distribution of voluntary contributions in support of dental education.

The largest portion of income received by the Fund in 1963 was \$121,249 from a campaign among the members of the American Dental Trade Association. The largest single contribution was \$100,000 given by the American Dental Association. Dental related companies, general business and individuals provided the remainder of the year's income. Dr. Raymond J. Nagle, AFDE president and dean of the New York University College of Dentistry, said, "The response to the Fund's various solicitation campaigns and programs has been very satisfying this year."

He said there is increasing evidence that through the combined support of business, industry, foundations and trusts, the dental profession and the public, that dental education will be able to "keep pace" and allow American dentistry to continue and improve its record of excellence in oral health care.

Dr. Nagle also reported that four new trustees have been named to the Fund. They are Owen Rall, Chicago, with the law firm of Peterson, Lowry, Rall, Barber & Ross; Dr. Raymond M. Rice, Indianapolis, vice president of medical affairs, Eli Lilly & Co.; Dr. Leonard Scheele, Morris Plains, N.J., senior vice president, Warner Lambert Pharmaceutical Co., and Ralph B. Rothstein, Washington, Rothstein Dental Laboratories.

Dr. Nagle also reported that the Fund has approved a \$7,500 grant to the American Association of Dental Schools for support of its projects and conferences during 1964.

JOINT COMMISSION ON ACCREDITATION OF DENTAL LABORATORIES

Miss Helen M. Pugh of Chicago has been appointed director-secretary of the Joint Commission on Accreditation of Dental Laboratories, according to an announcement by the Commission's Board of Commissioners.

Miss Pugh's appointment was announced following the resignation of Mr. Leonard J. Baird of Lake Bluff, Illinois.

The Joint Commission, located at 200 East Ontario St. in Chicago, is com-

posed of nine national dental organizations: the Academy of Denture Prosthetics, American Academy of Crown and Bridge Prosthodontics, American Academy of Restorative Dentistry, American Association of Dental Examiners, American Association of Dental Schools, American Association of Orthodontists, American Prosthodontic Society, American Dental Association and the National Dental Association.

THE JOURNAL OF IMPLANT DENTISTRY, in an effort to fill a gap in the dental literature and to bring to a much larger segment of the profession a subject which up until now has had no formal outlet, has elected to change its name to

THE JOURNAL of ORAL IMPLANT and TRANSPLANT SURGERY.

This Journal, which will be issued once yearly, will not only cover the field of implant dentistry in its every aspect—surgical, prosthetic and research, but will also cover the new and everbroadening subject of implantation and transplantation in dental and oral surgery.

Further information regarding the Journal may be obtained by writing to Marilyn S. Cranin, Managing Editor, 209 Cedar Avenue, Hewlett Bay Park, New York.

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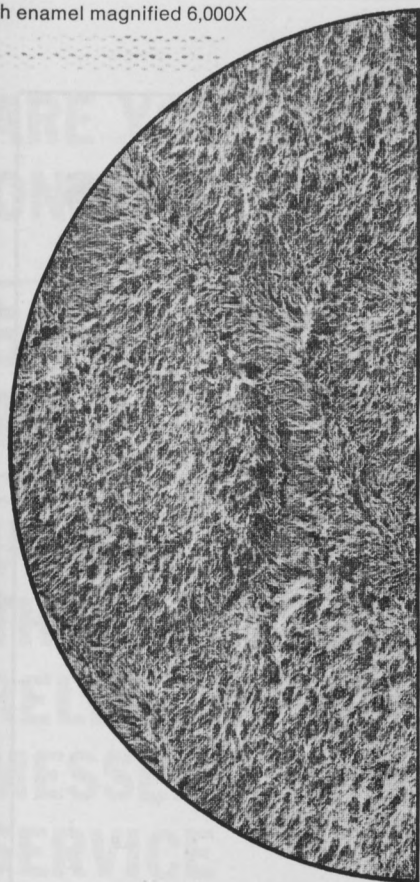
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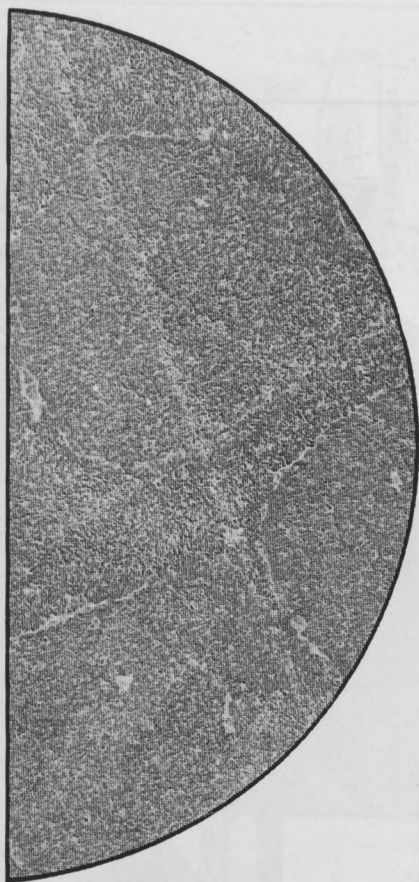
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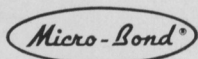
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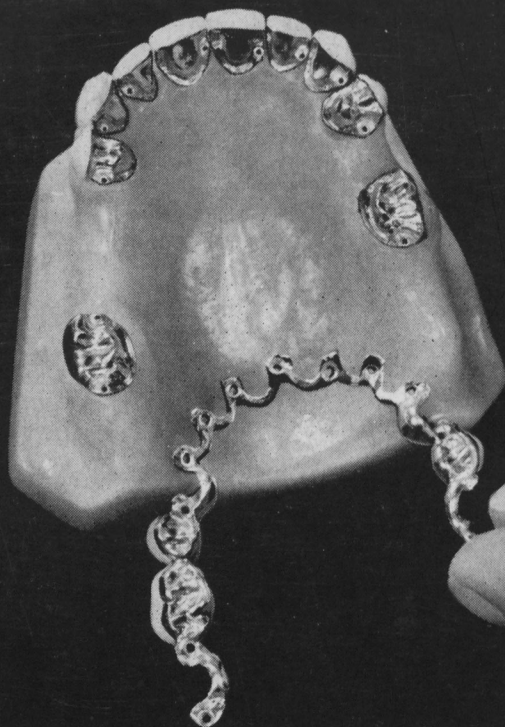
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