Doctor, Tic comes to you through the courtesy of your Ticonium Laboratory.

An award-winning dental journal devoted to the dental team—doctor, hygienist, assistant, and laboratory.
The first dental union in New Jersey has been established by a group of dentists and dental assistants "unhappy" with the New Jersey State Dental Society. The union, part of the AFL-CIO, started with 52 dentists and is out to increase its membership from the 5,000 dentists in the state. Dr. Robert H. Levine, president of the union, was particularly critical of the state society for its insertion when Medicaid fees to dentists were cut. He feels that dentists will fare better under the union because as part of some 750,000 members of the trade union in that state it will have more clout in dealing with the problems facing the profession. Costs for union membership will be appreciably less than national, state, and county dues, according to the union spokesman. Dr. Levine also stated in a newspaper interview that the union would not conduce strikes by dentists since dentists must maintain their professional responsibility to the public. Costs for union membership will be stated in a newspaper interview that the union would not condone strikes by dentists since dentists must maintain their professional responsibility to the public.

A spokesman for the state society expressed doubt that any pledge not to strike could be maintained by the union since it would leave them powerless to act in any dispute and feel that the state society could better deal with all problems facing the dental profession than the unions. It remains to be seen whether the union will make any future headway in the Garden State.

COMBATING JET LAG

With the increase in air travel across the nation and to foreign countries, jet lag had become a well publicized phenomenon. However, Dr. Joseph Constanino, medical director for one of the major air lines, believes that the "condition is easily controlled." A recognized authority in aviation medicine, he recommends the following tips to overcome jet lag:

1. Avoid rushing to the airport for your flight. Leave plenty of time so that you don't arrive at the airport exhausted and worn-out before you take off.

2. Don't overpack. There is an old saying among seasoned travelers that you are neversorry for the things you leave behind, only for the extra things you've taken. Excessive luggage can cause unnecessary fatigue if you have to carry your own luggage even for short distances. Coupled with the time change in long flights, fatigue can add to your jet lag discomfort.

3. Wear loose-fitting clothes in flight. Never wear a tie and keep your collar open. Loose clothing gives your skin a chance to breathe. It is also advisable to remove your shoes when flying to help circulation in your feet.

4. Eat and drink sparingly. Although some of the airlines offer gourmet meals and drinks are always available, take it easy. Excess drinking or eating can increase the heart beat and this makes sleeping difficult both in flight and on your first night upon landing. Sleeping while flying long distances is most important to combat the "change-of-time" fatigue. Try to sleep as much as you can while in the air and you will have a better sense of well-being after you land.

5. Take it easy on the first day of your arrival. The idea of "taking it all in" usually results in missing much on your tour. Don't schedule too many activities the first day. You'll enjoy your itinerary more if you don't overextend yourself upon arrival.

STUDENTS LEARN HYPNOSIS

Hypnosis is offered as an elective course to senior dental students at Temple University School of Dentistry. Dr. Louis Dubin, clinical associate professor of community dentistry and co-director of the course, feels that students can learn to deal with patients' anxiety and pain through hypnosis. According to Dr. Dubin: "It is a way for the dentist to relate to a patient. We don't want hypnosis used merely as another tool, like an x-ray. Our prime concern is the dentist-patient relationship, although with hypnosis come fringe benefits, such as reduction of anxiety, tension, fear and control of pain." Hypnosis can be used separately or in conjunction with anesthetic agents. Students learn how to screen patients for hypnosis, how to evaluate themselves in relationship to the patient, technical skills, and the legal aspect of hypnosis. Each student takes turns as hypnotist and subject.

IN NEW DENTAL JAG

"Change-of-time" fatigue usually results in missing much on your tour. Don't schedule too many activities the first day. You'll enjoy your itinerary more if you don't overextend yourself upon arrival.
same easy, forward posture as the man. Women sit at attention for nobody of either sex, and no woman is threatening enough to make any man sit tensely at attention. Thus, the posture cue to remember is: When the discussion is going well, the patient will be leaning forward slightly with his back a little curved.

What Facial Expressions Say

Another important aspect of nonverbal communication is facial expressions. Most Americans, because of social rules, are not likely to be too expressive in their facial behavior. Particular for men, the fashion is stoicism, an avoidance of exaggerated expressive behavior. Recent studies have concluded that several categories of emotion can be accurately detected from facial expressions: happiness, surprise, fear, anger, sadness, disgust, contempt, and interest. The difficulty in accurately reading these expressions is underscored by the conclusion that over a thousand different facial expressions are anatomically possible. Fortunately, only a few of these have significant meaning. Since the face is difficult to read, concentrate instead their facial behavior. Particularly for men, the fashion is stoicism, an avoidance of exaggerated expressive behavior. Recent studies have concluded that several categories of emotion can be accurately detected from facial expressions: happiness, surprise, fear, anger, sadness, disgust, contempt, and interest. The difficulty in accurately reading these expressions is underscored by the conclusion that over a thousand different facial expressions are anatomically possible. Fortunately, only a few of these have significant meaning. Since the face is difficult to read, concentrate instead on the patient's eyes.

Our eyes regulate our conversation. During the everyday exchange of words, while people focus their attention on what is being said, their eye movements provide a system of conversational traffic signals, notifying another individual when it's his turn to talk. Let's consider an example. Dr. Gandy enters the examination room and exchanges preliminary greetings with an old patient. To indicate his friendliness notifying another individual when it's his turn to talk. When Mrs. Lambert in speaking, she glances at Dr. Gandy from time to time for feedback: to make sure he's listening, to see how he's reacting, or for permission to go on talking. While Dr. Gandy is doing the talking, she looks at him quite a lot to show that she's paying attention, that she's polite.

Importance of Eye Movements

In order to have a satisfactory conversation, these eye movement must be observed. What happens when they are not? An individual can actually communicate many things by his eye behavior, just by exaggerating slightly the pattern. By looking away continuously while listening, he indicates disinterest with what the other is saying. By looking away continuously while speaking, he indicates that he is uncertain about what he's saying. To be effective the dentist should look at the patient while listening, thus indicating agreement or simple attention. The dentist who looks at the patient while speaking, indicates he's interested in how the other is taking his remarks and that he's pretty sure of what he's saying. When the patient asks a question but does not look at you, he is indicating his anxiety. When people want to hide some aspect of their inner feelings—fear, tension, anxiety, nervousness—they often try to avoid eye contact. When the dentist is actually working on the mucous of the nasal and sinus cavities can drain normally into the throat or be blown out through the nose, clogged sinuses and resulting sinus infection are less likely. Caffeine and Cancer: Although huge amounts of caffeine enhance the cancer-causing process in hamsters, scientists say that a heavy coffee drinker would have to consume ten times as much coffee as he does daily to produce any cell-changing effects. Several gastroenterologists speculate that in 50 years man's life span will be 90 and that the over-65 age group will double to almost 42 million. Judging by consumption alone, aspirin must be the most popular drug on the market. Some 22 billion aspirin are sold each year, which is about 100 tablets per person. The National Heart and Lung Institute reports that smokers who break the cigarette habit late in life and after many years of smoking can increase their chance of survival. Mark Twain, plagued with peridental problems, once spent nine hours in the dental chair in one day. The following day he spent five more hours with his dentist. When his dentist remarked about the excessive amounts of tobacco he must have used in his lifetime, Twain answered that he had used "tobacco". Some of the latest findings on national expenditures for the military, education, and health reveal the following priorities: for military: United States and the USSR; for education: Sweden and Germany; for health services: Sweden and Germany. From the A.D.A. News: "Several years ago it was felt by many that the solo practitioner in a one-assistant office would soon be as extinct as the dodo bird. Group practice was supposed to be the thing of the future. Such thinking is still popular in some circles and just may be accurate. Yet there is currently considerable interest in practicing in a small one-dentist town. Dentists in small towns, even though they shoulder the responsibilities for the oral health of an entire community, are probably not the human dynamo types with 10 operators and hygienists, assistants, lab technicians, and bookkeepers all over the place. They don't intend to be and that's why, in a low-overhead, everybody-knows-everybody-else setting.

Tennis Everyone!

The rise of tennis---or the past few years, not only as a viewing sport but as a participating sport, has been phenomenal. With men and women of every age clogging the public and private courts the sport has become a multi-million dollar business. Polls show that dentists have increasingly made tennis their number-one hobby. Although it is an excellent way to keep fit and exercise, it does have a few hazards---namely, "tennis elbow," "tennis toe," not to mention strained muscles and turned ankles.

According to Dr. Charles Steiner, one of the leading physicians in the treatment of lateral epicondylitis, or tennis elbow: "Tennis elbow usually comes from a twisting motion of the arm and many times happens while hitting the backhand or putting spin on the ball." While most physicians prescribe rest for tennis elbow, Dr. Steiner encourages motion. "Rest doesn't cure it," he says, "all it does is hide the fact that the problem still exists. The tissues are bloodless and rest just interrupts the pain." Dr. Steiner prefers injecting the elbow with medication to nourish the injured area. The best way to prevent tennis elbow is to warm up with loosening exercises before playing. Tissues that are warmed up will stretch while cold tissues will tear.

Tennis toe, which has become increasingly more common with the popularity of the sport, occurs when players stop short while going for the ball and jam their toes into the ends of their sneakers. The result of this injury causes pain and swelling. This can be prevented by wearing properly fitted shoes with ample toe room. For players who are highly competitive and for whom the injury is more likely to occur, two pairs of socks should be worn—one thin pair inside a thicker pair. Another suggestion is to stuff cotton in the toes of sneakers.

by Maurice J. Teitelbaum, D.D.S.
BOOKS
(Continued from Page 7)
generations as well as his affinity for the Californian scene. Surprisingly, Archer comes up with an appealing young hero. One character's words (Francine Chantry) sums it up: "It's a fairly complex chain of events"—from Archer's hiring to retrieve a stolen painting through the murder of a mysterious man by his supposed painter, Richard Chantry, and finally a shocking and startling denouement. In short, good Ross Macdonald—among the best.

John Creasey had nearly 600 books published in two dozen languages and sold over 60 million copies. His Let's Kill Uncle Lionel (David McKay, $6.95), which he first wrote as Jeremy York, has been revised and is in its first American edition. Using the classic English detective style, Creasey follows Superintendent Folly of Scotland Yard—bulky with a penchant for palatial deficiencies, and with tiny, beautifully shod feet—through the intricacies of a family which has decided only murder can rid it of its avuncular tyran­ny. But as suspense builds, neither brothers nor cousins can any longer trust each other, and even at­tempts to murder within the family— with Folly finally trouncing a cruel cutting killer. Very good.

Going from one of the best and longest known to the newest—the Mystery Writers of America have just awarded their Edgar, a coveted award, to it as best in the first novel category—Bex Burns' The Alzheimer (Harper & Row, $6.95). A new star has risen, for Burns has here one of the best police mysteries around. Set in Denver, Detective Gabe Wagner moves through a realistic, slimmed-down, tough story of drug smuggling—and comes up with a believable suspenseful tale in every way. Result: an outstanding book.

The English have quite a knack for it, and Elizabeth Lemarchand turns out another in their classic Scotland Yard style—quiet, suspenseful, intricate. Detective Superintendent Pollard has a murdered body in a priest's hole—in a 14th century English castle now turned to a tourist's attraction with tours going through. Family interrelationships and history, present­day commercial interests, and tangled family ties make for characters well and sharply delineated, believ­able situations, a logical mystery, and a startling solution. In all, very good.

This is in fact a more-American English thriller: John Gardner's The Cornermen (Doubleday, $7.95) writes more in the tradition of our own John D. Mac­Donald (Travis McGee stories) than his British John Creasey. The Cornermen starts with attempted drug smuggling, with police and criminal being blown to bits—and Scotland Yard's Derek Torry, former­ly of New York's finest. It goes on through Lon­don's.stripper joints and underworld, mob violence, sex, and the American mafia trying to muscle in on their British cousins—all ending after some 200 pages of suspense with a shoot-out in London's own West­minster Cathedral. Gripping interest-holder all the way.

There are several nonverbal cues the dentist can use to put his patient at ease. These can be divided into: providing a relaxing environment, projecting "warmth," and using "touch." In recent years there has been a movement to get rid of the cold, sterile atmosphere which once char­acterized the dental office. The whole atmosphere of white jackets and antiseptic smells has been attacked. Not only the patient, but the dentist himself suffered from spending hours in stark, cramped quarters. Why? Because the dentist wants to converse with the patient, but the patient himself doesn't know things, to isolate them, identify them, count them, measure them, and classify them. Our minds are trained to be objective, to specialize in the nar­rowest limits of our field.

"One thing led to another. I put so many braces on kids' teeth. Then I got an oversupply of wire. Now I got a hobby!"

17 North Vega Street
Albany, California 91801

137 East 36 Street
New York, New York 10016
Removing Cemented Crowns and Bridges Without Destroying Them
by Elias M. Karnoff, D.D.S.

If the primary problem in restorative dentistry is the lack of a truly permanent cement, the second most important problem must certainly be the need for a cement that lets go on command, without destroying the crown or bridge.

The advantage of being able to remove a restoration for repair, correction or addition is so compelling that many practitioners have resorted to permanent-temporary cementations. Alas, the result is often too temporary or too permanent.

When the need arises, judicious tapping with a mallet or reverse hammer may get us out of some tight spots. However, the danger of fracturing the abutment tooth at the neck makes the use of this kind of force a risky game—especially when the operator doesn’t know what the prepared tooth looks like.

Jack-screws have proved disappointing in most cases; we rarely find enough thickness of occlusal gold to engage the screw threads.

What to do?
We can learn something from the orthodontists and borrow a set of their traditional band-removers. (Fig. I-A is for molars and I-B is for premolars and anteriors.) Any crown can be temporarily turned into a band by drilling a hole through the occlusal surface (Fig. 2).

If the diameter of the occlusal finger of the pliers is reduced to about the thickness of a #558 bur, the occlusal hole need not be very large—but it must go completely through the metal. With one plier finger placed in the hole, the other plier beak is engaged under the margin of the crown and an equal squeeze is applied until the crown "pops" (Figs. 3, 4). Do not luxate the tooth.

If the margin is thin, purchase may be obtained occlusal to it by creating a groove with an inverted cone bur (Fig. 5). In the posterior region, one can also come in from the lingual if desired.

For multiple splints, when they are all tight, the procedure is repeated tooth by tooth, breaking the cement seal on one after another. For anterior teeth, the incisal hole may be started lingual to the incisal edge to avoid damaging it and the opening bur can make a slight step in the lingual incline of the prepared tooth to prevent slipping (Fig. 6).

We have used these "crown-poppers" for many years and are always finding new applications:
- When old restorations must be removed for new work, tedious splitting of metal crowns is avoided.
- When provisionally-splinted mobile teeth must have the temporary crowns removed without pressure, a hole in the occlusal allows gentle "popping."
- Difficult-to-retain temporary crowns can be cemented with a strong permanent cement and "popped" off at each visit.

31 Washington Square West
New York, New York 10011

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ly distorted by things many times removed from the
office or the immediate reason for anger or dissa-

Once the decision to dismiss has been formed up
in your mind, however, there is a checklist of things
to do and not to do.

Federal and state employment regulations spell out
specifically, or by inference, how you can go about it.
They establish employee rights; they define require-
ments for setting forth the reasons for dismissal, the
latter, of course, being of critical importance to eligi-

ty for unemployment benefits.

And in these days of increasing concern for indivi-
duals and stern prohibitions against discrimination—
sex and race being the principal ones these days—the
how, when, where and why of firing has to be clearly
established so as to forestall any future difficulties.

"Firing" should be a last resort of employer dis-

cipline, unless the infraction was so blatant and so
provoking as to insist upon immediate, on-the-scene

There are some temper-cooling steps you might
want to consider before you move past the point-of-
no-return in your decision to dismiss.

You can ask yourself:

- How valuable is the employee to you? To the staff?
- How "real" was the disruption? How much dam-
age was done to your authority or to the office effi-
ciency by the misconduct?
- How much is the employee personally at fault?
- Could poorly given instructions be the reason for
the wrong-doing?
- Was the error more one of omission, rather than of
commission? Did you expect more than what you
had the right to expect in performance? In compli-
anse?
- Are others on the staff partially or wholly respon-
bility? Did one or more contribute directly or indirect-
ly to the employee's delinquency?
- Did the employee fully understand what was ex-
pected and what was not done that was expected to be
done?
- Were duties and directions spelled out sufficiently
and clearly enough to avoid or rule out misunder-
standing or misinterpretation as the reason for the
faulted actions?
- Will a medium of extra patience and a stern re-
primand coupled with a "second chance" suffice to
remedy the wrong?
- What impact will the dismissal have on the other
employees? On the patients?
- Is the dismissed employee likely to be vindictive?

Can the dismissed employee seek revenge through

- The experience of using only the short needle actu-
ally began even earlier. I was introduced to it during
the Korean War as a dentist at Clark Field in the Phil-
ippines. For some reason, our shipment of hospital
needles had only short needles in stock. We had a 14-chair

dental clinic, running on double-shift, trying to keep
abreast of the tremendous workload, with no mandib-
ular needles on hand.

One of our oral surgeons demonstrated that he
could accomplish the mandibular block with the short
needle. He even picked out some "massive-jaw" sub-
jects and surprised us with his success. Then we went
back to work, doing all types of dentistry, using only
the short needle.

It is possible at this time to do it, do it!

Can the dismissed employee seek revenge through
disclosure of confidential information available to
her during her employment?

Is the dismissed employee likely to be vindictive?

How much is the employee personally at fault?

How valuable is the employee to you? To the staff?

How "real" was the disruption? How much dam-
age was done to your authority or to the office effi-
ciency by the misconduct?

When all of these factors have been taken into con-
sideration and the decision to dismiss is irrevocable,
carry it through quickly and quietly, without rancor,
or anger. All in Private. Be direct in explain-
ing the reason for dismissal.

When is it time to do it, do it!

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27-Gauge Short
by Robert K. Zimmerman, D.D.S.

In the average dental office, the long needle is used
for mandibular block anesthesia and the short needle
is used for maxillary infiltration. This report is pre-

It is necessary at one time in dental practice.

However, with the appearance of the spiral-construc-
ted, single-use disposable needle, breakage has become
a thing of the past. Two oral surgeons have assured
me that they have not had needle-breakage for many years and that its incidence has dropped to zero. One
of the oral surgeons advised me that he would never,
under any circumstance, give the mandibular block
with the short needle. The other oral surgeon assured
me that he had been doing this for years, and thought
nothing of it as it was a common practice.

Personally, I have never experienced needle break-
age in the past 23 years. I use the 27 gauge short
needle, up to the hub, if necessary, but never with
lateral pressure. I have found that the 27 guage short
is kind to the patient and kind to the dentist as well.

For me, this instrument can be used for all types of
local anesthesia with complete safety.

Dentists have been taught to keep the needle out of
sight at all times. However, things do not always work
out this way. I cannot help but believe that the patient
who glimpses the long needle in the hands of his den-
ist experiences considerable psychic shock. The long
needle itself is enough to keep many people—more
than we realize—away from the dental office.

In the past, dental educators always cautioned
against the use of any needle up to, or near the hub.
This was necessary at one time in dental practice.

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ted, single-use disposable needle, breakage has become
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For me, this instrument can be used for all types of
local anesthesia with complete safety.
Thoughts have changed in recent years on how this power is used and how it can be used. Once upon a time, it was a personal decision of the dentist, without intrusion of any outside force. Now there are a variety of external factors that are obliged to be considered, much beyond the simple conclusion that a worker was not doing the job as well and/or as completely as was expected.

The act of dismissing an employee presently has to be considered in the context of government regulation, union contracts, psychological implications, discrimination, and the burgeoning societal sensitivity to "individual rights."

The hiring phase remains almost untouched by regulation.

The key word, however, is "almost."

By federal statute, any public advertisement for a prospective employer cannot indicate exclusivity of preference—man or woman. The position, rather than the person, has to be the only condition set forth for employment.

Help wanted sections in newspapers can no longer segregate ads which seek women or men. That "man wanted" or "woman wanted" column of days gone by is long gone by.

The complexities at the end of the hire-fire process are even more drastic and more restrictive.

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down. Of course, dentists still need stamina.

In addition to supervising USC junior and senior students in the operative clinic, Dr. Kaghera instructs freshman and sophomore preclinical classes, holds seminars and lectures, and serves on the student admission and student evaluation committees.

A Horatio Alger Heroine

All Horatio Alger's heroes were boys. That's because he didn't know Jackie Arndt.

In June of 1974, Jacqueline Arndt of Playa del Rey earned the degree of D.D.S., after almost 25 years of going through the dental ranks. She is now an instructor in oral diagnosis at the University of Southern California (USC) School of Dentistry, and one of the few female faculty members of the school.

How she became a dentist is a story with all the ingredients Alger made popular in the 1880s—obstacles, determination, hard work, and eventual success.

After several years as a dental assistant in New York and San Diego, she moved to Los Angeles in 1956 and became an assistant to Dr. Alex Koper of Los Angeles, director and clinical professor of Advanced Prosthodontology in the USC School of Dentistry.

"Dr. Koper served as the catalyst for my career," Arndt said. "He's a wonderful person who motivated me to go into dental hygiene."

While she credits Dr. Koper abundantly, she scarcely mentions her own capabilities, her growing capacity to help but babysitters.

"Most dental hygienists divided their time between two or more dental offices."

After a year working as a hygienist, Mrs. Arndt felt the need of added challenges. Her activities as a working mother confronted with measles, parent-teacher conferences, meals, and continued crises were not enough to supplement only one career.

"I started teaching in the dental hygiene clinic at USC one day a week," she recalls. "Becoming involved in teaching marked my first real expansion in my professional life.

"I also became involved in local dental hygiene societies and served in various official capacities. I found out a lot about myself that I hadn't known—that I could work with groups of people and that I had leadership abilities."

DR. JACQUELINE ARNDT ASSISTING A STUDENT IN CARING FOR A PATIENT AT THE USC DENTAL CLINIC

To meet this new commitment to herself, Mrs. Arndt realized that she would have to become a dentist. Back to school for hygienist Arndt. She discovered that she could work with groups of people and that she could work with groups of people.

A PATIENT AT THE DENTAL CLINIC


Are you a whodunit buff or just one who enjoys fine writing and sensitive biography? Whenever you are, this is the book for you. Chandler and Hammet are the two greatest detective story writers, and both were much more than this, they were serious novelists. MacShane's deeply researched book strikes to the core of this remarkable novelist, who only started writing fiction in his mid-40s after having lost his job as an oil company executive through drinking. Married to a woman 20 years his senior, Chandler was as MacShane says: "... in part dreamer, a poet of the ideals of love and beauty and generosity. Because he was so aware of the gap between these two levels of reality, he suffered greatly. . . . Cynical enough to look on life as "today a pat on the back, tomorrow, a kick in the teeth," he felt passionately. Important, fascinating biography.


As Moskowitz points out: "Pessimism has given way to optimism that much can be done to control many of the rheumatic disorders . . . prevention and hope are not unreasonable goals for the near future."

Although most dentists will think of the temporomandibular joint when they hear "rheumatology," these disorders affect dental practice much more widely. Scleroderma, for example, characteristically affects face, lips, and tongue, causing the typical "pinched faces" and telangiectasia on face, lips, and tongue. Sjögren's syndrome affects the salivary glands causing parotid swelling, and many of the arthritides attack the temporomandibular joint. This book takes a different and highly practical tack, with a problem-oriented approach which makes it easier for the dental practitioner to locate his information. Comprehensive and new, this is highly useful.

MURDER FOR YOUR PLEASURE: the whodunits

If you're a true murder-mystery-detective-crime buff, you'll welcome an exciting new series of books

by New York City's Garland Publishing, Inc., which deserves a vote of thanks! Entitled Fifty Classics of Crime Fiction 1900-1950, this new book promises the opportunity to own a facsimile version of the original edition of many classics of this genre. The quality is attested to by the fact that the editors are America's greatest detective novelists—Jacques Barzan, and Wendell H. Taylor, scholar and also historian. The series promises both famous and unobtainable classics such as Trent's Last Case, by E. C. Bentley; Raymond Chandler's The Lady in the Lake; a unique collection of H. C. Bailey's Mr. Fortune adventures; and much more. All will be obtainable by the book or the entire set.

Classic Stories of Crime and Detection is the first of this Garland Publishing series ($12.00) and is now available.


For Your Pleasure: the whodunits

20 CAVIAR, OCTOBER, 1976

JUST BETWEEN THE TWO OF US, DO DENTISTS GET CAVITIES?
Female dentists are rare birds whose flock only recently has begun to multiply. In accordance with a national trend, the University of Southern California (USC) School of Dentistry now has a significantly larger number of women seeking the D.D.S. degree than in the past. In a student body of 519, the number of women had grown from five in 1971 to 41 in 1975.

One of these women is Reva Morgan of Los Angeles, a 32-year-old junior who, with other female students, is involved in improving the position of women in the predominantly male world of student dentists.

She served a term as president of USC's Association of Women Dental Students and remains active in the organization.

"Our association isn't an officially recognized group, but one of our purposes is to become recognized and to command a greater voice in the school," said Ms. Morgan.

Ms. Morgan was involved in founding the association in 1973. "Before then," she noted, "there were hardly enough women to constitute a group."

With the aim of attracting more women into the profession, members of the association traveled to colleges to encourage women to enter dentistry and to apply to USC.

"We do this because we are proud of our profession and our USC training," says Ms. Morgan. "We also arrange big-little sister relationships with new students because there is a great amount of stress in dental school—for both men and women. For a woman, it's particularly hectic. We have to learn to handle remarks like, 'Is this really better than marriage and a family?'"

"In fact, for me, being a female student is more exceptional—and more difficult—than being a black student."

Now that she has entered the clinical phase of her dental education, Ms. Morgan has noticed that some female patients prefer female doctors. "Some women request female doctors. Right now I have three male patients and eight female.

"Some people may feel that a woman will treat them more carefully or kindly than a man, but I think that women and men must be equally considerate. And USC teaches all of its students, male and female, to be concerned not only about the patient's welfare but about the patient's welfare in general."

Marilyn Rest

Marilyn Rest of Los Angeles, a 30-year-old sophomore who is also a member of the Association of Women Dental Students, wishes that someone had introduced her, when she was an undergraduate, to the possibility of becoming a dentist.

"I would have applied to dental school after my third year of college if I had been aware that the profession was available to women," said Ms. Rest. "Instead, I planned on teaching because it is a traditionally acceptable career for a woman."

Ms. Rest first entertained the notion of becoming "Dr. Rest" when she watched her male college classmate not only high school but also college.

"By that time my twin boys were old enough—13—to take care of themselves, and I felt I needed a productive career to keep me happy. Since teaching didn't satisfy me, my husband encouraged me to pursue my interest in dentistry. I investigated dental schools, found I met their requirements, and applied to USC." Now that Ms. Rest is learning about her future profession, she is convinced that she and dentistry make the perfect match.

"Dentistry fulfills the needs of my personality. I like to work with my hands and I consider my work art—certain aspects of dentistry are just like sculpture. I'm a perfectionist, I like to help people look better, and I like one-to-one relationships."

"Just another dentist!"

Women's liberationists would be proud of her, but they might not embrace her. She achieved their goals without celebrating their cause.

"The author is the editor of USC Health Sciences Publication."

DENTISTRY'S "Rare Birds"

by Diane Foster*

Dr. Lyn Kagihara works with a student in USC dental laboratory. Third-year dental student Reva Morgan of Los Angeles, a 32-year-old junior who, with other female students, is involved in improving the position of women in the predominantly male world of student dentists.

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Dr. Lyn Kagihara of Palms, 28-year-old instructor in the USC dental school, Dr. Kagihara owns her own dental office where she spends another three days a week. She employs two associates, a man and a woman.

"It's not particularly unusual for a woman to own a practice," she said, "although it is true that most female dentists practice as associates with male partners. What is unusual is that I own a practice and teach more than one day per week. Those who own businesses usually must spend most of their time in their offices."

In 1973 Dr. Kagihara purchased her office from her previous employer, a man. "Being female was somewhat of a liability at first," she said, "because the patients were accustomed to a man in my position. And my recent graduation and my youth provoked further skepticism."

"However, I never considered that my success as a dentist would be influenced, either positively or negatively, by my sex," she offered matter-of-factly. "I like to involve my patients in their treatment—and my students in their patient's treatment; I like to capitalize on an individual's strengths."

Dr. Kagihara feels that she can capitalize on her own strengths at USC. "Teaching is what I do best, but I would have difficulty teaching at a school that favors different techniques," she admits. "USC offers terrible dental training and also freedom for the student to develop his own style. USC gives the fundamentals, but their interpretations lie with the student, as they will in his private practice."

Dr. Kagihara is a 1972 graduate of the USC School of Dentistry, from which her father also was graduated.

"I always had an interest in the health sciences," she says. "It would be easy to say that I came to dentistry because my father was a dentist, but actually he voted against my decision. At the time he began practice, in 1931, dentistry entailed a great deal of physical labor and he thought the physical demands would be too great for me. Actually, it was my mother who encouraged me to be a dentist."

A petite Japanese American, Dr. Kagihara agrees with her father's feeling that the physical strength formerly required in dentistry made it an unattractive career for women. "However, modern technological advancements have helped make dentistry feasible for women," she explained. "Dentists now don't require the strength to apply great pressure—the high speed equipment we use supplies that. And we work letting..."