

STACKS

SEPTEMBER, 1970

VOL. 2 NO. 3

DALHOUSIE

JUL 21 1971

W. A. KEENE
HEALTH SCIENCES

Nova Scotia Dental Association

NEWS

SEPTEMBER, 1970
VOL. 11, NO. 3

EDITOR: Donald M. Bonang, D.D.S.,
1584 Robie Street,
Halifax, N. S.

EDITORIAL

"Opinions expressed in editorials
are those of the writer and are not
to be taken as expression of policy
of the Nova Scotia Dental Association."

The following is a letter received June 1, 1970.

The Editor,
NSDA "News"

Sir:

Your comprehensive editorial appearing in the May issue of the NSDA "News" will, I am sure, attract a wide response from the profession who, while complimenting you upon its production, as I do, may not feel entirely easy with its opinions or direction. Perhaps I may be allowed some comment.

The successful efforts of Dr. Earl Dexter and his committee attract the greatest admiration but they have, as you indicate, only established a position. They have held the line--now an advance must be made in order to frustrate a further assault upon it.

You state with emphasis that "providing dental health care to the public--is government's responsibility". This statement is a certainly debatable proposition and it disquiets me for two reasons, one, the phrasing is so general as to mean all things to all men; it is impossible to refute or defend and its implications may be distasteful or unacceptable, and two, the editorials in a publication such as ours generally, but not always, reflect the policy and direction of thinking of the publishing body, in this case, our Association. Is this, indeed, the policy of the Association and has the Association agreed to abide by the implications of adoption of this policy?

In the paragraph suggesting the assistance of the profession in establishing a "formal training program for the technicians" I draw the inference that the product of the technicians may, at times, be at fault. In fairness, and in the interest of the dentists' intellectual honesty, it should also be recognized that the dentist, at times, may provide the technician with inadequate or defective material upon which to build. I suspect that all of us, without delving too deeply into the recesses of our memories,

can furnish instances of such deficiency. Perhaps mutual advice and assistance, between dentist and technician, may be a more advantageous arrangement.

Towards the end of the editorial, it is suggested that there should be "one legislative act governing all members of the team" and this conclusion is said to derive from the enunciation of the "dental health team concept". The logic seems to be at fault; the premise does not exclusively allow the conclusion. More importantly, the suggestion of an omnibus bill carries implications which, I suggest, have not been elicited, not to say, debated.

When the idea of an omnibus bill was, last fall, propagated in my hearing, I felt that it was a sort of visceral response to a very difficult situation rather than an intellectual effort to solve the problem. It was something to do but how it would change the situation of the dentist vis-a-vis the "dental mechanic" was not, and has not been explained. Legalistic manoeuvres within the bounds of the dental health personnel organizations are not likely to deter the ambitions of those outside the bounds nor to impress the extra-professional observer such as the legislator.

Heretofore, governance of the dental profession has been vested in the Provincial Dental Board, having to do with licensure, education and discipline, and the N. S. Dental Association having to do with all else. This has meant, as it has in other jurisdictions, that the manner of practice, exclusive of those aberrations which might entail disciplinary action, was the province of the Association. As visualized, apparently, in the editorial the manner of practice would fall within the purview of the new, omnibus board which would ensure via the concept of the dental health team and the control vested in the omnibus board "that optimal health care could be made available to more Nova Scotians". Since the new omnibus board would be, like the old, current one, a potential creature of the government, the reasonable question is, "what would be the fate of professional independence"?

The institution of an omnibus dental act, if it would, indeed, be sanctioned by the provincial government, would, as indicated in the editorial, entail a combined governing body. By the nature of things, this omnibus board would have equal representation from all the dental team divisions. No one, including the dentists, would have a majority so that each division would be subject to the combined voting weight of the others.

Under these inevitable circumstances, minority views which might be valid for one division of the dental team but in conflict with the valid views of the other divisions would stand no chance of recognition or implementation. Internal strains and frictions would be such as to negate the original purpose of the omnibus body's institution. To suppose that sweet reason would prevail in a closed-ended situation like this is unrealistic.

The very nature of the legislative straitjacket, the impossibility of escape would prejudice the success of the omnibus body from the beginning.

No doubt a combined body, where all the divisions of the "dental health team" can meet to resolve differences and effect co-operation, is necessary. But it must be a voluntary one, where reason can prevail or, failing that, where reconciliation can be effected.

In addition to the foregoing objections to the proposition to enact omnibus legislation there is the possibility that the legislature might well refuse to leave the governance of the profession and its auxiliaries in the hands of such a combined board. It might feel that power over such a diverse segment of the population should be held and administered by a government board rather than by a quasi-government organ such as our present dental board is. I suggest that such a contingency is unpalatable to all and repugnant in principle.

These few implications are, I think, merely indicative of the many which must emerge in a debate upon this subject. The iceberg remains largely unseen. The emphatic

propagation of inchoate ideas must not be made a substitute for coherent debate.

Finally, the editorial calls for more "teeth" in the Dental Act to facilitate prosecution of "dental mechanics." It is reasonable to conclude from the action of the legislature on two occasions and from the action of the courts on several occasions that a decision either for or against the extra-professional practice of prosthetic dentistry is being avoided. One assumes that the legislature does not wish to legalize the status of the "dental Mechanic" nor does it wish to proscribe them and thereby deprive the public of their services. In parallel, and perhaps for similar reasons, the courts impose the minimum fines upon a convicted dental mechanic.

If these assumptions are correct, there is little hope of gaining legislation which will effectively prohibit the illegal practice of prosthetic dentistry. The profession might more profitably employ its energies in another direction.

Yours truly,
(signed)
P. S. Christie, D.D.S.

Copy of letter received from Canadian Fund for Dental Education, dated August 28, 1970.

Dr. D. M. J. Bonang, Editor,
N.S.D.A. News.

Dear Dr. Bonang:

C F D E M O N T H ... OCTOBER 1970 ---

the time when every Canadian dentist is asked to help advance dentistry by sending his contribution to CFDE.

Unquestionably the support we received from your publicat-

ion has been a big factor in the Fund's success to date. We sincerely hope we can count on your continued cooperation to make sure CFDE Month this year will be the greatest yet.

So far this year the Trustees have approved requests for vitally needed financial assistance of \$80,000 so that dentistry will move forward as it should. In spite of this 30% increase a number of worthwhile applications had to be turned down because money was not available.

For 1970 the Trustees have set a minimum objective of \$104,000 support from all sources.

For dentists' personal contributions, the minimum objective is just \$31,000; gifts already received total \$8,500 - still needed this year \$22,500. With over 7,000 doctors it should be easy if everyone helps a little.

Again many thanks for your assistance.

With all good wishes.

Yours sincerely,

(signed)

D. Murray McDonald
Executive Director.

TUFTS DENTAL PROFESSOR RAPS MECHANICAL TREATMENT APPROACH
BY DENTISTS

Lenox, Mass., June 18: The concept of an "ideal bite" probably exists only in the minds of the dental profession --not in the patient's mouth, Tufts periodontist Irving Glickman, D.M.D. announced to colleagues at the 21st Annual Berkshire Conference sponsored by Tufts University School of Dental Medicine. He said further that personal habits in chewing probably override the best efforts of the dentist using even the most sophisticated clinical

equipment available to diagnose and correct improper bite.

"Attempts to determine the natural occlusion and correct it using conventional dental methods alone are foredoomed to failure unless they are supplemented by provision for the patients' individualized occlusion" asserted the Tufts investigator.

Using intraoral telemetry--a highly sophisticated electronics system by which a tooth in place in the dentition "broadcasts" what is happening to it -- Dr. Glickman and his associates recorded tooth contacts and jaw movements during active chewing and swallowing. The information obtained in this way has more physiological validity than is obtainable via techniques which use external devices to measure the static positions of teeth in an immobile mouth, according to the Tufts report.

"Although there are many explanations of how teeth meet during mastication, they are based mostly on opinion and clinical impressions and are supported by little scientific evidence. When bridges or dentures are constructed, or when teeth are treated orthodontically, they are usually aligned according to one of the many traditional plans and not on a substantiated physiologic pattern" he said.

"Most current techniques used in the office to determine what the proper bite should be, have two shortcomings: first, the equipment used is cumbersome and creates artificial chewing patterns, obscuring the patient's natural bite, and second, they are geared to a traditional idealized bite. It is vital, however, that dentists be guided primarily by the patients existing bite pattern," emphasized Dr. Glickman.

"Improper occlusion," Dr. Glickman pointed out, "affects chewing muscles and can lead to swallowing inadequately chewed food. Also, improper occlusion may cause jaw pain, headache, earache, and even impaired hearing in extreme cases. Fillings can be fractured and dental bridges

loosened by bad occlusion. In the elderly, dentures may be rocked loose, while in the young child improper occlusion imposes psychologic handicaps because of poor appearance, and moreover weakens tooth-supporting tissues, increasing the likelihood of extensive tooth loss in later years."

Dr. Glickman bases his contentions on a series of human occlusion studies recently completed by his research group at Tufts and reported for the first time at this international assembly of dentists. The Tufts researchers, using intraoral telemetry, were able to test functioning characteristics of dental restorations under conditions of actual use, an achievement not reported before. They found that occlusion, reconstructed to an idealized bite as judged by traditional dental standards, is not used by the patient. In fact, the patient persists in continuing to use his individualized functional occlusion. "These findings," states Dr. Glickman, "represent a major departure from previously held concepts and could lead to a change in the methods of dental practice, with an across-the-board application to periodontics, prosthetics, orthodontics, restorative dentistry, and even artificial dentures. Our findings strongly suggest that the emphasis in dental practice be shifted toward 'individualizing' the occlusion, i.e., conforming to the patient's usual pattern instead to trying to make all patients conform to an idealized-- and probably non-existent-- normal."

Part of the problem, according to the Tufts professor, stems from the lack of adequate research tools. But this problem was alleviated in 1961 when dental researchers were able to embed miniaturized radio transmitters in artificial dentures. However, this allowed occlusion to be studied only in edentulous patients.

The Tufts research team began applying the oral telemetry principle to natural teeth in 1965. Since that time, they have successfully constructed self-contained miniaturized transmitters tiny enough to fit into a single tooth. The tooth can be an artificial one in which case it is subsequently placed in the space left by a single missing

tooth and attached to adjacent teeth by conventional bridgework. If the patient has one or more extensive amalgam fillings, the transmitter can be temporarily substituted for the amalgam. The transmitter consists of an oscillator circuit and a multi-layered switch which is triggered whenever the host tooth makes contact with teeth in the opposing jaw. Transmitting power is supplied by a mercury battery integral with the transmitter.

Once activated, information indicating where the teeth make contact during chewing and swallowing, and the duration and sequence of these contacts, are recorded on a multiple track oscillograph, somewhat like an electrocardiogram does from the heart. Only four other laboratories throughout the world are currently using this approach.

BITS & BITES

CFDE EXPANDS BOARD OF TRUSTEES - September 1, 1970

TORONTO --- So that CFDE can do an increasingly effective job of moving dentistry up, four additional Trustees have now been appointed to the Board.

Other changes include the appointment of M. E. (Bud) Bower, Toronto, former President of the Dental Company of Canada Ltd. (Denco), as Chairman of the Board of Trustees. He succeeds James D. McLean, DDS, Dean of Dalhousie University's Dental Faculty, Halifax, who served as Chairman since the inception of the Fund in 1962. At the insistence of the other Board members, Dr. McLean agreed to continue as a Trustee.

It was with great regret that the Board accepted the resignations of Harvey W. Reid, DDS, Toronto, and Louis P. Lépine, DDS, Montreal. Both were founding Trustees and much credit for CFDE's progress must be attributed to their leadership and guidance.

Members of the Board of Trustees are:

M. E. (Bud) Bower, Toronto, Ont. Chairman
Former President - The Dental Company of Canada Ltd.

Charles E. Peirce, Toronto, Ont. Vice-Chairman
President - Ash Temple Ltd.

Mark G. Boyes, DDS, Toronto, Ont.
Past President - Ontario Dental Association

Henri Brouillet, DDS, Montreal, P. Q.
Past President - Canadian Dental Association

Harold Hillenbrand, DDS, Chicago, Ill.
Executive Director Emeritus - American Dental Association
President Elect - Fédération Dentaire Internationale

Maxwell J. Lipkind, DDS, Calgary, Alt.
President - Alberta Dental Service Corporation

Sheppard Margolese, DDS, Vancouver, B.C.
Past President - British Columbia Dental Association

William G. McIntosh, DDS, Toronto, Ont.
Executive Director - Canadian Dental Association

James D. McLean, DDS, Halifax, N. S.
Dean - Faculty of Dentistry, Dalhousie University

- 30 -

LEGISLATIVE COMMITTEE WOULD LICENSE MANITOBA'S MECHANICS

Dental mechanics should be licensed, according to the report of a committee of the Manitoba legislature. Published March 24, it calls for new legislation dealing with all aspects of dentistry.

The committee proposed enactment of a new four part bill,

- 10 -

to be known as the Dental Services Act. The first part would deal with the dental profession; the other three parts would apply to dental technicians, hygienists and mechanics.

On the mechanics issue, which had been referred to the committee by the legislature, the committee recommended that they be licensed as craftsmen.

Dental mechanics should be restricted to complete dentures where there are no live teeth. They should be prohibited from giving professional advice to anyone with live teeth, said the report.

The Committee would require an oral certificate, signed by a physician or a dentist, before a mechanic may treat a patient. It would also place a prohibition on the title "denturist," restrict advertising, and require adherence to an ethical code. Its report also recommended "thorough inspection under government control of sanitation and compliance with legislation."

The report calls for a committee representing the health department, the Faculty of Dentistry and the dental mechanics to establish a training program for dental mechanics. Present dental mechanics and technicians would be given one year to qualify as from a date to be set by legislation or regulations.

Dental mechanics would have to issue official receipts for work done on forms approved by the government. Enforcement and licensing would be carried out by the health department

NDEB SETS NEW POLICY FOR CANADIAN GRADUATES, FOREIGN DENTISTS

Effective 1971, all graduates of Canadian dental schools may obtain the National Dental Examining Board's certificate without further examination. The decision, announced

- 11 -

at the board's annual meeting in May, results from a change in the accreditation of dental schools. The NDEB will participate in future accreditation procedures.

NDEB examinations will still be set annually for American graduates and for Canadian graduates from previous years who wish to obtain the certificate.

In another important decision the NDEB will, effective 1971, provide a screening examination for all foreign dentists who wish to practise in Canada. Those who pass will receive an NDEB certificate. The examination will be conducted over a three week period and will consist of written, preclinical and clinical tests. These will be open to foreign graduates of any university-based dental school listed in the World Directory of Dental Schools published by the World Health Organization. The examinations will be conducted annually, in French or English, in Montreal or Toronto.

The meeting also saw the resignation of H. N. Beach, Ottawa, registrar since the board's inception 17 years ago. Replacing Doctor Beach as temporary registrar is D. B. Proctor, Winnipeg.

111,163 ADA MEMBERS

Membership in the American Dental Association totaled 111,163 as of June 1. A breakdown shows: 95,148 active and life members; 453 affiliate members; 53 associate members; 118 honorary members, and 15,381 student members.

MALPRACTICE FUTURE DIM

The future of malpractice insurance for the dentist is a poor one, according to Harvey Sarner, secretary of the ADA Council on Insurance.

"Many insurance companies have been leaving the dental malpractice business, or are cutting down the amount of insurance, they will write for dentists, or limit themselves to dentists who give them their other business, or limit themselves to brokers who place a lot of business with them."

The result is, that "there has been a tightening of the dental malpractice insurance market. The availability of malpractice insurance for dentists has been steadily decreasing," he said.

One of the reasons is that the amount of malpractice claims has been increasing. Many have been in the \$100,000 to \$200,000 category, and the malpractice insurance companies are not collecting enough in premiums to offset large claims.

FLUORIDATION NOW SERVING 90 MILLION U.S. CITIZENS

More than 90 million Americans are drinking fluoridated water, according to the latest issue of the Fluoridation Census issued by the U.S. Public Health Service Division of Dental Health. Almost 60 per cent of the population served by communal water supplies is benefiting from fluoridation.

Six states have more than 90 per cent of their population receiving fluoridated water--Connecticut, Illinois, Maryland, Minnesota, Virginia and Wisconsin. According to the Census, in 1969 over 5.5 million people began drinking fluoridated water.

SEATTLE VOTE VICTORY STARTS FLUORIDATION

After a political history covering almost 20 years, fluoridation began in Seattle on January 12. Fluoridated water will go to 960,000 people including 90%

of the population in Kings county.

Because the addition of fluorides began at different times in the many water sources, full fluoridation of the Seattle water system was expected to take three weeks to a month.

The measure was authorized by a vote of 98,000 to 75,000 in a 1969 referendum, the third held in the city. Fluoridation was defeated in 1952 and 1963.

6.6 MILLION CANADIANS ON FLUORIDATED WATER

Twenty-five years after the Brantford test project began in Ontario, 6.6 million Canadians in 520 communities were using fluoridated water. This includes 200,000 on water supplies naturally containing fluorides. The total represents 31% of the population of Canada and 44% of the population on piped water supplies, reported the Canadian Dental Association.

Manitoba and Ontario were the leading provinces in percentage of population on fluoridated water, with 62% and 55% respectively.

CDA reports that "at least three provinces offer subsidies to help pay installation costs" for fluoridation.

Some provinces require or allow a referendum while "others grant powers to local authorities to treat water with fluoride just as they treat it for water quality", CDA reported.

Major fluoridated cities in Canada include Toronto, Winnipeg, Edmonton, Ottawa, Windsor, Halifax and Saskatoon.

1970 TRANSACTIONS WILL BE AVAILABLE ONLY "ON REQUEST"

The 1970 Transactions of the Board of Governors meeting at Winnipeg will not be sent automatically to every member of the Association.

Readers who wish to receive a copy of the Transactions and who have not yet notified their intention should write at once to the Executive Director, Canadian Dental Association, 234 St. George St., Toronto 180, Ont.

A goal of \$150,000.00 for the 1970 campaign has been set by the American Fund for Dental Education. As of June, total contributions from dentists and dental auxiliaries stood at \$60,893.

The Colorado Dental Association recently passed the following resolution:

"RESOLVED, that the Colorado Dental Association, being fully cognizant of the danger to health associated with smoking, does hereby urge its members to undertake an educational program to inform their patients of the hazards, both oral and systemic, associated with the use of tobacco.

"RESOLVED, that as evidence of our sincerity associated with the foregoing resolution related to the health hazards associated with smoking, the House of Delegates prohibits smoking during its official sessions."

Additional Kits - "Careers in Dentistry" - put out by the Recruitment Committee of the NSDA, are available from the office of the Executive Secretary, P. O. Box 604, Halifax, N.S.

These kits should be in the waiting room of every practicing member of this Association.

DENTISTS' PERSONAL CONTRIBUTIONS TO CANADIAN FUND FOR DENTAL EDUCATION IN 1969 AND 1968

Province	% of Contributors to total number of dentists		Amount		Change From 1968
	1969	1968	1969	1968	
Nfld.	33	30	\$ 350	\$ 290	21%
N. S.	27	19	830	540	54
Sask.	26	22	982	679	45
Alta.	25	20	2,890	2,187	32
P.E.I.	24	30	175	145	20
Ont.	22	18	12,870	8,237	56
N. B.	22	20	511	630	(19)
Man.	18	13	810	1,570	(48)
B. C.	15	15	2,569	2,000	28
Que.	13	10	3,473	2,318	50
Outside	12	18	200	260	23
total	19	16	\$25,660	\$18,856	36%

The names of Drs. R. Bingham, N. Layton, J. Merritt and D. Macintosh are to be forwarded to the Honorable R. A. Donahoe for appointment to the Nova Scotia Council of Health.

The opening party of the Halifax County Dental Society was held Wednesday, August 5, 1970. The outing consisted of a boat cruise and lobster supper held at the Buccaneer Motel near Chester.

Dr. & Mrs. William Russell and family visited Halifax during July. Dr. Russell graduated from Dalhousie in 1962 and is practicing his specialty of Orthodontics in Windsor, Ontario.

NOTICES & ANNOUNCEMENTS

Dalhousie University, through its Faculty of Graduate Studies, is now offering a three-year Graduate Program in Oral Surgery leading to a Master of Science Degree.

The trainees will complete their courses and serve as Intern in Oral Surgery, Resident I and Resident II in Oral Surgery at the Victoria General Hospital. Upon completion of the program, the trainees will be eligible for examination by the Royal College of Dentists of Canada.

THE FOLLOWING IS A MEMORANDUM RECEIVED ON AUGUST 27, 1970, FROM CDA - SUBJECT: INTERNATIONAL COMMUNICATIONS

An invitation has been received from the Council on International Relations of the American Dental Association, for individual Canadian dentists to exchange dental journals with American confreres. The idea is that a Canadian dentist who would like to participate, would be put in touch with a dentist in the United States, who has indicated an interest in the program and the two dentists would then exchange journals on an individual and personal basis. The prime objective of the exercise, is to develop two-way communications between a U.S. dentist and a colleague from another country.

If any of the dentists in your province are interested, would you please provide me with the name and address of one or two who would like to try participating in the program. I will then forward their names to the ADA and they will be put in contact with their U.S. colleagues.

So that one reply to ADA's Council on International Relations will do for the time being, could Dr. W. G. McIntosh please have your response to this invitation by the end of September.

COLONEL BHASKAR APPOINTED DIRECTOR OF THE ARMY DENTAL INSTITUTE

Colonel S. N. Bhaskar has been appointed as the Director of the U.S. Army Institute of Dental Research located at the Walter Reed Army Medical Center in Washington, D.C. The Army Dental Institute is the only organization of its kind and is devoted exclusively to military Dental Research and Education. Seven one week courses in various aspects of dental practice are given every year and these are attended by military as well as by more than 1,500 civilian dentists.

Colonel S. N. Bhaskar received his D.D.S. from the Northwestern University and M.S. and Ph.D. degrees from the University of Illinois. He is a diplomate of the American Board of Oral Pathology and the American Board of Oral Medicine. He has published more than 140 scientific papers and contributed to 5 books. In addition, he is the sole author of 3 text books which are used in most dental schools in the United States and Canada.

Any member of the American Dental Association interested in attending one of the scientific courses offered at the Institute is invited to write to the Director.

Brigadier General Kearney, retired Director General of Dental Services, R.C.D.C., has joined the teaching staff of Dalhousie University, Dental School.

Major Noel Andrews of the R.C.D.C. has completed his

post-graduate training in Periodontics and is presently serving as Senior Dental Officer, HMC Dockyard.

Major Andrews is a Dalhousie Graduate, Class of 1962.

NOTICE OF MEETING

The Annual Meeting of the Nova Scotia Dental Association is scheduled for Friday and Saturday, October 23 and 24th at the Cornwallis Inn, Kentville.

This is your opportunity to voice criticisms and suggestions.

BOSTON UNIVERSITY SCHOOL OF GRADUATE DENTISTRY, 100 East Newton Street, Boston, Mass. 02118 - PROGRAM FOR CONTINUING EDUCATION

October 2- 3	Interceptive Orthodontics	Drs. Gainelly and Frankl
October 17	Ultrasonics	Dr. Goldman
October 17-18	Endodontic Participation Course in Warm Gutta Percha	Dr. Schilder, et al
October 23-24	Relationship of Periodontal Therapy to Periodontal Prosthetics	Drs. Ross, Isenberg, Shuman .
December 3,4, 5	Clinical Periodontal Surgery	Drs. Kramer and Kohn

Chicago -- More than 20,000 dentists and their families and guests are expected to attend the 111th annual session

of the American Dental Association in Las Vegas, Nov. 8-12.

A nationally known speaker will keynote the Opening Meeting to be held Monday, Nov. 9 in the auditorium of the Las Vegas Convention Center.

The first meeting of the ADA House of Delegates will be held Monday at 2 p.m. in the Convention Center auditorium. The final meeting of the House will be held Thursday, Nov. 12. At the close of the meeting, Dr. John M. Deines of Seattle, Wash., will succeed Dr. Harry Klenda of Wichita, Kan., as ADA president.

For the ninth consecutive year, the Association will operate its own closed circuit television network. Programs will be broadcast directly to television sets in sleeping rooms of major convention hotels. Both the International Hotel and the Landmark Hotel will serve as headquarters for the sessions.

A health screening program will again be conducted for dentists attending the session. The program will include chest X-rays, tests for glaucoma, serum cholesterol, blood urea nitrogen and uric acid, electrocardiogram, and panorex X-ray examination for head and neck pathology and periodontal disease.

In the scientific program, more than 1,000 essays, clinical lectures, scientific session lectures, table clinics and motion pictures will be presented at the Convention Center. Topics of discussion will range from dentistry's role in the rehabilitation of narcotic addicts, to periodontal therapy in hospitals and progress in immunization against dental caries.

POSTGRADUATE DENTAL PROGRAM - ALBERT EINSTEIN COLLEGE OF MEDICINE

The following courses are available during the academic

year, 1970-1971

PERIODONTICS DPD 67, (a Periodontal Surgery Participation Course), Irving Yudkoff, D.D.S, Marvin N. Okun, D.D.S., and Joseph Puccio, D.D.S., assisted by Bertram S. Bildner, D.D.S. and William Kapner, D.D.S., Wednesdays, October 7, 14 & 21, 1970; \$200

PERIODONTICS DPD 62, (Minor Tooth Movements in Periodontics), Gerald S. Wank, D.D.S, Wednesdays, October 28 and November 4, 1970; \$100.

DENTAL ASSISTING DPD 92, (Basic Fundamentals and Refresher Course), Jack Glazer, D.D.S, Nathan Feldman, D.D.S, and others, Fridays, October 30, November 6, 13 & 20, 1970; \$140.

ENDODONTICS DPD 25, (Current Advances in Endodontics), Julius Fox, D.D.S., Wednesday, November 4, 1970; \$50.

ROENTGENOLOGY DPD 91, (Oral Roentgenology for the Dentist-Assistant-a participation course), Frederick F. Friedenbergs, D.D.S, Friday, November 6, 1970; \$50.

MANAGEMENT DPD 75, (Insight Development for Dentist-Patient Relationship), Manheim S. Shapiro, Friday, November 13, 1970; \$50.

PERIODONTICS DPD 69, (a five day participation course), Irving Yudkoff, D.D.S, Marvin N. Okun, D.D.S., and Joseph Puccio, D.D.S., assisted by Bertram S. Bildner, D.D.S., and William Kapner, D.D.S., Monday through Friday, November 16 through 20, 1970; \$ 275.

MANAGEMENT DPD 74, (Legislation, Funding and Community Planning as They Affect the Practicing Dentist), Herbert J. Levin, D.D.S, M.P.H., Martin Cherkasky, M.D., Nathan C. Cons, D.D.S, M.P.H., Ernest Leatherwood, D.D.S., M.P.H., Harry Becker, M.A., and others, Friday, November 20, 1970; \$50.

PROSTHETICS DPD 81, (Maxillo-Facial Prosthetics), Lester

E. Rosenthal, D.D.S, Stanley L. Lane, M.D., D.D.S., and others, Monday and Tuesday, November 30 and December 1, 1970; \$100.

PEDODONTICS DPD 56, (Effective Behavioral Management in Pedodontics), Harold Diner, D.D.S., Barry Langsam, D.D.S., and Herbert J. Cohen, M.D., Friday, December 4, 1970; \$50.

ELECTROSURGERY DPD 35, (a participation course), Brian F. Pollack, D.D.S, Friday, December 18, 1970; \$50.

MANAGEMENT DPD 76, (Group Practice, Associations, and Partnerships), Jean Waller, Wednesday, January 6, 1971; \$50.

PEDODONTICS DPD 57, (Modern Pedodontic Practice), Harold Diner, D.D.S, assisted by Sydelle E. Diner, B.A. (Ed.), Friday, January 8, 1971; \$50.

DENTAL ASSISTANT DPD 93, (Improved Office Efficiency for the Dental Assistant), Joanne McCure, Friday, January 8, 1971 \$35.

PROSTHETICS DPD 83, (Multiple Parallel Pinning), Morris Eckhaus, D.D.S., Wednesday, January 13, 1971; \$50.

MANAGEMENT DPD 72, (Four Handed Dentistry), William Schmid, Jr., D.M.D., Friday, January 15, 1971; \$50.

PERIODONTICS DPD 63, (How To Avoid Reconstruction Failures), Irving Yudkoff, D.D.S., and Marvin N. Okun, D.D.S., Wednesday, January 20, 1971; \$50.

ANESTHESIOLOGY DPD 12, (Inhalation Analgesia - a participation course), Stanley R. Spiro, D.D.S. and others, Thursday and Friday, January 21 and 22, 1971; \$100.

PROSTHETICS DPD 80, (Removable Partial Denture Construction), Lester E. Rosenthal, D.D.S., Monday, January 25, 1971; \$50.

PROTHETICS DPD 86, (Reconstructing the Endodontically

Treated Tooth - a participation course), Louis I. Rubins, D.D.S, Wednesday, January 27, 1971; \$60. (kit included)

ORAL PHOTOGRAPHY DPD 60, Stanley Gibbs, D.D.S., Friday, January 29, 1971; \$50.

ENDODONTICS DPD 22, (a participation course), Julius Fox, D.D.S, and Associates, Wednesdays, February 3, 10, 17, 24, 1971; \$260. (Kit and text included)

PEDODONTICS DPD 55, (Basic Preventive and Interceptive Orthodontics for the Family Dentist), Harold Diner, D.D.S. and Julian Mark, D.D.S., Friday, February 5, 1971; \$50

ANESTHESIOLOGY DPD 14, (Managing Emergencies in the Dental Office - a participation course), Stanley R. Spiro, D.D.S., and Associates, Friday, February 5, 1971; \$50.

PERIODONTICS DPD 66, (A ten session participation course), Marvin N. Okun, D.D.S., Irving Yudkoff, D.D.S., and Joseph Puccio, D.D.S., assisted by Bertram S. Bildner, D.D.S., and William Kapner, D.D.S, Wednesdays, February 17 through April 21, 1971; \$400.

OPERATIVE DENTISTRY DPD 27, (modern Concepts in Operative Dentistry), Joseph K. Seltzer, D.D.S, Friday, February 19, 1971; \$50.

PROSTHETIC DPD 84, (Dental Implants in Prosthetic Restorations), Joel Friedman, D.D.S., Thursday, and Friday, February 25 and 26, 1971; \$100.

PROSTHETICS DPD 79, (Complete Denture Construction), Lester E. Rosenthal, D.D.S., Monday mornings, March 1, 8, 15, 22, and 29, 1971; \$175.

ORAL CANCER DPD 30, (Diagnosis, Treatment, and Prosthetic Rehabilitation), Nematallah A. Ghossein, M.D., Richard Moskow, D.D.S., Jacques Pouparte, M.D., William Rakower, D.D.S., Lester E. Rosenthal, D.D.S., Pincus Sherman, M.D., D.D.S., Seth Thaler, M.D., Friday, March 12, 1971; \$50.

MANAGEMENT DPD 70, (Emotional Aspects of Dental Practice), Leon Lefer, M.D., D.D.S., Friday, March 19, 1971; \$50.

PROSTHETICS DPD 85, (Improving Fixed Prosthesis with Standardized Procedures), Daniel Isaacson, D.D.S., Friday, March 26, 1971; \$50.

ANESTHESIOLOGY DPD 15, (Practical Physical Evaluation of the Dental Patient: Why One Should "Never Treat a Stranger" - a participation course), Stanley R. Spiro, D.D.S., and Others, Thursday and Friday, April 1 and 2, 1971; \$100.

PERIODONTICS DPD 64, Eleventh Anniversary Alumni Lecture (Occlusion in Periodontics and Clinical Dentistry), Abram I. Chasens, D.D.S., Wednesday, April 21, 1971; \$50.

SURGICAL PATHOLOGY DPD 34, (Surgical Pathology and Management of Oral Disease), Richard Moskow, D.D.S., Friday, April 23, 1971; \$50.

MANAGEMENT DPD 71, (Modern Management and Motivation in the Dental Office), Norman G. Bartner, D.D.S., Friday, April 23, 1971; \$50.

PROSTHETICS DPD, (Fixed Partial Prosthesis), Lester E. Rosenthal, D.D.S., and Harold Schwartz, D.D.S., Monday, April 26, 1971; \$50.

ORTHODONTICS DPD 51, (Surgical Orthodontics and Dento-facial Orthopedics), Thomas M. Graber, D.D.S., M.S.D., Ph.D., Wednesday, April 28, 1971; \$60.

DENTAL MATERIALS DPD 28, Samuel Goodman, D.D.S., and Alexander Walker, D.D.S., Wednesday, April 28, 1971; \$50.

PERIODONTICS DPD 65, (Occlusal Adjustment - a participation course), Marvin N. Okun, D.D.S., Irving Yudkoff, D.D.S., and Joseph Puccio, D.D.S., Wednesdays, May 5, 12, 19, 1971; \$175.

ORTHODONTICS DPD 52, (Recognizing Orthodontic Problems), Samuel Weinstock, D.D.S., and Others, Wednesdays, May 5,

12, and 19, 1971; \$150.

ORAL SURGERY DPD 33, (Exodontia and Minor Oral Surgery), William Rakower, D.D.S., Herbert I. Calman, D.D.S., and Associates, Thursday and Friday, May 6 and 7, 1971; \$100.

PROSTHETICS DPD 87, (Comprehensive Oral Treatment), Gerald S. Wank, D.D.S., Fridays, May 7 and 14, 1971; \$100.

MANAGEMENT DPD 73, (How to Test, Hire, and Motivate Personnel), Miriam Felder Shore, Friday, May 14, 1971; \$50.

OPERATIVE DENTISTRY DPD 26, (Cast Gold Restorations), James L. Verna, D.D.S., and Stanley Weinstock, D.D.S., Friday, May 21, 1971; \$50.

ORTHODONTICS DPD 53, (Cephalometric Application to Diagnosis), Abraham I. Fingerroth, D.D.S., Murray M. Fingerroth, D.D.S., and Irvin Forest, D.D.S., Friday, May 21, 1971; \$50.

ANESTHESIOLOGY DPD 13, (Intravenous Amnesia-Analgesia - a participation course), Stanley R. Spiro, D.D.S., and Associates; Wednesday, Thursday, and Friday, June 2, 3, and 4, 1971; \$250.

PROSTHETICS DPD 88, (Basic Prosthetics for the General Practitioner), Louis I. Rubins, D.D.S., Wednesday, June 2, 1971; \$50.

PERIODONTICS DPD 68, (Periodontia and Restorative Dentistry - Diagnosis and Treatment Planning), Marvin N. Okun, D.D.S., and Irving Yudkoff, D.D.S., Wednesday, June 9, 1971; \$50.

MANAGEMENT DPD 77, (Getting Started in Work Simplification), Milton Macon, D.D.S., and Joseph Fisch, D.D.S., Friday, June 11, 1971; \$50.

POSTGRADUATE EXTENSION PROGRAM (Off Campus Courses):

Faculty members of the Postgraduate Dental Program, who are specialists in their fields, are available for short, intensive courses that can be given in various cities, if a sufficient number of practitioners evince interest. If clinical facilities are available these courses can be a combination of lectures and demonstrations.

For further information and application, write to:
Dr. Irving Yudkoff, Director, Postgraduate Dental Program,
Albert Einstein College of Medicine, 1165 Morris Park
Avenue, Bronx, New York 10461.

The following are new members, who have been added, to the Dental Register of the Province of Nova Scotia during the year.

*Serving with Royal Canadian Dental Corps

- Anderson, H. Douglas, D.D.S, Rockingham Plaza, Bedford Highway, N.S.
May 15/70--* Chestnut, H. A., Dental Clinic, CFB St. Hubert, P. Q.
May 15/70--* Donald, W.O., #9 Dental Clinic, CFB Gagetown, N.B.
May 15/70--* Darlington, P. R., 6172 Pepperrell St., Halifax, N.S.
May 15/70--* Dalzell, E. T., D.D.S., Dalhousie, 1970, 37B Churchill Dr., Dartmouth, N.S.
May 15/70--* Hudgins, L.J., #9 Dental Clinic, CFB Gagetown, N.B.
Jacobson, Stan, 6088 Coburg Rd., Halifax, N.S.
May 15/70--* Jackson, F. R., Apt. 205, 257 Lisgar St., Ottawa 4, Ont.
* Kelland, Maj. A. L., Box 414, Greenwood, N.S.
May 15/70--* MacInnis, W. A., CFDSS, Camp Bordon, Ont.
Pronych, Peter M., D.D.S., Suite 5C, 5991 Spring Garden Rd., Halifax, N.S.
May 15/70--* Woodworth, R.W.F., 3 Homeward Dr., Fairview, Halifax, N.S.

DR. F. W. JOHNSON DIES AT 86

Dr. Francis Winslow Johnson, who practised dentistry in Halifax for half a century, died on Monday evening, September 14, 1970, at his residence, 6338 Jubilee Road, Halifax, at the age of 86.

Dr. Johnson was born at Fredericton, N.B. on October 30, 1883, the son of the late Mr. and Mrs. Everett D. Johnson. He was a graduate of Fredericton High School and later attended Normal College following which he taught school in New Brunswick for a number of years. He gave up teaching to enter the Baltimore Medical School, graduating in 1910. He practiced dentistry in Baltimore until 1916 when he came to Halifax, serving with the Canadian Army Dental Corps with the rank of captain.

At the close of World War I, Dr. Johnson opened his private practice in this city. He was a past-president of the Halifax Dental Society, a past master in St. Andrews Masonic Lodge, a member of the Scottish Rite and at one time a member of the Progressive Club. He attended St. Paul's Anglican Church since coming to Halifax and was a member of its choir for years. He was a former member of the Halifax Curling and Waegwoltic Clubs.

He was predeceased by his wife, formerly Marion Snowden Reese, of Baltimore, Md. Surviving are three children, Beverly (Mrs. Cyril Robinson), Helen (Mrs. Kenneth Colwell), and F. Snowden, all of Halifax.

The funeral was held at the Halifax Funeral Home on Wednesday, September 16, at 2 p.m., Rev. Canon G. W. Philpotts officiating. There was a special Masonic service on Tuesday, at 7:30 p.m.

Sincere sympathy is extended to the family on behalf of the members of the Nova Scotia Dental Association.

DENTAL OFFICE SPACE FOR RENT

600 square feet ready for immediate
occupancy

Location -- Armdale Professional
Building

2631 Dutch Village Road,
Halifax, N. S.

For particulars contact

C. E. Dexter, D.D.S.,
c/o Armdale Professional Building

Phone --

454-5801