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ADA DELEGATION

to the 132nd Annual ADA Session, October 5–10, 1991, Seattle, Washington
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COVER

A skier at Wintergreen, Virginia
(Courtesy of the Virginia Division of Tourism)
EDITORIAL

PATIENTS RIGHTS AND COMMUNICATION

In the most recent issue of Operative Dentistry, Dr. David J. Bales, Editor, questions: “What happens to the State Board Examination patient whose treatment was judged by the examiners to have been a failure?”

This provocative issue is only a single component of a very broad and complex subject: the rights of the patient.

These are challenging times for the profession. The half-life of our knowledge is about forty months, Society continues to raise questions about our ethics, our abilities and the materials we use (NB amalgam) and competition continues to erode our compatibility as colleagues. Above all, patient knowledge is increasing dramatically. Patients are not only better informed, they are more likely to question and to seek reassurance that the dentist’s recommendations are proper. You and I have to be accepting of these questions and be as responsive as we can to our patients’ concerns.

In other words, the patient has a legitimate right to know what the dentist’s opinion is of the risks involved, the options available and of the prognosis. In addition, the patient should be given some approximation of the fee. In most of our offices, you and I discuss these issues with our patients verbally.

Not good enough.

One of the serious shortcomings in verbal communication with the patient is the potential for misunderstanding. Most of us have rather poor listening skills. Data indicate that, after one hour students (without notes) can remember only about 50% of lecture material. After seven days, they forget another 25%. Interestingly, these studies included both “average” and “bright” students. If students remember so little of verbal communication, how about the patient whose mind is not academically geared toward retention? It is safe to assume that the patient who appears to be listening so intently is probably counting the freckles on your forehead.

Misunderstandings can lead to losing a patient, to unrealistic expectations, and to lawsuits. Written communication must follow verbal.

Although most of us have receptionist/office managers who are overwhelmed and although most of us lack even basic dictating equipment, the ability of a dental office to send patients or colleagues written communication is fundamental to fairness, openness, and I might add, malpractice prevention.

We must write letters. Writing letters to patients corroborating a case discussion is reassuring to patients and allows them time to review our recommendations at their leisure. We can also remind them that we have reviewed risks, options and fees and then list them again to clarify any potential misunderstanding.
If options are available, is it not up to us to explain what the options are? For example, if a patient can obtain similar and equally safe bleaching results from over the counter products for less than $10.00, is it morally correct only to recommend our $400.00 in-office treatment? If an ADA approved implant system is indicated, but we “don’t do implants”, do we quietly ignore the topic and only mention traditional removable prostheses? Do we make it clear to patients that crown and bridge treatment will probably have to be re-done periodically? If endodontic treatment is to be followed by a full crown, should we not so inform the patient prior to the endodontic treatment? Do we mention that endodontic treatment (or any treatment for that matter) is not 100% successful 100% of the time. Clearly, patients need to be offered the option of periodontal treatment or endodontic treatment if these treatment modalities could prolong the life of dentition.

A patient’s economics may preclude ideal treatment and the patient may choose a compromise. If that compromise is appropriate but with risk, we must inform the patient of that risk and must do so in writing. Patients do have rights that influence our communication. Most patients are reassured by written communications, and especially by receiving a copy of a letter written to a specialist to whom they are referred.

Informed consent documents are becoming essential in all of our offices and their absence will probably influence our insurance rates. Every dentist reading this editorial has to take it upon him/herself to use an appropriate informed consent document. Communication must extend further however, and should include both verbal and written explanations. The time spent is an excellent investment in risk management.

The day of the patient stating: “Whatever you say, Doc.” is fading fast.

Richard D. Wilson, D.D.S.
Health care in the United States is approaching a crisis. The cost of medical and dental care is pricing itself out of the market. The rate of increase in the costs of these services exceeds those in the GNP, inflation, consumer price index, or any other index you might select. As a result, over 37 million people are without health insurance. Unless something is done about it, this number is expected to rise to 60 million by the year 2000.

A significant factor is technological innovation which has developed machines and procedures in medicine and dentistry, and has placed this country in the forefront of health care progress.

Unfortunately, the finger of accusation has been pointed at our professions for exploiting these developments, and using them inappropriately or unnecessarily. In short, it has been suggested that a significant percentage of these procedures are motivated by the “greed factor”, rather than sound clinical judgment; thus compounding the rise in health costs.

It would be naive to assume that such practices never occur. However, I firmly believe that the large majority of our professions are peopled by honorable men and women, who place the welfare of their patients before the crass considerations of remuneration.

I do believe that significant deviation in clinical practice has occurred over the past decades due to the advent of aggressive trial lawyers and a litigious society, resulting in high liability insurance fees and the fear of multi-million dollar awards. Such awards not only damage our prestige in the community, but inhibit our ability to render good professional care.

Clearly, members of the health profession have to recoup the cost of liability insurance. Equally important, we have to defend ourselves. The occasional mal-occurrence which may be made to appear legally significant, but may have been the result of inadequate communication, unrealistic expectations or clinical judgment is seized by some in self-righteous (and income-producing) legal posturing. Litigation results.

Trial lawyers claim that they only sue the bad health care professionals who have been negligent and self-serving. In my personal experience over 35 years this is simply not the case. I have known a handful of physicians who were borderline at best, and demonstrated poor clinical judgment, but surprisingly,
they were never sued. Whereas, of those who had been sued, most were consistently well-trained, experienced physicians who enjoyed the highest respect of their colleagues. I suspect that if one extrapolated this experience to the whole country, the results would be similar.

I believe that a substantial portion of the rising cost of medical and dental health care can be attributed to litigation, especially to the iniquitous practice of contingency fees.

Attorneys claim that such contingency fees permit the poor and underprivileged to enter the judicial system. I would point out that doctors and dentists, in accordance with their ethical standards, have long accepted these patients at no charge, or at reduced fees compatible with their ability to pay. Why should not the other learned professions obey such ethical precepts? On the contrary, through their disproportionate representation on State and Federal legislative bodies, they have manipulated the legal acceptance of contingency fees. I believe I am safe in saying that in no other country in the society of democratic nations is the contingency fee acceptable. In fact, it is generally deemed illegal and/or unethical.

In August 1984, Chief Justice Warren Burger, in a speech before the American Bar Association, criticized trial lawyers for establishing contingency fees in those cases where negligence or malpractice was clearly present and the outcome was assured. In such instances, ethical standards are clearly suspect.

In Virginia, a cap of $1 million is placed on pain and suffering. In the past, trial lawyers have attempted to increase the cap, which, of course, is an expression of their contingency fee. To date they have been unsuccessful. However, a bill was introduced at the 1989 Virginia Legislative Assembly, changing the law to include the cap for "each provider" in the suit so that by suing as many individuals as possible in any given suit a multiplication factor is applied to the cap, and to their fees. This bill failed to pass the committee, but will no doubt appear again. The objective seems to be to "deepen the pocket" wherever possible.

Recently the Richmond Newspapers published a report of a case, in which the $1 million cap was awarded, but after the deduction of the legal expenses the lawyer's contingency fee of $400,000 was removed, leaving little more than one half to the plaintiff. On the assumption that the jury awarded a sum commensurate with the plaintiff's pain and suffering, how can one ethically support a practice of the lawyer's taking approximately one half?

Fortunately, the impact of this practice on the cost of health care has not gone unnoticed. Senator Orrin G. Hatch, R-Utah, has long been an advocate of tort reform as a first step in controlling health care costs. In the past Senator Edward M. Kennedy, D-Mass., and Representative Fortney "Pete" Stark, D-Calif., had opposed such reform, believing that it would merely reduce the patient's opportunities to receive damages, and would have little effect upon professional negligence and malpractice. However, both have had a change of
heart, in the light of developing evidence that the rising costs of liability insurance have further reduced access to adequate care by the uninsured, or underinsured, working poor.

I am convinced that until tort reform is enacted, and contingency fees curbed, we will not persuade health care providers to limit their defensive practices and we will be unable to bring down the excessive costs of health care. These costs threaten to push us into some form of comprehensive health care system with its regulation, bureaucratic rigidity, and, ultimately, rationing of health care. I would favor some form of no-fault insurance, similar to Workman's compensation to ensure adequate and reasonable rewards to those injured, but at the same time, not punishing competent professionals for incidents of mal-occurrence.

However, with such remedial legislation, I would urge a greater professional responsibility in policing our respective professions, and weeding out the incompetents, demanding further education for those with consistent errors in judgment, and finally, restricting those who persist in inappropriate procedures for financial gain.

It behooves us all to inform our patients of the reasons for high costs, and enlist them on our side, in the fight for optimum care at reasonable costs. We should also attempt to influence our legislators. Nor should we overlook the advantage of unified action within our respective professional organizations.

Let us maintain our high prestige within the community by a vocal and organized demonstration of our dedication to the highest professional and ethical standards.

Dr. Morey practiced internal medicine and gastroenterology in Richmond for 35 years and is now the Legislative Representative for a Richmond hospital.
Doctor Robert V. Perkins, Jr. of Richmond, Virginia, is currently serving as Supreme Grand Master (President) of Delta Sigma Delta International Dental Fraternity. He assumed his new position at Delta Sigma Delta’s 105th Annual Meeting in October, 1989, in Oahu, Hawaii. He had been the Representative of the Supreme Grand Master in Virginia for the past fourteen years, and served as President of the Council of Graduate Chapters in 1982–83. Delta Sigma Delta has a world-wide membership of over 26,000. There are undergraduate chapters at forty U.S. dental schools and forty graduate chapters in the U.S. There are graduate chapters in England, France, Holland, Belgium, Norway, Sweden, New Zealand and five chapters in Australia.

Following graduation from VMI with a bachelor of arts degree in pre-med, Doctor Perkins graduated in 1957 from the Medical College of Virginia, School of Dentistry. He served in the U.S. Air Force Dental Corps from 1957–60 at Sheppard Air Force Base in Wichita Falls, Texas, and separated from the service with the rank of captain.

He then opened a general dentistry private practice in Richmond. Bob is a former president of the Jaycees’ Richmond chapter and a former Jaycees national director. At his instigation, more than 300,000 residents were inoculated during the area STOP POLIO Vaccination campaign. Because of his efforts, he was subsequently awarded a life membership in the Richmond and Virginia Jaycees and was made a JCI senator.

Bob is a former chairman of the Richmond area Heart Association and the Virginia State Heart Association and a former president of Westwood Racquet Club, where he has served on the board of directors for the past thirteen years. He was a professional tennis umpire for seventeen years and officiated at seven U.S. Open tournaments in New York.

He is a member of the American Dental Association, the Virginia Dental Association and the Richmond Dental Society, and a past president and charter member of the Metropolitan Academy of Dentistry.
The Dental Health and Public Information Committee has a free loan library of videocassettes, filmstrips, slides and displays for VDA members.

**Filmstrips:**
- "It's Dental Flossophy Charlie Brown", Color, 16mm, Sound, 5 Minutes
- "Merlin’s Magical Message", Color, 16mm, Sound, 6 Minutes
- "Showdown at Sweet Rock Gulch", Color, 16mm, Sound, 13 Minutes
- "The Munchers", Color, 16mm, Sound, 10 Minutes
- "Toothbrushing with Charlie Brown", Color, 16mm, Sound, 5 Minutes
- "Is Fluoridation the Answer", Color, 16mm, Sound, 90 Seconds
- "Careers in Dentistry", 54 Frame Filmstrip, ¼" Tape

**Slides:**
- "Contract Analysis Service", 52 Slides, Cassette Tape
- "Why Teeth", Adult and Children's Versions, 67 Slides, Cassette Tape and Written Script

**Videocassettes:**
- "DEA—A Profile", VHS ½", 22 Minutes
- "Diagnosing and Managing the Periodontal Patient", VHS ½", 19 Minutes
- "Infection Control In The Dental Environment" (3 Videotapes)
- "Even Good Guys Get Sued", VHS ½", 29 Minutes
- "Healthy Virginians: Your Teeth Can Last a Lifetime", Scotch 3M, 27 Minutes
- "Professional Liability Aspects of the Doctor/Patient Relationship", VHS ½", 21 Minutes
- "Risk Management Techniques for Endodontic Procedures", VHS ½", 22 minutes
- "Risk Management Techniques for Oral Surgery Procedures", VHS ½", 26 minutes
- "Say No to Drugs", VHS ½", 17 Minutes
- "Smokeless Tobacco: Check It Our", VHS ½", 10 Minutes
- "The Chews Blues", VHS ½", 23 Minutes
- "Toothbrushing with Charlie Brown", VHS ½" and ¼", 5 Minutes
- "It’s Dental Flossophy, Charlie Brown,” VHS ½", 5 Minutes

**Displays**
- "Smokeless Tobacco with Mr. Gross Mouth”, brochure to accompany this display
- "Steps to Dental Health—Keep a Smile for Your Future”, three-way poster

For more information, contact the VDA Central Office, 804/358-4927 in Richmond and WATS Line 800/552-3886.
CALENDAR OF EVENTS
(Mark your calendar now for these future meetings)

VIRGINIA DENTAL ASSOCIATION COMMITTEE MEETINGS
January 25–27, 1991, Hyatt Hotel, Richmond

VDA COMMITTEE MEETINGS AND LEADERSHIP CONFERENCE
June 6–9, 1991, Cavalier Oceanfront Hotel, Virginia Beach

VIRGINIA DENTAL ASSOCIATION 122nd ANNUAL MEETING
September 12–15, 1991, Hyatt Regency Hotel, Reston

AMERICAN DENTAL ASSOCIATION 132nd ANNUAL MEETING

Seasons Greetings
from
Your Journal Staff
The Auxiliary to the Virginia Dental Association enjoyed a full year that we are proud to share with the Dental Association. The purpose of the organization is to promote dentistry and the dental profession when possible. We feel pride in the accomplishments of our components throughout the state. Last September at the Richmond meeting each component was asked to donate a basket filled with items representing their area for a silent auction fund raiser. Proceeds from this project were donated to the AADA Dentistry for the Handicapped Program.

Communication and Legislation were two areas that were stressed this year. The link between component and constituent was strengthened by frequent correspondence and visits to components. The state newsletter, Dental Dominion, was sent to all members in August and January.

Dental health projects continue to thrive and are carried out exclusively by the local components.

Nan Cook (Richmond), Marjorie Grabeel (Lynchburg), Allene Rice (Southside), Josie Wendt (Northern Virginia) and I represented Virginia at the AADA Convention in Hawaii. We were very proud when Allene received the Thelma J Neff Distinguished Service Award for District II (Md, Pa, Va, W Va). Virginia also got the national spotlight when we were awarded a certificate and $100 prize for our 1989 “Day at the Capitol” Legislative Project. We held a “meet and greet” Coffee for those Legislators representing the districts of our Board members. Pat Watkins was also a special guest. We later sat in on a session of the Senate where the group was introduced to the Assembly by Senator Bobby Scott, representative of our President Sandy Parks. Each Senate and House member received at their desks a giftwrapped dental care kit from the Auxiliary recognizing Dental Health Month. It got a hearty response and a photo of this gift made the newspaper.

The 1990 January Board meeting was augmented by a Legislative Workshop hosted by the Richmond Auxiliary at the State Capitol. It was an excellent program complete with workbook and panel: Delegate Frank Hargrove, VDA Lobbyist Pat Watkins, Auxiliary members who are legislative aides and Auxiliary legislative chairmen. This project has recently been selected to receive another Legislative Award from the Auxiliary to the American Dental Association in Boston. The Workshop participants adjourned to the Senate Gallery and were introduced to the Assembly by Senator Edward Holland (I am his Aide). Dental-care kits were placed once again on the chamber desks of all 140 Senate and House Members.
This annual state project will also receive an AADA Legislation commendation in Boston.

The AADA Leadership Conference was held in Wichita, Kansas in March. This Conference is held annually for all local, state and national president-elects, dental health and legislative chairmen and any other interested Auxiliary members. Carol O'Keefe (Pres. Elect), Betty Jo Vess (Dental Health Ch) and I received invaluable information and strength of purpose at this seminar.

Special recognition is directed to the Auxiliary to the Northern Virginia Dental Society. They initiated an extensive membership program and were rewarded with many new members and an AADA Membership Award which will be received in Boston.

Our goals for the coming year are to continue to ratify ties between local, state and national parts of the Auxiliary, to distribute information relating to Dental Health, Legislation and Membership. Most important is our need to develop self worth in our purpose as an organization.

All organizations strive for growth. Membership is open to all spouses of VDA members and there are several husbands who have joined. (The President of the Hawaii Auxiliary is also Treasurer of the Hawaii Dental Association! A spouse can also be a dentist.) Those spouses in areas without an Auxiliary component may join the AVDA/AADA as a Member-At Large. Virginia is a large state and our MAL group is growing rapidly. Please contact Carol O'Keefe, Membership Ch., 2117 Deyerle Rd SW, Roanoke 24014 for further information.

We are proud and grateful for the close contact and support of the Virginia Dental Association.
The following case report is an example of a team of dentists correcting a pronounced occlusal and facial anomaly. A primary care dentist, endodontist, orthodontist, and oral/maxillofacial surgeon all contributed to the successful outcome. As the technological resources available to dentists increase, teamwork between generalists and specialists will become essential for comprehensive restoration to excellent health, function, and esthetics.

D.D., a 34 year old male presented with a Class I occlusion on the right, end-on occlusion on the left, a 6 mm anterior openbite and slight crowding in the lower arch. (fig. 1) He had excessive lower face height, requiring lip strain to achieve lip closure. His chief complaints were his inability to bite through sandwiches and his retruded chin. (Fig. 2a & b)

His medical history was negative for otitis media, pharyngitis or early feeding problems. During childhood he had an average amount of upper respiratory infections. He denied allergic disease among parents or siblings and claimed he could always breathe easily through his nose.

He had a moderately high history of caries, with one gold and porcelain crown on an endodontically treated molar. Tooth #9 had been fractured and the incisal third was restored with composite. Tooth #8 had a white opacity of unknown etiology that covered the incisal half of the crown.

X-ray findings showed normal alveolar bone support with no areas of periodontal disease. He had mild marginal gingivitis associated with plaque accumulation.

The treatment plan was to coordinate his upper and lower arches in preparation for surgery. After consultation with the Oral Surgeon, the following surgery was planned: A LeFort intrusion of the maxilla, and a sliding genioplasty to augment the chin and, by removing a subapical wedge of bone, reducing the dimension from Menton to lower incisal edge.

In April 1986, molar bands were cemented and brackets bonded to the remaining teeth. Progressive arch wires were placed and the upper right cuspid was retracted on a rectangular sectional archwire with a closing loop.

In September 1986, the previously traumatized upper left central became symptomatic and required root canal therapy. Coordinated rectangular archwires were in place. No attempt was made to reduce the anterior openbite. In March 1987, progress impressions revealed an excellent fit when the models were placed in the prognosed occlusion. In April another meeting was held with the oral surgeon to reconfirm the agreed plan.
Special ligatures were placed for fixation and D.D. underwent surgery in May 1987. Bone plates were used, obviating the need for prolonged intermaxillary fixation.

Postsurgically the upper midline was 2 mm to the left and the right side was end-on. The left side was “super” Class I. A Class II elastic was placed on the right side, an anterior transverse elastic and a light Class III elastic on the left side were also used. The three elastics, parallel to each other, quickly corrected the midline and posterior occlusal problems, confirming the frequently heard testimony that occlusal discrepancies respond well to elastic traction in the immediate post-surgical period.

In August 1987 bond/band removal began. Braided wire was bonded to the lingual surfaces of the upper central incisors for stability. (fig. 3) A bonded cuspid to cuspid lower retainer and a circumferential upper retainer were placed in September.

In November 1987 porcelain laminates were bonded to the two upper centrals to cover the opacity on #8 and to restore the incisal fracture on #9.

In November 1988 the patient noticed tooth #7 had moved slightly to the lingual. Brackets were bonded to the upper cuspids and laterals, staying off the porcelain laminates, and a light round wire was used to correct #7. Three weeks later the laterals were splinted to the centrals on the lingual using .0195 braided wire.

In February 1989 post-treatment records reveal no return of the open-bite (Fig. 4) and an attractive male face. (Fig. 5 a & b) No lip strain is evident when the lips meet, and the strong chin has contributed to D.D. becoming a more confident and personable adult. He is very pleased with the outcome, and reports he would urge anyone considering the procedure to proceed with it.

On his most recent recall visit the patient asked if we do anything with hair.

Figure 1. Frontal, pre-operative intra-oral view.
Figure 2. a & b Frontal and lateral extra-oral views, pre-operative.

Figure 3. Lingual view of maxillary incisors with wire bonded for stability.
Figure 4. Intra-oral post-operative view demonstrating proper alignment as well as bonded porcelain laminates.

Figure 5. a & b Post-operative frontal and lateral extra-oral views.
Fronto-Temporal Lobe Abscess Following Periodontal Recall: Discussion for Antibiotic Prophylaxis

by Andrew Gilfillan*

Editor's Note:
Although speculative, the following case is published to emphasize the imperative value of the medical/dental interface. In caring for patients, our profession continues to extend its concern to include the entire person.
I should also point out that the author is a sophomore dental student. His article should serve as reassurance to those who question the quality of our students.

In studies of cases linking brain abscess to dental infection it has been suggested, but not proven, that a common pathway exists for the hematogenous spread of bacteria. While the normal blood-brain barrier protecting the brain makes brain abscess rare following bacteremia, the factors which compromise this blood-brain barrier remain unknown. In a 25 year study, Hollin et al. studied 114 cases of intracranial suppuration of which two brain abscesses of dental origin were delineated. A case of fronto-temporal lobe abscess following periodontal recall is presented here. The purpose of this paper is to discuss scientific evidence associating a brain abscess with oral sepsis and to present a case for prophylactic antibiotic treatment in preventing a recurrence.

CASE REPORT
On November 21, 1989, a 47 year old, left handed, white female presented for routine periodontal recall. A past dental history included the following information: following the patient's initial examination in 1988, she was seen for recall in regular six month intervals. The patient had excellent dentition. Examination revealed soft tissue within normal limits, gingival status puffy and moderate bleeding in pocket areas. On November 21, 1989, a mesial probe revealed 5-6mm on #2-MB and 5mm on #15-MB with bleeding. A past medical history included congenital glaucoma with enucleation of the eyes in 1979. She has an irritable bowel with chronic dehydration and has an indwelling Porta-Cath for fluids.

On November 22, 1989, the patient reported a headache with progressive severity. The patient was lethargic with a low-grade temperature. On November 26, 1989, the patient was admitted to the hospital. A lumbar puncture demonstrated 600-800 polys and a spinal sugar of 70. She continued to be lethargic. A CT scan revealed left-sided edema and temperature...
eral enhancement irregular with con­
trast. A CT scan of the head demon­
strated findings compatible with an
intracerebral abscess on the left side.
A physical examination revealed the
patient’s affect was dull. She was ori­
ented but complained that she could
not concentrate. The patient had no
loss of strength on either side. Her
reflexes were symmetrical. She dem­
onstrated a positive Babinsky test.
Her sensory exam was normal. The
patient’s cranial nerves were intact ex­
cluding the eyes.

Volumes of laboratory procedures
were done. An Electro-encepholo­
gram revealed severely abnormal EEG
with Grade II Delta in the left tem­
poral area and Grade II dysrythmia
in the left temporal area and left hem­
isphere. On November 29, 1989, an
MRI scan demonstrated a fairly large
abscess of the left hemisphere. Chest
x-rays demonstrated no acute find­
ings. No acid-fast organisms were re­
covered from the brain abscess. Serial
PTT’s and Pro times were unremark­
able. The patient had negative ear,
nose, and throat exam. She was oper­
ated on November 30, 1989. Under
endotracheal general anesthesia, the
patient had left fronto-temporal oste­
oplastic craniotomy and excision of an
encapsulated brain abscess. A gram
stain revealed gram-positive cocci in
short chains. She was on Rocephin
and Flagyl. She had a low-grade tem­
perature around 100°F. Postopera­
tively she was much more alert and
her toes were downgoing. A gram­
stain grew anaerobic Bacteroides and
gram positive hemolytic streptococci.

By December 14, 1989 her head­
ache seemed to have resolved. She was
still nauseated. A follow-up CT scan
demonstrated an area of reenhance­
ment with decreased density in the
center. On December 20, 1989, a left­
frontal trephine was placed through
the previous flap and old blood was
aspirated. A gram stain was unre­
markable. The patient continued on
antibiotics. She was alert and bright.
She had some facial swelling. Her
temperature was maximum around
99–99.4°F. She continued afebrile and
appeared to be improving well by
the end of December. Her headaches
were apparently resolving. She was
stable neurologically. Her stomach
was upset by the end of the first week
in January. The patient continued to
improve. On January 11, 1990, the
antibiotics were discontinued. She
continued afebrile and was subse­
quently discharged to home on Janu­
ary 12, 1990. Currently the patient is
being followed in the neurosurgery,
general practice and dental clinics.

SUMMARY AND DISCUSSION

While acute oral infections may be
responsible for cases of brain abscess,
the rarity of brain abscess due to oral
sepsis makes proving this relation­
ship difficult. From the onset of the
patient’s complaint of her symptoms
to the diagnosis, an insufficient
amount of time had elapsed for the
formation of an encapsulated brain
abscess subsequent to dental treat­
ment. Gallagher et al. noted that
symptoms from a hematogenous
spread to the brain usually appear
within several weeks to a month after
the primary infection has occurred.
According to Mandell the route of
infection is presumably by hematogenous spread over the course of the middle cerebral artery yet there is no scientific evidence to support this pathway as the clear focus of entry.

Much has been cited in recent literature concerning micro-organisms cultured from brain abscesses of suspected oral etiology.3–7 Streptococcus viridans, Streptococcus group F, Hemophilis parainfluenzae, Corynebacterium, Propionibacterium acnes, and Bacteroides are most frequently implicated.5 However, because of the wide variety of infectious organisms seen in brain abscesses,6 and the multiple anatomic sites of the organisms, the bacteria isolated remain idiopathic. Saal et al. indicated that a specific focus of infection will not identify the microbiologic origin of brain abscess.7

While it is important to recognize the slight potential for a brain infection following dental treatment, and the risk of morbidity, the likelihood of recurrence is even more rare. Nevertheless, the concern arises for the antibiotic prophylaxis of these patients. For quite some time, we have been premedicating patients predisposed to pulmonary infection and heart disease, most notably subacute bacterial endocarditis.4 While no single group or combination of bacteria can be isolated as the sole determinant source for brain infections,3 prophylactic antibiotic treatment to prevent abscess in immunologically compromised patients1 warrants consideration from a combined medical-legal standpoint.

Radiograph demonstrating Maxillary right second molar with 5–6 mm probeable depth on the mesial surface. Probing elicited bleeding.
COMPONENT NEWS

The Tidewater Dental Association is looking forward to hearing Dr. Tom Limoli speak on Dental Insurance during his fall meeting with us in October. All members are also invited to a “mini” meeting Thursday, November 8th at the Eastern Virginia Medical School. Dr. Elizabeth Holmes will be the speaker and her topic will be “The Challenge of Stress Management”. Other upcoming meetings of note include our spring meeting, March 7th and 8th, with Dr. Baxter Perkinson speaking on Practice Management and Dr. Richard Wilson speaking on Restorative Dentistry.

We are also proud of our new life members for 1990, Dr. O. P. Delcambre, Dr. Ernest Duvall, Jr., Dr. Robert Hopkins, Jr., Dr. Thomas Peterson, Dr. John DiCiero, Dr. Glen Gurganus, and Dr. Vernie Lawrence, Jr. Each of the above men have been honored for 35 years or more of service to the dental profession, and received their certificates at the recent state meeting. We were also fortunate enough to have two of our members receive 50 year certificates at the VDA meeting, and they were Dr. Harold Epstein, and Dr. Gene W. Hirschfeld.

After an absence from the local newspaper, our weekly dental column is now back in full force, with Dr. Bruce Barr as editor. We are all pleased to see the column being so capably produced, and congratulate Bruce for all of his hard work. The Tidewater Dental Association would also like to welcome as new members Dr. Frances Lesinski, Dr. David Marshall, and Dr. James Holley, IV.
The first meeting of the Peninsula Dental Society was held on September 11th at the Omni in Newport News. The meeting began with Dr. Paul Hartmann passing the gavel to our new president, Dr. Fabienne Morgan and the introduction of the new officers. Dr. Morgan presented a plaque to Dr. Hartmann in recognition of his leadership the previous year.

Dr. Morgan reminded the membership that the objective of the dental association is to encourage the improvement of the dental health of the public and to promote the art and science of dentistry. To this end, she presented both her short and long term goals for the year. An emphasis will be placed on continuing education. In addition to the programs at our meetings and the one course that we sponsor each year, she would like to centralize and expand the PDS continuing education and public information library. A system for awarding continuing education credits will also be reviewed. Other goals include an organized auxiliary recruitment program, a mentor system for new members of the PDS, an effort to achieve administrative autonomy for our component, and the re-establishment of a picnic for the membership and their families.

The PDS and MCV will co-sponsor a program entitled “Successful Fixed Prosthodontics” by Dr. Bernard Cohen on November 9th at the Omni in Newport News. The Academy of General Dentistry will be holding its annual meeting in Williamsburg at the Wynham Hotel on October 26–27th. Dr. Peter Neff will be speaking on occlusion and Dr. Gallegos on emergencies in the dental office. We are fortunate to have such a wide array of courses close to home. Please make time in your schedules to attend one or more of these courses. If you have not already received a copy of the calendar of events and a listing of officers, delegates, and chair persons, please call the Peninsula Dental Society office.
School is open, there is a nip in the air, the leaves have turned colors and fallen and the days have gotten much shorter; it must be fall heading for winter. It is almost impossible to believe that the summer has blown by us and the holiday season is almost here. Time does march on, and so does Component #3.

Dr. Charles Blair was the speaker at our continuing education course back in August. Dr. Blair, a dentist and practice consultant, presented us with some interesting and thought provoking ideas and tips on the day to day management of our practices. It was a day well spent in education. The Southside Dental Society will present Ms. Linda Miles in what promises to be another outstanding program July 10, 1991. This program will be held at the Williamsburg Lodge in Williamsburg, Virginia. You might want to mark your calendar now so that you can attend.

The Southside Dental Society will host the Auxiliary at the Annual Dinner and Fellowship Meeting on January 8, 1991. This is one great evening of fellowship and companionship between the dentists and their spouses. It has been extremely popular and well attended. The speaker for this year's meeting is Sally Brown from the University of Richmond's Women's Resource Center.

Several years ago the Auxiliary to the Southside Dental Society began an annual tradition of meeting with the Medical Auxiliary. This meeting usually consists of a luncheon and a speaker. This year's joint meeting will be held February 26, 1991 of the Southside Regional Medical Center. The discussion will be pertaining to "Dealing with Aging Parents". In April of 1991, Mrs. Jocelyn Lance, the President of the State Auxiliary will join with our Auxiliary to install the new officers.

The Southside Dental Society recently lost one of its members. Dr.
Rick Hill passed away suddenly back in the late summer. We extend our sympathy to Rick’s family and will miss him.

I understand that Dr. T. C. Bradshaw is continuing his recovery at home. We wish him the best.

Component #3 has taken in two new members. Dr. Samuel Galston has opened a private practice near Chesterfield Courthouse, and Dr. Scott Gerard has taken over Dr. Rick Hill’s Endodontic practice also near Chesterfield Courthouse. Welcome to the membership and we do hope you will take an active role in the Component and its activities.

Another member of our component was recently honored by the V.D.A. at the Annual Meeting. My father, Dr. Herbert R. Boyd, Jr. was recognized with Life Membership. I have had the privilege to practice with and learn from him for the past ten years. Having recently celebrated his fortieth wedding anniversary with my mother, two milestones were reached this summer. Congratulations, Dad!

As 1990 draws to a close and 1991 begins, I hope that this has been a good year and that each of us will resolve to do even more to promote our profession and help it to maintain its high level of respect. Consider giving some of your time and talents during February’s celebration of National Children’s Dental Health Month. I know you will be repaid many times over.
Fall has arrived bringing a colorful change to the landscape and a great increase in the activity of the Richmond Dental Society.

September started with the Annual Meeting and installation of officers. Congratulations and thanks to all of you for serving our interests. The Annual Meeting of the Virginia Dental Association was also held this month. Several of our members were honored there, including Dr. Joseph M. Doherty, Dr. Gordon Prior and Dr. Richard H. Wood, all of whom were elected as V.D.A. Fellows. The Pierre Fauchard award was presented to Dr. Harry Lyons. Dr. Charles E. Cuttino, III was elected as V.D.A. Member at Large to the Executive Council and as A.D.A. Alternate Delegate. Congratulations to you all!

In October, Byron Childress, Director of Financial Investigation for Blue Cross/Blue Shield spoke to the membership on “Insurance Fraud”. Topics for the rest of the year are many and varied. Tom Williamson, Plaintiff’s Attorney, will talk on “The Other Side of Malpractice” in November. A holiday dinner with our spouses is planned for December 20, 1990. Dr. James F. Nelson will present the “Surgical Aspects of Implants” in January. In February Dr. Barry Shipman will discuss the “Prosthetic Aspects of Implants”. Dr. John F. Monacell will speak on “Early Treatment/Interceptive Treatment for the General Practitioner” in March. In April Dr. R. Scott Ziegler will present “Periodontal Successes and Failures”. Our May meeting will be preceded by golf, tennis and a cookout.

All day programs for the year are “Dynamic Practice Management—Course IV” by Linda Miles on November 16, 1990, “Current Concepts in Cosmetic Dentistry” by Dr. Ross W. Nash and “Periodontics for the 1990’s, Everyday Periodontics for the Dentist and Hygienist” by Dr. John B. Suzuki.

Congratulations to our new members, Doctors Bradley R. Anderson; Steven J. Barbieri; Gregory R. Cox; James W. Donahue; Thomas A. Eschenroeder; Glenn W. Fortner; Mark J. T. Freeman; William N. Friedman; Charles R. Green; Paul M. Jiral; Robert H. Keller; Randal W. King; Walter K. Murphy; Randal W. Rowland; Abraham Shait; David L. Stepp; and Gregory M. Zoghby. Without you we would not continue to grow!

Have a great Holiday Season!
The Piedmont Dental Society met Friday, May 11, 1990 at the Roanoke Marriott Hotel. Dr. Tom Limoli of Atlanta Georgia presented a profitable program on "Dental Insurance".

Our officers for 1990–91 were elected by acclamation. Dr. Nathan Stephens will serve as President. Dr. Fred Alouf will be our President-elect. Dr. W. H. Frazier will continue as Secretary/Treasurer. Dr. Richard Huffman will serve on the executive committee. Dr. Dan Grabeel continues as councilor.

Seven new members were welcomed to our society. They are Dr. Elizabeth Candler, Rocky Mount, Dr. Richard Poe, Appomattox, Dr. David Jones, Salem, Drs. Michael Hunt and Allen McLeod, Roanoke, and Drs. Jeffrey Caldwell and Apostolos Gregos, Danville.

The death of Dr. Charles A. Hall, Martinsville, was reported.

Mrs. Pat Watkins, Executive Director of the VDA, reported on efforts to increase the availability of dental auxiliaries and waste management regulations. Dr. Jim Johnson, VDA President reported on items pertinent to the state dental society. He stressed the importance of increasing student interest in pursuing dental careers and the importance of dentists becoming politically aware and active. Dr. Walter Dickey announced his retirement from the State Board of Dentistry and spoke on recent actions of the board. The society appreciates Dr. Dickey's service on the board.

The Piedmont Dental Society will meet on Friday, October 5, 1990 at the Lynchburg Hilton. "Who's to Blame?", a program about post-operative pain will be presented by Dr. Donald Arens, Associate Professor of Endodontics, Indiana University School of Dentistry.
The Southwest Virginia Component enjoyed an informative presentation from Dr. Jack Hahn of Cincinnati at the August meeting in Abingdon. The topic was prosthodontic considerations in implant dentistry.

The 1990 slate of officers are:

President:
  Dr. Cramer Boswell
President-Elect:
  Dr. Gus Vlahos
Vice-President:
  Dr. Bill Irby
Secretary-Treasurer:
  Dr. French Moore, III

The next meeting of the component will be November 9th at the Holston Hills Country Club in Marion, Virginia. The morning speaker will be Dr. Herbert "Puck" Kiser of Bluefield, West Virginia speaking on "Professionalism and Ethics". The afternoon session will consist of a Preventive Maintenance Clinic sponsored by Healthco of Roanoke.

The spring meeting will be March 4th, 1991 and the topic will be CPR recertification. The place will be The Martha Washington Inn, Abingdon.

The Meeting on May 17–18, will be at Pipestem Resort Park near Princeton, West Virginia. The speaker will be Dr. Baxter Perkinson, who will speak Friday evening from 7:00 p.m.–9:00 p.m. and Saturday morning from 8:00 a.m.–12 Noon. There will be a Social on Saturday night for all VDA members in attendance.
The Northern Virginia Dental Society began its 1990–91 year with its annual meeting held on September 5th. Beginning their new terms in office are: President, Dr. William Wallert; President-Elect, Dr. W. Edward Bernier; Vice-President, Dr. John Willhide; Secretary-Treasurer, Dr. Nora French. Inducted as new members into the Society were Dr. Thao Bui, Manassas; Dr. Joyce Hollander, Centreville; Dr. Ellen V. Kriegger, Rosslyn; Dr. Rodney Mayberry, McLean; Dr. Charles E. Miks, Falls Church; Drs. John and Sandra Ruocco, Sterling; Dr. Joseph Ruzzo, Oakton; and Dr. Owrang Vahid, Herndon.

Under the capable and enthusiastic direction of Dr. Charles Nardiello as chairman, the Programs Committee has planned an outstanding slate of five all day continuing education meetings. Heading the list of speakers will be Dr. Omer Reed. His topic, "Quality of Life—The Relationship Between Economic Independence & Technical Excellence—Marketing of Dental Care," will be presented on October 24. On November 14, Dr. Stephen Cohen will speak about "The Next Wave in Endodontics." Drs. Ronald Jordan and Gerald Kramer and Mr. Jim Pride fill out the program for the spring.

In an effort to present dentistry in a positive light to the children and families in the Northern Virginia area, our Society, in conjunction with Centre Management will be presenting SMILE DAY at the 1 PM performance of SESAME STREET LIVE at the Patriot Centre in Fairfax, Virginia, on December 2, 1990.

Plans are being made to host our annual brunch for state and national legislators at The Boyhood Home of Robert E. Lee on December 9, 1990.

We are very proud of our auxiliary. Under the leadership of President, Linda Schlesinger, they have grown by leaps and bounds—to the extent that Ann Marie Dolan, Membership Chairman, received national recognition for her committee's success! The auxiliary's programs include a "Mom & Tots" program, an expanded dental education committee, and implementation of the ADA's newsmedia relations program.
LYNCHBURG DENTAL SOCIETY RECOGNIZED FOR PARTNERSHIP

The Lynchburg Dental Society has received state level recognition for their efforts with the Lynchburg Public Schools to provide dental career education and training for high school students. Ms. Ann Y. Gregory, chair of the Virginia Council on Vocational Education, made the presentation to Dr. Cleve Porter, Jr., past president of the Lynchburg Dental Society and chairman of the Dental Assistant Program Committee, during an awards program in Richmond honoring contributions to excellence in vocational-technical education.

This partnership developed a dental assistant training program and expanded the vocational training opportunities for students interested in dental careers. It was in direct response to an identified growing shortage of dental assistants revealed in local and state labor market information.

The two-year course provides classroom and clinical dental assistant training of necessary competencies and skills. A $20,000 donation made possible the building and equipping of a fully functioning dental training office and laboratory.

MIDWINTER MEETING OF THE CHICAGO DENTAL SOCIETY

"PRIORITY '91: Advancement Through Education" identifies the 126th Midwinter Meeting of the Chicago Dental Society, to be held February 17-20, 1991, at the Hyatt Regency, Marriott, Fairmont, and Swiss Grand hotels in Chicago. CDS President Joseph V. Discipio extends a cordial invitation to all members of the dental community to participate in this outstanding annual educational event.
During Clinic Day activities in April 1990, the School of Dentistry was honored to receive a gonfalon, hand-made and donated by Mrs. Donna Marlene of Charleston, West Virginia. Mrs. Marlene's work was prompted by her respect for the Allen Davia family and her personally fulfilling dental experiences. The gonfalon is on display in the Dean's Office at the School of Dentistry. Many thanks to this generous individual.

At the present time the Wood Clinic renovation plans, as well as those for the computer learning and central sterilization centers, are on hold due to the state budget crisis. All involved hope this is a temporary setback only and we will give you further information as it becomes available.

OUT OF AFRICA—During late July and early August of this year, Dr. Jeffrey Wood of the Department of Pediatric Dentistry spent two weeks in Nairobi, Kenya as a part of Operation Smile, an internationally traveled organization dedicated to serving the needs of dentally and medically compromised patients in underprivileged areas. In addition to working with cleft palate patients, Jeff spoke at the Kenya National Dental Association meeting as well as lectured extensively at the Kenya National Hospital in Nairobi. Dr. Linda Baughan of the Restorative Department served in a similar role for Operation Smile last year in the Phillipines. A great deal of thanks and respect go out to these and other individuals who take part in Operation Smile.

On a similar international note, Dr. Noel Root, a Richmond dentist and part-time Dental faculty and Dr. Mario Saravia, from the Department of Pediatric Dentistry, will again lead teams of dentists and students to Jamaica for two separate ten day tours in October and November to provide dental treatment for under-privileged citizens. This has always been a valuable service to Jamaica and invaluable experience for the participants. Thanks to these two men and all who participate in this generous effort.

On the afternoon of December 5, 1990, the School of Dentistry will present a program on “New Technologies in Dentistry,” presented by the Princeton Dental Resource Institution. Preliminary plans involve a joint student and faculty audience to keep all concerned individuals knowledgeable of new developments in our profession.
REPORT OF EXECUTIVE COUNCIL
MEETINGS
September 13 and 16, 1990
Omni International Hotel, Norfolk, Virginia

ACTIONS IN BRIEF...

September 13, 1990

1. Approved Life Members for election by the House of Delegates.
2. Approved Honorary Members for election by the House of Delegates.
3. Urged Dr. James H. Gaines, Trustee of the ADA Sixteenth District, to offer himself as a candidate for President-Elect of the American Dental Association for the 1992-1993 term of office.
4. Received as information referrals to the House of Delegates Reference Committees.
5. Approved that the VDA support Governor Wilder's statement that there is a need to continue dental care for indigent children and the elderly.
6. Approved that the President appoint an ad hoc committee to develop guidelines for a sample consent form.

September 16, 1990

1. Elected Dr. Kenneth E. Copeland as Chairman and Dr. Arnold M. Hoffman as Vice-Chairman of the Executive Council for 1990-1991.
3. Approved support of the Florida Dental Association amendment to the American Dental Association dental accreditation standards.
4. Received as information report on action by the Board of Dentistry during their meeting held in conjunction with the VDA Annual Meeting.
5. Received as information report on the Data Bank.
1990 VDA HONORARY MEMBERS

Dr. James H. Gaines

Mr. Charles F. Suter
SIXTY AND FIFTY YEAR CERTIFICATES PRESENTED

In recognition of their contribution to the dental profession and the public, the Virginia Dental Association honored the following members at the Annual Membership Meeting in Norfolk, September 16, 1990.

**SIXTY YEAR CERTIFICATES**

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**FIFTY YEAR CERTIFICATES**

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VIRGINIA DENTAL ASSOCIATION 1990 LIFE MEMBERS

The following members were presented certificates at the VDA Annual Membership Meeting in Norfolk, September 16, 1990.

**Component I**
Dr. Odilon Presley Delcambre
Portsmouth
Dr. John Donald DiCiero
Norfolk
Dr. Ernest Newton Duvall, Jr.
Virginia Beach
Dr. Glenn Edward Gurganus
Virginia Beach
Dr. Robert Leslie Hopkins, Jr.
Norfolk
Dr. Vernie Clyde Lawrence, Jr.
Norfolk
Dr. Thomas Whithurst Peterson
Norfolk

**Component II**
Dr. Edward Todd Clark
Hampton
Dr. Acree Shrive Link
Newport News
Dr. Henry David McCoy
Newport News
Dr. Thomas McBride Wilson
Hampton

**Component III**
Dr. Herbert Reed Boyd, Jr.
Petersburg
Dr. Robert Thomas Edwards
Franklin
Dr. William Henry Fitzgerald
Clarksville

**Component IV**
Dr. Rudolph Hanney Bruni, Jr.
Richmond
Dr. Willie David Crockett
Richmond
Dr. John Henry Goode, Jr.
Ashland
Dr. James Edwin Rayhorn
Richmond
Dr. Lewis T. Rogers
Richmond
Dr. Irvin Henry Schmitt, Jr.
Richmond
Dr. Hugh Orian Wrenn
Richmond

**Component V**
Dr. Roy Daniel Adkins, Jr.
Lynchburg
Dr. Edward Arnold Gendron, Sr.
Roanoke
Dr. George Green
Brookneal
Dr. Lindell L. Leathers
Salem
Dr. Victor Abraham Matney
Danville
Dr. Herman Marvin Midkiff
Martinsville
Dr. George T. Parker
Bedford
Dr. Chris George Scordas
Roanoke
Component VI
Dr. William Edward Cline
Abingdon
Dr. Eldred I. I. Robinson, Jr.
Galax

Component VII
Dr. William Miller Duncan
Staunton
Dr. George R. D. Hedrick
Harrisonburg
Dr. William Austin McClellan
Orange
Dr. Don Peyton Whited
Charlottesville
Dr. Peter Steven Yeatras
Winchester

Component VIII
Dr. Fred Howard Chandler, Jr.
Arlington
Dr. Don E. Gibbin
Alexandria
Dr. Paul Emil Halla
Sterling
Dr. Robert Edmund Horgan
Falls Church
Dr. Robert E. Lee
Florida
Dr. Joseph Aylor Pettit
Arlington
Dr. Anthony Tylenda
Falls Church
The following members were presented certificates at the VDA Annual Meeting in Norfolk, September 16, 1990.

**Component IV**
Dr. Joseph M. Doherty  
Richmond
Dr. Gordon Prior  
Richmond
Dr. Richard H. Wood  
Richmond

**Component VIII**
Dr. Michael A. Fabio  
Springfield
Opening Session, Naval Base Dental Clinic Color Guard

Mayor Joseph A. Leafe welcomes dentists
Paula Perich, ADA Assistant Executive Director, Keynote Speaker

Board of Dentistry Members
Dr. William H. Allison, Speaker, House of Delegates

MCV Dental Student Representatives
VDA House of Delegates in Action

Dr. Kenneth E. Copeland, Chairman, Executive Council
President-Elect French H. Moore, Jr.

Opening of Commercial Exhibits
Commercial Exhibits
Navy Dental Corp Clinician

Dr. Israel M. Finger, Clinician
Reference Committee Chairmen, Dr. David C. Anderson and Dr. Edward J. Weisberg
Dr. Lindell L. Leathers receives Life Membership

Dr. Andrew J. Bolling, Jr., 60-Year Service Award
Mrs. Pat K. Watkins, recipient of ADA Presidential Citation

Dr. Harry Lyons receives Pierre Fauchard Academy Award
Dr. H. Marvin Midkiff awarded Life Membership

Dr. David A. Whiston elected President-Elect
1990–1991 State Officers

1990–1991 Component Officers
President Moore expresses appreciation to Jim and Bernice for their excellent year
Dr. James E. Johnson, Jr., President, declared the 121st Annual Meeting of the Virginia Dental Association in session. The Invocation was given by Rabbi Lawrence A. Forman, Ohef Sholom Temple, Norfolk. The Color Guard from the Dental Clinic Naval Base in Norfolk performed the impressive Advance of the Colors and Dr. Johnson led the assembly in the Pledge of Allegiance to the Flag of the United States of America.

The Honorable Joseph A. Leafe, Mayor of the City of Norfolk, welcomed members and guests to Tidewater. Dr. Arnold M. Hoffman, Annual Meeting Chairman, extended a cordial welcome on behalf of the Tidewater Dental Association. He encouraged members to attend the excellent social and scientific events planned, and to visit the Commercial Exhibits.

Distinguished guests representing allied professions, auxiliary groups and others, were introduced by Dr. Johnson. He announced that the Auxiliary to the Virginia Dental Association has been selected for a 1990 ADA Legislative Award which will be presented by the ADA Auxiliary at their annual meeting in Boston.

Dr. J. Wilson Ames, Jr., Chairman of the VDA History and Necrology Committee, conducted a memorial service for sixteen members who died during the past year.

Dr. Johnson introduced the keynote speaker, Mrs. Paula Perich. Mrs. Perich has 16 years experience in dentistry and currently is the Assistant Executive Director of Membership and Marketing Services for the American Dental Association. She has published articles on the subject of marketing dental services and has lectured extensively throughout the United States and abroad.

Mrs. Perich described the Health Revolution by music, verbal and pictures. Demographics of the coming age wave were most interesting when comparing the sixties with the eighties. We were vividly reminded that advancing years does not mean "old age" in health and actions. The role of dentistry in the improved health care of the baby boomers was projected into new and improved services, materials and treatment. This upbeat presentation was a highlight of our meeting and a great introduction to dentistry of the nineties.

Dr. Johnson thanked Mrs. Perich
for an outstanding presentation and gave her a Virginia gift of appreciation.

Dr. Johnson turned the meeting over to Dr. William H. Allison, Speaker of the House of Delegates.

**HOUSE OF DELEGATES MEETING**

The First Business Meeting of the Nineteenth Annual Session of the Virginia Dental Association House of Delegates was called to order by Dr. Allison, Speaker of the House. He introduced the Secretary of the House, Mrs. Pat K. Watkins, and the Parliamentarian, Dr. Raleigh H. Watson, Jr.

Dr. Allison introduced the eight dental student class representatives from MCV School of Dentistry who are members of the House of Delegates.

Dr. D. Christopher Hamlin, Co-Chairman of the Credentials Committee, reported that credentials were in order and a quorum present.

Dr. Kenneth L. Copeland, Chairman of the Executive Council, presented actions of the Executive Council included in the House of Delegates Portfolios and actions of the Executive Council meeting held September 13, 1990.

**Dr. David C. Anderson, Northern Virginia Dental Society,** moved that the approval of the Executive Council Actions be postponed until the Second Session of the House of Delegates on Sunday, September 16, in order to have clarification of four items listed in the Portfolio. The motion was seconded and adopted.

Dr. Copeland nominated the following for Honorary Membership in the Virginia Dental Association—Dr. James H. Gaines, Trustee, ADA Sixteenth Trustee District, and Mr. Charles F. Suter, Administrator of the VDA Group Insurance Plans since 1958. The motion to approve these Honorary memberships was adopted.

Dr. Copeland nominated forty-three members who have met eligibility requirements for Life Membership in the Virginia Dental Association. The motion to elect members submitted for Life Membership was adopted.

Dr. Allison introduced Dr. James E. Johnson, Jr., who delivered his President's Address.

Dr. Johnson expressed his appreciation for the many courtesies extended to him and Mrs. Johnson as they traveled throughout the Commonwealth, and expressed his pleasure for the opportunity to serve the dental profession during the past year. He encouraged continued efforts to recruit every dentist in Virginia into membership in our Association. His address emphasized the need for ethics and high standards in the dental profession, to merit the confidence and trust of our patients. To involve as many dentists as possible in the organizational structure of the VDA, and to encourage participation by young dentists, Dr. Johnson asked Component Societies to review the committee structure and involve more members by avoiding duplication. He also suggested a statewide calendar of continuing education programs so dentists may attend a variety of scientific sessions by visit-
ing other component societies. Dr. Johnson concluded his remarks by thanking individuals who had worked closely with him during his year as President.

Dr. Allison introduced Dr. French H. Moore, Jr., President-Elect of the Virginia Dental Association.

Dr. Moore asked for the commitment and support of all members in the coming year to address some of the concerns and needs of dentistry. There is continuing regulation and intervention in dentistry by federal and state agencies which requires our constant monitoring and action; there is a crisis need for auxiliary personnel in dental offices, particularly hygienists; budget cuts on the state and national level will affect dental programs since dentistry is not a mandated benefit—and there will be other issues as the year progresses. Dr. Moore stated that these challenges will be faced with the degree of strength we make in a collective effort and the participation of every dentist is essential. Dr. Moore pledged his commitment as incoming President of the Association.

NEW BUSINESS

Dr. Joseph M. Doherty, Richmond Dental Society, submitted Bylaws amendments to Article III and Article VII in reference to reviewing and proposing changes in the Manual of the House of Delegates. The motion was seconded and adopted.

Dr. Allison announced that this recommendation will be referred to the Reference Committee on President's Address and Administrative Matters and the Northern Virginia Dental Society recommendation will be referred to the Reference Committee on Fiscal Affairs and Miscellaneous Matters. Dr. Allison encouraged members to attend these hearings on Saturday morning.

There being no further business, the First Business Meeting of the House of Delegates was adjourned until Sunday, September 16th, to be held immediately following the Annual Membership Meeting.
VDA HOUSE OF DELEGATES ACTIONS IN BRIEF . . .

September 16, 1990

1. **Approved** adoption of the proposed 1991 Budget.
2. **Approved** a Pledge for Dentists and recommended adoption by the American Dental Association. (See Page 55.)
5. **Adopted** policy statement that the House of Delegates reaffirm the policy of licensure by examination for dentists wishing to practice in Virginia.
6. **Approved** Additions and Amendments to the Bylaws.
7. **Approved** the President’s suggestions that Committee appointments and duties be reviewed.
8. **Recommended** that the Dental Education and Continuing Education Committee develop guidelines to establish a central calendar of continuing education programs.
10. **Recommended** support of the Governor’s statement that there is a need to continue dental care for indigent children and the elderly.
VIRGINIA DENTAL ASSOCIATION
PLEDGE

As a member of the Virginia Dental Association in good standing

I will dedicate myself to prescribe and deliver to the best of my ability the highest standard of oral health care for the benefit of my patients.

I will do all in my power to uphold and promote the honor and dignity of the dental profession. I will strive to conduct myself so that I may merit the respect and confidence of my patients, colleagues, and society.

I will accept the responsibility that my professional status rests in continuing the attainment of knowledge, skill and experience with which I serve my patients.

I will abstain from greed and prejudice, and will practice the charity I owe my fellow men. I will show the same solicitude toward my patients that I would have shown toward me.

I will make honesty my goal, in service, in teaching, and in the search for knowledge.

I will hold sacred the secrets that are confided in me.

I will remember above all else that I shall knowingly bring no harm to my patients. Let each come to me safe in the knowledge that the total health and well-being of my patients is always my first consideration.

I will faithfully observe the Principles of Ethics set forth by the profession.

All this I swear with pride in my profession and with humility at the magnitude of what must be done . . .
Dr. James E. Johnson, Jr., President, called to order the 121st Annual Membership Meeting of the Virginia Dental Association at 9:00 a.m., Sunday, September 16, 1990. He led the assembly in the Pledge of Allegiance to the Flag of the United States of America.

Dr. Johnson introduced Dr. James H. Gaines. Dr. Gaines, a general dentist from Greenville, South Carolina, is currently serving his third term as ADA Trustee from the Sixteenth Trustee District, consisting of North Carolina, South Carolina, and Virginia.

Dr. Gaines congratulated Dr. Johnson for his outstanding year as President and presented a plaque from the Officers and Board of Trustees of the American Dental Association.

In his report, Dr. Gaines recognized the Virginia Delegation for their dedication and leadership.

OTHER BUSINESS

Dr. Leslie S. Webb, Jr., Secretary-Treasurer, gave the credentials report and declared a quorum present. Number of dentists in attendance was 431, with a total registration of 965.

Dr. Webb presented Life Membership Certificates, and Certificates in recognition of fifty years and sixty years of service to the dental profession and public, to members of the Association.

Dr. Kenneth J. Stavisky, Chairman of the VDA Fellows Selection Committee, presented Fellows Certificates to members elected for 1990.

Dr. Leslie S. Webb, Jr., Chairman of the Virginia Chapter, Pierre Fauchard Academy, presented the 1990 Pierre Fauchard Academy Award to Dr. Harry Lyons. Dr. Webb stated that in 1985, the Virginia Chapter established the Pierre Fauchard Award to honor individuals who have and are making significant contributions to dentistry in Virginia. The 1990 awardee has distinguished himself as a practitioner, educator, and dedicated dental leader. He has written numerous articles which have appeared in prestigious dental journals, he has been a dynamic force in dental education and served as Dean of MCV School of Dentistry from 1951 through 1970. He currently serves as Dean Emeritus. He has served as President of the Virginia Dental Association, the American Academy of Periodontology, the American Dental Association, the American Association of Dental Schools, and the American College of Dentists. He has received numerous honorary degrees and awards for contributions he has made throughout his life to dentistry. In presenting this award to Dr. Lyons, Dr. Webb said “that while this award may seem insignificant compared to some of your past accomplishments and awards, it certainly represents the deep respect, admiration, and appreciation the dentists of Virginia have for you and your life-long accomplishments in dentistry.”
Dr. John C. Doswell, II, Vice-Chairman of the Virginia Dental Political Action Committee, recognized VADPAC Commonwealth Club members for 1990.

Dr. Emanuel W. Michaels, in presenting a special ADA citation, noted that the dictionary is full of adjectives to describe the person for whom this honor is intended. A random walk through its pages will bring you words such as dedicated, able, gentle, considerate, efficient, and determined and that is only at the beginning of the alphabet. Dr. Michaels read a letter from Dr. R. Malcolm Overbey, President of the American Dental Association, to Mrs. Pat K. Watkins which stated "... it is my pleasure and privilege to present you with this special citation for your significant contributions to the profession of dentistry and especially the Virginia Dental Association. I know the members of the VDA are grateful for the fifteen plus years of dedication to them. Your untiring effort, knowledge, experience and legislative abilities have been instrumental in keeping the VDA in its leadership position".

ELECTION OF OFFICERS

Dr. Johnson appointed Tellers to serve for the election of VDA officers. The Nominating Committee submitted the name of Dr. David A. Whiston for the office of President-Elect. This nomination was seconded by Dr. Emanuel W. Michaels. Dr. Whiston was unanimously elected President-Elect.

The Slate of Officers, as submitted by the Nominating Committee, were unanimously elected as follows: Executive Council Members-at-Large (1990–1992)—Doctors J. Wilson Ames, Jr. and Charles L. Cattino, III; ADA Delegates (1991, 1992, 1993)—Doctors William H. Allison, Stephen L. Bissell, Emanuel W. Michaels and Douglas C. Wendt; and ADA Alternate Delegate (1991–1992)—Dr. Charles L. Cattino, III. Since Dr. David A. Whiston was elected President-Elect, there was an election to fill the unexpired term of Dr. Whiston as Member-at-Large on the Executive Council for 1990–1991. Dr. Stanley M. Stoller was elected to fill this unexpired term.

Dr. Gaines installed VDA Officers and Component Presidents for the coming year.

Dr. Johnson turned the gavel over to Dr. French H. Moore, Jr., incoming President. On behalf of the Virginia Dental Association, Dr. Moore thanked Dr. Johnson for a job well done and presented gifts of appreciation to Dr. and Mrs. Johnson for their dedication and service during the past year.

There being no further business to come before the Annual Membership Meeting, the meeting was adjourned.
VIRGINIA DENTAL ASSOCIATION
1991 BUDGET

Income:
1. State Dues ........................................... $375,000
2. *Journal* Advertising .............................. 10,000
3. Interest and Dividends ........................... 20,000
4. Other Income ........................................ 2,000 $407,000

Expenditures:
1. Committee Expense ................................. $ 20,100
2. Contributions, Dues and Fees ...................... 3,000
3. Office Expense ...................................... 68,200
4. Salaries, Wages and Fees ........................... 160,200
5. Travel and Expense Allowance ..................... 52,350
6. *Journal* Expense ................................... 56,200
7. Statewide Continuing Education Program .......... 33,280
8. Annual Meeting ..................................... 2,000 395,330

Income over Expenditures
$ 11,670

Operating Expense:
1. Committee Expense
   Caring Dentists ...................................... $ 3,000
   Dental Care Programs ............................... 2,000
   Dental Delivery for the Special Needs Patient . 500
   Dental Health and Public Information ........... 1,000
   Executive Council .................................. 500
   Insurance ............................................ 900
   Legislative .......................................... 4,500
   Professionalism .................................... 1,200
   Other Committees, Conferences and Meetings .... 6,000
   Executive Council Discretionary Fund .......... 500 $ 20,100

2. Contributions, Dues and Fees
   ADA Sixteenth Distric Dues ......................... $ 2,000
   Professional Associations ......................... 500
   Virginia Health Council ............................ 500 3,000

3. Office Expense
   Insurance and Taxes ................................ $ 6,000
   Depreciation of Office Equipment ................. 4,000
   Maintenance of Equipment .......................... 2,500
   Postage and Mailing Permits ....................... 9,000
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<tr>
<td>Other Office Expense</td>
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<tr>
<td><strong>Total Expenditures</strong></td>
<td><strong>68,200</strong></td>
</tr>
</tbody>
</table>

4. **Salaries, Wages and Fees**
   - Executive Director and Clerical: $126,500
   - Employee Benefits and Retirement: 24,000
   - Social Security Employer Taxes: 8,700
   - Professional Fees: Legal: 10,000
   - Accounting: 6,000
   - Transfer to *Journal* Expense: (15,000) 160,200

5. **Travel and Expense Allowance**
   - Delegates to ADA Meeting: $13,500
   - Alternate Delegates to ADA Meeting: 13,500
   - ADA Annual Meeting Expense: 2,500
   - President: 5,000
   - President-Elect: 2,750
   - Secretary-Treasurer: 3,500
   - Executive Director: 6,500
   - Immediate Past President: 500
   - Chairman and Vice Chairman, Executive Council: 1,100
   - Automobile Expense: 1,500
   - Automobile Depreciation: 2,000 52,350

6. **Journal Expense**
   - American Assn. of Dental Editors: $100
   - Editor's Expense: 1,000
   - Printing: 40,000
   - Other *Journal* Expense: 100
   - Transfer from Salaries, Wages and Fees: 15,000 56,200

7. **Statewide Continuing Education Program** 33,280
8. **Annual Meeting** 2,000

**Total Expenditures** 395,330
### ADA/VDA Member Dues for 1991

<table>
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<th>ADA Dues</th>
<th>VDA Dues</th>
<th>Membership Status</th>
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<td>$275.00</td>
<td>$155.00</td>
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<td>138.00</td>
<td>77.50</td>
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<td>0.00</td>
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<td>Retired Member</td>
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<tr>
<td>69.00</td>
<td>40.00</td>
<td>First Year out of Dental School/Residency Program</td>
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<tr>
<td>138.00</td>
<td>77.50</td>
<td>Second Year out of Dental School/Residency Program</td>
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</table>

Beginning in 1991, life members who are still practicing, or earning an income from dentistry, will be required to pay 50% of active member ADA ($138) and VDA ($77.50) dues.

**STUDENT MEMBERSHIP STATUS:**

1st full year after graduation from dental school/residency

- 25% of full dues

2nd year

- 50% of full dues

3rd year

- Full dues

Dentists who enter an accredited advanced education training program within one year of receiving their D.D.S. or D.M.D. degree receive the same two years of reduced dues upon completion of their program.

Any break in membership since graduation from dental school/residency program makes the member ineligible for the reductions.
The decade of the '80s saw an ever increasing use of alcohol and illegal drugs by our youth. Adolescent substance abuse became epidemic. The decade of the '90s must see a total community commitment if we are to be successful in winning this war on drugs.

We parents hear this message day after day from all the right sources. Secretary William Bennett said that the biggest problem working against this drug problem is community apathy.

We are told by our Federal, State and local governments, law enforcement, courts and treatment programs that unless we get involved in the WAR at the family/community level, we will not win. It really is up to us.

Today with the staggering statistics that show us that between the ages of 14 and 17 years of age, we have 4.5 million alcoholics, that is not kids who drink a beer, but kids with a disease. We now have one person in every 100 that demonstrates a serious cocaine problem and that 85,000 lbs of marijuana is smoked everyday in this country.

What I have just written is truth—some facts about today's society. So what do we do with all this information? Do we continue to do more of the same or do we make changes and get on with resolving this issue, I say we make those changes. Let's first learn about our enemy and then do whatever we need to do to make our families healthy and drug-free.

If you need help call G.R.I.P., Greater Richmond Informed Parents. We are a group of parents who are making these changes and we will be glad to share with you and support you in the changes you may wish to make.

Let's go for it!
CONTINUING EDUCATION COURSES TO BE OFFERED BY THE VIRGINIA DENTAL ASSOCIATION IN 1991

The following courses will be offered under the auspices of the Virginia Dental Association's Statewide Program of Continuing Education in 1991:

Component 8—January 23, 1991
A New Era of Composite Bonding—A Materials/Technics Update
Ronald Jordan, D.D.S., M.S.
Springfield Hilton Hotel
Springfield, VA

Component 4—February 8, 1991
Current Concepts in Cosmetic Dentistry
Ross W. Nash, D.D.S.
Holiday Inn (Fanny's)
Richmond, VA

Component 1—March 8, 1991
Restorative Dentistry
Richard D. Wilson, D.D.S.
Holiday Inn Greenbrier
Chesapeake, VA

Component 3—April 19, 1991
Periodontics: 1991
Dennis P. Tarnow, D.D.S.
Fort Magruder Inn and Conference Center
Williamsburg, VA

Component 6—August 9, 1991
The Component Partial: A Biological and Economic Alternative To Fixed Partial Dentures
Bert T. Cecconi, D.D.S., M.S.
Martha Washington Inn
Abingdon, VA

Component 7—August 23, 1991
Current Developments in Restorative Materials and Technics
Karl F. Leinfelder, D.D.S., M.S.
Sheraton Harrisonburg Inn
Harrisonburg, VA
Component 5—October 18, 1991
Management of the Medical Emergency in the Dental Office/Local Anesthesia
Stanley Malamed, D.D.S.
Lynchburg Hilton
Lynchburg, VA

Component 2—November 22, 1991
Periodontics for the Older Adult
Jon B. Suzuki, D.D.S.
Linda C. Niessen, D.M.D., M.P.H.
Omni Hotel
Newport News, VA

For additional information on these programs, please refer to the 1991 continuing education brochure that was mailed to you from the central office of the Virginia Dental Association.

POSTGRADUATE COURSE IN HEAD AND NECK ANATOMY

A four-day course entitled “The Alton D. Brashear Postgraduate Course in Head and Neck Anatomy” will be held at the Medical College of Virginia, Department of Anatomy, March 4–7, 1991.

Lectures and demonstrations will augment the laboratory work. The course is approved for 40 elective hours by the American Academy of General Practice and Academy of General Dentistry.

Further information may be obtained from Dr. Hugo R. Seibel, Department of Anatomy, Box 709, Medical College of Virginia, Richmond, Virginia 23298.
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Required by 39 U.S.C. 3685

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Mrs. Pat K. Watkins, P. O. Box 6906, Richmond, Virginia 23230-0906

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☐ Has Changed During Preceding 12 Months

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Removable Prostheses

Dr. Mark E. Jensen
Restorative

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Dr. Myer S. Leonard
Oral Surgery

Dr. Parker E. Mahan
TMD / Facial Pain

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Dr. Louis F. Rose
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