The Maryland Probe

Newspaper of The World's First Dental School

Vol. III, No. 4 | UNIVERSITY OF MARYLAND—BALTIMORE COLLEGE OF DENTAL SURGERY | April, 1974

INTERNATIONAL WORKSHOP AT MARYLAND

Dr. Donald J. Forrester, Chairman at the Department of Pedodontics is the Director of the International Workshop on Fluorides and Dental Caries Reduction which is to take place at Cross Keys Inn April 28-May 1, 1974. The workshop was formed in an effort to resolve some of the confusion associated with the use of certain decay preventive measures. The University of Maryland School of Dentistry was recently awarded a contract from the Division of Dental Health, Bureau of Health Resources Development, Health Resources Administration to conduct an "International Workshop on Fluorides and Dental Caries Reductions." The purpose of this workshop will be to provide a scientific appraisal of current knowledge of:

1) The potential benefits of "brush-in" programs as regards prevention of dental caries, dental health education and public relations.

2) The potential benefits to be derived from using fluoride mouth rinses.

3) The potential benefits to be derived from topical fluorides in fluoridated communities.

4) The potential benefits to be derived from fluoride tablets.

The workshop will be composed of four different committees, each to study one of the main topics listed above and to prepare a report that will be presented to the workshop general assembly on the last day of the meeting. To assist the committees in developing a meaningful report, four different scientific investigators have each asked to develop position papers on the main topics. These papers will be distributed to workshop participants at least 30 days before the conference and will provide the bases for discussions in the committees. In addition, each committee will be given a list of questions concerning their topic to be discussed and answered. These questions will be obtained by requesting each workshop participant to submit five questions related to any or all of the aforementioned four main topics.

Each committee will consist of approximately 12 participants plus the literature reviewer, a recorder and a chairman. The literature reviewer will develop the position paper. The recorder will keep track of all committee proceedings and will assist the chairman in developing the committee report. The chairman, besides working closely with the recorder, will preside over committee discussions and will deliver the committee report to the workshop general assembly.

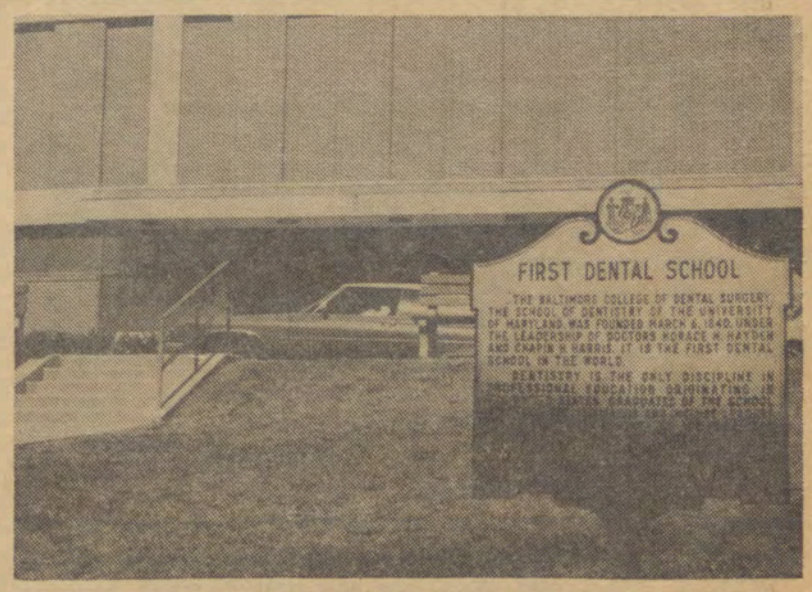
The first step in designing and conducting the International Workshop on Fluorides and Dental Caries Reduction was the establishment of a Steering Committee. This committee consists of Drs. Herschel Horowitz, Gordon Rovelstad, Gordon Schrotenboer, Lowell W. Smith, and Donald J. Forrester, chairman.

The purpose of this workshop will be to provide a scientific appraisal of current knowledge in four areas for which the following committees have been established:

A) The potential benefits of "brush-in" programs, chaired by Dr. Aaron Trubman, Director of Public Health Dentistry of Jackson, Miss. Also on the committee are: Dr. John McConchie, British Columbia, Canada (reviewer); Dr. Joseph Doherty, Madison, Wisc. (recorder); Col. Joe L. Cheatham, Fort Sam Houston, Texas; Dr. Clarence Gilkes, Rockville, Md.; Dr. Olva Odlum, Manitoba, Canada; Ms. JoAnne Pepin, Balto., Md.; Dr. Gertrude M. Gunz, Detroit, Mich.; Dr. Jeanne Luck, Nashville, Tenn.; Dr. Jose Saldana, San Juan, Puerto Rico; Dr. Zachary Stadt, Martinez, Cal.; Dr. Charles Gish, Indianapolis, Ind.; Dr. John Thorpe, Chicago, Ill.; Dr. Tomm Pickles, Portland, Ore.; Dr. Daniel Corrigan, Sacramento, Cal.

B) The potential benefits derived from fluoride mouth rinses, chaired by Dr. Frederick Parkins of the University of Iowa, Iowa City, Iowa. Also on the committee are: Dr. William Driscoll, Bethesda, Md. (reviewer); Dr. Richard Graves, Ann Arbor, Mich. (recorder); Dr. Bruno Regolati, Zurich, Switzerland; Dr. Peter Hotz, Bern, Switzerland; Dr. Rachel Larson, Bethesda, Md.; Dr. John Hughes, Chapel Hill, N.C.; Dr. Gordon Nikiforuk, Toronto, Canada; Dr. Raynor Mullins, Lexington, Ky.; Dr. R. L. Glass, Boston, Mass.; Dr. B. G. Bibby, Rochester, N.Y.; Dr. Ernest Newbrun, San Francisco, Cal.; Dr. Paul Gron, Boston,

(*Continued on Page* 3)



THE WORLD'S FIRST DENTAL SCHOOL—What will it be like in 10 years? Plans are already being made. (See page 3 for story—Part I.)

EARLY GRADUATION

By LOUIS DePAOLA

What happens to the advanced dental student who finishes his requirements and displays clinical competence in all disciplines before June of his senior year? Previously, that student would be required to attend clinic sessions until June when the entire class would graduate. This year, however, a policy change was announced by the Faculty Council. Recognizing that a certain number of advanced fourth year students could demonstrate a high degree of clinical competence before June, a provision for early graduation has been instituted into the curriculum. This program, as passed by the Faculty Council, states that, "The Early Graduation Program is an administrative program to enable talented conscientious students enrolled in the regular program to be recommended by the faculty for graduation in January of year IV."

Requirements

The Early Graduation Program is not a special curriculum. The program simply offers students who can fulfill all requirements to graduate in January of their senior year. To qualify students must have quote, "EDUCATIONAL EXPERIENCES COMPARABLE TO THOSE STUDENTS GRADUATING IN JUNE AND MUST ACHIEVE AT LEAST THE SAME DEGREE OF CLINICAL PROFICIENCY."

Application

Seniors who might be interested in early graduation must notify Dr. Reese, the Chairman of the Graduation Committee, in writing at least 120 days prior to the expected graduation date, January 31. At the end of the first quarter the Graduation Committee, which consists of the chairmen of each department and division, will either approve or disapprove the application. If the application is approved the student is notified that he is a candidate for early graduation. The student would then have until January to fulfill all of his clinical requirements in each discipline. In January the applications are again reviewed by the Graduation Committee. Upon approval this committee then sends its recommendation to the Secretary of the Faculty Council for final approval by the Faculty Council. Upon the recommendation of the Faculty Council, the student will be awarded his degree in January.

Obviously due to the time elements involved only students who can produce quality and quantity will be able to qualify for early graduation. Anyone who thinks he might be interested in the program should seek the advice of departmental chairman regarding their clinical competence in that discipline. The recommendations of the combined chairmen should give the student a good relative index of whether or not early graduation is feasible for him.

This year only two students, Dr. J. C. Raphael and Dr. W. R. Richardson took advantage of the program and graduated in January. However, with the new summer clinic program the upcoming junior class has an excellent opportunity for qualifying for early graduation and it is hoped that more students will take advantage of the program in the future.

POH Program

By. DONNA JOHNSON

Unlike many phases of medicine, dentistry hinges on the patient's concept of personal oral hygiene. Since November, Dr. Vandenberge, along with the departments of Periodontics and Dental Hygiene, has coordinated the freshman POH program which is designed to acquaint the students with procedures aiding in the prevention and control of both caries and periodontal disease. As in all sciences, change and modification are essential in dental techniques. Not only must the professional be aware of the different methods of proper home care, he must be proficient in the motivation of his patients.

During the initial POH sessions, each student practiced toothbrushing, flossing, and disclosing. They were aided and evaluated by the hygiene students. Dietary suggestions were given, emphasizing the tremendous sugar content of foods. The grades given out were affected not only by the student's skill in correct usage of plaque control devices, but also by a final personal OHIS. To some learning trends in toothbrushing may have seemed elementary, but after disclosing the plaque in their own mouths they could see why all dental techniques must be personalized to suit a patient's needs.

Motivation and education are the two simple key words behind the objectives of DCOM 511. The absence of either will ultimately defeat the purpose of prevention.

A QUESTION OF DEGREE

By ALAN HORLICK

As you are probably well aware, graduates of accredited U.S. Dental Schools are receiving either of two dental degrees. The first, the Doctor of Dental Surgery (D.D.S.) and the second, Doctor of Dental Medicine (D.M.D.). At the present time, 39 of the 57 U.S. Dental schools queried are awarding the D.D.S. degree (with the exception of Washington University of St. Louis, giving the recipients the choice of either degree, for the next three years, at which time all graduates will receive the D.M.D.). Well, what really is the difference? Why change? A dentist is a dentist—right? Maybe . . .

The D.D.S. degree was first awarded in the 1840's here at the Baltimore College of Dental Surgery. Many dentists feel that the D.M.D. is a new degree, and traditionally dentists should be D.D.S.'s. Well, the D.M.D. was first awarded by the Harvard School of Dental Medicine in the 1860's—so, it is far from being a new and radical change to traditional dentistry. Yet, the question remains—D.D.S. or D.M.D.? Is there a difference?

Dental education, and therefore dentistry has changed much in the past 20 years, and without question since 1840 or 1860. Depending on one's philosophy of dentistry today, one can decide which degree is best meant for him. If, in fact we are being trained to be "physicians" in our own special area, and to detect and treat diseases before surgical intervention is necessary, then perhaps our degree should be one indicating expertise in Dental Medicine.

Dentistry has certainly evolved from a trade with its craftsmen having questionable training into a dynamic health science, with its practitioners an integral part of the total health team. We can not, and must not, divorce the practice of dentistry from medicine, but rather join the two into one—dental medicine.

In the next few days you will be receiving a questionnaire asking your opinions on the D.D.S. vs. D.M.D. issue. Also, we expect to distribute questionnaires to some of the clinic patients to determine their views on this matter. Please fill them in and return them by the deadline. We shall publish the results of the survey in the next issue of The Probe.

Clerk Ships

By BERNIE FRENCH

The clerkship program for seniors remains a viable alternative to the standard curriculum. These programs are offered during the second and third quarters of senior year. Every department and division in the school offers a clerkship program. Currently, there are about 20-25 seniors in various programs.

Clerkships involve more intensive study and experience in a particular area than is generally available to most undergraduates. To be accepted into a clerkship program, the 4th year advancement committee, composed of representatives of each clinical department, must grant its approval, and the individual department must express a desire to have the student in its program. Criteria for eligibility are set by each department or division.

Applications for clerkship programs are due about November 1st. More detailed information may be forthcoming from Dr. Reese's office.

Be Sure To Vote in S.D.A. Elections

What If?...

—you knew your life's journey
—everyday was filled with delight
—requirements were few and all known
—graduation was soon near
—faculty and students could show equal respect
—lines were never formed behind gas pumps or instructors
—Community Dentistry could conduct lectures with out forced attendance
—all tests that were given were fair and from the material presented
—someone only knew how to run Conjoint Science
—the difference between humor and offense could be decided
—patients never broke appointments and were without fear
—all crowns seated correctly and all margins were tight
—all students were noble and worked without a fight
—everyday was just right for golf or for sailing
—every mouth could be a dentoform with replaceable teeth
—only it wasn't below freezing above the third floor and 100 degrees on the first and second floors of the dental school
—only there was a foolproof rubber base technique
—there was a patient somewhere with all the needed requirements
—there was peace in the world
—only it wasn't just my imagination thinking of such things. However, it must be remembered that there is good in the worst of things and situations and only through genuine concern and effort can the bad turn to good. So let's not give up the fight!

Extern Program

The Senior Extern program which will allow rising seniors an opportunity to work in the offices of selected dentists as a summer job has been discussed here at Maryland. In fact, such a program has been given unanimous support by the University Faculty Council, the Board of Dental Examiners, the Maryland State Dental Association Board of Governors, and just recently has been passed by Maryland State House and Senate. The final approval is now being sought from the Governor.

It is unlikely that the program will not be approved by the Governor. The only questions that remain are when will it be approved and will the program be available for this year's rising senior class?

Since much can be gained from being involved in a program such as this one it is hoped that every effort is and will be taken to have the program approved and implemented this year.

The next issue of the Probe will outline the program in detail.

Fickle Finger Of Fate

It was not announced at Skit Night last Friday night. However, the second runner-up for the Fickle Finger of Fate Award must surely be the Skit Committee for ever making that undeserving presentation in the first place.

W.J.B.

Where Were They???

A few weeks ago the chalk boards in each lecture hall boasted the notice of a special meeting, March 14, granted by the King. Yes . . . a very special meeting, to discuss the laws of the land (already passed by the knights of the round table).

All nobles (student representatives) (with squires at their sides) were to attend. Even the Lords of the castle were invited.

It was to be a festive occasion.

Finally, the big day arrived. The room was prepared. The hour was nigh.

But alas! Of the 87 student nobles to attend, only 30 did come!

The King shrugged his shoulders. He understood, for this was common-place in the land of make believe. And it was spoken, that apathy **must** be their guiding light.

Perchance the commoners (students) in the land of make believe will awaken some day from their deep trance, and ask the nobles . . . where were they?

L.E.S.

MARYLAND PROBE

Published monthly by the University of Maryland School of Dentistry, Box 408, 666 W. Baltimore Street, Baltimore, Maryland 21201. Yearly subscriptions are $4.00 and checks can be made payable to the Maryland Probe.

WILLIAM BENNETT
Editor

George Piavis, Ph.D. .....Faculty Advisor
Larry Scheitler '75' .....Jr.-Sr. Coordinator
John O'Neal '75' .....Art
Mark Shulman '75'

The Forum

Letters to the editor should be addressed to Editor, Maryland Probe, Box 408, University of Maryland Dental School, or given to any staff member.

Finally A Dentist—I Hope!

To the Editor of The Probe:

As a senior who is hoping to graduate from BCDS I find the need to comment on certain aspects of the education experience I am about to terminate.

My first year was characterized by dissecting the important parts of the human body in anatomy lab, notably, urogenital system, the popliteal fossa, and most importantly, the foot. By completing these and other relevant dissections I was much better able to understand the dental needs of my cadaver.

Of course who can forget freshman BDS. It was here that I was introduced to my patient for my first two years, Mr. Columbia Dentoform. We became great friends as I completely cured his dental ills by replacing every tooth in his mouth several times. I knew right from the beginning that his teeth were quite different from my own, but no matter; I was developing dexterity.

Sophomore year brought my introduction to independent study with my Biomedicine course. I can still remember the stimulating tunes that usually preceeded the programs. No one in Biomedicine would take credit for them.

I learned a great deal in sophomore BDS. I always use a feather edge finishing line on my crowns in the clinic as I learned in BDS. In addition my diamond discs have become so worn out from all the use they have had, because I remember that proximal slices are always made with discs.

The most important procedure that I accomplished in second year BDS was waxing up and casting my own partial denture framework. I did not appreciate the value of that learning experience until I moved into the clinic, where framework wax-ups are routine.

Junior year brought a whole new world. I lost my friend, Mr. Dentoform, but I had completed his treatment anyway. Now I had an entire roster of human dentoforms, er, patients, on which to render the wonders of comprehensive dental care. At least that is what I was told I should do. But I had better make sure that these patients need the required entities. If they did not, all I had to do was play the "switcheroo" game with my classmates (which has become very popular at the end of the senior year). But, no matter, it is all part of the educational experience.

Well, this year I am a senior and I am treated as such. Just a few months and I'll be a real dentist. Many interesting things have happened to me this year. One of the most noteworthy was the almost doubling of my endodontic requirements in the middle of the year. That was certainly fair and I accepted it with good cheer. After all just because I was told at the beginning of my clinical experience that the requirement for root canals was four does not mean it cannot be raised to seven at the three-quarter pole. No matter that after I had finished two root canals last year I was told to wait until this year to do the other "two". No matter that endodontic patients are the most reliable patients. No matter that Oral Diagnosis carefully screens the endodontic patients. The increase certainly was justified.

Overall, comprehensive care is a great system. After all I am not concerned with quantity, just quality. And who cares that under comprehensive care I completed a grand total of thirty-nine restorations in my junior year while completing forty-five during my two week block restorative assignment (team clinic) this year. But I have gained immeasurable experience on using the telephone trying to find out why my patient did not show up.

Finally I would like to make a special comment on my very accurate and up-to-date computer printouts. These documents will decide my fate before the advancement committee. With friends like them, who needs enemies. Perhaps if I were perfect and never made a mistake in filling out the computer cards (after all, I am the only one who could possibly make a mistake like that), I would feel better. But computers are the future while humans are obsolete. Maybe some day computers will teach other computers who will treat still other computers.

Thank you, BCDS, for a wonderful four years. You can bet I will never forget them.

M. B. Miller
Class of 1974

Home Care Kits

Dear Editor:

I have noted with interest your editorial which appeared in **The Maryland Probe** of February, 1974. In order that you and other members of the student body might better understand the situation regarding home care kits, I am writing to you with the following information.

In the Fall of 1973, Dr. John Bergquist, Chairman of the Department of Periodontics, directed a letter to the School of Dentistry administration expressing his displeasure with the currently utilized home care kits, and outlining his preferences for new home care aids. Included in these recommendations were the type of tooth brush, dental floss, disclosing tablets, and other accepted home care aids. It was the feeling of the Clinic Advisory Board that these suggestions were valid and needed implementation. However, a more immediate priority dictated the appointment of a subcommittee of the Clinic Advisory Board chaired by Dr. Bergquist, charged with developing and implementing an inter-departmental prevention philosophy for the School of Dentistry. Included in this report, which will be presented to the Clinic Advisory Board by May, 1974, will be the recommendations for home care aids.

It is the intent of the administration to implement this philosophy for the academic fiscal year 1975.

Sincerely,
John F. Hasler,
D.D.S., M.S.D.
Assistant Dean for
Clinical Affairs

HEATING

This is in response to your query concerning excessive heat in certain areas of Hayden Harris Hall. When the outside ambient temperature is 55°F. or over, the heat load in interior rooms, particularly those fully occupied such as the Lecture Hall and Clinic Areas, builds up rapidly due to lights, people and compression of air by the ventilating fans.

Although no heat is being added by the normal heating unit, the system just can't get rid of the locally generated heat fast enough to maintain comfortable temperature and humidity. The only feasible solution seems to be to keep one of the air conditioners "on line" to sustain temperature and humidity at a reasonable level at critical times. This is being done. Hope you notice the change soon.

Robert L. Walton
Director
Physical Plant Department

SDA Report

By JAMIE KROCHMAL (SDA Secretary-Treasurer)

In our attempts to keep the Student Dental Association a representative and viable student government, the constitution and bylaws of the Student Dental Association are presently being extensively revised and updated. Once necessary revisions have been proposed by the Executive Committee of the SDA (president, vice president and secretary treasurer) they go to the entire student council for further comment and suggestions. The finalized form is then presented to the faculty council for their study and eventual approval after which it will become the constitution and bylaws of the Student Dental Association.

All students, especially officers of the classes, committee members and representatives to the student council are urged to become familiar with the SDA constitution and bylaws since it forms the backbone of the student government. In fact, it is the reason we have a Student Dental Association at all. Once the revisions have been approved by the faculty council, copies of the constitution will be made available to the entire student body.

Elections for the Student Dental Association officers will be held some time in April. Interested students are advised to contact any SDA officer regarding the nomination and election procedure. Let me remind any student considering running for election that you are required to attend at least two student council meetings prior to SDA elections and, most importantly, you must be in good academic standing. Should you have any doubts about your academic standing, contact the Office of Academic Affairs for clarification.

Remember . . . SKIT NIGHT Friday, March 30, 1974 at the Poly-Western Auditorium. See you there!

10 Years Goals Study

(Part 1)

By K. C. (CASEY) SWEENEY

This article is being written, in fact it is being partially plagiarized, from the final report of a special committee of the faculty council for the development of new goals and objectives for the University of Maryland School of Dentistry.

The following article will be the first of several articles covering the 10 years goal study. The changes proposed by the committee were made not for the sake of change alone but for the sake of change for the betterment of all. I hope that all that read this series of articles will do so with an open mind and the ability to adapt to the changes which might ensue in the near future.

If one should wish to shed his views upon any of these proposals, they should be addressed to the editor of the **Probe**, c/o K. C. Sweeney. It is here in the student newspaper where your views can be adequately aired in black and white. Thus, giving you another means of expressing your views on matters that are affecting you now and in the near future.

On March 14, 1974 at one p.m. Drs. Salley, Reese, Lunin and Ms. Land met with the Student Dental Association and interested parties to discuss any questions of concern regarding the goals study as it is presented in a ten page summary of the final report. This summary was given to each member of the SDA prior to the meeting so that the contents could be previewed to gain an insight into the study. The review of the study also gave a background for questioning. The questions covered will be incorporated in the series of articles as the topics in question are expounded upon.

The Special Committee of the Faculty Council for the Development of New Goals and Objectives for the Dental School was established to review the present program and to develop new objectives which will set forth guidelines for the future. It is expected that this type of planning will also help to foster greater understanding of the School and its programs among students, faculty, organized dentistry and the community at large.

Eleven subcommittees were given specific charges in a broad spectrum of investigation. Over 120 meetings were held in the course of the study, which involved participation by 128 faculty members and 21 students. The salient findings, conclusions and recommendations of all reports have been abstracted and transcribed into an analytical anthology concerning the Dental School in 1973—its instructional programs, its faculty and students, and a blueprint of future directions, patterned from anticipated trends in the delivery of dental health care and projected demand for dental health manpower, particularly in the State of Maryland.

A retrospective assessment of the progress of the Dental School over the last ten years must first acknowledge conspicuous achievements, foremost of which is a new modern physical plant. Innovative programs in Dental Assistant Utilization (DAU), Training in Expanded Auxiliary Management (TEAM) and Accelerated Professional Training (APT) were originated. Curriculum units in Basic Dental Science, Conjoint Sciences, Biomedicine and Community Dentistry were conceived and implemented. A baccalaureate Dental Hygiene Program was initiated in the Dental School. An Independent Learning Center has become the repository for an impressive array of audio-visual materials prepared by the faculty and produced by a new Department of Educational and Instructional Resources. Programs for minority student recruitment and special student instruction were originated. Dental clerkships were instituted to enrich the

(*Continued on Page 4*)

MR. JACK FRAZIER and the trophy he awards to the winner of the annual Golf Tournament. Last year's winner Marv Gertzburg.

Golf Tournament

The annual golf tournament will again this year be played on the University of Maryland course at College Park. The date is set for April 24 and the cost is $6.00. The price includes greens fees and refreshments after the big game at the student union.

This year there will be a trophy given for the first, second, and third place winners in scratch and handicap play. The Jack Frazier Award will also be given to the over-all low score. There are also to be prizes for the winners of the putting contest, closest to the hole, and the longest drive. Deeley Dental Supply is also again this year graciously supplying the prizes for the recipients of the above events.

Last year Marvin Gertzberg had the low gross score of 74 to win the tournament. Alan Lasch was second with 81 and Don Metz third with 86. Jack Plunkett, was the winner of the low net. Marty Abel had the longest drive of the day. The shots closest to the hole on 13 were Alan Berne and Steve Corbin and on 17 Marv Gertzberg and Steve Fryling took the honors. There was a three way tie in the putting contest between Marv Gertzberg, Alan Lasch, and Steve Corbin.

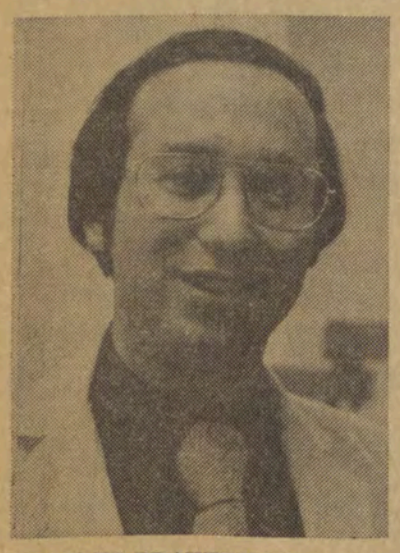
Well, only time will reveal the winners of this year's tournament, but one thing is for certain: it will be a good time for all who tee off and an opportunity for a few faculty members to prove some of the scores they have been claiming!

Table Clinics

By STEPHEN EISENBERG

Last October, senior Charles Braverman presented his table clinic on the inhibitory effects of fructose on certain oral streptococci to the annual ADA convention in Houston. He had previously submitted it to the International Association of Dental Research and at the University of Maryland's Table Clinic Day where it had won top honors.

Braverman's research began during his sophomore year when he applied for a summer research grant ("it was better than slicing salami in a delicatessen"). Being accepted in the Miami V.A. Hospital for a ten week project, Braverman was seeking a selective medium for Streptococci mutans. In the process he found that the sugar fructose could be very inhibitory to many oral Streptococci, the reason being that dextran (vital for the bacteria's metabolic needs) could not be produced from fructose. Braverman also concluded that the phenomenon is due to an osmatic effect (though it has not been proven in vivo). With the help of his preceptor, the study was written up and presented at the aforementioned competitions.



CHARLES BRAVERMAN presented table clinic on inhibitory effects of fructose on certain streptococci.

At the present time, Braverman would like to see more encouragement by the school for students' patricipation in Table Clinic Day.

Q.: How did you feel about winning the school's competition?

A.: "I won and got to go to Houston for it but all the other people that spent the time doing it got zipped. Zero. Nothing. It really isn't fair. I felt guilty about it."

Q.: Has the school considered giving recognition to those students who participated in the Table Clinic Day and don't win first Place?

A.: "I've talked to the Dean about it and to the Student Affairs Committee. One proposal is that you can do a table clinic as a senior thesis. Another is that anybody who does a table clinic will receive recognition at graduation. It doesn't cost anything but it could mean a lot because you can put it on your curriculum vite when applying for internships, post-graduate programs, etc. Also second and third place winners could go to area conventions to present their table clinics. These are just ideas, they have not been accepted yet."

Q.: Do other Dental Schools that you know of have major table clinic programs?

A.: "At Loma Linda there were fifty participants at their Table Clinic Day. Dean Salley was out there as a judge. Here, Table Clinic Day is almost nonexistent."

Q.: Aside from giving recognition to participants, how can the school expand Table Clinic Day?

A.: "Well try to extend it from a 90 minute period to a whole day. You can invite people from other schools — Georgetown, Howard, and Penn, to come down and participate as well as area dentists. Get some funds for it. Local dental supply companies could put up money or gifts. You don't need that much. Table Clinic Day could really turn out to be a big thing."

Q.: Would you care to add anything to this interview?

A.: "I would like to add that if nothing is done about this, those who are preventing this from occurring are preventing many students' dental maturity from developing. There is so much we don't know. When we get out we know how to do paperwork, we don't know how to do dentistry. Table clinics are one way we could learn with a minimal amount of effort and money."

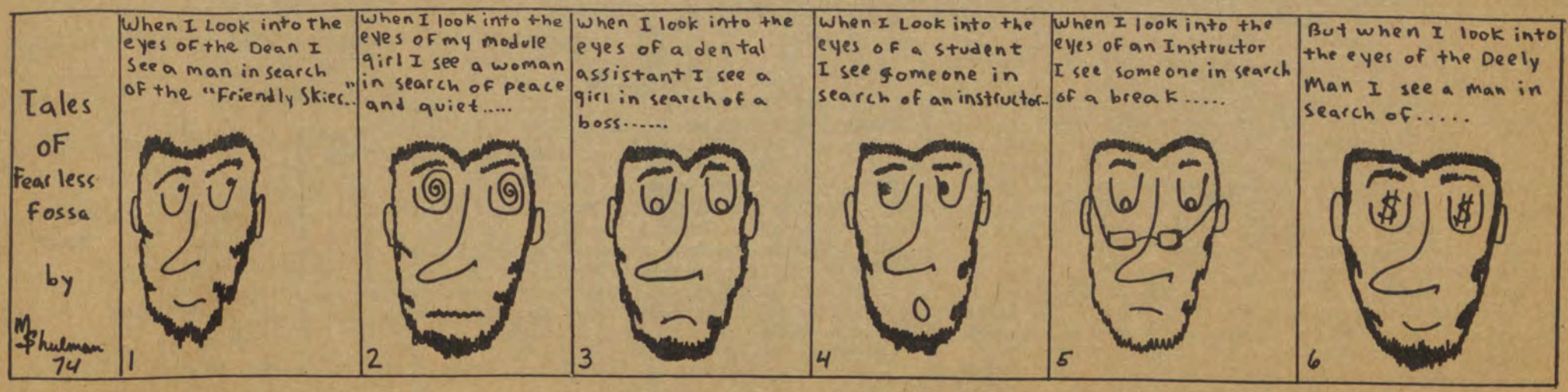
FLUORIDES

(*Cont. from Page 1*)

Mass.; Dr. George Stookey, Indianapolis, Ind.; Dr. Sidney B. Finn, Birmingham, Ala.; Dr. John Stamm, Montreal, Canada.

C) The potential benefits derived from topical fluorides in fluoridated communities, chaired by Dr. Naham Cons, of the Bureau of Dental Health in Albany, N.Y. Also on the committee are: Dr. Stephen Wei, Iowa City, Iowa (reviewer); Dr. Earle Schutz, Balto., Md. (recorder); Dr. Harold Englander, Bethesda, Md.; Dr. R. M. Grainger, Ontario, Canada; Dr. Bradley Beiswanger, Indianapolis, Ind.; Dr. A. W. Radike, Cincinnati, Ohio; Dr. W. A. Zacherl, Columbus, Ohio; Ms. Jocelyne Roman, Bridgeport, Conn.; Dr. Louis Swejda, Lansing, Mich.; Capt. H. J. Keene, Great Lakes, Ill.; Dr. J. David Erickson, Seattle, Wash.; Dr. James Mellberg, Barrington, Ill.; Dr. James Barenie, Stoney Brook, N.Y.; Dr. J. Earl Williams, Augusta, Ga.

D) The potential benefits derived from fluoride tablets, chaired by Dr. Hazen Baron of Warner-Lambert Research Institute in Morris Plains, N.J. Also on the committee are: Dr. Per Torell Goteborg, Sweden (reviewer); Dr. James Freed, Los Angeles, Cal. (recorder); Dr. A. J. Rugg-Gunn, England; Dr. Clifford Scharke, W. Palm Beach, Fla.; Dr. Charles Wilson, Milwaukee, Wisc.; Dr. Anthony Volpe, Piscataway, N.J.; Dr. M. L. Ringelberg, Jacksonville, Fla.; Dr. Reidun Assenden, Boston, Mass.; Dr. Stanley Heifetz, Bethesda, Md.; Dr. Ira Shannon, Houston, Texas; Ms. Alice Horowitz, Bethesda, Md.; Dr. Goran Koch, Jonkoping, Sweden; Col. Thomas Salimeno, Brooks Air Force Base, Texas; Dr. I. J. Moller, Copenhagen, Denmark.



Interview With Jeff Massing

Curricular Changes (Part 2)

Probe: Jeff, it appears as though your paper was **not** well received. What is your recommendation to other students bursting with new ideas and thoughts? Is it worth the trouble?

Jeff: My recommendation to other students would be to go ahead, put their thoughts down and then take a bubble bath.

Is it worth the trouble? I'd say for me it was. One has to remember that changes occur very slowly, especially when committed to a physical facility where money is involved. You have to ask yourself the question: have I done what I set out to do, and, am I satisfied with the result. Does an artist create for himself, or for the public? If no one pays attention, has he failed or does he have comfort in knowing that he has created? (To be honest with you, if it wasn't for my friends Benjy Bear and Billy Shakespeare, I would have had to consider the paper a total failure.)

Probe: For the record, Jeff, was your proposed curriculum designed to be completed by the "average" student in three calendar years or not?

Jeff: Actually, I figured out the advancement sequence in a very short time. It was purely arbitrary. The paper wasn't about a three year curriculum. It was about new concepts in education. The impetus for the paper came came from Dr. Warren Morganstein who related an idea of Dr. Burton Pollack. The main idea was to have the student in the clinic early so that he may observe problems that occur when dealing with a live patient instead of a dentoform that doesn't talk too much. My paper only expounded on the Kentucky studies, as I related them to UMSD.

Probe: Since your study was one concerning development of curriculum why wasn't it completed under the direction or guidance of the Curriculum & Instructional Procedures Committee?

Jeff: I was never aware there was such a committee.

Probe: Will anyone benefit from your study?

Jeff: That's hard to say. I think if pilot program was set-up we might know a little more, wouldn't we? Of course, some people have looked at the paper very objectively and have suggested that the paper itself may benefit others by using it as fuel during our energy problem.

Probe: As a member of the Class of '74, you are now a senior. You seem to be uneasy about the dental school. What are you uneasy about?

Jeff: I don't think the word "uneasy" is a correct choice. "Frustrated" is more appropriate. I think the whole school is frustrated. There seems to be an undercurrent, a tension, that prevades this school. Everyone is waiting for someone to make a mistake. I think that is indicative of today's society. There are many unwritten laws in this school. Everyone has a reputation in this school. It's carried with you all four years of school. Every faculty member has a reputation, every administrator.

Professional schools as a whole are notorious for fostering anxiety and frustration. Some handle these feelings more admirably than others. What it comes down to is respect. Respect is never given when not deserved, and that's as it should be. At school, the student is constantly trying to earn respect. I don't think he ever stops trying though.

Probe: Why is it that UMSD students appear to be under such great stress and pressure?

Jeff: As far as pressures go in dentistry, their presence will always be felt. Some pressure is a necessary motivator to get things done, at school and in the real world. Communication, say some, is the key. But what **is** communication? ? The world has lost its meaning. To know what motivates a person, you have to look at the world from **his** point of view. To understand him and communicate with him, is to understand him in the context of **his** world. This also applies when treating your patients.

Probe: Why is it that most frustrated students do not communicate more with their student representatives? What is the hang-up?

Jeff: As personal problems go, I don't think students have any faith in the SDA. The SDA was designed to represent the students to the administration more than the faculty. To be honest with you, I'm not really sure what the SDA does. I seldom see any reports from them or the student committee members, but I thought I saw one from Mickey Mouse.

Probe: Who's fault is this lack of communication, the student's or the SDA's?

Jeff: The majority of students are concerned with results, not the politics envolved to get these results. Their main concern is getting through school and getting out. I guess there is fault on both parts.

Probe: The administration of UMSD is working for the students, although the communication at times between the two could be much better. In your opinion what do you think they should be doing that they aren't?

Jeff: I don't believe I am aware of what the administration is doing. They are responsible to the public, the legislature, and the university. They must meet certain standards. A good step toward improved relations was the Lunch with the Dean program. (Is that still going on?) At least this opened a door. Yet, how many students are really interested in the administration?

A better feedback mechanism is needed. Things are too departmentalized here. Hopefully, Dr. Wagner, and his newly created office will be of some help.

Probe: If administration-faculty-SDA communication is at a low, who can the student turn to with his problems? Is anyone really listening?

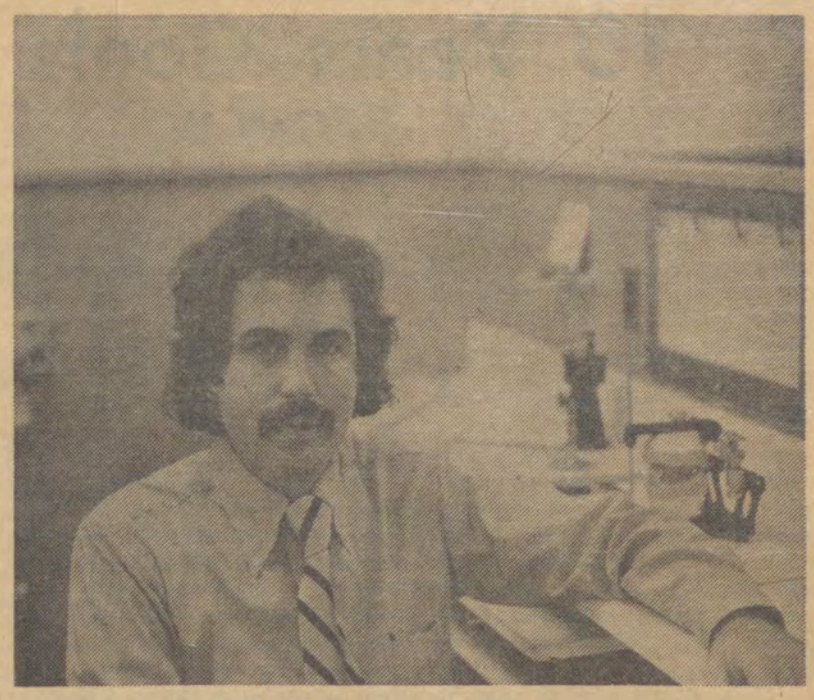
Jeff: Is anyone really listening? That's hard to say. Are you listening to me? (We may be boring a lot of people who have managed to get this far.) We all have a job to do. The administration, to run the school; the faculty, to teach, and the student to learn. We are all goal directed. It becomes very distracting for us to do things not germane to our purpose.

There's no room for anything else. It's fine for you and me to sit here in this ivory office and reflect on current situations. But who cares what I say? It's pretty irrelevant of us when you look at our problems in the context of a chaotic world.

Probe: Since you are a senior and presumably will graduate in June, how does it feel to be finally finished with your schooling?

Jeff: It's going to be a pleasure. I'm very tired. Dylan wrote a song a few years ago that went something like:

"My friends from the prison, they ask unto me—
How good, how good dies it feel to be free
And I answer them most mysteriously—
Are birds free from the chains of the skyway.'"



Jeff Massing, Senior student.

GOALS STUDY

(*Continued from Page 3*)

undergraduate dental program. A Faculty Dental Service Plan, providing facilities for intramural practice to the clinical faculty, is now in operation. Since 1963, postgraduate programs have been initiated in five specialties and course offerings in the continuing education program have increased from 2 to 28 per year. In the past year patient visits to the Dental School Clinic exceeded 93,000.

Thus, in the past decade, the world's oldest Dental School has moved forward, adept to change and imbued with vitality. The present introspective study is in itself evidence of this vitality. The search for improvement and for new dimensions in education assures continued progress.

In the next article to appear in the **Probe**, I will cover the first of the eleven goals to appear in the goal study. The first goal addresses itself with supplementing or restructuring the present curriculum to improve the quality of the educational program and to correct areas of identified weakness. The number one offers some surprising and revealing information about various academic areas in the school and so should be interesting reading.

Probing The Literature

Halstead, C. L.: Mucosal Cysts of Maxillary Sinus: Report of 75 Cases, JADA, 87:1435, 1973

Review of panoramic radiographs revealed an incidence of about 2% in mucosal cysts of the maxillary sinus. The medical histories of the patients, intraoral radiographic findings, and detailed analyses of dental pathosis in close proximity to the involved sinus were related to the occurence of the condition. The role of dental pathosis as a possible etiologic factor is discussed.

* * *

Brehm, T. W.: Diagnosis and Treatment Planning For Fixed Prosthodontics, J. Pros. Dent., 30:876, 1973

Oral diagnosis and treatment planning have been individually defined and collectively related. The steps in an adequate diagnosis have been provided the reader, and the coordination of this information into a satisfactory treatment plan is presented. Factors influencing the choice between fixed and removable partial dentures are discussed, and reasons for selecting designs for fixed retainers are outlined.

* * *

Phillips, R. W., et al: Observations on Composite Resin For Class II Restorations: A Three-Year Report, J. Pros. Dent, 30:891, 1973

The results of 3-year observations comparing a composite resin with amalgam in Class II restorations are presented. Secondary caries did not become a problem for either material, but amatomic form continued to deteriorate for composites. Marginal adaptation remained superior after three years for composites. Discolorations for composites appears to be seen early after insertion, and remain stable thereafter.

* * *

Jorgenson, R. J., and Warson, R. W.: Dental abnormalities in the tricho - dento - osseous syndrome, Oral Surgery, 32:693, 1973

The tricho-dento-osseous (TDO) syndrome is an autosomal dominant disorder characterized primarily by abnormalities of the hair and teeth. The dental anomalies consist of amelogenesis imperfecta, taurodontia, and impacted teeth. Each of these traits has been attributed to defective epithelia of the dental organ. It is possible, then, that the three dental manifestations of the TDO syndrome are caused by the product of a mutant gene acting on the dental epithelia.

* * *

Wertelecki, W., Plato, C. C., Fraumeni, J. F., and Niswander, J. D.: Dermatoglyphics In Leukemia. Pediatric Research, 7:620-626, 1973

The dermatoglyphic features of 76 patients with acute lymphocytic leukemia were compared to those of their sibs, parents and normal controls. Male leukaemics have a higher frequency of digital whorls than male sibs or fathers. Leukaemics and their sibs have more Sydney palmar flexion creases than their parents or normal controls. The association of leukaemia to distinctive dermatoglyphic features may represent another prenatal characteristic that may contribute to the understanding of risk factors for leukaemia.

* * *

Stoelinga, P. J., et al: New Findings in Basalcell Nevus Syndrome, Oral Surgery, 32:686, 1973

The findings in a family with the basal-cell nevus syndrome are presented. A new approach to the extirpation of jaw cysts (based upon the relationship between the nevoid skin lesions and the jaw cysts) is given special attention. A meningioma was noted in one patient. Finally, hyporesponsiveness to parathormone is discussed.

Dangary Publishing Co.—Baltimore, Md.