

~~DENTISTRY
STACKS~~

JANUARY, 1970

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W. F. KENNEDY

Nova Scotia Dental Association

NEWS

JANUARY, 1970
VOL. II, No. 1

EDITOR: DONALD M. BONANG, D.D.S.,
1584 ROBIE STREET,
HALIFAX, N. S.

EDITORIAL

Health care and the delivery of health services has become a complex and demanding business in both the private and public fields. Across the country, as new techniques are devised and new legislation introduced, the practice of dentistry is expanding and professional dental care is becoming available to more and more Canadians.

Consequently, more and more qualified dentists are needed. Dentists already in practice must be kept informed of developing medical, economic and political trends which will affect their livelihood. Nationally and provincially, dental associations must expand and work harder, not just to keep pace with today's social and economic changes but to establish forward looking formulae through which departments of health can be advised of actual dental care needs and on the steps which will best meet those needs.

Needless to say, a priority item for all dental associations today is more efficient and more effective service to their memberships. The interests of dentists, individually and collectively -- interests which are inextricably bound to the provision of more and continually improving dental care -- must be represented at national and provincial decision making levels.

The Executive of the Nova Scotia Dental Association recognizes that it has an important part to play; that the Association as the representative body for dentists throughout the province must contribute to the expansion of the profession and to the advance of dental care techniques.

But costs are increasing.

That's no secret to anyone.

Our Bulletin is more expensive today than it was two years ago. The NSDA has a greater commitment to increasing dental student enrollment. The trend toward more government involvement in all medical and health science fields requires more time, more effort and greater expense in liaison and advisory work. The same applies to the study and promotion of the relevant and useful factors in the dental team concept, which in itself will lead to a more efficient use of the dentist's skills and time.

The NSDA can do the job. It can represent and advance your interests. But it needs your help. Without the commitment of time and effort from Nova Scotia dentists, without your financial support, without your frank counsel, the NSDA can be no more than a quasi-professional social club. With all these things, with your support, the NSDA can advance the cause of dentistry and the improvement of dental services for Nova Scotians immeasurably.

-- D. M. Bonang,
Editor.

Dear Colleagues,

The Editor of the Nova Scotia Dental Association News, Dr. Bonang, has extended an invitation to me to pass along a message to the members. I am most grateful for

this opportunity and I thank him.

This year promises to be a very important and busy one for the Association. Since late summer the public of the Province have been exposed to advertising by the Society of Nova Scotia Denturists and Dental Mechanics by means of radio, T.V., newspaper and mail. This campaign, which seems to be well financed, amongst other things belittles and ridicules our legalized practice of Dentistry as now constituted, and also attempts to break down our associations with the Nova Scotia Dental Technicians, a legalized body. We have also been circularized with a brief this group mailed to the Nova Scotia Government in November, 1969, and a copy of a new Dental Technicians Act to be presented to the Nova Scotia Legislature.

Your Executive has been on top of this situation from the beginning and an able committee has been spending very long hours investigating and deciding on a course of action. The recommendation of the committee was approved by the Executive and competent counsel has been retained.

At the same time the Dental Act has been revised and the revision will be presented to a general meeting of the Association to decide, if approved, whether, in light of the above situation and other factors, it be presented to the Legislature in February, 1970.

At the same meeting a budget for 1970 will be presented to this general meeting for its approval. The amounts involved will, no doubt, shock the members who are not aware of the expenses which will be necessary to conduct the business of our Association.

We feel that for the good of the Profession in the Province every member must put his shoulder to the wheel, sacrifice a bit if necessary, and maintain close liaison with the legalized auxiliaries with whom we now have friendly relationships.

In closing, I would like to extend to all the members of the Association, their families and all readers of this issue a happy and prosperous New Year.

See you at Sydney in September!

N. B. Anderson,
President,
Nova Scotia Dental Association.

Footnote:

Since the writing of this letter, a Special Meeting of the NSDA was held January 14, 1970. The revised Dental Act was received but the presentation of this Act to Legislation is to be deferred.

Editor.

YEAR END REVIEW

The past year of my life has been one of the most exciting I have experienced. It has seen the beginning and development of my experience as a General Practitioner of Dentistry. I am thrilled and amazed at the way my practice has grown from nothing in such a short time. This has also been a year of many worries and frustrations. I would like to talk a bit about my experiences and what I have learned from them.

To me, starting my practice was the most anticipated event in my career. I found that one becomes prey to all manner of salesmen once he enters his fourth year. These range from life insurance to stock brokers. You have to keep a tight grip on reality to fend off a growing picture of your future income. I found that they pictured my income being twice what it would possibly be. It is very easy to get credit, loans, etc. when a student, but it seems to be a bit harder when one

graduates. It is harder still when you have to start paying off those forgotten loans.

My initial days in practice were rather chaotic. My office was not completely furnished when I began. I believe that this is the experience of many that I have seen. When I began, I was fortunate to have some appointments made in advance so that things got rolling right away. In fact they got rolling too fast so that it was November before I got on top of my initial beginnings. I had anticipated a slow start in the city, but I found it necessary to restrict my appointments after only four weeks. This gives some indication of the supply of dentists in this area when I opened practice. This completely took me by surprise as I had anticipated that the field would be more nearly filled when we have so many more practitioners in the Halifax area. It must be even worse in other areas where dentists are not so numerous.

I think that it would be more advisable to take it easy for the first month or so in order to get organized. I found that it took me six months to catch up on my organization after such a rapid start. The state of pre-planning in a practice also varies with the individual. Some people are completely organized in every detail before they even graduate. All I had done was my equipment ordered, but I had a few details lined up before I graduated. I saw that getting through dental school and Canadian boards kept me busy enough without other distractions.

It is necessary to make a lot of decisions, before one is really equipped with the necessary experience to make these decisions. You have to decide where you want to practice and how. I began my practice in an office surrounded by a number of other dentists who each have a different aspect of dentistry when they prefer. This is extremely valuable I found, that I needed occasional advice on a case that I had not encountered before. A

second opinion is helpful in developing your own opinion and testing your own decisions on the case. I found that there is a lot more to every day dental practice than I had anticipated. Each new case that turns up represents a different set of problems. Other people prefer to practice alone in an office, but I believe that practicing in the same location with several other dentists makes life a bit easier.

One's general philosophy of dental practice must also be decided upon before it is begun. I decided upon an appointment services type of approach using four handed dentistry. I found it necessary to hire a second person as receptionist when I got busy. When you get used to having an assistant at your chairside all the time, it breaks the routine severely if she has to leave to answer calls, dismiss patients, etc.

I was not fully prepared for the great variety of people one encounters in a busy practice when I first began. Some people seem determined to make life as hard as possible for themselves and every one else along the way. You have to develop a great deal of cool in handling hot-headed people. I have observed that people with small financial means are often most willing to pay their bills. Those who have resources to draw on seem to begrudge every fee. These are the people one would theoretically expect to appreciate a good professional service for their personal well being.

Some people lack responsibility especially when it comes to keeping their appointments. Some do not even show up after they have been called the day before and reminded. This type should be made to repent for their sins by being written off the dental appointment roll.

I think that a basic course in psychiatry would be advantageous in helping one to deal with the emotional problems encountered with many patients. You get tired of having adults tell you, "Doctor, I am so nervous and

so scared". One would expect, with the current modern methods of painless dentistry that we possess today, that adults would have adjusted to dental care more than they have. Children often prove to be better patients than many adults in respect to adjusting to treatment.

The most frustrating and trying moments in practice are your firsts. Your first post surgical hemorrhage that does not want to stop. Your first root trip and fracture with sinus approximation. Your first child behavior problem. Your first irate patient. At these times a little advice from your confreres goes a long way.

Modern dentistry is also extremely expensive. You do not realize how much so until you have been in practice for some time. Costs are increasing rapidly today. Those who have been in practice for some time probably do not appreciate this as much as those who are just setting up. The high cost of money makes the initial start difficult. Increasing real estate values are driving office rental up. New equipment is ever more expensive. So we become the scape goat for accusations of overcharging or being too expensive. The general public should be made more aware of the background costs that are involved in the denture, crown or amalgam that was just inserted. It is very easy for the overhead cost to become the driving force in one's practice. This is poor but seems unavoidable at times. It is very easy to get a fixed overhead of \$1200 to \$1600 a month without being opulent in one's set up. Add to this an average lab. fee of \$300 to \$500, materials on top of that, and one has to really churn to keep up with the overhead. Sometimes it seems that you are the lowest paid member of the team. One's quality of dentistry is apt to suffer if one tries to increase production and cut corners. To make up expenses, this of course is very poor if one intends to produce work that he is going to be proud of. You soon learn to keep the expenses as low as possible.

Before this experience is obtained it is easy to acquire an overhead that you can't afford. It is easy enough to draw the plans and order the equipment, but those payments are a different thing. I was advised when I was contemplating dental practice not to get too carried away at first because of this. We are presenting a highly refined, specialized service. People do not appreciate, as much, the elaborateness of the material arrangements surrounding the service. I think that some of our frills in office design may be wasted. For this reason modern advances in dentistry must keep a practical grip on reality as far as office elaborateness and frills are concerned. A time may be soon approaching when new graduates cannot afford to begin practice on their own. The concept of shared, or associated practice must be more extensively developed. In this way the overhead may be reduced and the experience of older practitioners may be shared with others.

Another problem I have encountered, and I am still trying to rationalize, is some conception of how long service is expected to last in the oral cavity. There are many factors involved in the light of restoration, of course. You see many restorations that have failed and you wonder why, are are yours going to fail like that also? When I first began working with patients in dental training, I felt as if I were putting those restorations in for eternity, but that is not so. It is difficult to decide where the blame lies, if there is blame involved. I guess you have to do the best you can and let it go at that. The patient's oral habits have a lot to do with your success, I believe. Some patients get themselves into a nauseating mess by not paying proper attention to their mouths. Motivations to oral care must increase somehow. In an orally orientated society, we are amazingly lax in our oral health. Many people would spend \$150 on clothes rather than oral rehabilitation.

Most likely I have not stated anything new in these ramblings. I will close by advising future general practitioners to keep in mind the cost of their set up. This can jeopardize patient care, and your own health by trying to keep up with it. I would like to express appreciation for the very necessary advice of older dentists that is available for the asking. And finally I would seek more understanding of the background costs involved and those seemingly high fees on the part of the dental public.

I think that general practice is a useful stepping stone to any further experience in the dental field. It presents varied and interesting experiences that are extremely useful. It gives a wide experience in dealing with the public and their problems. It is too bad that it is made so difficult by the high cost of living today.

-- R. J. E. Archibald, D.D.S.
Dalhousie 1968

A new plastic paint to prevent decay on a tooth's grinding surface will be tested under a grant from the National Institute of Dental Research. The NIDR is one of the National Institutes of Health in Bethesda, Maryland.

Dr. Michael Buonocore of the Eastman Dental Center in Rochester, New York, who will conduct the study, already has shown the practicability of this approach. With another resin he obtained an 86 percent reduction in decay after one year even though that material was more difficult to apply and in some cases became dislodged.

The new thin material, however, is quite easy to use, requires no drilling, and in preliminary tests has remained adherent for more than one year. It is painted on much like nail polish, but does not harden until an

ultra-violet (UV) lamp is shined on it. Long-wave UV rays activate an agent in the resin that makes the plastic set immediately.

The dentist or hygienist paints the teeth that are to be protected from decay and then shines a gun-shaped UV flashlight on them. This changes the colorless liquid adhesive to a hard-smooth, nearly-invisible film.

If its effectiveness is confirmed, this easily applied therapeutic agent could be made available to large numbers of children, save countless man-hours of already overburdened dentists, and free much of their time for diagnosis and treatment of more difficult problems in many other patients. It also could be a boon to the handicapped who cannot brush their teeth or submit to long operative procedures, to military personnel, and to people living in areas where there is a scarcity of dentists.

The tooth's biting surfaces frequently decay despite fluoride's protective effects. Enamel in these areas is often thin or absent, and the pits and fissures normally found in these surfaces trap and shelter decay-causing microbes. Once decay begins in the pits, it can spread quickly throughout the tooth. Under a grant of \$47,600 for the first year of a study approved for three years, Dr. Buonocore will also test the adhesive on the surfaces between teeth. These surfaces will be coated before the adjacent tooth erupts.

In addition, he will try to anchor orthodontic wires with the adhesive and fill small cavities or line larger ones with it. An adhesive liner might seal metal, plastic, or cement fillings and stop decay-causing debris from creeping in between the filling and the tooth. Still other potential uses are to cover unattractive, poorly calcified, or stained teeth and to repair broken edges on front teeth.

BITS AND BITES

December 10th 1969

PROPOSED NOVA SCOTIA DENTAL
ASSOCIATION RESOLUTION

W H E R E A S the Nova Scotia Dental Association firmly believes that the strength and advancement of the dental profession in Canada and its service to the public can be enhanced most effectively through a strong national organization with objectives such as those of the Canadian Dental Association, and,

W H E R E A S it is desirable for the opinion of Canadian dentists to be made known to National and International bodies, and,

W H E R E A S the Government of Canada has been playing an increasingly significant role in matters related to the provision of Health Services, and,

W H E R E A S it is important that there be a national voice reflecting the consensus of the associations which represent the dental profession in each of the Provinces, therefore

BE IT RESOLVED that the Nova Scotia Dental Association vigorously support the principle of a strong national organization which can develop statements of policy in the interests of the profession, nationally, and

BE IT FURTHER RESOLVED that the Nova Scotia Dental Association supports the Canadian Dental Association and endorses the aims and objectives outlined in its constitution.

News Release - from U.S.A.

-- The Food and Drug Administration has adopted a new policy on the use of denture reliner and denture repair kits.

The policy statement was first proposed by the FDA on April 4, 1968. Several months were allowed for comments during which time 15 were submitted many suggesting the warning for reliners, pads, and cushions be different from that for repair kits. These suggestions were incorporated and regulatory action with respect to violations of the new policy may be initiated December 9, 1969.

The reliners and repair kits will then be regarded as unsafe and misbranded unless labeled as follows:

"Denture, reliners, pads, and cushions: Warning -- For temporary use only. Long-term use of this product may lead to faster bone loss, continuing irritation, sores, and tumors. For Use Only Until a Dentist Can Be Seen."

"Denture Repair Kits: Warning -- For emergency repairs only. Long-term use of home-repaired dentures may cause faster bone loss, continuing irritation, sores, and tumors. This kit for emergency use only. See Dentist Without Delay".

CFDE NEWS

When CFDE in 1969 awarded its first teaching fellowship to a dental hygienist, it became a planned precedent. The shortage of hygienists in Canada is at least as acute as that of dentists. A scant 376 registered hygienists are available to assist the country's 6,500 practising dentists, a particularly dismal ratio. This is one major reason why thousands of children never see a dentist before they can vote.

CFDE sees no shortage of qualified dental hygienist applicants --- in 1968 alone a total of 83 women were turned away from the five dental schools offering a diploma in dental hygiene in Canada. Reason: insufficient capacity. By helping add even one teacher, CFDE will have made a significant contribution towards alleviating the shortage.

DENTAL CURRICULUM CHANGES DISCUSSED AT NATIONAL SYMPOSIUM OF ADA

"Most dentists are over-educated for what they do and undereducated for what they ought to be doing," Dr. Paul Goldhaber told a National Symposium on the Dental Curriculum. Dr. Goldhaber, who is dean of Harvard School of Dental Medicine, described this as the basic philosophy which has led his school to the major change in its dental education program. The new curriculum was initiated to better prepare students for dental practice in the year 2000, he said. The symposium which was held Nov. 12-14 at ADA headquarters under the sponsorship of the American Association of Dental Schools and the ADA Council on Dental Education, was attended by 200 dental educators from around the nation.

"Looking at the current scope of dental practice," Dr. Goldhaber said, "one finds a broad spectrum of procedures which are utilized each requiring substantial skill but different degrees of education and knowledge for their proper performance. Those procedures which lie at that end of the spectrum which requires less education, will inevitably be turned over to ancillary personnel under the supervision of a highly educated dentist who will be a specialist. However, the majority of individuals working in this area will be auxiliaries, thereby freeing a significant number of dentists who must be able to concentrate their efforts on the other end of the dental practice spectrum where more sophisticated knowledge and skills are required. They, too, will be

specialists, and each type will develop its own unique team of auxiliaries," he said. "We must anticipate that this group will include new breeds of dentists: diagnosticians, using various electronic and biologic tests not yet invented; surgeons, using surgical procedures unheard of today; and chemotherapists, using pharmacological and immunological approaches not yet discovered, in order to prevent and treat oral-facial diseases. By the year 2000, all this and far more, will be a reality," Dr. Goldhaber added. The new pre-clinical and clinical curriculum at Harvard would include: an 11-month dental school basic science core; a five-month medicine and surgery clerkship; an 11-month clinical dentistry core; an oral biology and pathophysiology correlating course to run concurrently with both the basic science and clinical dentistry core; a six-month hospital dental externship and a fourth year made up of completely elective time, he said.

NATION'S HEALTH COSTS SKY-ROCKET

High costs of Canada's health and welfare system are among the reasons given by Prime Minister Pierre Trudeau for tightening the federal government's 1970-71 budget. In a television and radio broadcast August 13, Mr. Trudeau announced that, to combat mounting inflation, civil servants will be laid off jobs, defence spending will be drastically cut, and four military bases will be closed.

The prime minister said about 25,000 people will be dropped from the federal pay roll - representing about 10 per cent of the public service. He said government spending on health and welfare in the nation the past few years has more than doubled, as did spending on general government expenditures.

In his broadcast address, Mr. Trudeau noted:

"If we were to spend vast sums on welfare, education, and other important programs while allowing inflation to continue we would merely be placing hundreds of thousands of Canadians on a treadmill from which they could not escape. We would be giving more money for welfare, but permitting inflation to run unchecked, and more money would be buying less goods."

The prime minister said his administration is attempting to have government departments absorb the inflation rather than passing it on to the consumers by way of higher taxes. He said that during the past 10 years government spending has nearly doubled from \$6 billion to \$11 billion a year. He warned that government spending would double again within the next five years if spending is allowed to increase each year at the rate it has been.

ANNOUNCE AUXILIARY STUDY IN SASKATCHEWAN

Saskatchewan Health Minister Gordon Grant has given the greenlight to a dental pilot project to determine the feasibility of using dental auxiliaries to serve the province's school children. Ottawa will grant \$30,000 toward the first year's cost of the study.

The auxiliaries will be trained to do certain intra-oral operative procedures under the direct supervision of a dentist.

A five man committee will supervise the project. Representing the College of Dental Surgeons of Saskatchewan will be J.A.B. Robinson of Regina and G.H. Peacock of Saskatoon. The University of Saskatchewan College of Dentistry will be represented by Dean K. J. Paynter and C.W.B. McPhail, while the provincial health department will be represented by T.M. Curry, director of dental health.

The committee will determine the supervision required for the dental auxiliaries and will also report on the work that may safely be delegated to them and the financial implications of such a plan being implemented on a province-wide basis.

ANNOUNCE AID FOR CZECH DENTISTS

The 16 Czechoslovak dentists, who failed a three-day licensing examination last May, have been offered a 10-month course equipping them to practise in Ontario. The course, which began September 15 at the University of Western Ontario, will be conducted by a detachment from the Canadian Forces Dental School at Base Borden.

At the end of the 10 months, the Czechs may write a special 9-part examination, and then practise for three years in dentist-short communities chosen by the provincial health department.

The training program was recommended by the Royal College of Dental Surgeons of Ontario and is jointly sponsored by the provincial health department and the federal Departments of Manpower and Immigration and National Defence. The provincial health department is financing the course, while the federal manpower and immigration department is paying subsistence payments and travel expenses for the dentists and their families.

EDUCATION COSTS UP

Costs of pre dental and dental education increased in 1968-69, largely because of rising living costs.

Tuition fees generally remained stable. The cost of four years at a dental school and the required number of pre dental years varied from \$9,198 at the University

of Manitoba to \$14,063 at the University of Alberta.

The University of Saskatchewan required a minimum of one year pre dental training plus five years of dentistry at an estimated cost of \$10,475.

A major reason for the cost variation is that different universities require one, two or three pre dental years at the university level. The average 1968-69 total annual cost was \$1,521 for pre dental education and \$2,154 for dental education.

DENTISTS AGAIN FOURTH HIGHEST INCOME EARNERS

Self-employed dentists were again the fourth highest income earners in 1967, the Department of National Revenue reports. There were 5,108 self-employed dentists with average incomes of \$18,282 and average tax bills of \$4,208.

Self-employed physicians again topped the list of tax payers with average incomes of \$27,347. They were followed by consulting engineers and architects (\$22,111), and lawyers and notaries (\$22,014).

Professionals who work as salaried employees are not included in the tabulation but are classed in the large general category of employees. This contains 5,788,100 taxpayers with average incomes of \$5,300 a year and average tax payments of \$589.

ENROLMENT CLIMBS IN CANADIAN SCHOOLS

Canada's nine dental schools had a total first year capacity of 446 students in 1968-69, up from 389 from the previous year. The increase is mainly due to

larger classes at the Universities of Western Ontario and British Columbia. Additionally, the University of Saskatchewan accepted its first dental class of 18 students.

Most of the schools hope to increase their capacity over the next few years. As a result, total first year capacity is expected to increase to about 600 by 1973. This includes Quebec's Universite Laval which will enrol about 12 students in its first class in 1970.

Increases in capacity were also on the way for dental hygienists.

The Canadian Dental Association moved to expand its Board of Governors from 21 to 32 voting members, and approved other far-reaching decisions, at a special meeting in Toronto last week.

Decisions reached were the culmination of months of discussion, arising out of the Aims and Objectives Conference and its study of CDA's existing by-laws.

Changes approved at the Oct. 31-Nov. 1 special meeting will now go to the Constitution and By-Laws Committee which will polish the by-laws for presentation to the association's annual general meeting next July in Winnipeg.

On the subject of corporate grants to CDA, the meeting in effect re-affirmed the existing position asking that all provinces reach the \$65 per member level as soon as possible.

Members of the Board were virtually unanimous in praising the good will and constructive spirit expressed in the two days of meetings.

Dr. H. R. MacLean, president, termed the meeting "one of the most important" in the annals of the CDA, and described rapport among Board members as "tremendous."

The CDA Board also agreed on changes in the nominating procedure to bring more dentists into active participation in CDA affairs.

A new structure for the Committee on Education will give definite representation to related bodies such as the National Dental Examining Board, while assuring a reasonable number of private practitioners are involved.

On the question of substantive issues or policy, the Board moved to require a majority of 19 of the 32 voting Board members. This means that CDA positions will require a 59 per cent affirmative vote.

Subject to approval by next July's Winnipeg meeting, the new Board of Governors will have three non-voting members representing federal dental services, instead of one voting member as is now the case.

The 32-voting members of the new Board will be a permanent number. Initially, they may comprise the president and the immediate past president, and the following provincial representatives:

Ontario, nine; Quebec, six; B.C. and Alberta, three each; Saskatchewan, Manitoba and Nova Scotia, two each; New Brunswick, Prince Edward Island and Newfoundland, one each.

This changes the present representation of six from Ontario, three from Quebec, two from B.C. and one from every other province.

The new set-up gives each corporate member one seat on the Board, plus additional seats based on the number of dentists in the province. The formula setting this out

is designed to ensure more equitable representation than has been the case in the past.

The Halifax County Dental Society is now in full swing for another year, with Dr. D.M. Bonang, President.

The opening meeting of the Society was held Oct. 8, 1969. The guest speaker for the evening was Dr. Richard Goldbloom who gave an interesting talk on the facilities of the new Children's Hospital.

The highlight of the evening was the bestowing of an Honorary Membership on Dr. H. S. Crosby for his long and devoted service to the dental profession.

Dr. C. E. Kinley gave an address on "Co-ordination of the Total Health Care Delivery System" at the November meeting of the Society held November 19, 1969.

Any member of the dental profession visiting Halifax at the time of the Halifax County Dental Society Meetings would be most welcome to attend.

Congratulations are extended to Mr. Alex J. Cox on his retirement as Manager of Maritime Dental Supply.

The Association also extends its congratulations to Mr. Chris Alexander on his appointment as replacement Manager of the Halifax branch of Maritime Dental.

The Atlantic Provinces Dental Convention will be held September 4, 5 and 6, 1970, at the Holiday Inn, Sydney, N. S.

Drs. W. C. King, G.M.D. Conrad and D. C. T. Macintosh have been appointed representatives of the Nova Scotia Dental Association to the Committee of Health Services Delivery Organization.

Congratulations to Dr. & Mrs. Gen Gunther on the birth of their son at the Grace Maternity, Friday, January 16, 1970.

Congratulations to Dr. & Mrs. Don Armstrong, Yarmouth, on the birth of their daughter, December 17, 1969.

Captain Lawrence A. Bonang passed away October 10, 1969, at the Halifax Infirmary.

Capt. Bonang was well known to the dental profession of this province having served the dental Laboratory industry for thirty years as President of Modern Dental Laboratory Ltd.

The Association extends its sympathies to Mrs. L. A. Bonang and her family.

NOTICES AND ANNOUNCEMENTS

Copy of letter received from the Halifax County Hospital, P. O. Box 1003, dated 2nd October, 1969, addressed to Dr. D.M.J. Bonang, Editor, N.S.D.A. News.

Dear Dr. Bonang:

Re: Dental Services - Halifax
County Hospital

I am writing to enquire if you can give me any advice as to the best method by which I might attempt to obtain increased dental services for the Halifax County Hospital.

The Board of Management is currently installing completely new equipment in our dental suite to the extent of approximately \$8,500.00. Our dentist, who has for many years provided us with one session per month, has agreed to increase services to two sessions per week. However, to meet the needs of our patient population of approximately 400, we feel that we require four sessions per week.

The Nova Scotia Hospital Insurance Commission approves a rate of remuneration of \$50.00 for a 3½ hour session.

I realize the difficulty of obtaining dental services, especially at the rates of remuneration quoted above. Dr. D.C.T. Macintosh has suggested to me that I write to you and that you might be able to let our needs be known to the dental profession via the next issue of your journal.

I would greatly appreciate any assistance you may be able to give me in the matter.

Yours very truly,

(signed) Leslie Havers,
Administrator.

Colonel Edwin H. Smith, Jr., one of the clinicians at the Atlantic Provinces Dental Convention, has suggested that dentists of the Atlantic Provinces who are interested, are welcome to attend Postgraduate Short Courses offered by the U. S. Army in Washington.

There is no charge for these courses and information may be received by contacting -

U. S. Army Institute of Dental Research,
Walter Reed Army Medical Center,
Washington, D. C. 20012,
U. S. A.

NOTICE --

FOR IMMEDIATE RELEASE

Applications are now being accepted for the following house staff positions in the Department of Dentistry at the Kingsbrook Jewish Medical Center:

rotating intern (4)

endodontic resident)

prosthodontic resident)

A one year rotating internship is a requirement for consideration.

For application forms and information, write to the Department of Dentistry, Kingsbrook Jewish Medical Center, East 49th Street and Rutland Road, Brooklyn, New York 11203.

NOTICE --

The Chicago Periodontal Research Study Club will present Dr. Irving Glickman, Chairman of the Department of Periodontology at the Tufts University School of Dental Medicine, at its annual seminar on Sunday, February 15, 1970. His subject will include periodontal surgery and occlusion based on intra-oral telemetry.

The fee for the all day program is \$40.00 and includes lunch and a coffee break.

Make cheques payable to the Chicago Periodontal Research Study Club and mail to Dr. Martin Lerman, 1950 Sheridan Road, Highland Park, Ill., 60035.

A.G.D. credit will be given.

Copy of letter from The Nova Scotia Dental Hygienists Association, dated October 6, 1969, over the signature of Mrs. Rozzi Kanigsberg, Secretary, addressed to Donald M. Bonang, D.D.S., Editor of N.S.D.A. News.

Dear Dr. Bonang:

I have been asked to write to advise you that a "Positions Available" advertisement for a Dental Hygienist can be purchased in the Canadian Dental Hygienists' Association Journal. For more information and/or submissions please write:

Mrs. Pat Kerr,
c/o Mrs. Jo. Gardener,
1155 West 54th Street,
Vancouver 14, B.C.

It would be greatly appreciated if you would let your members know of this service.

Thanking you,

I remain, Yours truly,

BOSTON UNIVERSITY SCHOOL OF GRADUATE DENTISTRY wishes to announce the following Postgraduate Refresher Courses for Spring 1970:

COMPREHENSIVE APPROACH TO MODERN PERIODONTAL SURGERY by Drs. Alan Shuman and Gerald Isenberg - March 14, 1970 (1 day)

ORTHODONTICS FOR THE GENERAL PRACTITIONER by Dr. Anthony A. Gianelly and Staff - April 3 and 4, 1970 (2 days)

INLAYS, ONLAYS AND PINLEDGES by Dr. Samuel Toll - April 4, 1970 (1 day)

CURRENT PERIODONTAL TREATMENT - PERIODONTAL DIAGNOSIS, PLANNING AND EXECUTION OF THERAPY - by Drs. Henry M. Goldman, Morris P. Ruben, Alan Shuman, Gerald Isenberg and Stanley Ross - April 6-10, 1970 (5 days)

HOW DO YOU MANAGE YOUR FULL DENTURE PROBLEMS by Drs. Chester Landy, Judge Chapman and Charles Paraskis - April 10 and 11, 1970 (2 days)

THE RESTORATION OF THE PULPLESS TOOTH by Dr. David J. Baraban - April 11, 1970 (1 day)

CHANGING TRENDS IN PERIODONTAL THERAPY by Dr. D. Walter Cohen - April 17 and 18, 1970 (2 days)

THE MANAGEMENT OF ADVANCED CASES OF PERIODONTAL DISEASE by Drs. Henry M. Goldman, Gerald M. Kramer, Morris P. Ruben, Stanley Ross, Gerald Isenberg and Alan Shuman - April 27 - May 1, 1970 (5 days)

HOSPITAL PROCEDURES FOR THE EXCEPTIONAL CHILD by Drs. Spencer N. Frankl, Harold Turner and Ronald Diodati - May 1 and 2, 1970 (2 days)

CLINICAL ENDODONTICS FOR THE GENERAL PRACTITIONER by Drs. Harold J. Levin and Samuel Rubin - May 2, 1970 (1 day)

CLINICAL PERIODONTAL SURGERY by Drs. Gerald M. Kramer and J. David Kohn - May 7, 8 and 9, 1970 (3 days)

MANAGEMENT OF ORAL INFECTIONS by Dr. Melvyn H. Harris -
May 9, 1970 (1 day)

FULL MOUTH RECONSTRUCTION by Drs. David J. Baraban, Leo
Talkov, J. David Kohn and Gerald Isenberg - May 11-15,
1970 (5 days)

SURGICAL ENDODONTICS by Drs. Herbert Schilder, Adolph
Bushell, Harold Levin, Seymour Melnick and Samuel Rubin-
May 14, 15 and 16, 1970 (3 days)

THE SUPERIOSTEAL UNILATERAL IMPLANT AS A BRIDGE ABUTMENT
by Dr. Aaron Gershkoff - May 21, 22, and 23, 1970 (3 days)

HUMAN RELATIONS SKILL-LAB FOR THE DENTAL PRACTITIONER by
Drs. Justin L. Altshuler and Melvin Gulbrandsen - May 23,
1970 (1 day)

PRINCIPLES OF PROGRESSIVE DENTAL PRACTICE by Dr. Justin
L. Altshuler - May 24, 1970 (1 day)

OCCCLUSAL ADJUSTMENT by Dr. J. David Kohn - June 5 and 6,
1970 (2 days)

ORTHODONTICS FOR THE PEDODONTIST by Drs. Spencer N.
Frankl, Anthony A. Gianelly and Staff - June 5 and 6,
1970 (2 days)

PERIODONTAL THERAPY PREPARATORY FOR RESTORATIVE DENTISTRY
by Drs. Gerald Isenberg and Stanley Ross - June 12 and
13, 1970 (2 days)

For further information and application regarding the
above-mentioned courses, write to:

Director of Programs for Continuing Education
Boston University School of Graduate Dentistry
80 East Concord Street
Boston, Massachusetts 02118