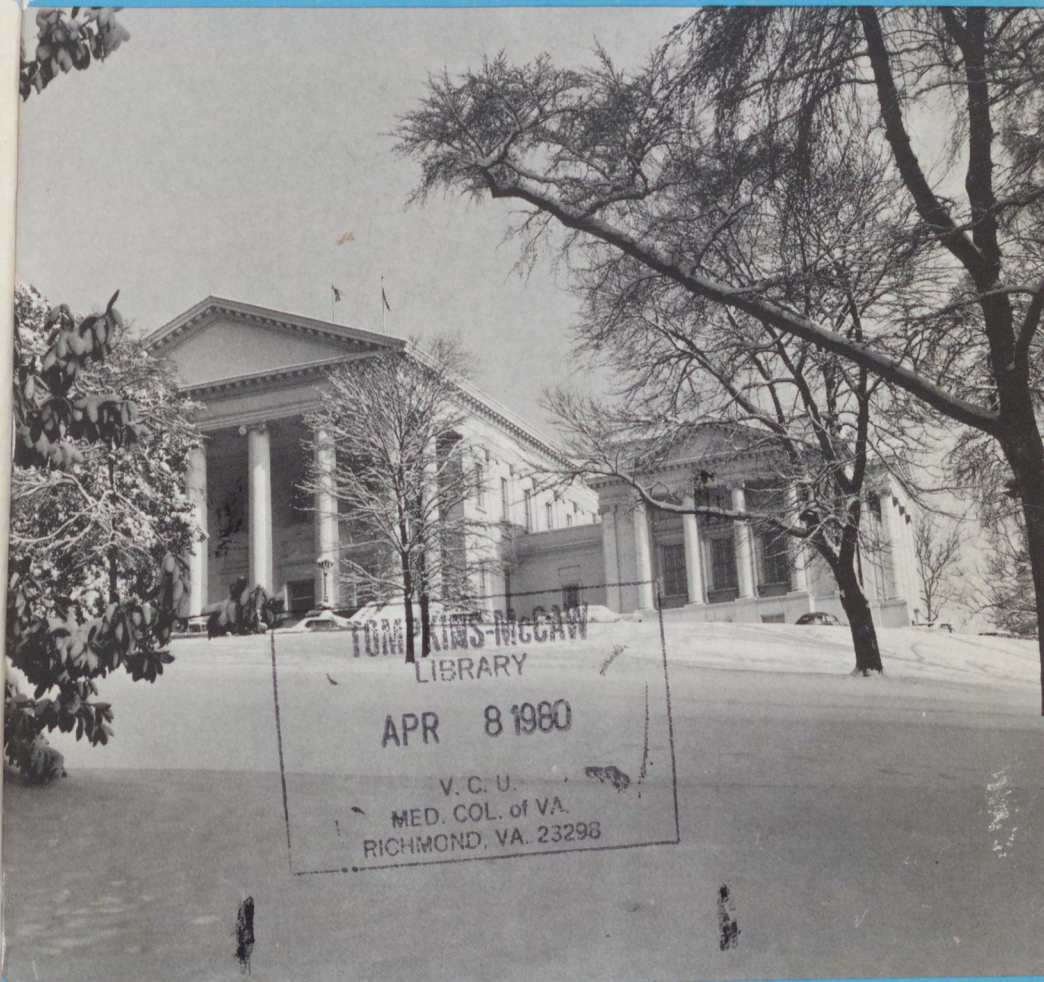


Virginia Dental Journal



Scientific Articles

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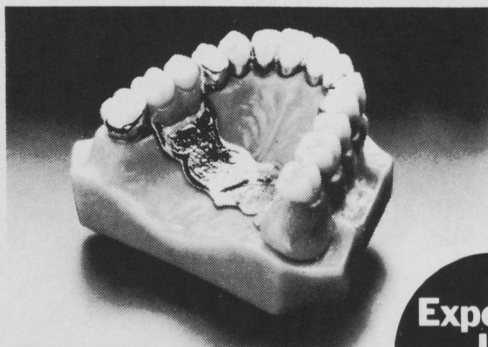
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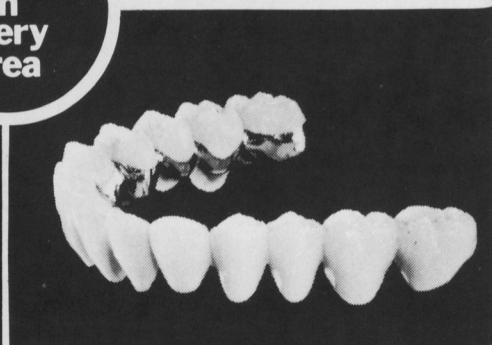
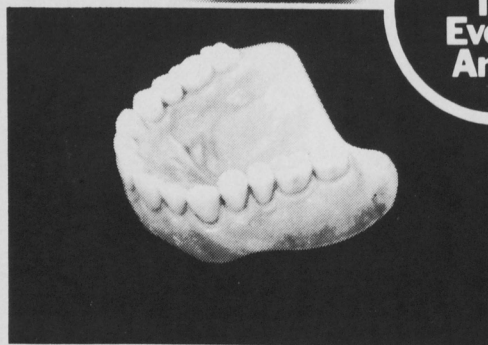
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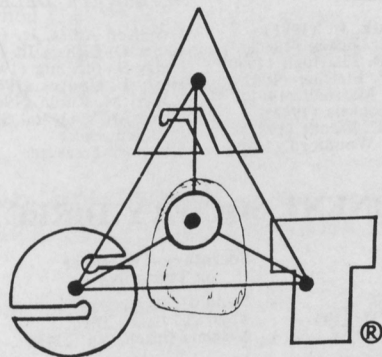
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to the 121st Annual ADA Session, October 12-16, 1980, New Orleans, LA

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COVER

State Capitol in the Snow

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EDITORIAL

DR. O. WENDELL CLOUGH — IN MEMORIAM

We mourn the passing of Dr. O. Wendell Clough, one of the most beloved teachers of MCV's School of Dentistry. Retired as associate dean and named professor emeritus, he died October 30, 1979.

Born in Inverness, Nova Scotia, he received his education leading to the D.D.S. degree at Dalhousie University in Halifax; later he was awarded a master's degree from the University of Rochester where he held a Rockefeller fellowship.

He spent practically all of his academic career at MCV, a total of 36 years until his retirement in 1972.

He received numerous recognitions of outstanding service for his fruitful and devoted years of teaching. But I think the one outstanding feature of his life that deserves the greatest attention was his unselfish love for his fellowman; so sincere, in fact, and returned equally in response by all who knew him.

His Gaelic origins as a Scotsman endowed him with a penchant for mirth and gaiety. When I saw that certain twinkle in his eye I knew we were about to hear the telling of a good story—embellished with an uncommon and skilfully performed mime, the words accompanied by that Highland lilting burr. He loved to tell these stories and we loved to listen; I would ask him to repeat them again and again.

I remember one so well. It was the story of goings-on at a town meeting in his youth. One of the elder townsmen, during a short lull, rose from his bench, coughing slightly for attention, he announced with slow precision, "I've a notion—to make a motion—that we whitewash the schoolhouse blue." Then Dr. Clough would burst into laughter as we all joined him in these now preciously remembered moments.

He loved life and lived a good one, proud to the end. I can imagine him holding on dearly with all his strength, refusing to give up as his time approached. I can hear from him words, softly but firmly spoken; words that were aptly put by portions from a fine Gaelic poet who shall remain unnamed—his lament:

*Do not go gentle into that good night,
Old age should burn and rave at close of day;
Rage, rage against the dying of the light.*

*Though wise men at their end know dark is right
Because their words had forked no lightning they
Do not go gentle into that good night.*

*And you, my father, there on the sad height,
Curse, bless, me now with your fierce tears, I pray.
Do not go gentle into that good night.
Rage, rage against the dying of the light.*

We have, indeed, lost a dear, dear friend.

—George W. Burke, Jr., D.D.S.



FEBRUARY 3 - 9, 1980

National Children's Dental Health Week

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SELF-APPRAISAL

An outgrowth of our modern culture is an obsession with working and achieving. Too little time is reserved for planning, reflecting, and measuring progress towards definite goals. The following list of questions might germinate such reflection or invite setting of goals. You might give it a try.

The validity and choice of this material is open for criticism. If you can answer the following questions honestly and objectively, you might discover some attitudes or behavior patterns of which you were unaware.

All questions have been designed for responses regarding frequency of clinical performance.

- 1 = Always
- 2 = Often
- 3 = Rarely
- 4 = Never

HOW OFTEN DO YOU—

- | | | | | |
|--|---|---|---|---|
| 1. Polish amalgam restorations | 1 | 2 | 3 | 4 |
| 2. Check your amalgam restorations with bitewing x-ray films | 1 | 2 | 3 | 4 |
| 3. Modify an occlusion prior to placement of amalgams or fixed
bridgework | 1 | 2 | 3 | 4 |
| 4. Fabricate partial coverage crowns | 1 | 2 | 3 | 4 |
| 5. Find it necessary to enlarge clinical crowns prior to
preparation | 1 | 2 | 3 | 4 |
| 6. Use aluminum shells for temporary crowns | 1 | 2 | 3 | 4 |
| 7. Take study models for planning restorative work | 1 | 2 | 3 | 4 |
| 8. Instruct patients on the care of their new fixed or
removable prosthesis | 1 | 2 | 3 | 4 |
| 9. Place porcelain occlusal surface on posterior teeth | 1 | 2 | 3 | 4 |
| 10. Recommend orthodontics for adult patients | 1 | 2 | 3 | 4 |
| 11. Survey partial denture design | 1 | 2 | 3 | 4 |
| 12. Refer to or seek the advice of specialists | 1 | 2 | 3 | 4 |

13. Evaluate the results of the specialists that treat your patients	1	2	3	4
14. Do a complete soft and hard tissue examination for oral cancer	1	2	3	4
15. Recognize abnormal tissue and recommend biopsy	1	2	3	4
16. Measure a patients blood pressure	1	2	3	4
17. Aspirate when administering local anesthesia	1	2	3	4
18. Utilize local anesthetic without a vasoconstrictor	1	2	3	4
19. Autoclave instruments exposed to a bleeding environment	1	2	3	4
20. Examine and record all recall patients for pocket depth and tooth mobility	1	2	3	4
21. Use sedation or anesthesia to perform deep scaling and curretage	1	2	3	4
22. Ask patients to demonstrate their flossing ability	1	2	3	4
23. Prescribe antibiotics and peroxide for A.N.U.G. patients	1	2	3	4
24. Personally use dental floss	1	2	3	4
25. Give your patients a tooth brush or dental floss	1	2	3	4
26. Counsel patients on the hazards of refined carbohydartes and the values of nutrition and exercise	1	2	3	4
27. And your staff consume refined carbohydrates	1	2	3	4
28. Call your patients the evening following extensive restorative or surgical procedures	1	2	3	4
29. Send or take your staff members to continuing education programs	1	2	3	4
30. Schedule staff conferences	1	2	3	4
31. Write down personal weekly, monthly, and yearly goals	1	2	3	4
32. Read this column	1	2	3	4
33. Respond to this column	1	2	3	4

CALENDAR OF EVENTS

(Mark your calendar now for these future meetings)

VDA COMMITTEE MEETINGS

May 30 – June 1, 1980 – Original Cavalier, Virginia Beach

VIRGINIA DENTAL ASSOCIATION 111th ANNUAL MEETING

September 5-8, 1980—Richmond Hyatt House, Richmond

AMERICAN DENTAL ASSOCIATION 121st ANNUAL MEETING

October 12-16, 1980—New Orleans, Louisiana

ALTERNATE DENTAL CARE PLANS: THE WAVE OF THE FUTURE?

Lewis L. Weil, D.D.S.*

*Member, Council on Dental Care Programs
American Dental Association*

Sitting around a table with me in a modern office are representatives from Montgomery Ward and staff members from the ADA. The topic of discussion is Ward's plan for operating dental centers. "We foresee opening 20 to 25 dental centers in our stores by the end of 1980," the Ward's representative states.*

The meeting has gone smoothly. Wards has openly discussed plans for operating dental centers in a few of their stores. Department store dentistry is very much here. In one trip I can buy a lawn mower while my wife has her hair done and Junior has his teeth cleaned. Convenient, yes; but is this a means of providing good dental care? This is just one of the areas with which the Council on Dental Care Programs is concerned.

In 1966, when the Council was first established, department store dentistry was unheard of. Then, as now, the

Council's purpose was to assist the profession and interested organizations in the planning, administration and financial structuring of dental care programs.

Dental prepayment is not only a trend for the future but is very much in vogue today. Approximately 60 million Americans are now covered by a dental prepayment plan; this is 7 million more people than the total population of 11 northeastern states. This figure has nearly doubled since 1976 when I first joined the Council. Of these 60 million people, approximately 750,000 are covered by one form of capitated delivery system or another. As a result of this phenomenal growth, many new modes of delivery have emerged.

These alternate delivery systems are the concern of the Council's Committee C, of which I am a member. Our task is to scrutinize those forms of delivering dental care other than the traditional private practice, fee-for-service method. Alternate delivery systems are seen by many as a threat to the private practitioner. In most cases, however, they represent another mode of prepayment. By discussing ideas and concepts, a better educated profession and public are prepared to make an individual choice as to providing or receiving care.

* *This interesting paper which appeared in the Nov. issue of CDS Review is reprinted here with the kind permission of the author and publishers. Copyright 1979 by the Chicago Dental Society.*

* *In the near future, the Montgomery Ward chain plans to open a dental clinic at their Deerfield, Illinois, store. The dental facilities there will be part of an expansion which will also include space for medical offices, a pharmacy and a travel agency.*

This year we have focused on the federally qualified Health Maintenance Organizations (HMOs) offering comprehensive dental services; department store dentistry; capitation; and corporate and union-owned dental care facilities.

The Council's two-part informational study on HMOs includes reports of eight on-site visits to HMOs offering comprehensive dental services. To date, of the approximately 103 federally qualified HMOs, at least 26 offer comprehensive dental benefits.

As an on-going part of the HMO study, we are also surveying the non-federally qualified HMOs to determine how many offer dental benefits. Our final report will be completed next year.

The Council is presently preparing material for a booklet which will give dentists a comprehensive overview of capitation programs. Several dentists recognized as experts on capitation have been called upon to comment on the first draft of the booklet. Once their comments are compiled, a second draft will be written and in the course of a one-day workshop a final booklet will be prepared. Deadline for this project is January 1980.

Six corporate-owned and two union-owned dental facilities have been identified to date. On-site visits will be made in the fall and winter and a report will be available shortly thereafter.

Eight retail chains are operating dental centers in a few of their stores: Sears, Wards, Venture, Korvettes, Times Square, Jamesway, Two Guys and Peoples. They have been contacted

to determine the number of stores housing the centers, the scope of benefits offered, method of payment and types of quality assurance and assessment.

Our interest has been to gain information, not to make judgments on alternate delivery systems. With the facts in hand, hearsay and emotionalism can be alleviated.

Universal to all walks of life is change. Change requires decisions: pro or con, go or stay. One cannot make knowledgeable decisions without all the facts. Our task is to gather and organize these facts and make this information available to the profession and to the public.

It has been a challenging job, but a rewarding one. It has given me the opportunity to work with many knowledgeable colleagues who donate their time and expertise toward establishing sound dental programs. This input is vital, for alternative dental care programs like Ward's plan are being organized across the country at a rapidly increasing rate. It is our obligation to assist such programs when needed and to ensure that they are beneficial to the public.

Perhaps among these alternate delivery systems is the dentistry of the future—but at present they represent a small percentage of the care delivered compared to the traditional private practice fee-for-service method of dental care delivery.

HEALTH MAINTENANCE ORGANIZATIONS (HMOs)

The health maintenance organization concept has been defined as an

organized system of health care that accepts the responsibility to provide or otherwise ensure the delivery of an agreed upon set of comprehensive health maintenance and treatment services for a voluntarily enrolled group of persons in a geographic area and is reimbursed through a prenegotiated and fixed periodic payment made by or on behalf of each person or family unit enrolled in the plan.

The Health Maintenance Organization Act of 1973 established guidelines for the initiation and development of HMO's, provided funds for grants, loans and loan guarantees, developed enrollment guidelines and specified basic health care services necessary to become federally qualified. As one of its basic health services, this Act as defined by federal regulations required preventive dental care services for children through age 11 and included oral prophylaxis, as necessary; topical application of fluorides, as necessary; and prescription of systemic fluorides, as necessary.

The HMO Amendments of 1976 eliminated or modified certain basic service requirements and enrollment provisions viewed by some as hindering the national growth of HMOs. The mandated preventive dental services for children through age 11 were removed from the list of required basic health services. Instead, the offering of dental benefits became optional at the discretion of each HMO.

Federal qualification is granted to an HMO whose basic health care service to all of its subscribers must include:

- Physician Services
- Outpatient Services and Inpatient Hospital Services
- Medically Necessary Emergency Health Services
- Short-term Mental Health Services
- Medical Treatment and Referral Services for Abuse or Addiction to Alcohol and Drugs
- Diagnostic Laboratory and Diagnostic and Therapeutic Radiologic Services
- Home Health Services
- Preventive Health Services

These services shall be provided to the plan members without limit as to time, cost or health status. In addition, supplemental health services, including dentistry, may be offered on an optional basis for which the HMO may request additional payment. All federally qualified HMOs are required by regulation to submit periodic reports to the Office of Health Maintenance Organizations, Department of Health, Education and Welfare, on their membership, utilization of services and financial condition.

Becoming a federally qualified HMO has its advantages. From a marketing standpoint, the HMO can profit from the dual choice option clause of the 1973 HMO Act. This requires employers with 25 or more employees within the HMO's service area upon an HMO's request to offer the option of HMO membership if the employer currently offers traditional health insurance. This creates an almost instant market for HMO services. Also, once an HMO becomes federally qualified, it may apply for a

federal loan or loan guarantee.

Federal grants and loans are not specifically available for the development of dental services within HMOs. However, federal funds designated for the medical portion of the HMO may be used for planning dental services as a supplemental benefit.

The 69 HMOs federally qualified by the U. S. Department of Health, Education and Welfare as of September 30, 1978, were surveyed by the ADA Council on Dental Care Plans. Covering 4,704,465 members, these HMOs were located in 27 states and the District of Columbia. The purpose of this effort was to ascertain the involvement of federally qualified HMOs in providing dental care services. Responses were received from all 69 HMOs surveyed.

Of the 69 HMOs surveyed, 21 of the plans offer comprehensive dental services (restorative, as well as preventive and diagnostic treatment) either on a fee-for-service, prepaid or combination basis; 31 offer preventive services for children under 12 (or older in a few cases) and commonly include examination, X-rays, prophylaxis and instruction in plaque control; 13 of the plans offer only the children's preventive services as described above; 34 offer no dental care services other than oral surgical services commonly offered through major health insurance contracts and resulting from accidental injury to sound and natural teeth.

In the Association's view, dental care should be viewed as an integral part of any comprehensive health care benefit package. As HMOs become financially stable and secure adequate

membership, the addition of comprehensive dental care services appears justifiable both on a cost basis and as a service and convenience to the membership. Also, the addition of comprehensive dental care services can provide an HMO a significant competitive advantage in its marketplace. HEW's target is to have 275 qualified HMOs by 1983.

DEPARTMENT STORE DENTISTRY

Department store dentistry made its debut several years ago at a Sears, Roebuck & Company store in El Monte, California. Since then, other retail chains on the East coast and in the Midwest have opened dental centers in some of their stores. It has been projected that at present there may be only 250 such dental centers but that their number may grow.

This new setting for dental care is still in the trial stage. The department stores act only as lessors of space for the individuals or groups providing the actual dental services. Most states have laws restricting ownership of dental practices to licensed dentists.

As a recent example, a Venture store in a St. Louis suburb opened a dental center this past summer and called it the Family Dental Center. The owner and operator of the facility—a dentist—said that routine business negotiations are handled by Dental Systems Inc. of Cincinnati, a dental management firm with which he has formed a limited partnership. Under this arrangement, Dental Systems Inc. negotiated the lease with Venture, hired an office manager and did various

statistical projections for the center's potential market. The center's director also said Venture has no say in the operation of the business.

Department store dental centers generally have multiple operatories and the dentists are usually licensed practitioners who work on a salary basis. Most of the dental centers at various department stores are full-service practices.

CAPITATION PROGRAMS

Dr. Gerald Larson, a member of the ADA Council on Dental Care Programs, is chairman of the committee involved in the development of a booklet for dentists on factors to consider in deciding whether to participate in a capitation dental program. The Council's booklet is expected to be available by the spring of 1980.

Many capitation programs were started by labor groups, with union leaders or company executives initiating the program. Basically, the dental care plan was designed first. Then, an underwriting agency was engaged to form a network of dentists or group practices to provide the services.

Dr. Larson describes capitation as representing another approach to reimbursing the dentist for his services.

"In the context of dental plans, capitation is a system in which the contracting dentist, rather than a third-party intermediary, assumes the financial risk of assuring that contracted dental services will be available to the patient. In return for a fixed per capita payment—usually on a monthly basis—the dentist agrees to provide a specified set of services—on demand and as needed—to a subscriber group."

Payment to the dentist is based upon the number of persons eligible for dental treatment during a payment period whether or not the enrollees avail themselves of the dental services during that period.

"In capitation, one of the risks assumed by the dentist is that he does not know in advance what the actual utilization rates and treatment needs of the enrolled population will be," said Dr. Larson.

"Under a capitation approach, patients are restricted in their freedom of choice because only dentists under contract can be utilized. In addition, the location of the dental facilities may not be convenient to many enrollees. On the other hand, insurance forms and patient billing are eliminated or their number is greatly reduced," Dr. Larson said.

This is the Golden Year for Richmond's "Ladies in Attendance"

By Bruce A. Leary, D.D.S. and Louise Lloyd, CDA*

The Great Depression arrived; Americans awoke on "Black Friday" to see the stock market crash; talking movies and the Grand Opera were the entertainment of the day; you could mail a letter for a penny; coffee was 42 cents a pound, and silver fillings cost one dollar.

The year was 1929. Eleven young Richmond women convened for the initial meeting of the newly formed Richmond Dental Assistants Society. The *Richmond News Leader* carried an article explaining the object of the Association: "to enhance the exchange of mutually helpful ideas and to hold meetings to be addressed by local dentists and other invited speakers."¹ The Certificate of Incorporation completed on April 1, 1929, expanded on the purpose of the society; . . . "to promote efficiency in the art of performing the work of dental assistants by meetings, lectures, and the interchange of ideas, and any and all other means by which the work of this character can be improved by study, research work, education and other methods calculated to make the work of the members of this society more helpful to their employers and more useful and beneficial to the public; to promote cooperation in a common purpose by meetings, entertainments,

lectures and other forms of social contact."

Despite the coincidental date of incorporation, the Richmond Dental Assistants Society (RDAS) was no April fool's joke, and has now, fifty years later, outlived all but one of its eleven charter members. It was evident, even at its onset, that the members of the RDAS dedicated themselves and their society to the goals of the profession: education, efficiency, loyalty, and service.

No one knows for certain when dental assisting originated, but one has to conjecture that it was born with the advent of organized dentistry. Perhaps as long as one hundred years before the forming of the RDAS dentists, or more properly, those practicing dentistry, probably used "assistants" to aid them in their work. Dentistry, at this time was considered a trade and in 1839 the American Medical Association formally refused to allow Dentistry to be developed as a branch of the Medical Profession. In the early 1830's several Dental Organizations were formed, but the most significant event in the evolution of organized Dentistry came in 1840 with the founding of the Baltimore College of Dentistry. Dental assisting was far different then, than it is today. In the words of one historian, "Do not think for one moment, (however), that any one imagined at that time that there was a spot in the profession for

* Dr. Leary and Louise Lloyd are members of the Department of Community Dentistry, MCV School of Dentistry.

women, other than on the receiving end. Oh no! Woman's place was in the home, society frowned on women who entered any other field, it just wasn't considered nice."² In those early years "dental assisting" was entirely restricted to men. It wasn't until 1885 that a woman broke into the profession in the office of Dr. Edmund Kell of New Orleans. "Dr. Kell's colleagues were aghast; reaction ranged from amusement to anger at this startling innovation, but Dr. Kell stood by his decision. To the surprise of the professional men of New Orleans, it worked; it was discovered that Dr. Kell's office had acquired an atmosphere that other dental offices in that city lacked, and gradually it became known that women had not only the proper amount of native intelligence, but other gifts as well, making it possible for them to be of great assistance to any dentist who had the temerity to employ a woman in his office. Finally, there came a time when windows of dental offices exhibited placards stating "Lady in Attendance," thus making it respectable for a woman patient to go to such an office without being accompanied by her husband or a maiden aunt. Time also proved that "Lady in Attendance" could be most helpful around the office and we begin now to see the Dental Assistant emerge."³

It was, however, many years before women were openly accepted in a profession so long dominated by men. Even in 1911, when Juliette A. Southard was first employed by Dr. Henry Fowler, in New York City, employment of women as assistants in dental

offices was still a debated question.

A great step was taken by Miss Southard in the advancement of the dental assisting profession. After ten years of employment as a dental assistant, she saw the great need for a formal organization to advance the profession she so dearly loved. In 1921 Juliette Southard effected the first organizations of dental assistants, the Education and Efficiency Society of New York City. Its purpose was educational and inspirational.⁴ Several other organizations soon followed, including those in Chicago, Cleveland, Buffalo, Alabama, Nebraska, Indiana, New Jersey, and Iowa. "Juliette was now dreaming of a national association that would bring these organizations together for the purpose of advancing the vocation of dental assistants. She had been in correspondence with the officers of these various groups, and in August 1923 she cut short a vacation in the wilds of Maine, and with the encouragement of Dr. Fowler, succeeded in getting a group together at the ADA meeting in Cleveland that year. She interviewed as many officers and prominent members of the ADA as was possible at this meeting. Fifteen assistants registered and launched plans for a national organization, to hold its meeting at the same time and place as the ADA meeting in Dallas, Texas, in 1924".⁵

On November 11, 1924, at Convention Hall Fair Ground in Dallas, Texas, the American Dental Assistants Association was born. Juliette Southard was elected President, a position she held for six years. Twenty three dental assistants attended this first meeting.

Total membership of the National Association was 200 at this time, representing 4 state associations and 7 local societies.

Early in the history of the ADAA, it was evident that there was to be a great emphasis on education for dental assistants. At the 1925 National session, a resolution to petition the recognized dental schools in the United States for the establishment of a department for the training of dental assistants was adopted.

At the 1926 session the first presentation of table clinics occurred. At the 1929 session the Loyalty Trophy was donated. It is awarded annually to the attending assistant who had been in service of one dentist for the greatest consecutive years. The initial award was to Juliette Southard. By 1929, membership had increased to over 1000. Seventeen local societies had now joined the ADAA including the newly organized Richmond Dental Assistants Society.

In 1932 the first journal for dental assistants was published by the Education and Efficiency Society of New York, and in 1933 the ADAA accepted *The Dental Assistant* as its official publication.

In 1936 the Achievement Trophy was donated to be presented annually to the member who had given outstanding service to the ADAA. This first award was won again by Juliette Southard.

In 1948, study courses for preparation for certification were initiated in many societies throughout the country, again emphasizing the importance education has had in or-

ganized dental assisting. At the 1960 session the ADA announced approval of "Requirements for Educational Programs for Dental Assistants" In other words, the ADA showed its approval of the ADAA's educational programs and schools for training of dental assistants.

The theme for the 1961 session, "Commitment," appeared to be one of current significance. The president emphasized throughout the year that each member recognize her individual responsibility to dental assisting and the Association and asked that everyone contribute by doing something in that direction by self-improvement and willingness to cooperate in Association activities.

At the 1962 session a Manual for Certified Dental Assistants was introduced as the first step toward a continuing education program.

Continued emphasis was placed on certification of dental assistants. This could be evidenced by the resolution adopted by their House of Delegates in 1968; "That the ADAA urge its non-certified members to investigate enrollment within a formal accredited dental assisting program" and "That the ADAA urge its certified dental assistants to maintain their certification status; and that its certification—eligible dental assistants be urged to become currently certified so that the supply of certified dental assistants can be maintained at a maximum level to demonstrate dental assistings cooperation and willingness to improve, expand, and progress to meet the future auxiliary health care demands of the profession and the American public."

In 1965 the ADAA showed continued public concern by pledging its support to the ADA's statement on fluoridation of public water supplies as a safe, economical and effective measure to prevent dental caries.

And in 1972, the ADAA issued its own statement on the need for expanded function dental auxiliaries: "In our judgment, dental health care needs can best be met by the greater utilization of qualified dental auxiliaries."⁶

1974 marked the 50th anniversary for the ADAA. Membership swelled to over 22,000; all fifty states were represented; none of the original organizers remained, but the original ideals of Education, Efficiency, Loyalty, and Service continued to be fulfilled.

In 1979, the Richmond Dental Assistants Society celebrated its 50th Anniversary. More than ever before they pledged themselves to the advancement of their profession.

Their educational activities included in-service training programs in four-handed dentistry, use of the rubber dam, and preventive dentistry. They now offer a yearly statewide seminar or workshop; this year's program dealt with interpersonal relationships. Their accomplishments in education are evidenced by their successful participation at the State Meeting, earning second and third place awards in Table Clinics and first and third in Poster presentations.

Many activities are aimed at improving the efficiency of its members. Programs, such as those referred to above, help in attaining this goal.

The loyalty of the members of the RDAS is clearly demonstrated by the

fact that one of its charter members, Mrs. Grace Griffen, continues to attend special meetings. There are also three "life members" who have been active in the Society for more than twenty-five years, and several assistants who have held membership for more than twenty years.

Service is perhaps the most impressive activity of the Richmond Dental Assistants Society. They donate their time, experience, knowledge, and efforts unselfishly to the advancement of dentistry and dental assisting through education of the public, care for the needy and involvement with Virginia public schools and other public and private organizations.

This year they helped in the renovation of the Boy's Club clinic and then co-sponsored a very successful health fair for more than two hundred Richmond youths. They also participated in other Community services such as presentation of a health fair at a local shopping center and school visitations during Children's Dental Health Week.

The RDAS was honored by their State Organization for its accomplishments this year, as it has been for the last three years, by being named the "Outstanding Component" in the State of Virginia.

In 1929, the members of the Richmond Dental Assistants society pledged themselves to a career dedicated to education, efficiency, loyalty, and service. This remains their goal today and we wish Richmond's "Ladies in Attendance" a happy and productive anniversary in this their *Golden Year*.

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1. Richmond News Leader, 1929 (Date Unknown)
2. The American Dental Assistants Association, The First Fifty Years 1924-1974,

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4. Ibid.
5. Ibid.
6. Ibid.



FIGURE 1

Educational programs are offered for area assistants . . . here RDAS members are instructed in the use of the Rubber dam.



FIGURE 2

Efficiency is important to the Assistant and her employer . . . here RDAS members participate in a course in four-handed dentistry.

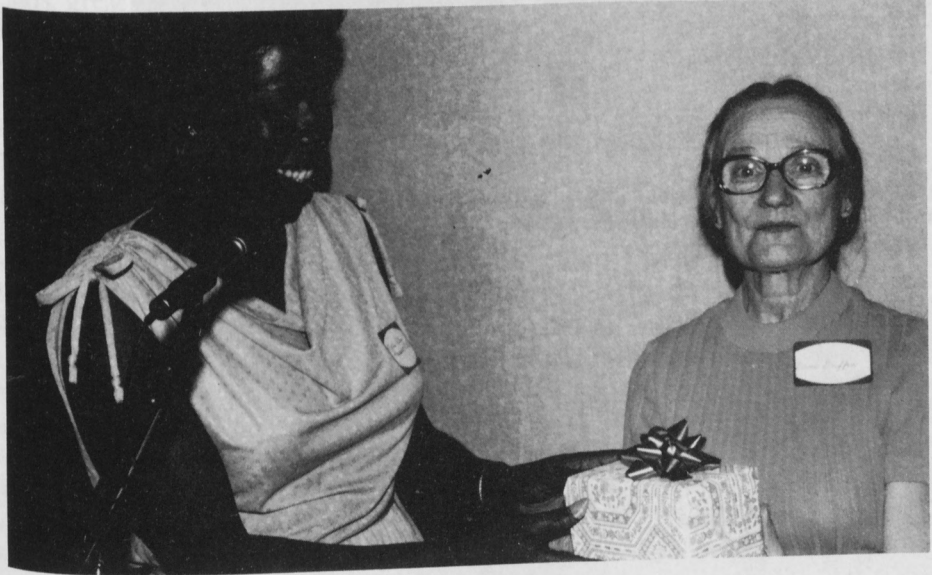


FIGURE 3

Loyalty to the profession spans half a century . . . pictured here is charter member Mrs. Grace Griffin (formally Grace Ganzert) being honored for her fifty years of service to the RDAS by Mattie Allen, 1978-79 President.

EMINENT MILITARY LEADERS IN VIRGINIA



Lieutenant General John H. Miller, Commanding General, Marine Corps Development and Education Command, Quantico, Virginia.

Lieutenant General John H. Miller, a distinguished Marine Corps Officer, has devoted most of his adult life in the service of this nation and saw action in its last three wars, World War II, Korea, and Vietnam, receiving numerous decorations for valiant duty.

He was born April 16, 1925 in San Angelo, Texas. Attending Texas A&M College he left to enlist in the Marine Corps Reserve in May 1943. He saw action in the South Pacific, rising to the rank of staff sergeant; he was released from active duty in 1946, and returned to Texas A&M where he was awarded a B.S. degree in Electrical Engineering and commissioned a Marine second lieutenant in June 1949.

From that date onward he remained in the Marine Corps engaging in a multiplicity of important assignments. Between duties he managed to earn his M.S. degree in Engineering Electronics attending the U. S. Navy Postgraduate School in Monterey, California from July 1954 to June 1957. His formal military education was completed at the U. S. Army War College, Carlisle, Pa., in June 1969.

Following the Vietnamese conflict he returned to the States in 1973 with the rank of colonel and became Deputy Director of Development, Office of the Chief of Research and Development, Department of Army, Washington, D. C. In recognition of his extraordinary talents and expertise he rapidly rose through star ranks and ultimately advanced to the rank, lieutenant general, and assumed his current assignment at Quantico.

His great courage and devotion to duty earned numerous citations for him. In addition to the Legion of Merit with Combat "V" and gold star in lieu of 2nd award, the Bronze Star Medal and the Purple Heart Medal, General Miller's personal decorations and awards include the Meritorious Service Medal, Joint Service commendation Medal, the Navy Commendation Medal, The Presidential Unit Citation with two bronze stars, the Meritorious Unit Commendation, the American Campaign Medal, the Asiatic-Pacific Campaign Medal with two bronze stars, the World War II Victory Medal, the Navy Occupation Service Medal, The National Defense Service Medal with one bronze star, the Korean Service Medal with four bronze stars, the Vietnam Service Medal with two bronze stars, the Korean Presidential Unit Citation, the Republic of Vietnam Meritorious Unit Citation Gallantry Cross Color with Palm, the United Nations Service Medal, and the Republic of Vietnam Campaign Medal.

Lieutenant General Miller and his wife, the former Virginia Campbell of Waco, Texas, have three children: Danny, practicing Dentistry in Houston; John, Jr., a captain in the Marine Corps; and Melissa, a Physical Therapist in Texas.

A REPORT FROM THE VIRGINIA DELEGATION TO THE 1979 ADA HOUSE OF DELEGATES MEETING IN DALLAS, TEXAS, OCTOBER 21-25

During its final meeting, the ADA House of Delegates installed Dr. I. Lawrence Kerr of Endicott, New York, as the 116th President of the Association and chose Dr. John J. Houlihan of Claremont, New Hampshire, as the new President-Elect.

More than 15,000 people participated in the 120th Annual Session, October 21-25 in Dallas, Texas.

The House of Delegates considered nearly 40 reports and more than 135 resolutions. Of major importance was approval of a blueprint for a massive program to improve access to comprehensive dental care for all Americans and expanding the ADA dental health education program to include institutional advertising. Up to \$2 million was authorized in 1980 to launch the advertising campaign to motivate more Americans to seek regular dental care.

The House of Delegates, responding to a changing legal and social climate, adopted a totally new code of ethics for members of the American Dental Association.

The new code represents the first complete revision of the ADA ethics in several decades.

Titled *Principles of Ethics and Code of Professional Conduct*, the new document is based largely on a draft developed by the ADA Council on Bylaws and Judicial Affairs. Under the new format, the five basic principles are correlated with specific statements about ethical behavior.

Following is a description of the five basic principles outlined in the document:

Section 1: Primary obligation of service to the public, including the primary consideration of quality of care.

Section 2: Responsibility of dentist to keep abreast of new advances and techniques.

Section 3: Right of the profession to govern itself.

Section 4: Promotion of dental research and development.

Section 5: Announcement to the public of dental practice and dental services.

Among the sections of the document which drew heaviest debate on the House floor were dentist advertising, practice limitation, criticism of treatment by a fellow practitioner, and transfer of patient records.

In other matters related to ethics, the House: (A) Declared a moratorium on all name changes for specialties, as well as new descriptive phrases for general practice, until a study is completed on the total consequences of recent proposed changes; (B) Directed ADA agencies to develop a statement outlining legal implications of deliberate irregularities by dentists in billing of third-party payment plans. The House requested the Council on Bylaws and Judicial Affairs to present a report to the 1980 House on how legal implications of irregular billings are related to the new *Prin-*

ciplcs and Code; (C) Requested the appropriate ADA agencies to study and define the term "routine procedures" as related to advertising ethics; and (D) Requested the Council on Bylaws and Judicial Affairs to develop a proposal for a protocol advising individual dentists how to proceed in reporting instances of gross and/or continual faulty treatment. The House requested that the protocol be adaptable by constituent societies and be transmitted to the 1980 House for review.

In Board Report 8 and the Supplemental Report 8, the House reviewed a draft statement on "the relationship between dentists and dental hygienists" developed jointly by representatives of the boards of trustees of the ADA and the American Dental Hygienists' Association.

Board Report 8 was presented to the House for information only.

In response to the report, the House approved continuation of discussions between the ADA/ADHA boards on the draft statement and requested that the talks be governed by existing ADA policy. It also directed that the Board submit either the revised statement or a progress report to the 1980 House.

The House of Delegates urged the Board of Trustees to initiate discussions immediately with the American Association of Dental Examiners concerning that organization's moves to develop alternatives to the National Board examinations.

The House of Delegates approved a 1980 budget of \$24,729,500 for op-

erating and non-operating expenditures.

In hopes of improving existing federal health programs, the House directed the Association to "actively encourage competitive bids from private carriers and service plans for the administration of the dental portion of state Medicaid programs through state and federal legislation, if necessary."

With regard to other legislative issues, the House: (A) Directed the Association, in the public interest, to continue to (1) support legislation to limit the power and funding of the Federal Trade Commission, (2) work with outside groups to challenge rulings that unfairly discriminate against the profession and (3) keep ADA members informed of such actions; (B) Called for upgrading of outpatient veteran's benefits, including dental fees, on a regular basis, in order to insure that veterans receive dental benefits to which they are entitled; (C) Voiced strong opposition to any regulation that discriminates with regard to the professional's ability to charge "a fair fee commensurate with the increase in the cost of living and the cost of operation"; (D) Directed appropriate ADA agencies to review a bill now before Congress proposing dental benefits for civilian federal employees, so that amendments can be made to insure that the bill complies with ADA policy; (E) The House amended its current position on community water fluoridation to state that only fluoride-deficient water supplies need be adjusted. Formerly, the Association's position was that all com-

munal water supplies should be adjusted to the optimal fluoride level. The amended policy continues to advocate federal grants-in-aid on a first time basis for communities wishing to adjust the fluoride content of their water supply to the optimal level; (F) In other action, the House voted to extend National Children's Dental Health Week to National Children's Dental Health Month, beginning in 1981. February was selected as the month for the annual observance; (G) Commending the Task Force on the Prohibition of the Sale of Confections in Schools for its excellent report, the delegates requested that high priority be placed on implementation of the Task Force's recommendations; (H) Encouraged the profession to be more mindful of the incidence of child abuse and directed Association agencies to disseminate information on professional and legal issues related to child abuse; (I) Referred to appropriate ADA agencies study and development of dental health guidelines for long-term care facilities, for report back to the 1980 House; (J) Urged the profession to adopt a uniform marking procedure recommended by the Council on Federal Dental Services for permanently identifying dental prostheses; urged support of the uniform procedure by constituent societies; (K) Advocated that constituent societies support state legislation regulating all prepaid dental delivery systems; (L) Urged constituent societies to cooperate in resolving peer review cases in which the involved parties reside in different states of different jurisdictions; and (M) Pre-

served the *Guidelines for Dentistry's Position in a National Health Program* as the principal policy document upon which ADA legislative activities respecting national health programs will be based.

In matters related to dental education and licensure, the House: (A) Called for a reevaluation of the Department of Health, Education and Welfare's existing contractual obligations with dental schools for the purpose of identifying ways to minimize the adverse impact of such obligations on dental education programs; (B) Renamed the "Commission on Accreditation of Dental and Dental Auxiliary Educational Programs" simply the "Commission on Dental Accreditation"; (C) Expanded the above commission's functions to include accreditation of advanced educational programs in general dentistry; and (D) Referred to the Council on Dental Education a proposed study of the feasibility of developing a test to determine manual ability in dental school applicants, for report back to the 1980 House.

VIRGINIA DELEGATION

The Virginia Delegation was composed of Delegates: Doctors Walter H. Dickey, Elmer O. Fisher, Jr., William B. FitzHugh, Harry B. Fleming, Charles F. Fletcher, Douglas C. Wendt, Curtis R. Woodford and Virgil H. Marshall; Alternate Delegates: Doctors J. Wilson Ames, Jr., Harry L. Hodges, Jack D. Cole, Emanuel W. Michaels, Earle W. Strickland, James E. Kennedy, French H. Moore, Jr. and L. O. Clark, Jr.;

Secretary for the Delegation, Pat Watkins. Dr. Douglas C. Wendt was reelected Chairman of the Fifth District Caucus. All delegates were assigned to reference committees and at-

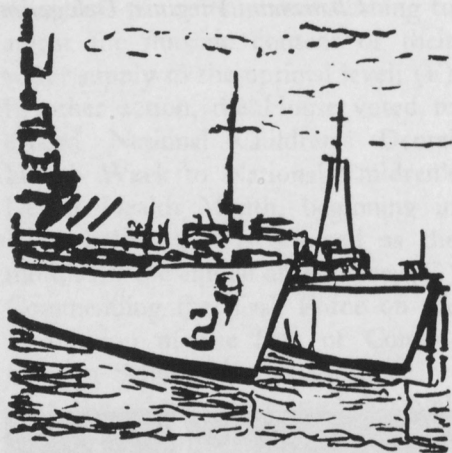
tended all caucus meetings and House of Delegates sessions.

*Virgil H. Marshall, D.D.S.
Chairman, Virginia Delegation*



VDA members inducted into Fellowship in the American College of Dentists at the Dallas Convocation, 1979: Arthur R. Anderson, Jr.; Lonnie O. Clark, Jr.; Byard S. Deputy; Charles L. Eubank; Llewellyn T. Flippen; Samuel D. Kayne; Mayer G. Levy; Philip B. Peters; and David A. Whiston.

COMPONENT NEWS



COMPONENT I

VIRGINIA TIDEWATER DENTAL ASSOCIATION

Robert M. Rubin
Associate Editor

In January, Component One launched the New Year with a Pep Program headed by Dr. Robert Rubin. This program has been continued, even though the ADA no longer provides funds, because we feel that the service it provides to acquaint new members with dental problems is invaluable.

In February, the National Children's Dental Health Week was observed by Component One. In addition to the week's activities of participation within the schoolrooms, films, and local spot announcements of children's dental care, we also joined with the

local hygienists and dental assistants at Old Dominion University in running the carnival as a culmination of the week. The theme this year was The 1980 Olympics.

Also, February 6th saw a joint program of the Virginia-Tidewater Dental Association members and the U. S. Navy Dental Corps. Featured was a tour of an aircraft carrier's dental facilities, scientific table clinics, and a cocktail hour and dinner. Arnold Hoffman, Program Chairman, worked with Admiral John B. Holmes, Director, Naval Regional Dental Center, Norfolk.



COMPONENT II

PENINSULA DENTAL SOCIETY

Don W. Cherry
Associate Editor

As our component entered the 70's we had 97 members and as we leave this decade, we now have 173 members with a 78% increase in membership in 10 years.

Lets have a word of thanks for all the presidents of the 70's who have guided our component so diligently over these years and a word of encouragement for the leaders of the 80's as we undertake our public information programs to better inform the public of the many advances of dentistry.

Component dentists in the news: Gil Frey-President of the Kiwanis Club of Williamsburg; Ron Godby-Voted Fellow VDA; Paul Orphanidis-40 year VDA member and Alex Boatwright-Daily Press Cooking Contest winner for his bread.

Welcome new members to our component: Dr. William R. Cornette, Dr. John T. Jobe, IV, Dr. Richard S. Hoffman, Dr. John H. Speegle and Dr. Donald L. Taylor from MCV; Dr. Forrest V. Broome from Washington University; Dr. Charles D. Parks from West Virginia University; Dr. Jeff C. Raphael from the University of Maryland; Dr. Michael J. Vasisko from Georgetown University and Dr. Jasper N. Watts from University of Michigan.

Doctors Broome, Parks, Raphael and Vasisko are all at the VA hospital dental clinic and we are especially happy to have them actively involved in the component dentistry.

Component II's Emergency Referral Service is ready to begin. The service will be in operation beginning January 1, 1980. It is intended for people who either have no regular dentist, or are unable to reach their regular dentist during the time of an emergency. Many thanks to Dr. Ken Staviscky for much time and effort in setting up the Emergency Referral Service.

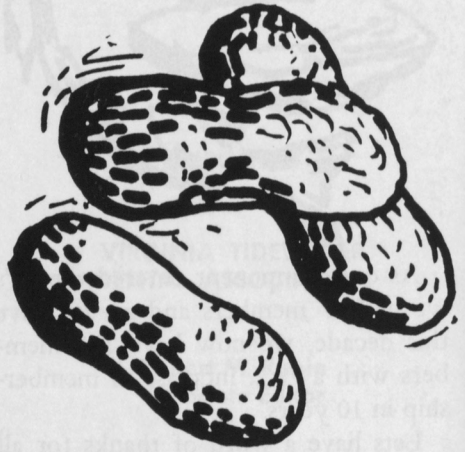
Public service announcements are being placed in local paper by our component notifying public of dates of education programs to be on radio and television.

Any dental assistants who missed the x-rays course in November may sign up for another course being given on March 7th in conjunction with the 4th annual Southeastern Virginia Dental Symposium to be held on March 6, 7 and 8. This promises to be the best-ever symposium with the Pankey Group headlining. If you haven't made your reservations, please sign up now and confirm all hotel and dinner reservations at least 4 weeks prior to the meeting.

COMPONENT III

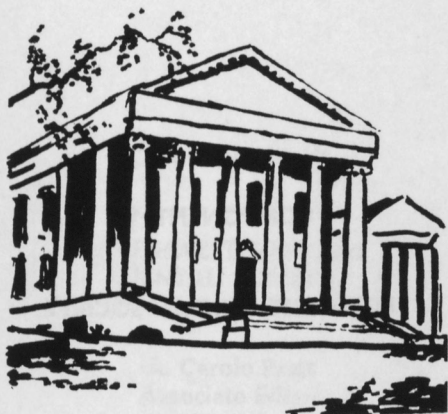
SOUTHSIDE DENTAL SOCIETY

A. Wright Pond
Associate Editor



January and February have been very active for Component III. These activities were climaxed with Dental Health Week when we had a close working of dentist, hygienist, dental wives, and others. We enjoy and appreciate this group effort. As usual in overall, this was a great success.

Our Spring continuing education program will be on Saturday, May 10, 1980 in Williamsburg, Virginia. Dr. Martin Dunn will be giving his one day course on *Management of Systematic Emergencies*. This program will be held at the Williamsburg Motor House. You will be receiving more on this, but for now mark your calendar.



COMPONENT IV

RICHMOND DENTAL SOCIETY

Michael O. McMunn
Associate Editor

The Richmond Dental Society had Virginia State Attorney General J. Marshall Coleman as the guest speaker at the Christmas dinner meeting. Although Mr. Coleman sounded a little like a gubernatorial candidate at times what he had to say was important and pertinent to today's State political situation. The Attorney General talked about the increasing trend for the Federal government to become more involved in state issues. He outlined his ongoing efforts to help Virginia maintain State autonomy and self-rule. Mr. Coleman shared with us his thoughts on a judicial system that is more equitable and consistent in the sentences it hands out for various crimes. With today's system, similar crimes do not get similar punishments.

The Attorney General asked that we all take a deep interest in our State government in the 1980's. He said we should look to our proud past

and founding fathers to help give us direction as we make decisions concerning our future. It is Mr. Coleman's hope that Virginia will be the leader in enlightened State government for the entire country.

The Richmond Dental Society is really proud of four of its members for their recent induction into the American College of Dentists. They were: Dr. Charles L. Eubank; Dr. Llewellyn T. Flippen; Dr. Samuel P. Kayne and Dr. Philip B. Peters. The ceremony took place in Dallas, Texas at the recent ADA Annual Meeting. Congratulations to four men who have devoted their professional lives to the betterment of dentistry.

The members of Component IV wish everyone a happy and prosperous New Year and hope the decade of the 80's will produce a stronger and more unified profession in order that we may deal effectively with the challenges of the 80's.



COMPONENT V

PIEDMONT DENTAL SOCIETY

W. C. Williams
Associate Editor

Once again, be reminded that the spring meeting of the Piedmont Dental Society (VDA Statewide Program of Continuing Dental Education) will be on March 14-15, at Holiday Inn-Airport, Roanoke. Clinician will be Dr. M. T. Wood, Professor and Chairman, Department of Removable Prosthodontics, School of Dentistry, UNC. The subject—"Complete and Partial Denture Prosthodontic Overview". The fee for VDA members and their auxiliaries will be \$15.00 which includes lunch, breakfast and coffee

breaks. Component V's regularly scheduled business meeting will be held at 4 p.m. on March 14. In the old days when the spring meeting was held at The Homestead, the attendance usually numbered twenty-five or so with maybe fifteen attending the business sessions. With a more central meeting location with less expense, a good turnout is expected.

As you know, this is being written during the holidays when news is hard to come by. So, with the above exciting and award winning report, that's it.

COMPONENT VI

**SOUTHWEST VIRGINIA
DENTAL SOCIETY**

**A. Carole Pratt
Associate Editor**



Our December 7 meeting was held in Marion, Virginia, at the Holston Hills Country Club. The Executive and Business meetings were held in the morning. In the afternoon, a program on Periodontics was presented by Drs. Barry Wolfe and Joseph Penn. There was a hospitality hour and evening dinner to which all the Virginia legislators were invited.

New members taken in were:

- (1) Ronald Louis Freeman
- (2) Peter N. Francisco
- (3) William Botts, III

The next meeting will be on March 28, 1980 in Galax, Virginia. Tentative subject is Third Party Payment Program.

In conjunction with our meeting, the Southwest Virginia Dental Hygienist's Association held their meeting. There was much business discussed; one note in particular was for the Dental Health Committee about an article that had been prepared for local newspapers to be promoted during Children's Dental Health Week February 3-9.



**COMPONENT VIII
NORTHERN VIRGINIA
DENTAL SOCIETY**

**S. Weldon Brown
Associate Editor**

Things are quiet during the early winter months in a society such as ours. There will be a break in the silence when Dr. David Scott comes in February to update us on dental research. Seems there is a lot being explored but often there is always the bureaucracy to hurdle before proof can come forth. The Fairfax County Society will also meet in February to hear Dr. Frank Jerbi discuss removable prosthodontics.

There does not appear to be any panic buying by our members of gold and silver as they soar to new record highs. There is talk of using silicates for MOD's to decrease the costs and going to swaged ISO crowns for crown and bridge. It will be hard to solder these though. Maybe all this will be changed by the time this article comes out in print and gold will be back at \$38.00 per ounce.

FYI: VDA RADIATION COMMITTEE

C. D. Richardson, Jr., Chairman

Roentgen unit, R or r—named after the man who discovered x-rays, this unit of measurement states that an x-ray beam has a radiation dose of 1 r if it creates 2.08×10^9 ion pairs in 1 cm³ of air under standard conditions. It is a useful radiation unit because it measures only the energy absorbed in a material, not the energy that passes through; therefore, the roentgen is a measure of disruptive ionization events, but not of the intensity of the ionizing radiation. The damage to biological systems by such radiation arises from ionization and disruption of molecules and cells. Radiation passing unabsorbed through living matter produces no ill effects.

Rad—a unit of absorbed radiation dose equal to the radiation that imparts 100 ergs of energy per gram of the absorbing material.

Rem—the quantity of ionizing radiation whose biological effect is equal to that produced by one roentgen of x-rays, roentgen equivalents in man, rem. The prefix milli or just m preceding each of these units refers to one thousandth of a part of that unit, thus 1 mrad or millirad = 0.001 rad.

How safe is dental radiation? All medical and dental procedures have a certain amount of risk involved. The use of good equipment, fast film, lead aprons and good techniques minimize risks to patients to an almost insignificant level.

How much natural background radiation do you get? All of us receive around 150 mrad per year, whole body doses. This comes from a number of sources including the byproduct of cosmic radiation. Natural background radiation is doubled in a city in a higher altitude such as Denver.

How much radiation do you get from dental x-rays? Approximately 4,000 millirads at the skin and about 0.5 mrad gonadal dosage, for a male (without lead apron) for a full mouth series of 21 radiographs.

The Committee acknowledges the assistance of Dr. and Mrs. George Kaugars in preparation of this report.

INTERNATIONAL COLLEGE OF DENTISTS

The following VDA members were inducted into Fellowship in the International College of Dentists at the Dallas Convocation, 1979: Doctors William H. Allison; Truman D. Baxter, Jr.; Herbert R. Boyd, Jr.; William B. FitzHugh; Henderson P. Graham; Alton E. Hodges, Jr.; James E. Kennedy; Dwight W. Newman, Jr.; W. Linwood Outten, III and William F. Wine.

SUGGESTED READING LIST OF ARTICLES FROM CURRENT DENTAL LITERATURE

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

Numerous dentists in Virginia have requested that we resume publishing our Suggested Reading List, a compendium of articles of merit that appear in current dental literature. Since our budget at Virginia Commonwealth University no longer permits the costs of printing and mailing these references, we requested the editor of the VIRGINIA DENTAL JOURNAL to publish our bibliography in the journal three times a year. He generously agreed to our request and this first list appears as follows:

COMMUNITY DENTISTRY

Sonnenberg, E. M. and Shey, Z.: A review of preventive dentistry for the handicapped individual. CLINICAL PREVENTIVE DENTISTRY. 1:4:16-20 July-August 1979.

DENTAL HYGIENE

Siskind-Houle, B.: The dental hygienists' role in the care of the elderly. DENTAL HYGIENE. 53:11:507-512 November 1979.

ENDODONTICS

Gratt, B. M.; Sickles, E. A.; and Nguyen, N. T.: Dental xeroradiography for endodontics: a rapid x-ray system that produces high-quality images. JOURNAL OF ENDODONTICS. 5:9:266-270 September 1979.

OCCCLUSION

Clark, G. T.; Beemsterboer, P. L.; Solberg, W. K.; and Rugh, J. D.: Nocturnal electromyographic evaluation of myofascial pain dysfunction in patients undergoing occlusal splint therapy. THE JOURNAL OF THE AMERICAN DENTAL ASSOCIATION. 99:4:607-611 October 1979.

ORAL PATHOLOGY

Werning, J. T.: Nodular fasciitis of the orofacial region. ORAL SURGERY, ORAL MEDICINE, ORAL PATHOLOGY. 48:5:441-446 November 1979.

ORTHODONTICS

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* Assistant Dean for Continuing Education, School of Dentistry, Medical College of Virginia/Virginia Commonwealth University.

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If you do not have access to these publications, copies of the articles are available by writing to: Head of Reference, Inter-Library Loan Office, Tompkins-McCaw Library, MCV Station—Box 667, Richmond, Virginia 23298.

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MCV NEWS

G. L. Button, D.D.S., Associate Editor

Awards and Honors. . . .

Department of Oral Pathology

John A. Svirsky has been named as a Diplomate of the American Board of Oral Pathology.

Richard P. Elzay was once again chosen as the Best Lecturer by the Class of 1979.

Department of Removable Prosthodontics

Dewey H. Bell has been named President-Elect of the Federation of Prosthodontic Organizations.

Edwin H. Smith, Jr. received the O. W. Clough Award for teaching excellence from the Class of 1979.

Harold J. Guilford was named Best Clinical Instructor by the Class of 1979.

Department of Endodontics

John B. Holcomb was awarded the Meritorious Service Medal by the U. S. Navy following his retirement.

Department of Restorative Dentistry

Florian J. Knap received a Commendation for his work as a Consultant in Fixed Prosthodontics at the V.A. Medical Center, Wood, Wisconsin.

In addition, Dean Kennedy was elected to the International College of Dentists on October 20, 1979.

VCU-MCV DENTAL HYGIENE CLASS OF 1981

Now ready to begin the clinical practice phase of their education, the VCU-MCV Dental Hygiene Class of 1981 was honored at a reception held December 9th. The class chose as their guest speaker Christina MacLeod, Immediate Past President of the Virginia Dental Hygienists' Association.



(Left to right) First row—Claudia Bragg, Diane Johnson, Mary Bob Snavelly, Jane Murphy, Martha Mallory, Deborah Thomas, Lynn Thomas, Lori Davis; second row—Christie Colby, Carol Ibach, Wendy Sharp, Nell Martin, Dana Worrell, and Linda Brackett. Not pictured—Rebecca Hurley.

ALPHA-OMEGA DENTAL FRATERNITY HONORS MR. LEWIS ZENO

Members of the Norfolk Dental Study Club, along with many other friends, gathered at Omni International Hotel on November 3rd to pay tribute to Mr. Lewis Zeno with a presentation of the coveted Maimonides award.

Mr. Zeno has been a respected member of this community for many years, and the esteem in which he is regarded by members of the dental profession was evidenced by the more than one hundred people attending the dinner presentation. He founded Virginia Dental Laboratories and has been a friend and advisor to the many dentists who have started their careers in this area. Maimonides award functions are being sponsored throughout the world by ALPHA-OMEGA chap-

ters in cooperation with the Bonds for Israel and funds for Tel Aviv University. Each AO Chapter throughout the country usually selects a dentist to receive this award, and it was unique that a non-dentist was selected for recognition in the first award dinner in the Norfolk-Virginia Beach area.

The guest speaker was Mr. Robert St. John, noted lecturer and author on subjects concerning the Middle East. He is a recipient of the highest award ever presented by Israel to a non-Jew, the Medallion of Valour.

Dr. Herbert Bonnie was the Master of Ceremonies for the evening. The affair was concluded with the presentation to Mr. Zeno by Dr. Sanford Lefcoe.

CHAIRPERSON—DEPARTMENT OF DENTAL HYGIENE AND DENTAL ASSISTING

Applications and nominations are invited for a dynamic leadership role in a progressive, energetic department with national stature. Programs offered lead to certificates in dental assisting and dental hygiene as well as baccalaureate and masters degrees in dental hygiene. Position entails teaching, administrative, and community liaison responsibilities to be assumed no later than August 1, 1980. Salary and rank commensurate with qualifications. Applicants must possess: (1) terminal degree in dental hygiene or dental degree; an earned doctorate in an appropriate field is preferred but not required, (2) demonstrated administrative ability, (3) teaching and clinical experience, and (4) eligibility for licensure in Virginia. Old Dominion is a growing urban university located in Norfolk, VA, a metropolitan area central to sites of historic, scientific, and recreational interests. The School of Sciences and Health Professions, of which the Department is a member, is committed to quality education and research in the health professions. Send curriculum vita by March 1, 1980, to Linda Sawyer, Chairman, Search Committee, Department of Dental Hygiene and Dental Assisting, Old Dominion University, Norfolk, VA 23508.

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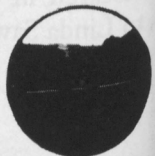
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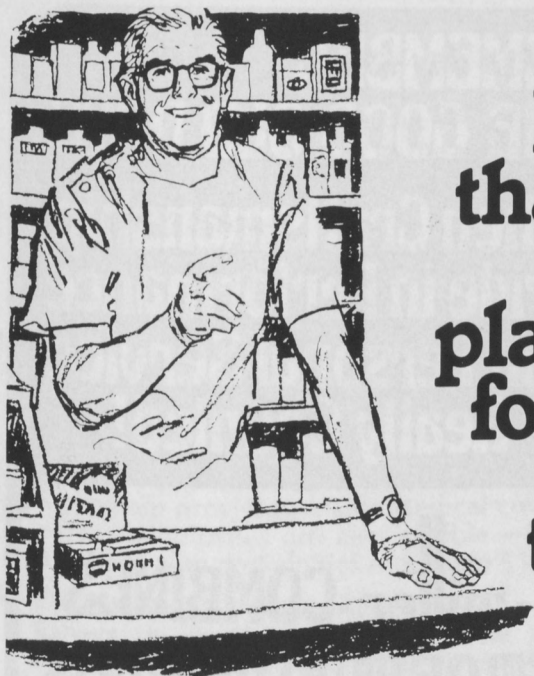
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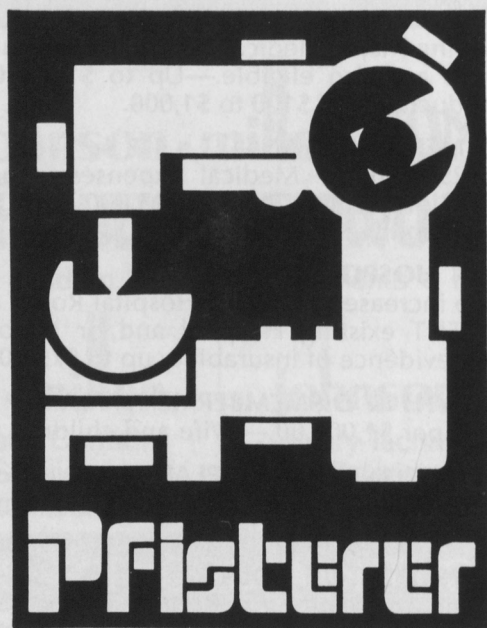
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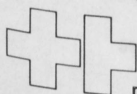
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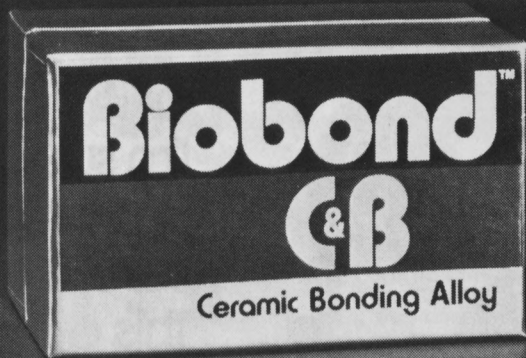
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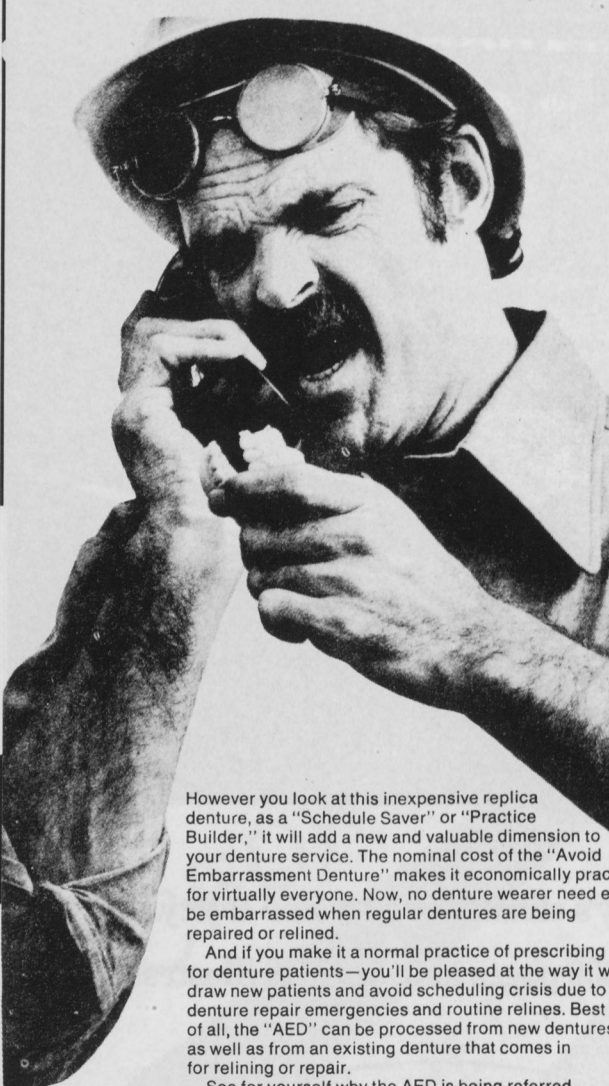
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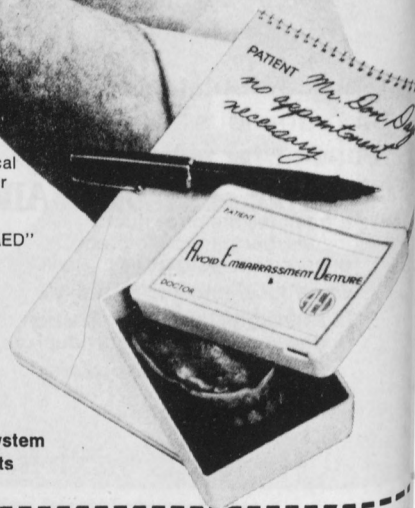
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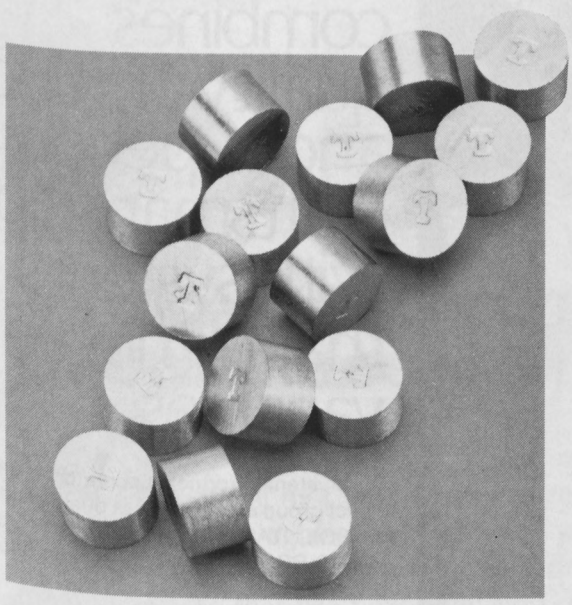
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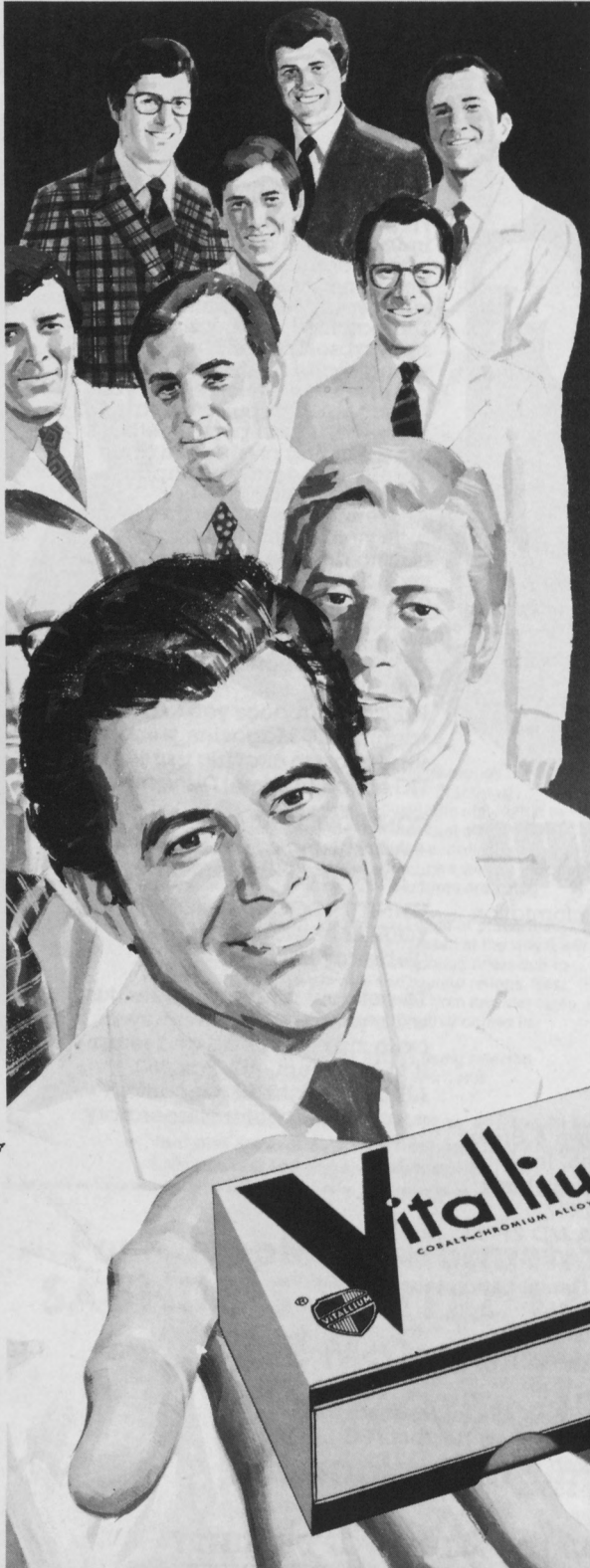
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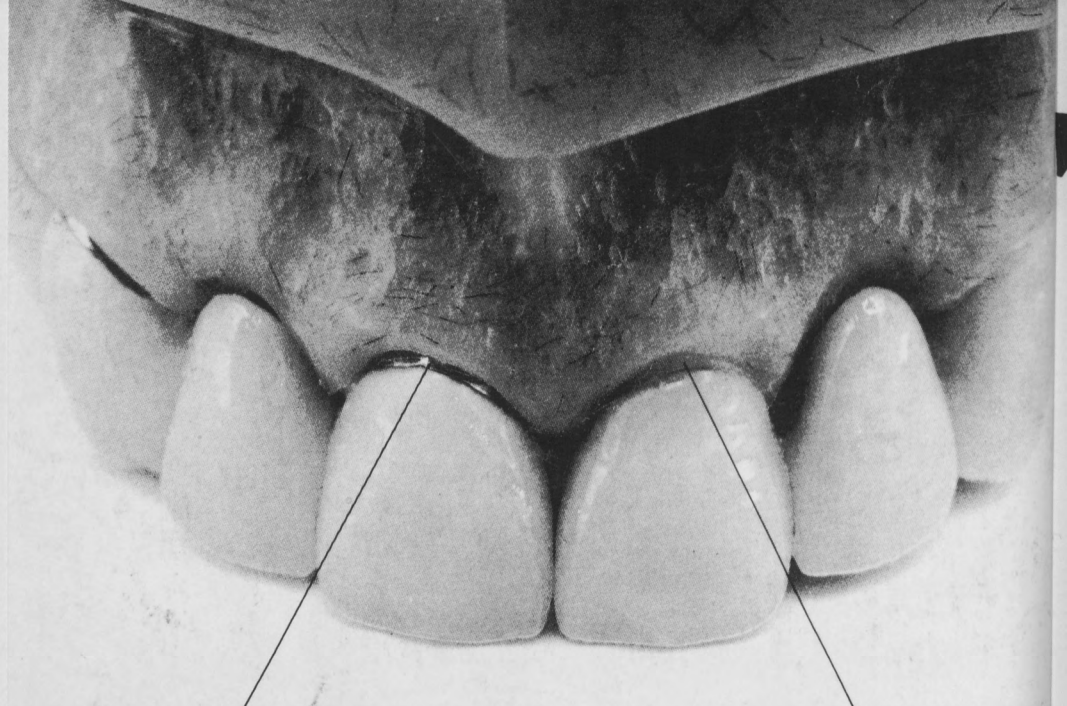
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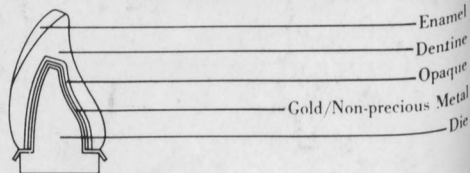
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