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Parliamentarian

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Journal Editor

DELEGATES
to the 114th Annual ADA Session, October 28-November 1, 1973, Houston, Texas

DELEGATES

Myron E. Henderson (1974)
Alexander L. Marline (1974)
S. Elmer Bear (1973)
Thomas C. Bradshaw (1973)
Carlton E. Gregory (1973)
Jason R. Lewis (1973)
President-Elect (to be elected October 1973 Ann. Mtg.)

ALTERNATE DELEGATES

Rudolph H. Brun, Jr. (1973)
John W. Ames, Jr. (1973)
William H. Traynham, Jr. (1973)
Lonnie O. Clark, Jr. (1973)
Charles R. Crews (1973)
Elmer O. Fisher, Jr. (1973)
Henderson P. Graham (1973)

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COVER

Marriott Twin Bridges Motor Hotel, Arlington, Virginia, site of the 104th Annual Meeting of the Virginia Dental Association

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GREETINGS
FROM
THE
PRESIDENT
ELECT,
AMERICAN
DENTAL
ASSOCIATION

CARLTON H. WILLIAMS, D.D.S.
San Diego, California

To my friends and colleagues in Virginia, it is a privilege to extend the greetings and best wishes of all the officers and trustees of the American Dental Association for a very successful 104th Annual Meeting.

The Virginia Dental Association has always offered its members an excellent annual meeting program. Your officers and program committees deserve much credit for their efforts in developing an outstanding clinical agenda—designed to provide the busy practitioner with special insights and knowledge that are so important to the modern practice of dentistry.

In all of its endeavors, the Virginia Dental Association is providing the direction and the leadership that can only spell better dental care for all of Virginia's citizens.

I am looking forward with particular fondness to the opportunity of enjoying some of your famous Virginia hospitality and, at the same time, spending some time with you talking about the vital issues that currently face us.
GREETINGS
FROM
THE PRESIDENT,
VIRGINIA
DENTAL
ASSOCIATION

I extend to our members and guests a cordial invitation to attend our
104th Annual Meeting at the Marriott Twin Bridges Motor Hotel.

Doctor Charles F. Fletcher and his local arrangements committee have
formulated an outstanding program which includes something of interest for
everyone. Enjoyable social events and a special Ladies Program have been
planned.

There will be new items among the Commercial Exhibits that you must
see, items of business before Reference Committees that need your attention,
and a membership meeting for electing Association officers.

Join with us and enjoy the hospitality and fellowship provided by our
Northern Virginia dentists. I look forward to seeing you in Arlington.
I would like to extend to all of you my sincere wishes for an outstanding one hundred and fourth Annual Session of the Virginia Dental Association.

Getting to know you and all the dentists throughout the Fifth District has been a very special fringe benefit of my service as your Trustee. I'd like to pay particular tribute to your member, Lum Martone, for his dedication in carrying out his duties as First Vice President of the American Dental Association. It has been a pleasure to work with him throughout this year.

My wife, Della, and I are looking forward to returning to Virginia and visiting with our many friends.
PRESIDENT ELECT,
VIRGINIA DENTAL ASSOCIATION

JASON R. LEWIS, D.D.S.
Richmond, Virginia

VIRGINIA DENTAL ASSOCIATION OFFICERS 1972-73

THOMAS T. UPSHUR, President ....................... Lynchburg
JASON R. LEWIS, President-Elect .................... Richmond
FRENCH H. MOORE, Jr., Secretary-Treasurer .......... Abingdon
DOUGLAS C. WENDT, Chairman of Executive Council .... Arlington
ELMER O. FISHER, Jr., Vice-Chairman of Executive Council .... Hampton
WILLIAM H. TRAYNHAM, Jr., Past President .......... Hampton
The members of the Northern Virginia Dental Community join me in extending a most cordial welcome to the dentists, their wives and all allied personnel of our profession to the 104th Annual Meeting of the Virginia Dental Association. An outstanding Scientific, Social and Commercial Exhibit program has been arranged for your continuing education and entertainment. We are looking forward to seeing you in Northern Virginia.

1973 ANNUAL MEETING COMMITTEE

Chairman, Annual Meeting Committee .................. Charles F. Fletcher
Local Arrangements Chairman .................. Harry B. Fleming
Program Chairman .................. Irving J. Imburg
Scientific Exhibits Chairman .................. Herbert D. Davidson
Commercial Exhibits Chairman .................. Clark B. Brown
Registration Chairman .................. Edgar S. Bradley, Jr.
Publicity Chairman .................. Ted T. Trapp
Social Functions Chairman .................. Kenneth H. Stall
Aide to Essayists .................. George P. Damewood
Coordinator of Auxiliary Groups .................. Dwight W. Newman
Mini Clinics Chairman .................. Burton C. Zwibel
Women’s Activities .................. Dr. and Mrs. Philip Mazzocchi, Jr.
Golf .................. Raymond T. Bond
Audiovisual Equipment and Properties .................. Peter A. Morabito
GENERAL INFORMATION

REGISTRATION: The Registration Desk in the assembly area will be open from 8:30 a.m. to 5:00 p.m. on Saturday, Sunday and Monday and from 8:30 a.m. to 1:00 p.m. on Tuesday. Be sure to get your tickets for all functions upon your arrival. Reservations are limited.

Those who may register for the 104th Meeting: (1) All active, life, retired, associate and honorary members of the VDA in good standing for the year 1973; (2) All members of the ADA in good standing for the year 1973; (3) Wives of dentists and members of the Women's Auxiliary to the VDA; (4) Members of the Virginia Dental Assistants Association; (5) Members of the Virginia Dental Hygienists Association; (6) Members of the Virginia State Dental Laboratories Association or technicians on written endorsement of a VDA member; (7) Representatives of registered exhibitors; (8) Guests invited by the Association.

COMMERCIAL AND SCIENTIFIC EXHIBITS: The 1973 Commercial and Scientific Exhibits will be officially opened at 2:00 p.m. on Sunday, September 30. The exhibits are an important feature of the scientific program and offer an excellent cross section of dental products and techniques. We are proud of the many excellent exhibits and urge every member to visit the exhibits OFTEN. Scientific exhibits will be on display in the same areas.

OPENING SESSION: The Opening Session of the 104th Annual Meeting will be held Saturday, September 29, at 2:00 p.m. in the Chesapeake Room. The main speaker will be Dr. Carlton H. Williams, President-Elect of the American Dental Association. The VDA House of Delegates will be in session to hear an address by Dr. Thomas T. Upshur, President of the Virginia Dental Association, and other reports. You are urged to attend this important session.

VDA HOUSE OF DELEGATES: The first session of the House of Delegates will meet in conjunction with the Opening Session. Reference Committee Hearings will begin at 9:00 a.m. Sunday, September 30, to debate all resolutions before the House of Delegates. VDA members are urged to attend these hearings and participate in discussion. The Business Session of the House of Delegates will be held Monday, October 1, at 1:00 p.m. in the Chesapeake Room. Plan to attend and see your House of Delegates in action.

INTERDENOMINATIONAL SERVICES: The Reverend Doctor L. R. Elson, Chaplain of the Senate, will conduct an Interdenominational Service at 11:00 a.m. Sunday, September 30, in the Chesapeake Room. Everyone is invited to attend this service.
**VDA FELLOWSHIP LUNCHEON:** Wives and Auxiliaries are encouraged to join our members for the Fellowship Luncheon at 12:00 Noon Sunday, September 30, to hear Dr. Andrew D. Holt, President Emeritus of the University of Tennessee, who is an outstanding speaker.

**MEMBERSHIP MEETING:** The Annual Membership Meeting of the Virginia Dental Association will be held at 3:30 p.m. Sunday for the election of Officers, Councilors, ADA Delegates, etc. This meeting is open to all members of the Virginia Dental Association.

**MINI CLINICS:** Mini Clinics will be presented by dentists from Virginia and neighboring states throughout the meeting. Don't miss these interesting and informative presentations.

**AN EVENING AT THE KENNEDY CENTER:** Dinner and theatre is planned for Monday evening. Details will be announced later.

**MANY ACTIVITIES FOR WIVES:** Wives will enjoy participating in the social activities with their husbands. “Brunch in the Orient” will be followed by a shopping tour on Monday, and there will be a VIP White House Tour for the ladies Tuesday morning. WAVDA Suite 470 will be the Hospitality Room for wives—for bridge, chatting and light refreshments. Tickets for the Brunch may be purchased at the Registration Desk upon arrival.

**CLOSED CIRCUIT TV:** Closed circuit TV will be provided on Monday and Tuesday.

**PRESS ROOM AND VDA OFFICE:** The VDA Office and Press Room will be open Saturday through Monday during the day in the REGISTRATION OFFICE on the Ground Level. Anyone needing assistance may come to the Office where help will be available.
Program

104th ANNUAL MEETING
Virginia Dental Association

MARRIOTT TWIN BRIDGES, ARLINGTON, VIRGINIA

FRIDAY, SEPTEMBER 23, 1973

6:30 p.m.
DINNER MEETING, EXECUTIVE COUNCIL OF THE
VIRGINIA DENTAL ASSOCIATION.......................Sky Room

SATURDAY, SEPTEMBER 29, 1973

8:00 a.m.-12:00 Noon
BREAKFAST MEETING, VIRGINIA BOARD OF DENTISTRY..Sky Room

8:30 a.m.-5:00 p.m.
REGISTRATION AND TICKET SALES........................Main Lobby

10:00 a.m.-6:00 p.m.
BUSINESS MEETING, VIRGINIA STATE DENTAL
LABORATORIES ASSOCIATION..........................Arlington Room

12:30 p.m.-2:00 p.m.
LUNCHEON MEETING, VIRGINIA STATE ACADEMY OF
ENDODONTICS ...........................................Sky Room

SCIENTIFIC SESSION—MINI CLINICS

1:00 p.m.-2:00 p.m.
"Adhesive Resins for Beauty and Function,”
Dr. Shreve Spitler, McLean..............................Lee Room

"Treatment of Endodontic Emergencies,”
Dr. Burton C. Zwibel and Dr. Edward Besner, Falls Church..South Room

1:00 p.m.-1:30 p.m.
"How to Save Thousands on Dental Supplies,”
Dr. Peter A. Morabito, Arlington......................Potomac Room

1:30 p.m.-2:00 p.m.
"Minor Tooth Movements for the G.P.,”
Dr. Thomas Miller, Laurel, Maryland..................Potomac Room
2:00 p.m.-5:00 p.m.
OPENING SESSION, HOUSE OF DELEGATES,
VIRGINIA DENTAL ASSOCIATION..................Chesapeake Room

Dr. Thomas T. Upshur, President, presiding

Invocation
Welcome...........Dr. Charles F. Fletcher, Annual Meeting Chairman

Introduction of Distinguished Guests
Memorial Service.................................Dr. French H. Moore, Jr.

Introduction of Dr. Carlton H. Williams, ADA President-Elect
Address by Dr. Williams

House of Delegates..................................Call to Order

Dr. John G. Wall, Speaker, presiding

Report of Committee on Credentials
Report of Committee on Rules and Order

Address by President..............................Dr. Thomas T. Upshur

Report of Executive Council.................Dr. Douglas C. Wendt, Chairman

Election of Honorary and Life Members

Referrals of Reports and Resolutions..............Dr. John G. Wall

6:30 p.m.-7:30 p.m.
SOCIAL HOUR (Northern Virginia Dental Society Host)......Persian Room

7:30 p.m.-9:00 p.m.
BUFFET DINNER ($8.50 per person).................Persian Room

9:00 p.m.-12:00 Midnight

CABARET DANCE........................................Persian Room

SUNDAY, SEPTEMBER 30, 1973

8:30 a.m.-5:00 p.m.
REGISTRATION AND TICKET SALES.....................Main Lobby

9:00 a.m.-10:45 a.m.

REFERENCE COMMITTEE HEARINGS

1. President's Address & Administrative Matters........South Room
2. Professional & Educational Affairs..................Lee Room
3. Fiscal Affairs.....................................Potomac Room
4. Miscellaneous Business & Special Affairs.............Arlington Room
11:00 a.m.-11:45 a.m.
INTERDENOMINATIONAL SERVICES
Dr. Edward L. R. Elson, Chaplain, U. S. Senate
Chesapeake Room

11:00 a.m.-1:00 p.m.
VIRGINIA SOCIETY OF ORAL SURGEO N S
Dr. Edward L. R. Elson, Chaplain, U. S. Senate
Sky Room

12:00 Noon-1:45 p.m.
FELLOWSHIP LUNCHEON ($6.00 per person)
Speaker: Dr. Andrew Holt, President Emeritus, University of Tennessee
Persian Room

1:45 p.m.-3:30 p.m.
SCIENTIFIC SESSION
"Acupuncture," Dr. James Y. P. Chen,
Santa Monica, California
Potomac Ballroom

2:00 p.m.-5:30 p.m.
OPENING OF COMMERCIAL EXHIBITS
Commonwealth and Terrace Rooms

3:00 p.m.-4:30 p.m.
BOARD MEETING, WOMEN’S AUXILIARY TO
VIRGINIA DENTAL ASSOCIATION
Sky Room

3:30 p.m.
ANNUAL MEMBERSHIP MEETING OF THE
VIRGINIA DENTAL ASSOCIATION
Chesapeake Room

Dr. Thomas T. Upshur, President, presiding

Determine Quorum
Dr. French H. Moore, Jr.

Presentation of Fellow Certificates
Dr. W. C. Henderson

Incoming President’s Speech
Dr. Jason R. Lewis

Appointment of Tellers
Dr. Thomas T. Upshur

Election of Officers

(1) President-Elect
(2) Secretary-Treasurer
(3) Two Members-at-Large, Executive Council (Note: These
two must be voted on separately, since the members-at-
large cannot be from the same component society.)
(4) ADA Delegates—Two
(5) ADA Alternate Delegates—Seven to serve for year 1974
(6) Three Nominees to the Virginia Board of Dentistry
5:00 p.m.-6:00 p.m.

VIRGINIA ACADEMY OF GENERAL DENTISTRY MEETING . Lee Room

5:00 p.m.-7:00 p.m.

MCV ALUMNI SOCIAL HOUR . Arlington Room

6:30 p.m.-9:30 p.m.

AMERICAN COLLEGE OF DENTISTS SOCIAL HOUR AND DINNER . South Room

MONDAY, OCTOBER 1, 1973

8:00 a.m.

GOLF, Army-Navy Country Club (Sign up at Registration Desk)

8:30 a.m.-5:00 p.m.

REGISTRATION AND TICKET SALES . Main Lobby

9:00 a.m.-5:00 p.m.

COMMERCIAL EXHIBITS . Commonwealth and Terrace Rooms

9:00 a.m.-5:00 p.m.

CLOSED CIRCUIT TV (A series of video tapes covering various subjects, procedures and techniques of interest to the dentist)

9:00 a.m.-12:00 Noon

SCIENTIFIC SESSION


10:30 a.m.

LADIES’ BRUNCH, ANNUAL MEETING AND SHOPPING TOUR . South and Lee Rooms

11:00 a.m.-1:00 p.m.

INTERNATIONAL COLLEGE OF DENTISTS MEETING AND BRUNCH . Arlington and Potomac Rooms

1:00 p.m.-5:00 p.m.

BUSINESS SESSION, HOUSE OF DELEGATES, VIRGINIA DENTAL ASSOCIATION . Chesapeake Room
2:00 p.m.-5:00 p.m.

**SCIENTIFIC SESSION—REGISTERED CLINICS**

"A Brief Survey Course on Implants,"  
Dr. Leonard I. Linkow .............................. South Room  
"Surgical Treatment of Cysts of the Oral Cavity,"  
Dr. W. Harry Archer ................................. Lee Room

**SCIENTIFIC SESSION—MINI CLINICS**

1:00 p.m.-2:00 p.m.  
"Utilization of Time," Dr. Sanford Lefcoe, Norfolk  
Dr. Leon Slavin, Winchester  
Arlington Room

2:00 p.m.-3:00 p.m.  
"Occlusal Form of Cast Restorations,"  
Dr. Rolando Vernui, Washington, D. C.  
Dr. Roy Stanford, McLean  
Arlington Room, Potomac Room

5:30 p.m.-7:00 p.m.

**VIRGINIA DENTAL SERVICE PLAN**  
**MEMBERSHIP MEETING**  
Sky Room

7:00 p.m.

**DINNER—THEATRE** (Kennedy Center for the Performing Arts)

**TUESDAY, OCTOBER 2, 1973**

7:45 a.m.

**VIP WHITE HOUSE TOUR** (Buses from Marriott and return)

8:30 a.m.-1:00 p.m.

**REGISTRATION**  
Main Lobby

9:00 a.m.-5:00 p.m.

**COMMERCIAL EXHIBITS**  
Commonwealth and Terrace Rooms

9:00 a.m.-5:00 p.m.

**CLOSED CIRCUIT TV** (A series of video tapes covering various subjects, procedures and techniques of interest to the dentist)
9:00 a.m.-12:00 Noon

SCIENTIFIC SESSION—MINI CLINICS

9:00 a.m.-10:00 a.m.
“A Concept-Group Practice,” Dr. Robert B. Allen, Hampton . . . South Room
“Community Dental Health Experiences for Dental Students at MCV,”
Dr. Sherwin Fishman, Richmond .................................................. Lee Room
“Lip Cancer, Diagnosis and Treatment,”
Dr. Marvin Pizer, Alexandria ...................................................... Arlington Room
“A Good Crown and Bridge Impression,”
Dr. Harry Roush, Arlington ......................................................... Potomac Room

10:00 a.m.-11:00 a.m.
“Prevention and Orthodontics,” Dr. Jimi Mehta, Fairfax . . . . . . . . . South Room
“Periodontics Today,”
Dr. Stanley Stoller and Dr. John Bruno, Springfield ........................ Lee Room
“How to Evaluate the General Health of Your Patient,”
Dr. Francis Filipowicz, Richmond ................................................ Arlington Room
“Early Recognition of Orthodontic Problems,”
Dr. Brendan Stack, Falls Church .................................................. Potomac Room

11:00 a.m.-12:00 Noon
“Using the Occlusion as a Diagnostic Aid for Periodontal and TMJ Problems,”
Dr. Albert G. Paulsen and Dr. Gerald Rose, Falls Church . . . . South Room
“Endodontics,” Dr. James Lance, Richmond .................................. Lee Room

1:00 p.m.-4:00 a.m.
CONTINUATION OF BUSINESS SESSION, HOUSE OF DELEGATES,
AND MEETING OF EXECUTIVE COUNCIL OF THE
VIRGINIA DENTAL ASSOCIATION . . . . . Chesapeake Room
SUNDAY

11:00 a.m.-11:45 a.m.; Chesapeake Room

Interdenominational Worship Service

Dr. Elson is Chaplain of the United States Senate and Pastor Emeritus of the National Presbyterian Church in Washington, D.C. He is a graduate of Asbury College, Kentucky, A.B., and of the University of Southern California, M.Th., and has received Honorary Doctor’s Degrees from sixteen colleges and universities. Dr. Elson holds the rank of Colonel in the Army Reserves and has received numerous military honors and decorations here and abroad. He has been awarded the Freedoms Foundation Award in the Sermon Category nine times and was designated “Clergy Churchman of the Year” in 1954. He has been guest minister at leading churches in this country and in Europe. In 1967, President Johnson appointed him a member of the U.S. Mission to observe the Vietnamese elections. He has written four books and numerous sermons and religious articles. In addition to his professional affiliations he is listed in Who’s Who In America, Who’s Who In Government, World Who’s Who, Community Leaders of America and the National Register of Prominent Americans.
Dr. Holt is President Emeritus of The University of Tennessee and a Trustee of the American Fund for Dental Education. He is a graduate of Emory University, B.A., and of Columbia University, M.Sc. and Ph.D. Dr. Holt is Past President of the National Education Association and of the Southern Association of Colleges and Schools and served as Chairman of the American Delegation to the World Organization of the Teaching Profession in Berne, Switzerland. He is the recipient of many professional, civic and business awards and honors, and he has lectured extensively in the United States and abroad.

Dr. Andrew D. Holt

SUNDAY

12:00 Noon-1:45 p.m.; Persian Room

"Friendly Faces"

Friendly Faces set the tone for the entire universe:

1. Friendly faces set the tone for a home. If our young people could be blessed with parents whose faces tell them, “I love you,” rather than, “I disapprove,” or “I’m too busy,” they would have less difficulty adjusting to the difficult problems of their generation.

2. Friendly faces set the tone of an audience. Being human, speakers invariably make a more effective presentation to audiences whose faces are friendly rather than to audiences whose faces express doubt, disapproval, or disinterest.

3. Friendly faces set the tone of our international affairs. There is no question that the friendly face of Henry Kissinger helped to lay the foundation for the later conferences between our President and the bigwigs of China and Russia.

4. Friendly faces come from friendly hearts, and friendly hearts come from a love of God.
SCIENTIFIC CLINICIANS

Dr. James Y. P. Chen

**SUNDAY**

1:45 p.m.-3:30 p.m.; Potomac Ballroom

“Acupuncture”

Dr. Chen is a 1941 graduate of Peking Union Medical College (formerly a Rockefeller Foundation Institute). He had his postgraduate training in Pharmacology at the University of California Medical School, San Francisco, in 1946, and in Tropical Medicine at Tulane University School of Medicine, New Orleans, Louisiana, 1947-48.

Since graduation Dr. Chen has been teaching and doing research in Clinical Pharmacology, Tropical Medicine, Space Medicine, and Chinese Medicine. He was Professor of Pharmacology, Marquette University School of Medicine, Milwaukee, Wisconsin, from 1950 through 1960. Currently Dr. Chen is engaged in private practice in Santa Monica, California, primarily in Internal Medicine and Chinese Medicine. He is a member of the Ad Hoc Committee on Acupuncture of the National Institute of Health, Vice President of the American Society of Chinese Medicine, President of the Acupuncture Research Foundation, Los Angeles, California, and Editor of the *American Journal of Chinese Medicine.*
MONDAY

9:00 a.m.-12:00 Noon

“Evaluation of Oral Implants”

Dr. Archer is Graduate Faculty Professor of Oral Surgery and Anesthesia of the University of Pittsburgh School of Dental Medicine. He is a graduate of the University of Pittsburgh, B.S., M.A., and D.D.S. Dr. Archer is Senior Consultant in Oral Surgery at the Veterans Administration Hospital and is on the staff of five hospitals in Pittsburgh. He holds Fulbright Professorships in two universities in Ecuador and is Honorary Professor of Oral Surgery at universities in Tokyo and Cairo. He is a member of all leading professional societies relating to his profession here and abroad. He is Editor-in-Chief of the Oral Surgery Directory of the World and co-author of seventy-five articles. He has written four textbooks on Oral Surgery and Anesthesia which have been translated in six languages and has lectured extensively throughout the world.
Dr. Linkow, Dental Surgeon of New York City, is a graduate of New York University College of Dentistry, 1952. He is Attending Associate Chief of Oral Implantology, Jewish Memorial Hospital, New York, and postgraduate instructor and clinician in dental schools in the United States and in foreign countries. Dr. Linkow is co-author of *Theories and Techniques of Oral Implantology*, C. V. Mosby Co., St. Louis, Mo., December 1970, and has written extensively for the *Journal of Prosthetic Dentistry*. He is a member of the following professional organizations: Academy of General Dentistry, Institute for Endosseous Implants, Pierre Fauchard Academy, New York Academy of Science, Federal-Dentaire International, American Equilibration Society, American Prosthodontic Society, and American Academy of Implant Dentistry.

MONDAY

9:00 a.m.-12:00 Noon; Persian Room

"Implants"

Dr. Linkow will present his innovation in restorative dentistry. His technique makes a fixed prosthesis possible for thousands of patients who now have removable bridges or dentures. This can be a boon for those bothered by ill-fitting plates, and whose diet is limited to foods convenient to their dentures, due to their tastes. Dr. Linkow's innovation is called a blade vent implant, which is surgically inserted in the jaw. Until recently most dental implants either failed or were impossible to use successfully because their embedded portions were long, like the root of a natural tooth. Today few dentists or oral surgeons are able to perform blade implant insertions, through lack of information and training.
PROGRAM
WOMEN'S AUXILIARY TO THE
VIRGINIA DENTAL ASSOCIATION

MRS. EDWARD F. CICINATO
Alexandria, Va.
PRESIDENT

MRS. PHILIP P. WILSON
Danville, Va.
PRESIDENT-ELECT

SATURDAY, SEPTEMBER 29, 1973:
8:30 a.m.-5:00 p.m. Registration—Lobby
2:00 p.m.-5:00 p.m. VDA Opening Session
6:00 p.m.-7:30 p.m. Social Hour—Persian Room
(Hosted by NVDS)
7:30 p.m.-9:00 p.m. Buffet Dinner—Persian Room
($8.50 per person)
9:00 p.m.-Midnight Cabaret Dance—Persian Room

SUNDAY, SEPTEMBER 30, 1973:
8:30 a.m.-5:00 p.m. Registration—Lobby
11:00 a.m.
11:00 a.m.
12:00 noon-2:00 p.m.
2:00 p.m.-5:30 p.m.
3:00 p.m.

MONDAY, OCTOBER 1, 1973:
8:30 a.m.-5:00 p.m. Registration—Lobby
10:30 a.m.

TUESDAY, OCTOBER 2, 1973:
7:30 a.m. "V.I.P." White House Tour
8:30 a.m.-1:00 p.m. Registration—Lobby

Our Hospitality Room, Suite 470, will be open
for wives to relax and enjoy light refreshments.
PROGRAM

VIRGINIA DENTAL ASSISTANTS ASSOCIATION

QUALITY INN PENTAGON CITY ARLINGTON, VIRGINIA

TWENTY-FIFTH ANNUAL MEETING—SEPT. 29-OCT. 2, 1973

SATURDAY, SEPTEMBER 29, 1973:
2:00 p.m. Registration
4:00 p.m. Executive Board Meeting

SUNDAY, SEPTEMBER 30, 1973:
8:00 a.m. Registration
9:00 a.m. General Assembly
10:00 a.m. “The Assistant in Oral Surgery,”
Dr. Edwin Joy
11:00 a.m. First House of Delegates
2:00 p.m.-
4:00 p.m. “The Role of the Dental Assistant in Teaching Oral Hygiene,”
Dr. Eugene Best
7:00 p.m. Banquet
9:00 p.m. Dance

MONDAY, OCTOBER 1, 1973:
8:00 a.m. Registration
9:00 a.m.-
12:00 noon “Implants,” Dr. Harry Archer and
Dr. Leonard Linkow
9:00 a.m.-
11:30 a.m. “Motivational Psychology,”
Dr. William Ayer
12:30 p.m.-
2:00 p.m. President’s Luncheon—Address by
Ms. Bonnie Franklin, President, American Dental Assistants Association
2:00 p.m. Clinics with Hygienists
3:30 p.m.-
5:30 p.m.

TUESDAY, OCTOBER 2, 1973:
8:00 a.m. Registration
9:00 a.m.-
10:30 a.m. VDA Mini-Clinics
11:00 a.m. Third House of Delegates—Installation of Officers—Post Board Meeting
PROGRAM
VIRGINIA DENTAL HYGIENISTS ASSOCIATION

SATURDAY, SEPTEMBER 29, 1973:
8:30-9:30 Board Meeting
10:00-Noon Opening Business Session (Arlington Room)
1:30-4:30 Officers' Workshop (Arlington Room)
5:30-7:30 Cocktail Party (West Ballroom)

SUNDAY, SEPTEMBER 30, 1973:
9:00-11:30 Business Session—Election of Officers (Arlington Room)
2:00-4:00 Scientific Session—Myofunctional Therapy by Ysaye Barnwell, Instructor and Director of Myofunctional Services, Howard University, Washington, D.C. (Arlington Room)

MONDAY, OCTOBER 1, 1973:
9:00-11:30 Scientific Session—Motivational Psychology by Dr. William S. Ayer, Chief, Dept. Behavioral Science, USA Institute of Dental Research, Walter Reed Medical Center, Washington, D.C. (Arlington Room)
12:30-2:30 Installation Luncheon honoring Past Presidents of VDHA
2:30-4:00 Table Clinics

TUESDAY, OCTOBER 2, 1973:
9:00-10:30 VDA Mini-Clinics—Twin Bridges Marriott
11:00-12:00 Board Meeting
COMMERCIAL EXHIBITS

Sunday, 2:00 p.m.-5:30 p.m.; Monday through Tuesday, 9:00 a.m.-5:00 p.m. Be sure to visit this outstanding array of interesting products and services for dentists. These manufacturers, dealers, laboratories and other organizations are represented by highly qualified people.

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Baltimore, Maryland

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Virginia Dental Service Plan; Roanoke, Virginia ........................................... 67 & 68
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NEW VDA MEMBERS SINCE 1972 MEETING

COMPONENT ONE— VIRGINIA TIDewater Dental Association

Albinder, Kenneth, Virginia Beach, Va.
West Virginia Univ., 1966

Davis, Rockwell, Virginia Beach, Va.
Georgetown Univ., 1968

Foner, Ben W., Portsmouth, Va.
M.C.V., 1970

M.C.V., 1971

M.C.V., 1970

Link, Joseph F., Norfolk, Va.
Univ. of Iowa, 1939

Mendelsohn, Howard A., Virginia Beach, Va.
M.C.V., 1970

Morris, Glenwood E., Virginia Beach, Va.
M.C.V., 1972

Reamon, Thomas W., Jr., Virginia Beach, Va.
M.C.V., 1969

Ralls, Holman C., III, Norfolk, Va.
M.C.V., 1967

Solomon, Albert P., Chesapeake, Va.
Temple Univ., 1969

Wright, Charles R., Chesapeake, Va.
M.C.V., 1972

COMPONENT TWO— PENINSULA DENTAL SOCIETY

Emory Univ., 1967

Cherry, D. W., Williamsburg, Va.
M.C.V., 1970

Eason, Gerald E., Hampton, Va.
Howard Univ., 1968

Harrison, Lanny C., Newport News, Va.
M.C.V., 1968

McCull, Wilfred J., Hampton, Va.
M.C.V., 1970

M.C.V., 1970

Ohio State Univ., 1970

Hend, Ralph B., Hampton, Va.
Northwestern Univ., 1944

Hendin, Allen C., Hampton, Va.
M.C.V., 1970

Weller, David G., Williamsburg, Va.
M.C.V., 1972

COMPONENT THREE— SOUTH SIDE VIRGINIA DENTAL SOCIETY

Dowdy, Hugh C., Jr., Petersburg, Va.
M.C.V., 1969

Heltzel, Robert E., Jr., Petersburg, Va.
M.C.V., 1932

Hensley, L. D., La Crosse, Va.
M.C.V., 1968

Hutcheson, G. E., Jr., Farmville, Va.
M.C.V., 1972

Meade, Raymond, Colonial Heights, Va.
M.C.V., 1970

Ragsdale, John R., III, Petersburg, Va.
M.C.V., 1970

COMPONENT FOUR— RICHMOND DENTAL SOCIETY

Cartledge, John P., Richmond, Va.
New Jersey College of Dentistry, 1968

Cheney, Harold Gordon, Jr., Richmond, Va.
Univ. of Maryland, 1955

Currier, G. Frans, Richmond, Va.
Univ. of Michigan, 1967

Cuttino, Charles L., III, Richmond, Va.
M.C.V., 1966

Finnegan, Frederick J., Richmond, Va.
New York Univ., 1950

Gares, William M., Colonial Beach, Va.
M.C.V., 1967

Harlow, Thomas L., Jr., Richmond, Va.
M.C.V., 1955

Helsel, David F., White Stone, Va.
M.C.V., 1967

M.C.V., 1968

Hurt, Alfred D., Jr., Reedsville, Va.
M.C.V., 1964

M.C.V., 1972

Ranney, Richard R., Richmond, Va.
Univ. of Iowa, 1963

M.C.V., 1970

Sanford, Michael S., Richmond, Va.
M.C.V., 1972

Snow, Donald Francis, Richmond, Va.
Columbia Univ., 1969

Wirth, Carl G., Richmond, Va.
McGill Univ., 1962

Ziegler, Randolph S., Richmond, Va.
Univ. of Pennsylvania, 1967
COMPONENT FIVE—PIEDMONT
DENTAL SOCIETY

Branham, Robert S., Roanoke, Va. M.C.V., 1972
Clifton, Orrin W., Roanoke, Va. M.C.V., 1970
Crist, Frank C., Jr., Lynchburg, Va. M.C.V., 1971
Mahanes, R. Howard, Lynchburg, Va. M.C.V., 1953
Martin, B. D., Lynchburg, Va. Meharry Medical College, 1969
Martin, William M., Roanoke, Va. Univ. of Tennessee, 1970
Pirtle, Robert H., Danville, Va. Univ. of Tennessee, 1972
Repass, John S., Roanoke, Va. M.C.V., 1969
Scordas, Thomas C., Jr., Roanoke, Va. M.C.V., 1971
Sharpley, Ronald S., Roanoke, Va. M.C.V., 1972

COMPONENT SIX—SOUTHWEST
VIRGINIA DENTAL SOCIETY

Armentrout, William R., Marion, Va. M.C.V., 1969
Hagy, Robert R., Oakwood, Va. M.C.V., 1970
Littrell, Thomas W., Galax, Va. M.C.V., 1970
Mowbray, Perry D., Marion, Va. M.C.V., 1971
Sanders, John W., Jonesville, Va. Univ. of Tennessee, 1968

COMPONENT SEVEN—SHENANDOAH
VALLEY DENTAL ASSOCIATION

Adams, Donald E., Harrisonburg, Va. M.C.V., 1967
Bodamer, George E., Jr., Charlottesville, Va. Univ. of Tennessee, 1968
Bronson, J. Robert, Jr., Winchester, Va. M.C.V., 1969
Brown, Donald R., Harrisonburg, Va. M.C.V., 1970
Cowan, Edward, Staunton, Va. Univ. of Iowa, 1946
Crowder, Curtis R., Waynesboro, Va. M.C.V., 1970
Dunnings, Ophie W., Jr., Staunton, Va. Meharry Medical College, 1956
Franger, Marvin J., Jr., Charlottesville, Va. M.C.V., 1972
Linville, Robert B., Berryville, Va. Ohio State Univ., 1971
Smith, Frederick K., Charlottesville, Va. M.C.V., 1972
Timberlake, Donald E., Charlottesville, Va. Loyola Univ., 1971
Vest, W. Dudley, Waynesboro, Va. M.C.V., 1971

COMPONENT EIGHT—NORTHERN
VIRGINIA DENTAL SOCIETY

Arbuckle, Gary R., Falls Church, Va. Univ. of Southern California, 1961
Bonaccorso, Robert J., Falls Church, Va. Georgetown Univ., 1969
Buckis, David C., Reston, Va. Case Western Reserve School of Dentistry, 1960
Coulter, Jeffrey K., Oakton, Va. Indiana Univ., 1967
Gillespie, Margaret Joan, Bethesda, Maryland Georgetown Univ., 1968
Hecht, Arnold, Fairfax, Va. Baltimore College of Dental Surgery, 1961
Holmes, Corey H., Springfield, Va.  
Univ. of Kansas City, 1949
Johnson, Thomas M., Manassas, Va.  
Baltimore College of Dental Surgery, 1966
Levine, Paul E., Manassas, Va.  
State Univ. of New York at Buffalo, 1970
Univ. of Pittsburgh, 1966
McCrary, Thomas A., Jr., Vienna, Va.  
Georgetown Univ., 1971
Metzdorf, David W., Vienna, Va.  
Loma Linda Univ., 1965
Georgetown Univ., 1967
Ogden, Gerald D., Vienna, Va.  
West Virginia Univ., 1972
Ogrosky, Gary L., Falls Church, Va.  
Northwestern Univ., 1971
Schneider, Richard S., Fairfax, Va.  
Georgetown Univ., 1970
Howard Univ., 1963
M.C.V., 1970
Smith, Jeffrey C., Fairfax, Va.  
Univ. of Louisville, 1971
Sours, Charles L., Jr., Woodbridge, Va.  
M.C.V., 1972
Steckler, Richard, Fairfax, Va.  
Baltimore College of Dental Surgery, 1970
Steffan, W. John, Falls Church, Va.  
Georgetown Univ., 1971
In Memoriam

It is with sincere regret that we report the deaths of the following members of the Virginia Dental Association and wish to convey our deepest sympathy to their families and friends:

Dr. William Archer Bagley (Component 4) .............................................. Richmond, Va.
Dr. Bernard B. Batleman (Component 1) ............................................ Norfolk, Va.
Dr. Charles James Crews (Component 6) .............................................. Radford, Va.
Dr. Jose Ramon Davila (Component 4) .............................................. Richmond, Va.
Dr. William Guy Delp (Component 6) ........................................ Rural Retreat, Va.
Dr. James Robert Fleet (Component 4) .............................................. Richmond, Va.
Dr. Jack Garian (Component 4) ..................................................... Richmond, Va.
Dr. Samuel Floyd Grove (Component 7) ........................................ Waynesboro, Va.
Dr. Roland Joseph Hutchings (Component 3) ................................... Farmville, Va.
Dr. J. Tazewell Jones, Jr. (Component 3) ....................................... Colonial Heights, Va.
Dr. Joseph Eugene Koltisko (Component 8) ........................................ Falls Church, Va.
Dr. Robert Thomas Lacey (Component 8) ........................................ Falls Church, Va.
Dr. William T. McAfee (Component 5) ........................................ Roanoke, Va.
Dr. Charles Herbert McCall (Component 5) ..................................... Pamplin, Va.
Dr. Leland S. Mabry (Component 7) ................................................. Fork Union, Va.
Dr. Wilbur Allen Ratcliffe (Component 4) ....................................... Richmond, Va.
Dr. C. C. Rush (Component 7) ....................................................... McGahey’sville, Va.
Dr. Ralph B. Snapp (Component 7) .................................................. White Post, Va.
Dr. Francis John Walters (Component 8) ........................................ Falls Church, Va.
Dr. Charles Andrew Warner (Component 4) ..................................... Tappahannock, Va.
THE IMPORTANCE OF TEETH AND JAWS

What would you put in a list of reasons why teeth and jaws are important? The first answer that immediately occurs is that this is the anatomical area assigned to the dental profession as a guardian of its health—and that should suffice as far as the dentist is concerned. But, at the same time one cannot avoid reflecting on a growing number of additional reasons whose consideration cannot be ignored. For example, teeth are extraordinarily important to the paleobiologist as a method of identifying large orders as well as individual species of primitive and now extinct forms of animal life; in some instances elements of the dentition are the only remaining evidence for the existence of some of these life forms. Thecodonts, the Triassic reptilian precursors of dinosaurs, birds, and a few others, were named because they possessed “socket teeth”. The smallest of the known dinosaurs, Compsognathus, were named because of their “elegant jaws”. Pteranodon, the largest of the flying lizards, with a wingspan of 20 feet, had wings but lacked teeth. This is just to name a few.

Teeth and jaws help to complete that final anatomical form that we call the human image. Thus, these structures are a most important requirement for the esthetic form of human beauty. As long as humanity regards the human appearance as the most sensitive approach to beauty then the cosmetic features of dental services will provide the human spirit with its special health requirements just as effectively as these services provide for the physical well being of humans.

And if you run out of some of the more obvious reasons then I can refer you to a most unique rationalization of all which appears in a book entitled From Fish To Philosopher by Homer W. Smith, eminent biologist of the previous generation. He placed the supreme value on the development of teeth and jaws as being the élan vital directing the evolvement of higher forms of life as it becomes caught up in the general process of saprophilization. As the author reflects on the features of the oldest and most primitive form of fossil vertebrates, found in the Ordovician and Silurian deposits, he describes the small fishlike creatures known as Ostracoderms that were jawless, nonpredaceous, and sluggish bottom feeders covered by tiny plates of armor. As soon as the early fishes developed jaws and in some cases teeth, they became swift in pursuit, highly predatory, and gained the advantage of greater food sources—this might also have marked the appearance of an early form of what we now recognize in humans as
ego. The following excerpt from the author is worth repeating and sums it all in his elegant style of writing:

“again the armor of the Ostracoderms required a complete reconstruction of the head and the conversion of the primitive gill-arches into jaws; and without jaws and the Ostracoderm plates that persisted as teeth, the jaw-bearing vertebrates would scarcely have attained their predatory supremacy over the invertebrates. Without the predatory power of jaws and teeth and the possibility of swift and accurate pursuit of prey there would have been no evolution of the distance sense organs of smell, sight, and hearing, of elaborate muscular coordination, of prevision of how to get from here to there—in short, there would have been no centralization of the nervous system such as ultimately produced the brain, and the earth would never have known the phenomenon of consciousness, at least of an order superior to that of a lobster, scorpion, or butterfly”.

The above concept is, indeed, most unique and Homer W. Smith places more confidence in the importance of the dentist’s domain than we ever dreamed existed. May we be aware of its sacred qualities.

GEORGE W. BURKE, JR.

LETTER TO THE EDITOR:

DR. GEORGE W. BURKE, JR.
Editor
Virginia Dental Journal

DEAR GEORGE:

Would appreciate it if you had space for the following eulogy in the Virginia Dental Journal:

It is difficult to write objectively of a close friend of forty odd years yet there is an element of Wilbur Ratcliffe’s life that I attempt to stress. There was of course the large group in attendance at the burial ceremonies attesting to the worth of the man, suitable verses from Paul, an apt eulogy by the minister who officiated. But one word in his discourse seemed most pertinent when he spoke of FULFILLMENT . . . Wilbur’s contribution to his profession as President of our Dental Society, Study Club, heading very important Committees of the State Organization, not to forget the fine image projected for the public and his Civic Club; all these well known . . . But, we believe that in his fine career he exemplified the best traditions of his college and profession and his wife of many
years, Elizabeth, and his many friends can take pride in fact that his life was indeed a fulfillment of the best as we know it . . . “Death loves a shining light.”

Sincerely,
FRANKLIN ADAIR TYLER, D.D.S.

PREVENTIVE DENTISTRY—NEW CONCEPTS

by WILLIAM R. GRIGSBY

The Laboratory of the Body is a fascinating, easy-to-read paperback book written by Lawrence Galton. The book explores modern dental research. Mr. Galton presents excellent discussions on the current status of research in dental caries, dental materials, implants, transplants, malocclusion, and periodontal disease. He also considers other areas that generally receive less attention. For example, he devotes two chapters to clefts, the most common type of facial malformation (one of every 600 live births in the United States). Although genetic factors appear to play a role in clefting, the observation that both members of sets of identical twins experience the same cleft only 40% of the time suggests an etiological role for environmental factors. Investigators have shown that large doses of an anti-estrogen, vitamin A, cortisone, and even aspirin administered at a critical developmental time caused clefting in rats and mice. Other animal studies have demonstrated that X-ray treatment can delay normal palate closure producing clefts. Palatal clefts can be produced in rats and mice by withdrawing fluid from the embryo sac suggesting that mechanical pressures influencing fetal head position may be important in cleft etiology. Mr. Galton writes: “As the factors underlying various phases of development of the embryonic face and the ways in which that may be altered become clear, there is a kind of ‘developmental engineering’ that seems possible.” Hopefully, the time for prevention of human cleft-defects by “developmental engineering” will occur within most of our lifetimes.

You can obtain a copy of Mr. Galton’s book ($0.95) by ordering from Pyramid Communications Inc., 919 Third Avenue, New York, New York 10022. I recommend the book for your study and for your patients’ infor-
On the basis of increasing clinical evidence, it is disturbing to observe a steady increase in the use of silver points in root canals when, in fact, their use should be discouraged. When they are seen in ever increasing numbers in anterior teeth, one has no choice but to recognize that the procedure involving silver points is abused beyond reason. If one’s objective is to completely obturate the root canal, then the use of a silver point will not achieve this objective. The purpose of this report is to point out some of the misconceptions and fallacies in the silver point technique of filling root canals.

The greatest single cause of endodontic failure is the poorly obturated root canal.\(^1\)\(^2\) Dow and Ingle\(^1\) demonstrated that a root canal may appear to be filled in a radiograph, but in reality the hermetic sealing of the canal may be far from complete. Using radioactive isotopes they demonstrated the possibility of apical percolation in poorly obturated root canals. Ingle\(^3\) has reported that 63% of the endodontic failures examined, failure was “due to apical percolation caused by either incomplete obturation, unfilled canal, or inadvertant removal of silver point”. Marshall & Massler\(^4\) using radioisotopes to test the marginal seal of root canal fillings reported, “that a single, well fitted silver point was least efficient and failed to produce a seal against penetration of ion”.

The use of a silver point as a root canal filling material produces the optical illusion in a radiograph. of a filling well executed. There is in actuality a wide gap between the true anatomy of root canals, and the mesial distal shadow cast by root canals on a radiograph. This shadow gives the illusion of a conical form. In reality, root canals exist as highly distorted and irregular geometric forms and are almost never conical in the coronal two-thirds of the root canal. Fortunately, most root canals tend to be round in their apical thirds. They are probably never geometrically round, and it is doubtful that the best directed efforts of an experienced endodontist will instrument to geometrical roundness. It is inconceivable for one to expect to be able, by means of hand instrumentation, to prepare the walls of a root canal so that a given calibre of root canal instrument followed by a like silver point, will produce an accurate seal. If the root canal then is eccentric, the hermetic seal in the important apical one-third will have to rely on a root canal sealer to act as a filler between the silver point and the walls of the canal. Clinically, the effective introduction of these sealers is hopefully wished for but rarely achieved. The silver point, coated with sealer for which it has no affinity, has the coating wiped off not only at the orifice of the canal but also against any surface or constriction it comes in.
contact with. Finally what amounts to a bare point comes to rest at the apex.

Apparently, some are overimpressed with the volume of silver point cases which are radiographically negative. Chronic low grade inflammation can certainly be present without visual proof of apical disturbance in a radiograph. It is far from a rarity for one to remove a silver point from a root canal for retreatment or by accident, and find the silver point discolored and covered with exudate. If the silver point was capable of producing a hermetic seal, it would not be discolored upon removal and would retain its original bright finish. Also, one might speculate a failure of a silver point to hermetically seal the root canal, with resultant percolation in teeth that have a history of standing complaint of low grade discomfort, tenderness on biting pressure and, on occasion, sensitivity to contact.

Endodontic failure can result from exudate lodging in the incompletely filled root canal. It is speculated that the exudate constantly leaking into the unfilled or partially filled root canal arises indirectly from the blood serum, and consists of a number of water-soluble proteins, enzymes, and salts. This fluid which enters the canal is momentarily removed from the circulation and undergoes degradation within the canal. In turn, this liquid slowly flows out of the apical foramen. In the periapical region, the enzymatic breakdown products of this degradation process act as a constant irritant to the surrounding tissue, and a chronic inflammatory process ensues. Even in the absence of bacteria, degraded serum per se may well assume the role of a primary tissue irritant.

Silver points are sometimes recommended for use especially in extremely narrow and curved canals. The # 25 silver cone is the minimal sized cone that can possibly seal the apex. It seems illogical that anything of smaller diameter introduced into the root canal could offer any frictional seal at the apical foramen. If one can instrumentate a root canal up to a # 25 size, then one can certainly enlarge a canal up to a size sufficiently large enough to employ the use of gutta percha.

The split silver cone technique is also another poor method of root canal obturation. In this technique the apical 3-4 mm of the root canal is filled with gutta percha. In this technique it has been reported that extrusion of gutta percha or cement beyond the silver point can be produced in almost one-half of the cases. This would seem to indicate that the silver cone is not affording a hermetic apical seal. Another problem with the split cone technique is that if retreatment becomes necessary, the only alternative would be a surgical approach. The silver point would be virtually impossible to remove from the apical 3-4 mm.

Some have advocated the use of a silver point in combination with laterally condensed gutta percha. One fallacy of this technique is that there is no physical or chemical union between the two materials. Further-
more, the gutta percha cannot be forced around the full circumference of the silver point. Not infrequently, a tooth which has been treated endodontically, at a later date fractures. Restoration may be required where a post-type crown would best serve as the restoration of choice. If the root canal filling had been accomplished utilizing a silver point, a perilous situation is imminent. The silver point cannot be dissolved by a solvent, such as gutta percha can. The mere physical process of removing the coronal portion of the silver point down to a level that will give sufficient length for a post is most difficult to achieve. More importantly, it has been reported that merely touching the silver point with a rotating bur tends to dislodge it and thereby eliminating the hermetic seal.

Unfortunately, the silver point offers the skilled as well as the unskilled the means of presenting an impressive looking radiopaque material successfully delivered to the apex. At the present time there is no obturating material that meets all of the objectives of an ideal filler. It is felt that in the near future an ideal filling material will be developed, one that will be introduced into the root canal by means of a syringe; and one that will expand slightly on setting, thereby affording a three dimensional hermetic seal the full length of the root canal.

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BIBLIOGRAPHY

IMPORTANT NOTICE

The fee schedule of the Veterans’ Administration has, by negotiation, been updated to more nearly reflect current fees being charged in Virginia. However, there is a departure from the old schedule in that there is no set fee for periodontal treatment. Each case must be negotiated directly with the Roanoke Veterans’ Administration Office on a usual, customary and reasonable basis. You will be required to substantiate your periodontal treatment plan by prescription and X-rays.
DR. DOUGLAS C. WENDT
Arlington, Virginia

NORTHERN VIRGINIA DENTIST RECEIVES DUAL HONORS

Dr. Douglas C. Wendt of Arlington, Virginia, was installed as President of The Southeastern Academy of Prosthodontics at the Annual Meeting, April 14, 1973, in Orlando, Florida. The Southeastern Academy of Prosthodontics is composed of dentists selected for their unusual interest and capabilities in prosthodontics. It is comprised of over 300 members from the ten Southeastern States.

Dr. Wendt was also notified he was elected to Active Fellowship in The Academy of Denture Prosthetics at its Annual Meeting in Houston, Texas, May 20-26, 1973. The Academy of Denture Prosthetics is limited to 50 members from throughout the United States.

Also elected to Active Fellowship with Dr. Wendt were Dr. Ira E. Klein of New York City, Dr. Frank J. Kratochvil, Jr. of Los Angeles, California, Dr. Franklin W. Smith of Ann Arbor, Michigan, and Colonel Robert M. Morrow, USAF, of Honolulu, Hawaii.

Dr. Wendt's practice in Arlington, Virginia, is limited to prosthodontics. In addition, he is a consultant and lecturer at the U. S. Naval Dental School, Bethesda, Maryland, and is a professional lecturer at Georgetown University. Dr. Wendt has given numerous lectures and post-graduate courses at other universities. He has traveled extensively lecturing to national, state and local meetings as well as in Europe and South America. He is currently Chairman of the Executive Council of the Virginia Dental Association as well as Councilor for the Northern Virginia Dental Society.
REPORT OF A NEW DRUG—NALOXONE

From Therapeutic Notes, October 1972, Published by MCV—Health Sciences Division of VCU

Naloxone—A Valuable New Narcotic Antagonist

Naloxone (Narcon®, Endo Labs) is a narcotic antagonist chemically related to oxymorphone. An important feature of naloxone that contrasts with other narcotic antagonists is the lack of agonistic properties. Naloxone does not constrict the pupils or have the psychotomimetic or sedative effects seen with nalorphine and levalorphan (J. Pharmacol. Exp. Therap. 157:420, 1967).


Naloxone is probably the narcotic antagonist of choice for clinical use, especially when the cause of the respiratory depression is not known (Canad. Anaes. Soc. J. 16:151, 1969). Other narcotic antagonists, such as nalorphine, are not effective in reversing respiratory depression resulting from pentazocine (Clin. Pharmacol. and Ther. 9:138, 1968) but naloxone is capable of pentazocine reversal (JAMA 204:932, 1968). Like other narcotic antagonists naloxone also reverses propoxyphene intoxication. In the absence of narcotic causes, other narcotic antagonists are capable of increasing the respiratory depression but naloxone will not cause further deterioration. The short duration of action of naloxone requires that the patient remain under continued observation, even in the face of adequate response.

Dramatic changes in the EEG accompanied by clinical arousal may be seen within two minutes after administration (Trans. Amer. Neurol. Assoc. 96:256, 1971). The clinical and EEG effects of naloxone arousal may recede as soon as ten minutes after administration or may persist almost three hours. Hasbrouck (Anes. and Analg. Current Researches 50:954, 1971) noted that even when all objective evidence (EEG, respiratory function, pupillary size) indicated the reversal to be complete, analgesia persisted. This observation, however, is questioned by Lowenstein (Anes. and Analg. Current Researches 50:968, 1971) and others.

Hasbrouck also noted that the previously reported altered thromboplastin (Endo product information—an uncontrolled study) was not encountered; coagulograms on all patients after naloxone being within the normal range.

Naloxone would appear to be 10-15 times as potent as nalorphine and 5-10 times as potent as levalorphan. Use of naloxone in neonates is not F.D.A. approved and its safety in children and pregnancy has not been established. Naloxone may be administered IM, IV, or SC. The usual initial dose is 0.4 mg; it may be repeated at 2 or 3 minute intervals if required.
The usual adult dose of naloxone of 5 mcg/kg i.m. has been given to a limited number of newborn infants. Some physicians advocate the administration of 10-15 mcg/kg naloxone injected directly into the umbilical vein of newborn infants (Pharmacy and the Physician, U. of Va. School of Medicine Vol. 6, December, 1971); however, clinical studies of the matter are ongoing and at the present time sufficient data are not available to establish a recommended dosage for neonates.

Naloxone is currently available at MCV and is not subject to narcotic controls. It is now included in the emergency box available on each unit. Due to the expense and lack of approval of naloxone for use in neonates and children, levallorphan is being retained on the MCV Formulary.

JAMES B. GUYNNE, B.S., Pharmacy Resident

Addendum*: The duration of action of naloxone has been shown to be much shorter than that of morphine. Significant respiratory depression may persist for many hours even after apparently good clinical reversal. High dose morphine anesthesia with naloxone reversal is thus ill advised unless constant observation by trained personnel is available for many hours following such reversal. (John H. Lecky M.D., Abstract of Scientific Papers 1972 Annual Meeting A.S.A.)

However, David V. Heisterkamp, M.D. from University of Colorado has shown (Abstract of Scientific Papers 1972 Annual Meeting A.S.A.) that when large doses of narcotics supplement nitrous oxide anesthesia it is readily possible to antagonize respiratory depression and maintain adequate postoperative analgesia by using a combination of intravenous and intramuscular naloxone.

Addendum contributed by Dr. Amir Rafii, Department of Anesthesiology.

Add Note: Naloxone is the only narcotic antagonist which should be used in the Emergency Room. It lacks of agonist activity makes it especially valuable when treating a suspected narcotic O.D. A failure in clinical response is also of value as an indicator that one must look for a cause other than a narcotic of the O.D.
The Dental Department of a Comprehensive Health Care Program Could Be Self-Supporting—Fact or Fiction

By

A. Page Jacobson, D.D.S. and George S. Parsons, D.D.S.*

The concept of neighborhood health centers, as means of delivering comprehensive health care, is fast becoming a reality on the American scene. There are now more than seventy such centers in operation throughout the country. Typically, they are federally funded and function in low income areas to deliver health care, either free of charge, or at a nominal fee to individuals otherwise unable to financially afford these services.

The Franklin C. Fetter Family Health Center in Charleston, South Carolina, is typical of the ones now in existence. It has been in operation since April, 1970. The Center appears to have survived growing pains of any organization of this magnitude and seems to be on a stable foundation.

The Dental Department of Franklin C. Fetter Family Health Center has been in operation since July, 1970. The dental staff consists of a Dental Director, an Assistant Dental Director, and three full-time general dentists. Additionally, seven full-time dental assistants, and one secretary are employed. The physical facility consists of six dental operatories, fully equipped to deliver high quality, four-handed, sit-down dentistry.

The concept of this type of health delivery system has been and continues to be controversial. One of the main areas of controversy concerning dentistry in a neighborhood health center is whether or not it is delivered efficiently in view of the amount of service rendered in relation to the cost. Dental literature is replete with general articles on these health centers, but it is still sadly lacking in any detailed breakdown concerning dental output and cost of operation.

With these deficiencies in mind, the Dental Department of Franklin C. Fetter Family Health Center has attempted to extract meaningful data over a twelve-month period in order to offer a more sophisticated look at the type of care delivered and, also, to attempt to relate this clinical situation to that of a private practice in the Charleston area.

The data offered is not a professional statistical analysis and makes no attempt to be. Neither is it offered as an attempt to justify or to condemn this type of health care system. It was an experiment, as enlightening to the authors, as it is hoped it will be for the readers, designed to more accurately appraise the dental care being delivered with overriding emphasis on cost and efficiency.

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In Table A the actual yearly productivity is divided into the various dental services the Center provides. A random sampling of fees for services by local dentists was taken. By averaging these fees for services, a local fee scale was evolved. These values were then applied to the various services to produce a monthly and yearly hypothetical income for the Center.

The majority of the services provided consists of restoration of carious teeth and extractions. At the present time, budgetary limitations do not allow for any crown and bridge or removable prosthetic treatment. The crowns reflected in the table consist wholly of plastic or chrome steel crowns done primarily for children. Panoramic radiographs are taken on all new patients along with a bitewing survey. The category of evaluations consist mainly of screening of school children and examination of recall and emergency patients. The remainder of the table should be largely self-explanatory.

**TABLE A—HYPOTHETICAL INCOME PROJECTION**

<table>
<thead>
<tr>
<th>Year's Total Services Rendered at the Center</th>
<th>Average Number of Services Rendered Per Month</th>
<th>Average Local Fee Scale</th>
<th>Estimated Monthly Income if Local Fees Could Be Charged</th>
<th>Center's Yearly Income Based On Local Fee Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Patients</td>
<td>6889</td>
<td>574.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Estimate of the Number of Anterior Restorations</td>
<td>2304</td>
<td>192.0</td>
<td>$ 10.00</td>
<td>$ 1,920.00</td>
</tr>
<tr>
<td>Estimate of the Number of Posterior Restorations</td>
<td>6912</td>
<td>576.0</td>
<td>$ 6.00</td>
<td>$ 3,456.00</td>
</tr>
<tr>
<td>Number of Bases and/or Temporaries</td>
<td>5799</td>
<td>483.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Root Canal Therapy</td>
<td>9</td>
<td>.75</td>
<td>$ 25.00</td>
<td>$ 18.75</td>
</tr>
<tr>
<td>Extractions</td>
<td>35</td>
<td>2.9</td>
<td>$100.00</td>
<td>$ 290.00</td>
</tr>
<tr>
<td>Other Surgical Procedures</td>
<td>2905</td>
<td>242.0</td>
<td>$ 7.00</td>
<td>$ 1,594.00</td>
</tr>
<tr>
<td>Post-Operative Treatments</td>
<td>860</td>
<td>71.6</td>
<td>$ 25.00</td>
<td>$ 1,790.00</td>
</tr>
<tr>
<td>Crowns</td>
<td>419</td>
<td>34.9</td>
<td>$ 3.00</td>
<td>$ 104.70</td>
</tr>
<tr>
<td>Poly(carbon and Chrome Steel)</td>
<td>35</td>
<td>2.9</td>
<td>$ 35.00</td>
<td>$ 101.50</td>
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<tr>
<td>Sinex X-rays</td>
<td>726</td>
<td>60.5</td>
<td>$ 10.00</td>
<td>$ 605.00</td>
</tr>
<tr>
<td>Bite-Wing and/or Graphical X-rays</td>
<td>1537</td>
<td>128.0</td>
<td>$ 5.00</td>
<td>$ 640.00</td>
</tr>
<tr>
<td>Evaluation Only</td>
<td>612</td>
<td>51.0</td>
<td>$ 5.00</td>
<td>$ 255.00</td>
</tr>
<tr>
<td>Fluoraxis</td>
<td>1150</td>
<td>95.8</td>
<td>$ 10.00</td>
<td>$ 958.00</td>
</tr>
<tr>
<td>Fluoride Application</td>
<td>444</td>
<td>37.0</td>
<td>$ 5.00</td>
<td>$ 185.00</td>
</tr>
<tr>
<td>Emergencies</td>
<td>802</td>
<td>66.8</td>
<td>$ 10.00</td>
<td>$ 668.00</td>
</tr>
<tr>
<td><strong>Total Monthly Income</strong></td>
<td><strong>$12,577.95</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Yearly Income</strong></td>
<td><strong>$152,299.00</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
In Table B the actual cost of operation for a twelve-month period is shown. The cost is broken down into various areas. These figures were obtained from the Finance Department of the Center. Salaries and fringe benefits are combined into one figure. Fringe benefits consist of sick leave, annual leave, health insurance, etc. The overhead figures were arrived at by pro-rating the Dental Department's cost against that of the entire Center. The equipment figures consist of purchases such as ultrasonic scaler, and ultrasonic cleaner, handpieces, etc.

The hospital out-patient category covers those patients registered at the Center who were admitted to the hospital by the oral surgery residents. The residents staff the Dental Department two nights a week as part of their educational experience.

The continuing education category consists of short courses attended by the various dentists and auxiliary personnel.

The positions of Dental Director and Assistant Dental Director need to be examined closely. Both positions are purely administrative. Although both are filled by dentists, neither treats any patients due to their administrative responsibilities. When a comparison is made to private practice, no practitioner is solely an administrator. He must delegate a portion of the administrative duties to auxiliary personnel. No real equivalent to the Director and Assistant Director could be found in private practice. The
dentists at the Center who treat patients themselves have administrative duties such as keeping of patient records and training of auxiliary personnel which are felt to approximate the administrative duties of the private practitioner. The Director and Assistant Director are concerned much of the time with additional administrative details most of which have little or nothing to do with the actual treating of patients. This trend unfortunately is prevalent in most governmental agencies.

As illustrated by this hypothetical comparison, if local fees could be charged for services provided, the Center would be approximating a state of self-sufficiency. As will be noted, there is a deficit of approximately $20,000. If, however, the salaries of the Director and Assistant Director are treated separately, as it is felt they should be, then the yearly income of the Center would provide a net profit of several thousand dollars. Efficiency of operation is the key to success. Administrative efficiency is vital in dealing with the large amounts of paper work found in any government agency. Efficiency in patient management must be continually practiced by the professional staff. Constant scrutiny of existing methods of treatment and departmental policies should produce consistent improvement in overall operation. Also of major importance must be the dedication of the entire staff toward the success of the organization.

Problems encountered in gathering data of this type indicate the need for more sophisticated methods of collecting and analyzing this kind of information. Progress in this area will enable the dental services provided by comprehensive health care centers to be more quickly and meaningfully compared to the similar services offered by private practice. Proper evaluation and utilization of this data by comprehensive health care centers could result in a health care delivery system that would be economical, efficient and effective.

The productivity of a dental department of a comprehensive health care center has been examined for a twelve-month period. The actual cost of this productivity was compared to a hypothetical income projection for this same period of time. From this comparison, it is apparent the dental department of a comprehensive health care program could be self-supporting dependent upon the efficiency of administration.
STRESS, SOME OF ITS RELATIONSHIP TO DENTAL DISEASE

By Herbert Tobias, D.D.S.*

At the time that I entered Dental School an undergraduate degree was not required, and I was able to enter with one year of pre-dental training. Shortly thereafter the minimum of undergraduate work was raised to two years; and by the ’40’s a degree was required. I finished Dental School in 1936 and have been in private practice since then with the exception of four and a half years of military service. All of this time I have felt that due to the fact that I had only one year of the political sciences and none of the social sciences at the college level, I missed a great deal along the way. This is my primary reason for taking this course in psychology.

In my years of practice I have seen cases that we had been maintaining in good health for several years suddenly take a complete reversal. Teeth would begin to hurt and to decay, gums would swell and teeth would abscess and have to be removed. Then the cycle would reverse or stop, and the mouth would revert to a state of normal health. (I am not referring to cases that seem to break down with menopause. It is my firm belief that there can be a relationship between menopause and a breaking down of dental health, and in my practice I follow a policy of going very slowly with such cases, and most of these, in a few years, revert back to good dental health.) I am referring specifically to cases where for unknown reasons people have abnormal stresses from various problems—financial, social, etc.—and in a very short time we have dental problems where none existed previously.

Two cases in particular come to mind. The first is a white female in her early forties. For almost twenty years we had seen her on a regular recall basis, and there were no dental problems. Her mother developed terminal cancer, and for over two years was helpless, bed-ridden and what is called a ‘vegetable.’ Our patient suddenly developed unusual pains and three teeth had to be extracted. Her mother died a few months ago, and although not sufficient time has elapsed to be certain that stress was responsible, no problem exists at all at present.

The second incident concerns a male in his early thirties. We had maintained him comfortably for about ten years. Suddenly he developed abscess and pyorrhea pockets, and subsequently lost all of his teeth. Shortly after the first signs of breakdown in this patient’s mouth, I sent him to his physician to see if there was some physical problem relating to the dental breakdown. There was none—however, there were stress or mental problems. This young man was trying to build a house beyond his means. He was contractor, sub-

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contractor, and in addition, was holding down two forty-hour a week jobs. His physician insisted that he give up one of his jobs and let a contractor finish the house. He made arrangements for financial help from a bank. His physical and dental conditions did improve, but it was too late for me to help him.

In assembling information for this paper I have run across statements which surprise me. Apparently stress can increase the rate of decay, cause ulcers of the mouth, lips and tongue, cause pain in the temporomandibular joint, cause a breakdown of the bony support of the teeth, a breakdown of the gum tissue and cracks in the corners of the mouth. Also, stress may cause many unusual mouth movement patterns such as clicking of the teeth, grinding of the teeth and facial distortions, none of which the patient is consciously doing.

In a study of adults aged 25 years and more, a period of severe mental stress was found to be followed in most cases by the onset of acute dental caries.\(^1\) This study consisted of observations from 678 non-edentulous subjects 25 years of age or more who were examined in a private dental practice during a period of 21 months. Acute caries were observed in 163 patients, 141 of whom stated that they had been under mental stress. The mental stress time was from two to six months. It was noted that many cases began the acute dental caries after a period of one month of stress. It was interesting to note that in this article reference was made to the possibility that acute dental caries in children and young adults could be attributed to mental stress although a complete study had not been made of this age group.

**Pain in the temporomandibular joint.**

This can be one of the most difficult problems to treat. It is a condition usually aggravated by malocclusion or incorrect appositioning of the opposing teeth. In my opinion stress does seem to play a part in this condition.\(^2\)

“After reviewing the experiments and research of the past, and in light of our current investigations at the TM Joint Research Center, it seems that we have arrived at the point in the study of this dysfunction where there are reasonable grounds for asserting the following as established facts: There is a significant relationship of psychological factors to non-organic TMJ dysfunction. These psychological factors are amenable to treatment. Treatment of psychological factors results in relief of physical symptoms as well.”

It is interesting to note at this time that there is a urine test which can be utilized to measure abnormal stress. However, it is a very complicated test and is available only at a few centers or by mailing of urine samples which have been properly prepared. Therefore, it is seldom used.\(^3\)

**Bleeding gums.** This term is used loosely by the layman. Evidence has been documented that the increased evidence of bleeding gums in time of anxiety and stress suggests that stress is an etiological factor. In this case the urine test was used as a measure of stress.\(^4\)
Several articles I have read make reference to periodontal disease. The following is a quote.5 “The scientific evidence is not conclusive, however, the findings of available research strongly indicate that psychic disorders can affect the periodontal tissues adversely. The extent and severity of periodontal disease depend on the type, duration, and extent of the stressor and on the adaptive capacity of the periodontal tissues, which is largely dependent on heredity, constitutional factors, diet and previous exposures to stress. The possible mechanism of action of psychic factors in the initiation and progression of periodontal disease is mediated via neural, vascular and endocrine systems.”

I quote from another source.6 “It has been estimated recently that one in ten patients has a severe overlay of emotional illness which he brings to the dental office. Many dental patients have somatic symptoms, yet no organic pathosis can be found, despite a most painstaking and thorough investigation. Of particular interest to the dentist are such symptoms as bruxism, pytalism, dryness of the mouth, excessive smoking, tinnitus, temporomandibular joint pain and noise perception, of burning or tingling sensations in or about the tongue, tics, tongue thrusting, finger sucking and biting of pencil, tongue, lip, cheek, nail, pipe, or foreign object. . . . In addition to these entities regarded as functional there is strong suggestive evidence which might implicate severe psychological or physiological stress in recurrent aphthous stomatitis, acute dental caries, and periodontal disease.”

I have made no attempt to state what corrective procedures it would be advisable to initiate under the different possibilities referred to in this paper. That could be another complete subject of very deep scope and intent. However, I would suggest that there is very much to be learned and possibly much to be gained by a continued study of this subject matter.

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6. Emotional status and the periodontium. W. M. Ringsdorf, Jr., D.M.D., M.S. and E. Cherashin, M.D., D.M.D., Associate Professor and Professor, Department of Oral Medicine, University of Alabama Medical Center, Birmingham, Alabama.
THE DENTAL STRESS SYNDROME

The "dental stress syndrome" will be among highlights of the scientific program of the 114th ADA annual session to be held Oct. 28 through Nov. 1 in Houston.

The expanding concepts of the temporomandibular joint and malocclusion stress will be discussed by dental and medical researchers during two panels, one scheduled for Sunday, Oct. 28 and the other for Monday, Oct. 29. The first panel will deal with the diagnosis and the second panel with the treatment of the dental stress syndrome.

Among topics to be examined are the role of dental stress in creating dental and general health problems, the physiologic, biologic and related aspects of the syndrome and dentistry's expanding role in the treatment of general health problems, according to Dr. A. C. Fonder of Rock Falls, Ill., director of the Dental Research Foundation, which is sponsoring this presentation.

TMJ problems, full mouth rehabilitation, myofunctional therapy and orthodontic procedures will also be discussed based on 75 dental and medical research reports, he added. Participants will include Dr. Sandor Szabo of Montreal, Canada, a physician and associate of Dr. Hans Selye; Daniel Garliner of Coral Gables, Fla.; Dr. T. M. Graber and Dr. Lee W. Graber, both of Chicago; Dr. James Berke of Chicago; Dr. John Stenger of South Bend, Ind.; Dr. Edward Lawton of South Bend, Ind. and Dr. Chester A. Frank of Chicago. Dr. Barnet M. Levy of Houston will serve as moderator of both panels.

Another highlight of the scientific session will be a practice management program scheduled for Sunday and Monday, Oct. 28 and 29, according to Dr. Richard H. Klein and Dr. Ralph V. O'Connor, both of Tacoma, Wash. Subjects to be covered will range from appointment and financial control to hiring, training and maintaining personnel, delegation of duties and group practice. The presentation contains the major portion of a two-day post graduate program and the speakers are currently working in a four-man group practice.

The scientific program for the ADA annual session is planned by the Council on Scientific Session. Dr. John F. Chimienti of Kansas City, Mo., is Council chairman.
DEAR GEORGE:

Enclosed are two communications. One is a monograph by Linus Pauling explaining The New Medicine or Orthomolecular medicine, a term he coined. There are many new techniques being utilized in disease control now, as you are well aware.

Included also, is my article that I briefly discussed with you on the phone. I would like to see this published first in the Virginia Dental Journal. As is stated in the article, I have currently a small number of research samples, but this will increase quite rapidly as I have other men working with me on this project.

I intend to develop a test battery of subjective symptoms and physical tests to show the following relationships:

1. dietary habits to degenerative disease
2. currently used medical tests to degenerative disease
3. cellular analysis to degenerative disease
4. medical tests to cellular analysis
5. medical tests to hereditary influences in disease

As we intend to computerize approximately 200 pieces of input information, we will also be able to derive many more relationships than the ones listed above.

Sincerely,
ROY E. STANFORD, JR., D.D.S.

THE NEW DENTISTRY?

By Roy E. Stanford, Jr.*

We must also keep another thing in mind. Diabetes and hypoglycemia are not specific diseases. They are symptoms of cellular malfunction. Many times this is hereditary, but whether it is hereditary or not the diet of the American people aggravates or precipitates the problem. There are methods now of testing cellular enzymatic function. As we develop our testing modalities and document more cases, we will publish further information.
I wish to inform my fellow dentists of some personal research which could potentially have great impact in the medical sciences.

As dentists, our major concerns are the treatment of caries and periodontal disease. Of these two pathoses the most insidious and destructive is periodontal disease. We have been taught and led to believe that these oral problems are mainly bacterial in origin. I believe this is incorrect. I propose that these diseases are degenerative in nature and are a result of improper cellular function.

There are several levels one may consider in diagnosis of any pathosis. These are:

1. External signs and symptoms
2. Systems level—nervous system, blood stream, lymphatic system, etc.
3. Organ system—heart, lung, kidney, etc.
4. Hormonal system
5. The cell

The dentist operates exclusively at level #1 while the physician can operate at levels #1, 2, 3 and 4. Actually, diagnosis needs to take place at level #5. The cell is where life originates and where all life processes are carried on. Cellular enzymes are responsible for all body metabolism; for energy production, hormone production, cellular repair and maintenance—in short, for life itself. Degenerative diseases such as heart and vascular disease, cancer, mental diseases, multiple sclerosis, diabetes, periodontal disease, alcoholism and so forth, must all be laid at the door of cellular malfunction.

With the above in mind, we became interested in determining diagnosis and therapeutics for periodontal disease. We devised a battery of tests including a CBC (complete blood count), a urinalysis, and a SMA 12/60 (blood profile of 12 functions). These are tests routinely used by thorough physicians. We found no correlation between these tests and oral disease.

We had believed all along that diabetes and/or hypoglycemia played a significant part in this picture, so we then started testing blood sugar values. As of this date, we have run 22 6-hour glucose tolerance tests. Our results are:

22 Samples

7 Diabetics—these were all undiagnosed diabetics; two were “brittle” diabetics.
5 “flat” curves—this is thought to be a pre-diabetic curve.
9 hypoglycemic curves—this is a definite aberration in blood sugar

1 normal curve

These tests were performed on people with periodontal disease of varying severity. The two brittle diabetics had the worst periodontal problem, but two hypoglycemics also had advanced disease. These people were of varying ages and weights. Some of them had a familial history of diabetes, some did not.

What conclusions can we draw from this? First, we admit this is a small sample, but 21 out of 22 is far beyond the realm of happenstance and we are continuing our studies.
Our conclusions can be summarized thusly:

1. The medical tests we ran had no relation to a disease state.
2. This disease state was obvious in the mouth.
3. Blood sugar aberrations have more relation to oral symptoms than to these medical tests.
4. Diabetes and hypoglycemia are much more prevalent in our population than generally considered.
5. Most periodontal patients have diabetes or hypoglycemia.
6. Periodontal disease is not cured by plaque control, gingival or bony surgery.
7. Dentists are the first of the medical practitioners to see degenerative disease and degenerative disease is easiest to see in the mouth.
8. Blood sugar problems should be suspected in all periodontal breakdown.

*Roy E. Stanford, Jr., D.D.S.
6829 Tennyson Drive
McLean, Virginia 22101
April 9, 1973

VADPAC AND ADPAC CONTRIBUTIONS ASKED

By

Dr. Kenneth M. Haggerty
Chairman, VADPAC

The opportunity for Virginia Dental Association members to make voluntary contributions to the Virginia Dental Political Action Committee and American Dental Political Action Committee has been provided by action of the VDA House of Delegates. VADPAC is Virginia dentistry’s political action committee and ADPAC is the National level committee. Contributions are voluntary.

This action offers the opportunity for a broader group to share in promoting the passage of good dental health legislation as determined by the organized profession. This small contribution should in no way be construed as taking the place of individual efforts in supporting candidates of one’s choice—Government should be everybody’s business. VADPAC and ADPAC are interested in trying to aid the organized dental profession in promoting good candidates, who in turn will support legislation considered to be in the best interest of the public’s dental health, to preserve that which is good, and to improve where possible.

With a united effort we can “get it all together” as far as supporting good men and women to elective office who are interested in legislation for good dental health.
On May 26th and 27th, the Virginia Society of Dentistry for Children held its annual meeting at Boar's Head Inn in Charlottesville. Featured as speakers were staff members of the University of Virginia, School of Medicine. Dr. Jack C. Fisher, Assistant Professor of Plastic Surgery, lectured on "Cleft Palate—New Thoughts for an Old Problem"; Dr. Fritz Berry, Associate Professor of Anesthesiology, discussed "General Anesthesia for the Pediatric Dental Patient"; Dr. Nelson Yarbrough, Clinical Assistant Professor in Dentistry, addressed the group on "The Development of a Hospital Dental Program"; and Dr. James I. Bernhardt, Assistant Professor of Dentistry, spoke on "The Pilot Program in Children's Dental Health in Greene County, Virginia". Dr. Bernhardt is the Chief Project Dentist in Greene County.

Other speakers were members of the Society and included Dr. Leon Slavin, Winchester; Dr. Leroy Bradshaw, Blackstone; Dr. Ralph Gibson, Jr., Fairfax; Dr. Bernard T. Carr, Alexandria; and Dr. Roy E. Stanford, Jr., McLean.

At the dinner on the evening of the 26th, Dr. John A. Morris of Norfolk, Secretary-Treasurer of the Society, was given a distinguished service award (photo). Those in the picture from left to right are: Dr. Byard S. Deputy, President-Elect from Charlottesville; Dr. Madison R. Price, Immediate Past President of Newport News; Dr. Morris and Dr. Leslie C. Ogilvie, President from Purcellville.
ACCEPTANCE OF EXPANDED DUTIES OF DENTAL AUXILIARIES

Are Americans ready to accept having dental assistants or hygienists carry out some of the functions traditionally considered those of the dentist?

A 1972 survey of 1,613 randomly selected American adults conducted by the National Opinion Research Center of the University of Chicago for the Division of Dental Health, National Institutes of Health, shows that more than half of the persons questioned would be satisfied to have dental auxiliaries do more than clean or X-ray their teeth.

Seventy percent of the respondents reported willingness to have dental auxiliaries explain the care of teeth and gums and 56 percent said they would be satisfied to have them make medicinal applications to their teeth and gums. Sixty percent stated that they would not object to having a specially-trained assistant provide necessary treatment and follow-up, provided the assistant was supervised by a dentist. A small proportion said they even would be willing to let the auxiliaries fill teeth after the dentist completed the cavity preparation.

In commenting on these results, Dr. John C. Greene, Assistant Surgeon General, U.S. Public Health Service, and Director, Division of Dental Health, National Institutes of Health, said that "the acceptance of wider functions for auxiliaries already may be reflected in the greater number of dentists employing two to four or more dental assistants or hygienists."

He pointed out that "the public seems willing to accept such innovation if it would reduce the cost of dental care."

PUBLIC NEEDS BETTER DENTAL HEALTH INFORMATION

Seventy-five percent of the public is in need of better dental health information, according to a recent survey conducted by the National Opinion Research Center of the University of Chicago for the Division of Dental Health, National Institutes of Health.

Of the random national sample, comprising 1,613 adults, only 24 percent had ever heard or read about dental plaque—the sticky film of bacteria and food particles that is deposited on and around teeth.

Eight out of 10 people reported they knew about gum disease, but only two out of 10 associated it with plaque or tartar.

More indicative of dentistry’s need to do a better job of informing the public, is the finding that eight out of 10 respondents said that neither their dentist nor anyone in the dental office had ever shown them how to be sure of having cleaned their teeth completely. Despite a general lack of knowledge about plaque, more than
half of the respondents would advise cleaning one's teeth as a means of preventing gum disease.

"Until more people actually practice daily regular and thorough tooth-brushing to remove plaque, there is scant hope for much improvement of the Nation's periodontal health," observed Dr. John C. Greene, Assistant Surgeon General, U.S. Public Health Service, and Director of the Division of Dental Health.

Questions for the national probability sample were designed by sociologists in the Division. The interviews were conducted by the National Opinion Research Center in the spring of 1972.

Your Dentist Conducts Oral Cancer Examinations
Ask him for information

AVAILABLE ON REQUEST FROM THE AMERICAN CANCER SOCIETY

The above instructions may be displayed in a prominent position in your waiting room.

In addition a brochure on ORAL CANCER EXAMINATION is available. It lists the important warning signals your patient may be alerted to watch for. It also outlines 20 orderly steps, illustrated with photographs, taken in making the examination.

Lives can and must be saved. Dentists and physicians should perform periodic uniform, systematized examinations of the oral cavity of all patients...special attention must be given to those age 35 or older.

For your copies send to:
American Cancer Society, Virginia Division
3218 West Cary Street
Richmond, Virginia 23221
Dr. Harry Lyons, formerly president of the American Dental Association and formerly Dean of Virginia Commonwealth University School of Dentistry, delivered the commencement address for Baylor College of Dentistry. Dr. Lyons (center) is pictured with Baylor administrators: Dr. Max D. Largent (left) Associate Dean and professor of pedodontics, and Dr. Kenneth V. Randolph, President and Dean. Dr. Largent was professor and chairman of pedodontics at the Virginia dental school prior to his appointment at Baylor in 1972. Dean Randolph was Dean of the University of West Virginia School of Dentistry before coming to Baylor in 1968.

Doctors W. W. Poss, Chairman, Dental Education Committee, James Baker, President, Senior Class at MCV School of Dentistry and Thomas T. Upshur, President, Virginia Dental Association, welcome senior dental students and faculty at luncheon meeting in the Marshall Room, Hotel John Marshall, April 27.
Summer time is here again, a time for leisure but also a time for planning. The Continuing Education Committee, (E. W. Michaels, Chairman), has been active and has arranged two courses:

1. Medical Aspects of Dental Practice. Dr. L. Cohen, University of Illinois, Dr. Ed Joy, Medical College of Virginia. September 15, Chamberlain Hotel, Hampton. There will be a $10 fee which covers meals and handouts.


The Component's Annual Business meeting will be held in the Portsmouth Elks Club, September 19, 6:30 P.M. ($5.00 fee). Bob Whitmore will take over the Presidential gavel from Del Delcambre. Congratulations are due to Del for guiding the Association through a fine year.
The Peninsula Dental Society went and did it again—elected new officers. For 1973-74, it will be Jack Shepherd as President, Bob Diggs as President-elect, Ron Godby as Recording Secretary, Wilson Ames as Corresponding Secretary, Tricia Martin as Treasurer, and Mayer Levy as V.D.A. Executive Council Representative. Pretty Chancellor of the Exchequer.

Informative rapping with an Emory dental student at the Hinman Meeting—future of dentistry, direction of dental students. Why are the top-ranked students guided into limiting specialties while lower ranked students are guided into general practice, where all skills are required? Even when a general practitioner refers, he must have sufficient range of skills to diagnose.

Tom Witty was elected to membership of our Society and will be joining Henry McCoy. Ralph Snead, recently retired U.S. Army Colonel, has joined Levy, Price, and Ellis. Don Cherry and Steve Riggs were elected to membership also.

In May, the Society heard an all-day presentation by Maurice Fagan. His good introduction to implants was a reminder that not just beef costs are exorbitant in our current economy.

Multi-sponsored meetings with available ancillary funding may be the answer. Of course, the September 15 meeting on Oral Diagnosis is an example. Thanks to Manny Michaels and F. B. Wiebusch, Components I and II will have an all-day presentation at home (The Chamberlin Hotel) for the cost of lunch. All dentists are equally welcome.

Congratulations to Ron Godby for being selected as the recipient of the Jaycee 1972 Distinguished Service Award.

Why not try it? I spoke with the President of a large local bank who happens to be a patient. This month the suckers go and balloons are in! It's amazing what a little knowledge of oral health will do for a community. I also promised not to take home his drive-in window deposit canisters.
In February, our component meeting was held in Petersburg in conjunction with the M.C.V. department of continuing education. Dr. Marshal England, acting chairman of the department of Endodontics, and his staff presented an excellent all day program which helped to update our understanding and appreciation of Endodontics. Attending were a majority of the Southside dentists plus 20 military dentists from nearby Fort Lee under the new command of Col. Jesse T. Mitchell.

At the dinner and business meeting which followed, president J. Roger Kiser welcomed Drs. Peter A. Triani and Harold J. McGrane as new members of the society.

March proved a successful month for oral cancer detection clinics. In Blackstone and Crewe 431 persons were examined, 6 biopsies performed, and fortunately all resulted in negative findings. The clinics were conducted under the supervision of Drs. Donald Hill and Leroy Bradshaw of Blackstone and Dr. Robert L. Couch of Crewe. They were assisted by Dr. Stephen Bissell of Petersburg, Dr. Clinton Griffin of Victoria, Dr. War-
The Richmond Dental Society heard Dean Ray White and Dr. Wilson Harper of MCV speak at the April dinner meeting. They explained the present intramural practice arrangements used by the full-time Dental School faculty and described the separate practice area under development in the Wood Memorial Building. These facilities and the opportunities for a limited private practice will give our faculty members advantages for professional development already available to the Medical School staff.

Congressman David E. Satterfield III, the Component’s guest speaker in May, brought members and their wives news of legislative matters and of Washington affairs affecting all of us. Mr. Satterfield consented to a question period after his talk and we enjoyed an informative evening.

Eight members won prizes at the Annual Golf and Tennis Picnic, held in June at Lakeside Country Club. In golf, they were:

Low Gross—Bud Kell
Second Low Gross—Jack Chevalier
Low Net—Cotton Fralin
Second Low Net—Joe Way

In tennis:

Champions—Bruce Sylvia and Bob Perkins
Finalists—Bill Williams and Jay Welliver

We welcome to our Component as new members Doctors John Cardledge, Don Shroyer, and Don Snow.
On November 10 and 11, The Piedmont Dental Society sponsored the fall meeting at The Homestead and featured a very knowledgeable clinician whose topic was "Oral Roentgenography." With convention rates in effect the cost of accommodations to the twenty-five or thirty dentists in attendance was comparable with any other site. This represents roughly ten percent of the membership.

The spring meeting was held as a one day affair at the Patrick Henry Hotel in Roanoke with another outstanding speaker whose topic concerned periodontia—a subject applicable to ninety to one hundred percent of patients entering dental offices. Again, some twenty-five to thirty dentists attended with five or six of these being guests. Again, ten percent of the membership. The cost on this occasion was the price of a lunch-ticket. It might be added that the President and Secretary did their share to make the meeting interesting.

Both meetings were held on weekends which meant little loss of office time. As a rule the honorarium for these meetings is high. Possibly as high as forty to fifty dollars per person in attendance when thirty attend.

Now the question arises as to why the poor attendance at a time when the emphasis is on continuing education, etc. Probably the best answer would be the one word, "apathy." Apathy, as applied here, does not necessarily imply that the absent ninety percent of the Society are practicing apathetic dentistry, but it does give one pause to think. Actually, the writer is relieved for humbly it may be said that he has had more than his share of failures, so by this analogy he has much company. This is one way to look at it when you have a bad day.

Perhaps at the next meeting there should be no clinician. Then the ten percent present would divide the honorarium, enjoy the wit of the President and Secretary, and go home.

And now a message to the ten percent. The fall meeting will be in Danville on October 17, with the new President, Dr. Fulton Neal of that city taking office. The topic will be "Endodontia" with an outstanding clinician. And you know, I wonder if ten percent will read this or even care.
At long last Component 6 again has some news for the Journal. Our last Component meeting was held in Wytheville, Virginia, at the Holiday Inn. The meeting was particularly important because our Component welcomed seven new members. The seven new members were H. Neal Davis, Robert R. Hagy, John E. Hilton, Jr., Thomas W. Littrell, Perry D. Mowbray, John W. Sanders, and Randolph L. Turner. Our Component is especially happy to welcome so many new, young dentists into our part of the state.

During the business meeting quite a bit of discussion was held concerning the Medical Assistance program (Medicaid). Our component members seem to be in general agreement that at this particular time participation in the program must be on an entirely individual basis. Information concerning such things as the peer review committee for the program is so scant at the present time that we as a group feel that complete endorsement of the program is not possible. From discussions with Dr. French Moore, Jr., welcomed back from his extensive travels, it seemed apparent that the same general feeling concerning this program has been expressed throughout the state.

Major General Edwin Smith, United States Army, was our clinician. He gave a very informative and interesting talk on partial dentures and their design. Needless to say, his talk was very well received.

Our next meeting will be held in Marion, Virginia, on September 13, 1973. Our speaker at that time will be Dr. Lawrence Cohen. His topic will be "Medical Aspects of the Dental Practice." Dr. Cohen's lecture has been scheduled through the Continuing Education Department at MCV and is part of a trial program to provide continuing education to practitioners as conveniently and as inexpensively as possible. There will be a $10.00 charge for attendance to Dr. Cohen's lecture. This will also cover the expense of the luncheon. Anyone interested in attending this meeting should contact Dr. F. B. Wiebusch at the Dental School (MCV) for the necessary information and application.
MEETINGS:

MAY: Nature and Gums:

Sunshine, ducks, flowers, and clean air were sandwiched between a most educational presentation at the Airlie Estate May meeting. The clinician, John F. Pritchard, DDS, flew up from Texas with big slides and many years of practice to cover prevention, oral hygiene, mucogingival surgery, and correction of osseous defects.

Over 150 members plus a large number of military guests attended the all day meeting. Those who didn't missed not one but two good meals where food was not spared.

JUNE: Ball Finale:

The sun was full and the day was lost as members and their guests armed with tennis rackets and golf clubs returned to the Fredericksburg battlefields to meet the common enemy—a round ball. The purpose was the annual field day at the Sheraton Inn.

A banquet dinner featured the awarding of trophies to those who emerged victorious over the ball, as well as a goodly number of door prizes to those present.

TRAVELING DENTISTS:

Many of the members spent part of May on the Rhine River and other parts of Europe. The occasion was the Third Annual European Seminar.

AREA AFFAIRS:

The District of Columbia Spring Postgraduate Meeting was well attended and featured many renown speakers on various subjects. Of course, the usual abundance of “Special Deals” were present in the commercial exhibits.

FOOTNOTE:

It is interesting to see some of the Medical College of Virginia staff journeying to this area with their knowledge. They are disseminating such on fertile soil in the form of short continuing education courses. Sometimes we need added stimuli from MCV (VCU) to supplement the Georgetown, Howard, and Maryland Dental Schools' influence and knowledge.
For the second year, the Richmond Coliseum was the site for the VCU graduation exercises on Saturday, May 19, 1973. Pronouncement of degrees was conferred as the individual classes stood en masse to be recognized. Following the morning program, several school programs were held on the MCV campus. Degrees were conferred and individual graduates were honored at that time on a more personal basis.

Dental school graduates were acknowledged at an Honors Convocation the afternoon of May 19 at the Reveille Methodist Church in Richmond. Following remarks by Dr. Lauren Woods—Vice President of the Health Sciences Division of VCU, Dr. Watson Powell—representing the Virginia Dental Association, Mrs. Lettie MacCleery—President of the Virginia Dental Hygienists' Association, Dr. Earle Strickland—President of the MCV Alumni Association, Major General Edwin Smith—Assistant Surgeon General for Dental Services, and Dr. Jim Baker—President of the graduating dental class, the Doctor of Dental Surgery and B.S. in Dental Hygiene degrees were awarded to the graduates.

The remainder of the program involved the recognition of particular graduates for their outstanding achievement in each of seventeen specific areas. Following the convocation, students, guests and faculty were invited to attend a reception which was held in the church social hall.

Dr. Holmes Knighton, Professor of Microbiology, retired from MCV after many years of distinguished service to MCV and the dental profession. In his twenty-four years at MCV, Dr. Knighton assumed responsible roles as Instructor in Operative Dentistry, Professor of Dentistry and Bacteriology, Professor of Microbiology, Chairman—Department of Research, and Associate Dean for Research and Programs of Advanced Studies.

A reception was held at the Larrick Student Center on June 7, 1973. Many friends and associates were present to honor Dr. and Mrs. Knighton.

Dr. Richard Elzay, Chairman of the Department of Oral Pathology and Assistant Dean for Academic Affairs, was elected President of the American Academy of Oral Pathology. The Academy meeting was held in May in Montreal, Canada.

The Virginia Division of the American Cancer Society recently approved a Summer Fellowship Program for Virginia dental hygiene students. The program, open to a second year student from any dental hygiene program in the state, will cover a 10-week period beginning with the Summer of 1974. The student selected will work with patients in the Head and Neck Tumor Clinic at VCU-MCV, and will be expected to carry out a clinical research project under the supervision of the project director, Dr. Richard Stone, Assistant Professor of Removable Prosthodontics, MCV School of Dentistry. An $800 stipend has been provided by the American Cancer Society.
Dr. and Mrs. Holmes Knighton at the reception honoring him at the Larrick Center MCV.

Many of the graduates were recognized for special achievement awards.
# REPORT—CONFIDENTIAL DRUG REACTION

<table>
<thead>
<tr>
<th>Patient’s Name &amp; Initials (For File Purposes)</th>
<th>Age</th>
<th>Sex</th>
</tr>
</thead>
</table>

## TYPE OF REACTIONS—Circle Most Applicable

A. Rash  
B. Syncope—Anaphylactoid  
C. Cardiac—Respiratory  

OTHERS (Describe)

## TRADE & GENERIC NAME (Manufacturer’s name) OF DRUG INVOLVED

(If More Than One Drug, Please State Others)

<table>
<thead>
<tr>
<th>Reason for Use of Drug(s)</th>
<th>Circle Route</th>
<th>Daily Dose</th>
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<tr>
<td>Drug Given For</td>
<td>A—oral</td>
<td></td>
</tr>
<tr>
<td>Date Drug Given</td>
<td>B—other</td>
<td></td>
</tr>
<tr>
<td>Time Interval of Reaction</td>
<td>(IV—IM)</td>
<td></td>
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</tbody>
</table>

Dentist’s Name (Confidential)  
Dentist’s Address

☐ Check Here if Reply Requested

SEND TO: Dental Chairman  
Adverse Drug Reaction Committee  
M.C.V. Station—Box 44  
Richmond, Virginia 23219
1973-74
CONTINUING DENTAL EDUCATION AT VIRGINIA COMMONWEALTH UNIVERSITY

By F. B. Wiebusch, D.D.S.*

Plans have been completed for a large portion of the 1973-74 Continuing Education Program at Virginia Commonwealth University's Medical College of Virginia School of Dentistry. Recognizing the desirability of presenting a wide range of subjects, the Division of Continuing Education will again offer a format consisting of courses pertaining to all areas of dentistry. Faculty and curriculum for thirty-three programs have been finalized and brochures describing these offerings have been sent to individuals whose names comprise our mailing list. The curriculum will also be listed in many state and national publications. Additional programs are in the planning stage, and information concerning these presentations will be released at an appropriate time.

Although a large number of courses will be given at the School of Dentistry, offerings will also be presented in other locations of the Commonwealth. The programs, which are scheduled from October, 1973, through May, 1974, will be conducted in one or two-day periods with one exception: a five-day course in occlusion taught by Dr. Arne Lauritzen of Seattle, Washington, will begin on January 28, 1974. While many classes are to be given on weekdays, fourteen presentations are scheduled for weekends.

The instructional staff for this year's Continuing Education Program will be comprised of members of the faculty from the VCU-MCV School of Dentistry, lecturers from other dental schools, and members of the dental profession and related professions from various parts of the country. Course contents will vary as widely as will the selection of instructional methods used in presentation of material. Lectures, demonstrations, television tapes, films, student participation, and seminars will be among the teaching methods employed. Clinicians have been asked to include individual participation in their courses, as some form, as often as possible.

Four of the programs will be given in cooperation with the Richmond Dental Society, and four other programs will be cosponsored by the Tidewater, Roanoke, and Northern Virginia Dental Societies. Other efforts with component societies are now in the planning stage. This progressive step in continuing education should result in benefits that will accrue to members of our component societies, other course participants, and the School of Dentistry. Hopefully, a coordinated effort of this type will occur on an expanded basis next year.

A one-half tuition plan continues in effect for individuals who graduated from our School of Dentistry within the past three years. As was our policy one year, dental auxiliaries are again being invited to attend all unrestricted

*Director of Continuing Education, Virginia Commonwealth University, Medical College of Virginia, School of Dentistry, Richmond, Virginia.
sessions at markedly reduced tuition rates—$25 for a one-day course and $30 for a course covering two or more days. This offer, we trust, will be accepted enthusiastically by recent graduates of the School of Dentistry and by dental auxiliaries as well.

The School of Dentistry is forming a Bicentennial Study Club. Membership in this organization will entitle an individual to enroll tuition free in any of the continuing education courses (exceptions will always be noted) presented by the School of Dentistry. Annual dues are $200.

The offerings for 1973-74 are listed as follows:

**CALENDAR OF CONTINUING EDUCATION COURSES**

<table>
<thead>
<tr>
<th>Course</th>
<th>Date and Place</th>
<th>Fee</th>
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<tbody>
<tr>
<td>THE FACE OF THE NORTH AMERICAN BLACK</td>
<td>October 13, 1973 MCV*</td>
<td>$75.00</td>
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<tr>
<td>ENDODONTICS FOR THE GENERAL PRACTITIONER</td>
<td>October 19-20, 1973 MCV-Baruch Auditorium</td>
<td>$100.00</td>
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<td>(Cosponsored with the Richmond Dental Society.)</td>
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<tr>
<td>Alfred L. Frank, D.D.S. Los Angeles, California</td>
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<tr>
<td>PERIODONTICS IN RESTORATIVE DENTISTRY</td>
<td>November 8, 1973 MCV*</td>
<td>$50.00</td>
</tr>
<tr>
<td>DENTAL ASSISTANT UTILIZATION</td>
<td>November 10, 1973 MCV*</td>
<td>$50.00</td>
</tr>
<tr>
<td>(This course is limited to four dentists and their assistants.)</td>
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<tr>
<td>THE OCCLUSION OF NATURAL DENTITIONS</td>
<td>November 14, 1973 Sheraton Inn Norfolk, Virginia</td>
<td>$75.00</td>
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<tr>
<td>NUTRITION IN HEALTH AND DISEASE</td>
<td>November 17, 1973 MCV*</td>
<td>$100.00</td>
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<tr>
<td>Emanuel Cheraskin, M.D., D.M.D. University of Alabama</td>
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<tr>
<td>MANAGEMENT OF THE OCCLUSION FOR THE NATURAL DENTITION—OCCLUSION PHASE I</td>
<td>December 14-15, 1973 MCV*</td>
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<tr>
<td>(This course will be a prerequisite for the offering entitled, “Functional Waxing,” which is to be given on March 2-3, 1974.)</td>
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<td>Harry C. Lundeen, D.D.S. University of Florida</td>
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Course

TOTAL MANAGEMENT OF THE DENTAL PRACTICE
(Cosponsored with the Richmond Dental Society.)
H. Paul Jacobi, D.D.S.
Neenah, Wisconsin

DENTAL ALUMNI HOMECOMING
(This event is comprised of scientific sessions and several social events.)

ENDODONTICS FOR TODAY
(This course is limited to twelve dentists.)
VCU-MCV

THE FINANCIAL SIDE OF PRACTICE MANAGEMENT
(This course is limited to 25 dentists.)
B. Roland Freasier, Jr., M.S., J.D., C.P.A.
R. Clifton Poole, M.S., F.L.M.I.
VCU-MCV
Walter A. Stosch, B.S., C.P.A.
Gary, Stosch, Walls and Co.

IDEAL OCCLUSION: WHAT IS IT AND HOW DO I GET IT?
(Enrollment in this course is limited.)
Arne G. Lauritzen, L.D.S., D.D.S.
University of Oregon

PEDODONTICS IN '74
Joseph M. Sim, D.D.S., M.S.D.
Southern Illinois University

EXPANDED DUTIES OF AUXILIARY DENTAL PERSONNEL
Wilson G. Harper, D.D.S.
VCU-MCV

PHILOSOPHIES AND PROCEDURES WITH CURRENT DENTAL IMPLANTS
(Cosponsored with the Virginia Tidewater Dental Association.)
Aaron Gershkoff
Boston University

INTEGRATING ADULT TOOTH MOVEMENT INTO A COMPREHENSIVE TREATMENT PROGRAM
(Cosponsored with the Richmond Dental Society.)
Manuel H. Marks, D.D.S.
University of Pennsylvania

SINGLE TOOTH RESTORATIONS
Willie D. Crockett, D.D.S.
Philip J. Modjeski, D.D.S.
William B. Fitzhugh, D.D.S.
VCU-MCV

Date and Place

December 19, 1973
MCV-Baruch Auditorium

January 7-8, 1974
MCV-Baruch Auditorium

January 18, 1974
Boar's Head Inn
Charlottesville, Virginia

January 25, 1974
MCV*

January 28-February 1, 1974
300.00
MCV* (Not included in the offer to members of the Bicentennial Study Club.)

February 4-5, 1974
100.00
The Homestead
Hot Springs, Virginia

February 8, 1974
50.00
America House
Petersburg, Virginia

February 15-16, 1974
100.00
Sheraton Inn
Norfolk, Virginia

February 21, 1974
75.00
MCV-Baruch Auditorium

February 22-23, 1974
50.00
Cascades Meeting Center
Williamsburg, Virginia

Fee

75.00
25.00
50.00
50.00
300.00
100.00
50.00
100.00
75.00
50.00
67
Course
PERIODONTICS IN GENERAL PRACTICE
(This course is limited to eight dentists.)
Staff of the Department of Periodontics
VCU-MCV

THE INTERRELATIONSHIP OF DENTAL ANATOMY AND OCCLUSION—FUNCTIONAL WAXING—OCCLUSION PHASE II
(This course is limited to 16 dentists.)
J. Marvin Reynolds, D.D.S.
Wallace S. Edwards, D.D.S.
Clarence R. Jones, D.D.S.
Carl G. Wirth, D.D.S.
VCU-MCV

THE HUMAN RELATIONS OF DENTISTRY
Manheim S. Shapiro, B.A.
Insight Development Services

PERIODONTAL SURGERY IN GENERAL PRACTICE
(Cosponsored by the Northern Virginia Dental Society.)
James E. Kennedy, D.D.S., M.S.
Other Members of the Department of Periodontics
VCU-MCV

GENERAL PATHOLOGY AND THE ORAL CAVITY
Enrique Gerszten, M.D.
VCU-MCV

A BIOLOGIC BASIS FOR ENDODONTIC PRACTICE
Samuel Seltzer, D.D.S.
Temple University

CROWN PREPARATIONS FOR PLEASURE AND PROFIT
(This course is limited to 12 dentists.)
J. Robert Eshleman, D.D.S.
Thomas R. Hudson, D.D.S.
VCU-MCV

SAVING TEETH FOR LIFETIME SERVICE BY MEANS OF SILVER AMALGAM
(Cosponsored with the Richmond Dental Society.)
Miles R. Markley, D.D.S.
University of Oregon

EVALUATION OF PERIODONTAL THERAPY
Sigurd R. Ramfjord, L.D.S., Ph.D.
University of Michigan

Date and Place
March 1, 1974
MCV*

March 2-3, 1974
MCV*

March 4, 1974
MCV*

March 6-7, 1974
Marriott Motel
Arlington, Virginia

March 22-23, 1974
MCV*

March 29, 1974
MCV*

April 6, 1974
MCV*

April 19, 1974
MCV-Baruch Auditorium

April 20, 1974
MCV*
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<tr>
<th>Course</th>
<th>Date and Place</th>
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<tr>
<td>ENDODONTICS FOR TODAY</td>
<td>April 24, 1974</td>
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<tr>
<td>PRACTICAL CEPHALOMETRICS</td>
<td>April 26-27, 1974</td>
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<td>MCV*</td>
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<td>Quentin M. Ringenberg, D.D.S., M.S.</td>
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<td>St. Louis University</td>
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<td>MANDIBULAR DYSFUNCTION—OCCLUSION PHASE III</td>
<td>April 29-30, 1974</td>
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<td>(This course is limited to 16 dentists.)</td>
<td>MCV*</td>
<td></td>
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<tr>
<td>J. Marvin Reynolds, D.D.S.</td>
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<tr>
<td>Wallace S. Edwards, D.D.S.</td>
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<tr>
<td>Clarence R. Jones, D.D.S.</td>
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<td>Carl G. Wirth, D.D.S.</td>
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<td>VCU-MCV</td>
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<tr>
<td>MODERN PREVENTIVE DENTISTRY FOR THE DENTIST AND HIS AUXILIARIES</td>
<td>May 3, 1974</td>
<td>50.00</td>
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<tr>
<td>(This course is limited to 20 dentists and their auxiliaries.)</td>
<td>Virginia Western Community College</td>
<td></td>
</tr>
<tr>
<td>H. Gordon Cheney, D.D.S., M.P.H.</td>
<td>3098 Colonial Avenue, S.W.</td>
<td></td>
</tr>
<tr>
<td>Sherwin R. Fishman, D.D.S., M.P.H.</td>
<td>Roanoke, Virginia</td>
<td></td>
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<tr>
<td>VCU-MCV</td>
<td></td>
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<tr>
<td>PREPROSTHETIC SURGERY</td>
<td>May 10-11, 1974</td>
<td>100.00</td>
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<td>H. David Hall, D.M.D.</td>
<td>Cascades Meeting Center</td>
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<td>Vanderbilt University</td>
<td>Williamsburg, Virginia</td>
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<tr>
<td>S. Elmer Bear, D.D.S.</td>
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<tr>
<td>Raymond P. White, D.D.S., Ph.D.</td>
<td></td>
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<tr>
<td>Edwin D. Joy, D.D.S.</td>
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<tr>
<td>VCU-MCV</td>
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<td>ENJOY YOUR DENTAL PRACTICE</td>
<td>May 14, 1974</td>
<td>50.00</td>
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<tr>
<td>(Cosponsored with the Roanoke Dental Society.)</td>
<td>Hotel Roanoke</td>
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<tr>
<td>John A. DiBiaggio, D.D.S.</td>
<td>Roanoke, Virginia</td>
<td></td>
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<tr>
<td>Richard D. Wilson, D.D.S.</td>
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<td>VCU-MCV</td>
<td></td>
<td></td>
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<td>MOTIVATION, COMMUNICATION, AND EMPLOYEE RELATIONS</td>
<td>May 17, 1974</td>
<td>50.00</td>
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<tr>
<td>(This course is limited to 25 dentists.)</td>
<td>MCV*</td>
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<tr>
<td>Collin Bushway, Ph.D.</td>
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<tr>
<td>Eugene H. Hunt, Ph.D.</td>
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<tr>
<td>George W. Rimler, D.B.A.</td>
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<tr>
<td>VCU-MCV</td>
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<tr>
<td>ORAL CANCER</td>
<td>May 25, 1974</td>
<td>None</td>
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<tr>
<td>(Cosponsored with the National Cancer Institute. This course is limited to 120 dentists.)</td>
<td>MCV*</td>
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<tr>
<td>Richard P. Elzay, D.D.S., M.S.D.</td>
<td></td>
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<td>VCU-MCV</td>
<td></td>
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</tr>
</tbody>
</table>

* All courses marked with an asterisk will be given in the School of Dentistry, Medical College of Virginia, Virginia Commonwealth University, 520 North Twelfth Street, Richmond, Virginia 23219. Classes will begin promptly at 9:00 a.m.
REPORT OF EXECUTIVE COUNCIL MEETING

May 20, 1973
The Homestead
Hot Springs, Virginia

ACTIONS IN BRIEF......


2. Approved endorsement and support of Dr. Alexander L. Martone’s candidacy for President-Elect of the American Dental Association in 1975, and recommended to the House of Delegates.

3. Approved employment of Mrs. Pat K. Watkins as Executive Secretary; Dr. George W. Burke, Jr. as Editor of the VIRGINIA DENTAL JOURNAL; Mr. Jesse Turner as Auditor; and Mr. John P. Ackerly, Ill as Legal Counsel.


5. Approved that the President write to each member of Virginia Advisory Legislative Council urging that State Board of Dentistry remain an independent Board and not be included under Department of Professional and Occupational Registration.

6. Approved contracting with Dr. David Born to provide Dental Manpower Survey and Opportunities in Dental Practice.

7. Approved a one-week trip to Hawaii January 19-26, 1974 and one-week trip to London in April or May, 1974, as proposed by Arthurs Travel Service, and a two-weeks trip to Switzerland, Austria and Germany as proposed by INTRAV for sometime between June and September, 1974.

8. Approved Student Membership for Undergraduate Students be referred to Reference Committee on President’s Address and Administrative Matters of House of Delegates.

9. Approved Slate of Officers to be presented to membership at VDA Annual Meeting.

10. Received as information Report of Student Loan and Scholarship Committee concerning its efforts to increase scholarship-loan funds for Virginia students and to improve dissemination of pertinent information.
11. Approved acceptance of proposal of Lumbermen's Mutual Casualty Company to replace Hospital Indemnity Program as of June 30, 1973, with guaranteed coverage to currently insured members and to new members under 65, and with waiver of two year exclusion for pre-existing conditions for policies in force prior to July 1, 1971.

12. Approved approximately 32.6% premium increase and $50 and $150 deductible options of American Casualty Company's Major Medical Expense Coverage, effective October 15, 1973.

13. Approved Trustees of Balanced Retirement Plan Trust making necessary changes in Trust and Plans to conform to Congressional actions pertinent to retirement plans for dentists.

14. Approved the Continuing Education Committee's recommendation of early appointment of Component Program Chairmen and coordination of program planning through Director of Continuing Education, MCV School of Dentistry, and that the VDA and Component Program Chairmen meet with the Continuing Education Committee during the VDA Annual Meeting.

15. Approved Executive Council, in consultation with Virginia Dental Service Plan, study relevancy of Veterans Administration Fee Schedule and negotiating a fee schedule with UCR as a basis.

16. Approved requesting Dean of MCV School of Dentistry to have placed in operating condition at School dental equipment from various manufacturers so students may become familiar with different kinds of equipment.

17. Approved requesting J. Sargeant Reynolds Community College to cease planning for two-year School of Dental Hygiene until completion of the Manpower Survey of the Virginia Dental Association.

18. Approved Dental Health Committee's promotion of slide presentation for talks to lay groups and VDA furnishing copies of presentation to Component Societies, without cost to Components.

19. Approved letter to MCV Department of Visual Education thanking them for assistance in developing Dental Health Committee's slide presentation.

20. Received as information Report of Dental Trade and Laboratory Relations Committee expressing concern over conflict between ADA-VDA Code of Ethics and laws of Virginia as it relates to patient-laboratory relations.

21. Received as information that Dr. John S. Young will attend the Denturism session of the ADA Public Relations Workshop August 7, 1973, in Chicago.
22. Approved that profession support requirements of law concerning dispensing of drugs to patients and requiring that dentists secure a State Narcotics License and that a letter be sent to VDA members advising them of requirements of the law.

23. Approved recommendation of Legislative Committee that legislation concerning peer review liability be prepared for introduction at 1974 Virginia General Assembly and referred to Reference Committee on President’s Address and Administrative Matters of House of Delegates.

24. Approved that Public Information Committee, in cooperation with Dental Health Committee, develop elementary school dental health programs, including updated Teacher’s Reference Guide and formation of local Advisory Committees to work with schools to improve dental health of students.

25. Received as information Report of Executive Secretary.

26. Received as information Report of the Virginia Board of Dentistry.

27. Received as information Report of the Virginia Dental Service Plan.

28. Approved that VDA neither reject nor endorse the Dental portion of Medicaid until further information is presented in writing, and this position be communicated to the VDA membership.

29. Referred to the Constitution and Bylaws Committee for study and recommendation to the Reference Committee on President’s Address and Administrative Matters the proposed amendment of ARTICLE I of the VDA Bylaws concerning violation of the Principles of Ethics.

30. Referred to the Constitution and Bylaws Committee to study VDA Code of Ethics to assure conformity to ADA Principles of Ethics and Addenda and to make recommendation to the Reference Committee on President’s Address and Administrative Matters of the House of Delegates.

31. Approved formation of a State Patient Relations Committee and a State Peer Review Committee to serve as Appeals Committee for local Component Societies and to provide liaison between Component Societies; and that Component Societies be requested to form Peer Review Committees.

32. Approved that the Peer Review Committee and Patient Relations Committee study peer review for third party carriers and report to the Executive Council.

33. Approved resolution “That the American Dental Association calls upon the Food and Drug Administration to restudy the case of cyclamates and other non-nutritive sweetening agents for a more realistic determination of the possible carcinogenesis related to normal intake of these substances by humans” be forwarded to the ADA House of Delegates.
SLATE OF OFFICERS FOR 1973-74:

President-Elect .................................. Dr. Virgil H. Marshall

Secretary-Treasurer ............................ Dr. French H. Moore, Jr.

Member-at-Large, Executive Council (1973-75) ....Dr. Elmer O. Fisher, Jr.

Member-at-Large, Executive Council (1973-75) ....Dr. Charles F. Fletcher

ADA Delegate (1974-75) ....................... Dr. William H. Traynham, Jr.

ADA Delegate (1974-75) ....................... Dr. Carlton E. Gregory

ADA Alternate Delegates (1974) ............... Dr. Charles F. Fletcher,
Dr. Lonnie O. Clark, Jr., Dr. Bennett A. Malbon,
Dr. Henderson P. Graham, Dr. Thomas T. Upshur,
Dr. Charles R. Crews and Dr. Harry D. Simpson, Jr.

Virginia Board of Dentistry .................. Dr. Henderson P. Graham,
Dr. J. Conway Smith and Dr. Robert H. Loving

VIRGINIA DENTAL ASSOCIATION 1972 FINANCIAL AUDIT

ASSETS

Cash on Deposit:

Checking Account ................................ $ 4,471.64
Certificate of Deposit .......................... 30,700.00
Savings Account and Interest .................. 1,674.93
Prepaid President’s Expense .................... 1,002.63 $ 37,849.20

Investments:

T. Rowe Price Growth Stock Fund (At Cost) .... $ 12,661.91
(Market Value—$16,826.01)

Virginia Electric & Power Company ............. 10,764.70
Certificate of Deposit .......................... 38,000.00
Accrued Interest ................................ 1,925.00 $ 63,351.62

Equipment:

Office Furniture and Fixtures .................. $ 10,052.88
Less: Accumulated Depreciation ............... 4,857.68 $ 5,195.20

$106,396.02

73
LIABILITIES

Deferred Income:

Dues 1973 ................................... $ 15,735.00

Accounts Payable:

Annual Meeting .................................. $ 1,120.68

Employees’ Withholding Taxes ................ 144.93

American Dental Association .................. 3,920.00

VADPAC Fund ............................. 280.00 5,465.61

Fund Equity:

Balance, January 1, 1972 ....................... $ 65,233.62

Add: Excess of Income Over Expenditures ...... 19,961.70 85,195.41

Balance, December 31, 1972 ................... $106,396.02

INCOME AND EXPENSES 1972

Income:

Virginia Dental Association Dues .............. $ 84,992.50

Advertising—Journal .......................... 4,639.78

Annual Meeting ................................ 17,469.49

Interest ..................................... 2,207.03

Investments—Dividends and Interest .......... 3,084.37

Miscellaneous ................................ 437.86 112,831.03

Expenditures:

Operating Expenses:

Committee Expenses .......................... $11,317.14

Contributions, Dues and Fees ............... 1,705.00

Office Expense ................................ 14,615.00

Salaries, Wages and Fees ..................... 26,769.20

Travel and Expense Allowance .............. 8,647.55

Journal Expense ............................. 11,257.54

Annual Meeting Expense ..................... 18,557.81 92,869.24

Total Expenditures ............................ $19,961.79

Excess of Income Over Expenditures ..........
**VIRGINIA DENTAL ASSOCIATION**
Approved by Executive Council May 20, 1973

**1974 Budget**

### Income:

1. State Dues ..................................... $ 86,000
2. Journal Advertising ........................... 4,000
3. Interest and Dividends ....................... 5,500 $ 95,500

### Expenditures:

1. Committee Expense ............................. $ 9,900
2. Contributions, Dues and Fees ................... 1,820
3. Office Expense .................................. 18,600
4. Salary, Wages and Fees ....................... 32,850
5. Travel and Expense Allowance .................. 11,900
6. Journal Expense ................................ 14,000
7. Annual Meeting .................................. 1,500 $ 90,570

Income Over Expenditures ................................ $ 4,930

#### 1. Committee Expense:

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<td>Cancer</td>
<td>$ 300</td>
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<tr>
<td>Continuing Education</td>
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<tr>
<td>Dental Care Programs</td>
<td>300</td>
</tr>
<tr>
<td>Dental Education</td>
<td>1,200</td>
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<td>Dental Health</td>
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<td>Dental Trade and Laboratory Relations</td>
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<tr>
<td>Executive Council</td>
<td>500</td>
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<tr>
<td>History</td>
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<td>Insurance</td>
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<td>International Relations</td>
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<td>Public Information</td>
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<tr>
<td>Contingency—Other Committees</td>
<td>600     $ 9,900</td>
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#### 2. Contributions, Dues and Fees:

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<td>ADA Fifth District Dues</td>
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<tr>
<td>Delta Dental Plans</td>
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<td>Va. Assn. of Professions</td>
<td>300</td>
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<td>Va. Council on Health and Medical Care</td>
<td>800</td>
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<tr>
<td>Va. Chamber of Commerce</td>
<td>60      $ 1,820</td>
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3. **Office Expense:**

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<tr>
<th>Item</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Bond Premiums and Insurance</td>
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<tr>
<td>Depreciation of Office Equipment</td>
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<tr>
<td>Maintenance of Equipment</td>
<td>$700</td>
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<tr>
<td>Postage and Mailing Permits</td>
<td>$3,000</td>
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<tr>
<td>Printing and Office Supplies</td>
<td>$4,500</td>
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<td>Office Rent</td>
<td>$6,000</td>
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<tr>
<td>Telephone</td>
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<td>Other Office Expense</td>
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<td><strong>Total Office Expense</strong></td>
<td><strong>$18,600</strong></td>
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4. **Salaries, Wages and Fees:**

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<tr>
<td>Clerical</td>
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<tr>
<td>Executive Secretary</td>
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<td>Employee Benefits</td>
<td>$900</td>
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<td>Social Security Employer Taxes</td>
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<td>Professional Fees: Legal</td>
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<td>Accounting</td>
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<td><strong>Total Salaries, Wages and Fees</strong></td>
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5. **Travel and Expense Allowance:**

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<td>Alternate Delegates to ADA Meeting</td>
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<tr>
<td>President</td>
<td>$2,200</td>
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<tr>
<td>President-Elect</td>
<td>$1,500</td>
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<tr>
<td>Secretary-Treasurer</td>
<td>$1,500</td>
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<tr>
<td>President's Discretionary Fund</td>
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<tr>
<td>Executive Council's Discretionary Fund</td>
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<td><strong>Total Travel and Expense Allowance</strong></td>
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6. **Journal Expense:**

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<td>Editor's Expense</td>
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<td>Managing Editor</td>
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<td>Printing and Postage</td>
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<tr>
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7. **Annual Meeting**

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<td>American Assn. of Dental Editors</td>
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<tr>
<td><strong>Total Expenditures</strong></td>
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PROPOSED CHANGES IN PRESENT CONSTITUTION AND BYLAWS OF THE VIRGINIA DENTAL ASSOCIATION

ARTICLE I, Section 1. Classification would be amended to include the classification of Student.

A new paragraph F would be inserted to read:

F. Student Members shall be those undergraduate students of the MCV School of Dentistry who are recommended by the Dean and approved by the Executive Council.

ARTICLE I, Section 2. Election to Membership. A new paragraph E would be inserted to read:

E. Student Members: Undergraduate students of the MCV School of Dentistry may become Student Members upon recommendation of the Dean and approval by the Executive Council. They shall not be entitled to vote or to hold office. They shall be entitled to participate in the Association’s insurance programs, shall receive the Virginia Dental Journal and shall receive notice of and be entitled to participate in other Association activities.

ARTICLE I, Section 7. Dues, paragraph E, would be amended to read:

E. Honorary Members and Student Members shall be exempt from all dues.

ARTICLE I, Section 5. Termination of Membership, C. Violation of the Principles of Ethics, sub-paragraph a. would be amended to read:

a. Any three members may, in writing, charge another member with violation of the Principles of Ethics. Such charges shall be sent to the Ethics Committee of the Component Society concerned, which shall make a thorough investigation of the case and, if the facts appear to warrant it, convene a hearing.

A sub-paragraph j. would be added to read:

j. Alleged violations of the Principles of Ethics may be considered by the Ethics Committee without written complaints. In such cases the committee shall proceed informally to investigate the allegation and shall, if the allegation has some basis, attempt to guide the member being investigated in correcting the violation. If the member being investigated is not cooperative, the committee shall, upon receipt of three written complaints, proceed as previously directed.

ARTICLE III, Section 3. Membership of the House, paragraph C, would be amended to read:

C. Executive Council Members, Members of the Virginia Board of Dentistry, ADA Delegates and Alternate Delegates, and Chairmen of all Virginia Dental Association Standing Committees shall be seated in a special section of the House as non-voting members.

A new paragraph D would be added to read:

D. Two students from each class of the MCV School of Dentistry shall
be seated in the House as non-voting members.

ARTICLE IV, Section 2. Method of Election and/or Appointment, paragraph D, sub-paragraph a., would be amended to read:

a. The Immediate Past-President shall serve one year as an officer, a member of the Executive Council, and a delegate to the House of Delegates Meetings at the Annual Session of the American Dental Association. He shall serve as chairman of the Virginia delegation.

ARTICLE IV, Section 4. Duties of Officers, paragraph A, would be amended by deleting sub-paragraph h. and renumbering sub-paragraphs i. and j. to h. and i.

ARTICLE V, Section 3. Term of Office, would be amended as follows: the present paragraph D would become paragraph E, and a new paragraph D would be added as follows:

D. The Immediate Past President shall serve as a delegate for the year he holds that office and shall be chairman of the delegation.

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Comparison of physical properties of Howmedica III Alloy and Type III casting gold

<table>
<thead>
<tr>
<th>Howmedica III ALLOY</th>
<th>TYPE III GOLD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FURNACE HEAT TREAT AND QUENCH</strong></td>
<td></td>
</tr>
<tr>
<td>83,000</td>
<td>ULTIMATE TENSILE STRENGTH (PSI)</td>
</tr>
<tr>
<td>37,000</td>
<td>PROPORTIONAL LIMIT (PSI)</td>
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<tr>
<td>25</td>
<td>ELONGATION (%)</td>
</tr>
<tr>
<td>150</td>
<td>BRINELL</td>
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<tr>
<td><strong>BENCH COOLED</strong></td>
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</tr>
<tr>
<td>77,500</td>
<td>ULTIMATE TENSILE STRENGTH (PSI)</td>
</tr>
<tr>
<td>42,500</td>
<td>PROPORTIONAL LIMIT (PSI)</td>
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<tr>
<td>14</td>
<td>ELONGATION (%)</td>
</tr>
<tr>
<td>160</td>
<td>BRINELL</td>
</tr>
<tr>
<td><strong>SPECIFIC GRAVITY†</strong></td>
<td><strong>15.6</strong></td>
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<tr>
<td><strong>THERMAL CONDUCTIVITY††</strong></td>
<td><strong>0.117</strong></td>
</tr>
<tr>
<td><strong>WEAR RESISTANCE†††</strong></td>
<td><strong>5.95</strong></td>
</tr>
</tbody>
</table>

† Astuenal #4 Gold Used
†† Thermal conductivity was obtained by measuring electrical conductivity and converting to thermal conductivity per the Wiedemann-Franz Law. Sample was Austenal #4.
††† When results were obtained by comparing volume loss of equal size alloy samples of Howmedica III, Austenal #4 and Vitallium®. Numbers indicate relative volume of material lost as compared to Vitallium alloy (Vitallium=1). A standard abrasive paper was used.

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