TIC, one of the most readable, award-winning dental magazines in America, comes to you, doctor, as a professional courtesy of your Ticonium Laboratory.

EDWARD L.

DENTISTRY SCORES WITH BASEBALL
I’ll probably never hear it again. He just doesn’t say it any more. My dentist, that is. And I miss it so—frowning. No, I don’t expect to ever hear my favorite assistant squirts a stream of water around, then swoops it out with the tiniest vacuum cleaner ever seen. SLURP, SLURP. Thee...I’ll probably never hear it again. He just doesn’t say it any more. My dentist, that is. And I miss it so—frowning. No, I don’t expect to ever hear my favorite assistant squirts a stream of water around, then swoops it out with the tiniest vacuum cleaner ever seen. SLURP, SLURP.

Why does it take only minutes for an anesthetist to deaden the jaw, and hours for it to wear off? It’s almost impossible, upon leaving the dentist’s office, to replenish your lipbalm without jabbing it into your checkbone, or your nose.

What used to take my dentist an hour to do, now takes only half that time, because of his assistant, and his updated dental equipment. And probably for other reasons not generally known to the lay public.

Nevertheless, I sorely miss the satisfaction of leaning forward every few minutes and enjoying a good, thorough, mouth-emptying SPIT!

What Changes Occur in the Amalgam Restoration during Burnishing?

Amalgam burnishing may be considered a continuation of the condensation process. The unreacted gamma phase alloy particles (Ag3Sn) are brought closer together, diminishing the amount of microporosity and the relative residual mercury content. (8) Decreasing the relative content of mercury in the amalgam results in a decrease of the matrix which is composed of a mixture of gamma (Ag3Hg) and gamma (Sn3Hg) phases. (9) As a result there is a decrease in the least desirable phase, gamma. This is particularly important at the margins of the restoration.

The lead author

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A Technique for Improving the Amalgam Restoration

by Gerald E. Denney, D.D.S., M.S.
and Luiz C. Teixeira, C.D., D.C.

Amalgam burnishing could be defined as the rubbing of the surfaces of a freshly placed amalgam with a metal instrument to produce a smooth shiny finish. For many years this procedure has been considered detrimental to the finished amalgam restoration. (10) Current research studies have shown, however, that burnishing, rather than producing adverse effects, definitely improves the physical properties of the amalgam restoration. (11-18) This has led to acceptance of the technique to a degree that operative educators from the seven midwestern dental schools represented at a recent Central Regional Meeting of Operative Dentistry unanimously agreed that amalgam burnishing was beneficial and should be included in the amalgam technique taught at the schools. (19)

What Are the Benefits of Burnishing on Amalgam?

The major results of burnishing an amalgam are best exhibited at the margins of the restoration. Decrease in residual mercury and gamma phase result in harder margins. (19-22) Marginal seal has been shown to improve with burnishing, reducing marginal leakage. (22) Corrodibility of amalgam surfaces has been significantly lowered in studies involving burnished amalgam. (23) Also as previously stated, burnishing greatly reduces the need for extensive polishing procedures. (19)

How Should Amalgam Be Burnished?

Burnishing of an amalgam is accomplished by the rubbing with firm pressure of a smooth metal instrument in a back and forth movement over the surface of the amalgam restoration. Although any smooth metal instrument will accomplish this purpose, the ones which function most efficiently conform closely to the contour of the surface area to be burnished. This includes small ball burnishers for the occlusal grooves (Fig. 1), larger ball burnishers for occlusal cavo-surface areas (Fig. 2), and football shaped or pointed burnishers for the proximal, inclined planes (Fig. 3). The back and forth movements should be overlapping and should result in a smooth shiny appearing surface.

What Should Amalgams Be Burnished?

Exact times for initiating the burnishing of an amalgam have not been closely defined in the literature and there is confusion in the minds of many operators. Research studies have used burnishing times ranging from...
from immediately following condensation to six minutes following condensation.

Clinical experience, however, has shown that the ideal time for amalgam burnishing appears to be when the restoration is hard enough to resist contour deformation and produces a shiny surface upon burnishing. This may vary from five to ten minutes after condensation, depending upon the speed of set of the alloy used.

What Are the Precautions in Burnishing an Amalgam?

Perhaps more important than the exact burnishing time, is the immediate effect of burnishing on the contour of the amalgam restoration. If firm burnishing procedures are initiated too early while the amalgam is still soft, it is extremely easy to break-down the contour of the amalgam restoration and end up with an undercontoured restoration. This results in ditching of the cavosurface margins or acute amalgam margins which are easily fractured. (Fig. 4)

Undercutting of an amalgam with the concept that burnishing will remove the excess often results in flash of amalgam overlying the cavosurface margins. (Fig. 5) If this is not properly removed, the acute angle of amalgam formed as excess over the margins may also easily fracture, resulting in a defective margin.

What Is the Exact Sequence in Burnishing an Amalgam?

1. The amalgam should be overcondensed to place the mercury rich surface in an area which will be removed during carving procedures.
2. The amalgam should be properly carved, defining all cavosurface margins, anatomy, contours, and embrasures.
3. The dentist should delay burnishing until the amalgam has reached sufficient hardness to allow burnishing without contour deformation. The delay will depend upon the speed of the operator in carving and also the speed of set of the alloy used. This may require some clinical experience on the part of the operator to determine the ideal time for him to burnish. All accessible areas of the amalgam restoration should be burnished, with special emphasis on the cavosurface margin areas.

4. Upon completion of burnishing, the cavosurface margin areas should be examined for flash which should be removed. If the flash is extremely thin, a damp cotton pellet may be used, otherwise a carver will be necessary. After flash removal, the area should again be burnished. The finished burnished restoration should exhibit a smooth shiny surface. (Fig. 6)
5. After rubber dam removal, the amalgam should be checked for occlusal interferences and adjusted accordingly. Those areas carved for occlusal adjustment should be burnished again. (Fig. 7)
6. Polishing of the restoration should be done in the next appointment. (Fig. 8)

Summary

Burnishing does not necessarily insure a long-lasting quality amalgam restoration. There are many other factors which are also very important and must be taken into consideration. It is essential for the dentist to properly prepare the cavity to receive the restorative material. He should also keep current his knowledge of the advances in amalgam materials, and select the best alloy available. The amalgam must be properly placed and carved to correct anatomic form and function. By combining burnishing with the above factors, however, the physical properties can be improved, and the dentist can be assured of providing the best service possible to his patient.

REFERENCES

(2) Acrylic resins failed worse than the other materials under brushing but showed grinding better than many composites.
(3) Composites resisted caries most favorably.
(4) Composites were found to be durable as interproximal fillings but less favorable than amalgam for Class I or Class II restorations in molars.

HYGIENISTS CAN HELP IN CANCER DETECTION
It has been estimated that 85 percent of oral cancers are directly visible in the mouth. Therefore, a careful examination by you or your patient can help in detecting oral cancer. Examinations should include the following:

1. Observation of the face and neck for asymmetry, masses, moles, blemishes, etc.
2. Palpation of the parotid and submaxillary gland areas for swelling or enlarged nodes.
3. Checking the oral cavity for unusual lumps, sores, or irregularities.
4. Examination of the hard and soft palate.

(5) Staff control. If your staff is working at top level efficiency then this is no place to save money. However, if there are idle hands in the office and work can be distributed so as to get the same amount of work done with less help, consider staff reduction.

(6) Utility costs. If you're paying the gas and electric bills, you know that they have almost doubled in the past few years. Unless you have a lot of shares in the public utility companies, you should see that the temperature in your office is maintained at a steady comfortable level. As to lights, why keep them on in rooms that are unoccupied? True, it makes the office look "alive" but is it worth the cost? And isn't it better to preserve that precious commodity, energy?

(7) Miscellaneous. Dentistry is not a nickel-and-dime business so it's foolish to be pennywise and pound foolish. Yet, enough dollars wasted does mean your operational costs will rise and will cut into your profits. So here are a few more ideas to keep the lid on:
(a) Shop around for the items you need. Competition is still acute among supply houses, particularly during periods of rising prices. (b) Watch that petty cash! It has a way of disappearing on meaningless and unnecessary things. (c) Write letters when you can avoid lengthy and expensive telephone bills. (d) See that all of your equipment is maintained in good order by periodic inspection, cleaning, and lubricating. Replace broken parts immediately to avoid expensive repairs. (e) If you can make an item last, have it fixed, for new equipment is much more costly. (f) Look over your charitable contributions and only give to those who feel you are truly worthwhile and with whom you can more easily identify.

Benny Scores With Baseball

Dentistry is no stranger to the baseball diamond. In fact, their relationship is a friendship generations-old.

April is the month the national pastime summoned its fans from a winter in the "hot stove leagues" to anticipate for big game games in 26 parks and Little League games in 10,000 cities, towns, and villages across the globe.

Certain to be on hand for each of these "opening games" and for the season that is to follow through the October World Series is the dental profession.

Its biggers—and most visible role—will be in the oral care it will give to all these teams, from eight-year-olds starting a Little League career to the 80-year-old retirees whose baseball pension contracts assure them of dental treatment for the rest of life.

Every major league club requires its players to have complete physical examinations each year and these physicals include examinations by internists, ophthalmologists, and dentists.

At just about all of the 2,000 big league games which will be played during the 1977 season, a dentist will be on call. Many times he will be on duty at the stadium, or at most a telephone call away.

A number of the 26 teams—this year there are 14 in the American League and 12 in the National—have a designated dentist. In one case, the Minnesota Twins, they have a whole dental office designated as "team dentist."

In the most prolific of baseball organizations, the Little League, dental care is a priority item, with its hundreds of leagues counseled to the oral care of the youngsters.

Besides the professional role of tending to the oral needs of baseball, dentistry has, especially in the pages of the past, played the game so well that at least one of its own is among the game's immortals enshrined in the Hall of Fame at Cooperstown, N.Y.

All that has to be said about this gentleman of immemorial baseball greatness is to mention his name: Casey Stengel, a managerial genius who would have won the game's greatest accolade on his playing ability alone.

The dentist "coaching" to baseball's greatest performer, Babe Ruth, needs a translation from the baseball diamond to be understood and appreciated.

"Coaching" in the vernacular of the baseball field is a player who dominates an opponent, such as a pitcher that consistently strikes out a batter, or a batter who regularly clobbers a pitcher for base hits.

Hub Pruett was a dentist and (in the most uncompromising literal connotation) was "coaching" to Babe Ruth, the prodigious home run hitter of the New York Yankees.

Ruth's mere physical presence was sufficient to shatter many pitchers, even before his bat did the job.

But not Hub Pruett, says Dr. Louis Brown.

A public relations official of a major league club, when asked to remember dentists who had been outstanding as baseball players, said of Pruett: "He thrived on striking out Babe Ruth."
The feat becomes more noteworthy when you remember that the Browns, dullist of the American League clubs of that era, never won a pennant until the post-war years of 1946 and 1947. The Browns of Pruet's day have become today's Baltimore Orioles.

A postscript to the report on Pruet proclaimed: "He was a dentist, and a good one."

Zane Grey, who couldn't make a go of dentistry but became one of the nation's greatest writers, used baseball to finance his abortive effort to establish a career as a dentist.

After graduation from the University of Pennsylvania in 1896, he did not open a dental office at once. He had no money. While in college, he had been interested in baseball and often thought of making it his career, getting into the major leagues. So, upon graduation, he signed up with Newark, N.J., in the Eastern League. Later he played with Jackson in the Michigan State League.

When his father, a Zanesville, Ohio, minister objected to his son pursuing a playing career, Grey quit. He had saved enough money from baseball to open a dental office and he did so in New York City. While still in dental school, he had married Tina Ellen Ruth, a girl from New York City, and thus location looked good to both of them. But in four years he met with indifferent professional success. He then decided to take up writing. The rest is history.

Stengel, an unquestioned baseball genius as a manager and player of superb quality, first aspired to be a dentist and part of his early baseball earnings went toward his tuition at Western Dental College (now the University of Missouri at Kansas City School of Dentistry). Baseball finally won out, although Casey insisted that the fact no dental units were southpaws had much to do with his eventual failure. He then decided to take up dentistry in the Philadelphia area for stretching your dollar. The most expensive cities are: Tokyo, Osaka, Stockholm, Zurich, Copenhagen, Tel Aviv, New York, and Paris. Professional football boasts a practicing dentist: Bill Lenkens, center, for the New England Patriots combines dentistry and football. Not a bad combination when one realizes how many potential patients bill runs into. . . .

Quote by Kafka: "Youth is happy because it has the ability to see beauty. Anyone who keeps the ability to see beauty never grows old." . . . Thanks to two Boston dentists, Buck Clayton, a top jazz trumpeter, was able to resume his career. Special adjustments were made upon an anterior bridge to eliminate the painful cuts he suffered in his upper lip when he blew the trumpet.

If you're finding it hard to collect fees you might consider this old Chinese proverb: "The wise dentist collects his fee while the patient's tooth is still aching." . . . A scientist at the National Institute of Dental Research is experimenting with a new method of taking x-rays. Instead of placing the film on the inside of the mouth, the film is placed on the outside of the jaw with a lead shielded pencil-thin radiation source used on the inside. With this method it is believed that radiation will be cut down to as little as 2 percent of the present level. When the Vitamin E applied therapeutically in periods of radiation, Vitamin E oil, applied to ulcerative herpetic lesions, is found effective in relieving pain and reducing the duration of the lesion. . . . You know you've reached middle age when your dental gowns are too tight and it's you who needs an alteration. . . . Thanks to two . . .

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ARE YOU SELLING TOOTH DECAY?

That’s the provocative title of a new pamphlet advocating the need for nutritious foods in schools published by the Bureau of Dental Health Education.

Are you Selling Tooth Decay? cites several important reasons why schools should reconsider the distribution and sale of sugary foods on their premises: dangers to oral health, encouragement of life-long faulty eating habits, spoiling a child’s appetite for regular meals.

Additionally, the pamphlet offers schools a number of profitable non-nutritious options for fund raising schemes and distribution of non-nutritious foods in school snack bars, vending machines and classroom parties.

Distribution of the pamphlet is planned for the ADA exhibit at the National School Boards Association annual convention in March.

A free sample of Are You Selling Tooth Decay? is available from the Bureau of Dental Health Education. Quantities of the pamphlet can be purchased through the Association’s Order Section beginning at $1.25 for 25 copies.

I like Dr. Colby. He just asks ‘uh-huh’ and ‘uh-uh’ questions.

A Dental Office Hall of Fame

Top: Dee Medich and John “Boog” Powell.
Bottom: Jim Keane, Mel Stottlemyer, and coach Dave Garcia.

Top: Mark Belanger, Doug DeCinces, and Fritz Peterson.
Bottom: Ken Singleton, Bobby Grich, and Paul Blair.

Top: Joe Loustek, Ken Henderson, and Ed Herrmann.
Bottom: Claude Osteen, Stan Bahnsen, and Billy Molton.

(All photos from the bulletin board in the reception area of Dr. Marvin Schermer’s Cleveland, Ohio, office.)

A Professional person, the attire should be more subdued and clothes may find that his professional image may be tarnished. Clothes don’t make the man, but people’s opinions of us are based, in part, by the way we dress.

People expect a movie star to dress like a movie star and a banker to dress like a banker. They don’t expect a dentist to dress like a movie star or a banker.

For example, Mr. Molloy has found that most plus a white jacket. The white jacket, white lab coat

One of executives, professional people, and laymen, has put his findings about clothes in a remarkable book called “Dress For Success.” His conclusions are based not upon new style innovations, pressure from the manufacturer to “sell,” and in the case of dentists, patients—want to see you dressed. For example, Mr. Molloy has found that most people “object to a doctor looking like a successful businessman”; therefore, he feels that the shirt and tie are out unless one wears a white shirt, solid light blue or faint yellow shirt, with a solid or single striped tie, plus a white jacket. The white jacket, white lab coat or white gown conveys the impression that the dentist is a member of an elite group, that he is indeed associated with a health service.

A dentist’s attire out of the office can be guided more by one’s personal taste. One can be as flamboyant or as wishes. But here again, if one wants to be judged by people in the community as a professional person, the attire should be more subdued and conservative. In one’s own circle of friends the dentist can dress like a rock-and-roll performer if he wishes, but before the public the dentist who dresses in garish clothes may find that his professional image may be tarnished. Clothes don’t make the man, but people’s opinions of us are based, in part, by the way we dress.

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Dr. Carl F. Rainone, with patient-kibitzers Bill Zagler, trainer of the Texas Rangers, and Mike Hargrove, 1st baseman, consistent .300 hitter and 1974 American League Rookie of the Year. The patient, Toby Harrath, 1975 American League All Star Shortstop. (Photo courtesy of Dr. Rainone)

Dr. Arlin practiced dentistry while pitching for San Diego, scheduling his appointments when his team was at home. He was later traded to Cleveland, declined the transfer to the American League and retired from baseball. He returned to Ohio State University for advanced studies in endodontics and pathology.

He returned to San Diego to begin private practice. He remains an avid baseball fan, at times pitches batting practice for the Padres, and maintains his baseball friendships.

Baseball's friendship with its team dentists has also produced some special relationships. One that is unique came about because Ted Williams had a toothache. By the time it was alleviated, Williams and his dentist came to the rescue. Her treatment allowed Williams to play, a service he recalled when, as a manager, he decided to name a dentist to the team's medical staff.

Dr. Rainone, who signed a Brooklyn Dodger contract in 1945 and won all-star recognition in the Air Force, accepted the position as Texas team dentist, but the duties were vaguely defined.

Gradually, following Williams' example of regular checkups, the young team members followed suit. During the first year, 1972, Dr. Rainone counted at least eight to 10 emergencies prevented because of full mouth radiography and prophlaxis. Many of the players found it much better to have treatment in the United States by the team dentist rather than rely on the uncertain treatment available in South and Latin America, where many played throughout the winter season. A number used the opportunity to have missing teeth replaced with fixed bridge work. According to Dr. Rainone, almost all had routine treatment, long neglected, and now are in prevention programs of regular dental care.

In addition to regular treatment and maintenance to team players, families, and staff of the Rangers, Dr. Rainone has been called on for emergency treatment of the other American League teams during games at Arlington.

He keeps an emergency dental packet in the training room during the entire season. This consists of a local anesthetic, suture material, and appropriate instrumentation to temporarily replace lost fillings right up until game time.

Clothes Make the Dentist in the Office

by Maurice J. Teitelbaum, D.D.S.

A man works in his office, dressed in white pants, a white shirt, and white jacket. Another wears a muted print sport shirt open at the collar. A third man wears a striped blue shirt and tie and still another wears a pink gown and checked brown pants. They are all dressed differently, yet they all have something in common—they are all dentists. While the military and police wear standard uniforms, there is no special attire for the dentist. In fact, there are as many different types of dress for dentists as there are different opinions as to what a dentist "should" wear in the office. Are there any logical reasons why dentists dress as they do, or is the mode of dress simply based upon one's personal whim or fancy?

Certainly, what a dentist wears in his office, as long as it is neat, clean, and within the borders of good taste, is not going to have any shattering effect upon his practice—no more than the decor or furnishings. However, the manner in which he dresses may have an effect upon some patients in tipping the scales for or against him, as to the confidence a patient has in his "professional" appearance. Think about that for a moment. Suppose you went to see three physicians for a general checkup and as you sit in the waiting room the first doctor enters wearing a flowered sport coat. The second is wearing a striped suit, striped shirt, and striped tie. The third is wearing a white shirt, solid tie, and white lab coat. All things being equal, which one would you have the most confidence in?

Don't Say "I Don't Care"

Whether or not we agree with the concept, most people do have preconceived notions about individuals according to the way they dress. Admittedly though, we do not subscribe to the idea that "clothes make the man"—that a man's skills, knowledge, or integrity can be accurately judged by the type of clothing he wears. However, we should bear in mind that the vast majority of people are conditioned by one's outward appearance and we should dress accordingly—that is, if we care at all about the patient's reaction toward us.

And what dentist can honestly say, "I don't care if my appearance makes my patient lose confidence in me?"

"Because It Looks More Professional"

Once a patient gets to know the dentist and has confidence in him because of his manner, treatment, and skill, even wearing a brown suit at the chair may make little difference. However, in a random survey of some 30 people, 28 said that they preferred the dentist to wear a white coat or gown. Why? "Because it looks more professional."

One of the objections to the shirt and tie or sport shirt was that "It doesn't seem clean." No doubt this is based upon the fact that the dentist wears these clothes to and from work, perhaps driving in the car or walking in the street. And besides, white does give the appearance of cleanliness and sterility.

Dentists who prefer colored gowns—blue, green, yellow, pink, etc.—claim that it "puts the patient at ease" and that white seems too austere and foreboding. There may be some credence to this, particularly when working on children. However, our survey did not show this to be true. If this were so, then nurses, who must calm and soothe patients, would not wear the white they inevitably do. Perhaps the rage for colors in recent years is due to a desire for change. But change, whether in dress, office decor, or treatment, does not necessarily add up to something better.
and prey as he seeks the killers in a deadly game of chase and kill. Explosive adventure thriller!

John Warwick gives us another in Landscape With Violence (St. Martin’s, $7.95). In a quiet, English, wealthy suburb, terrorists seize the entire community in hostage for release of a confederate from prison. Seventeen-year-old Lenaon—she's aggressive and the other coolly cunning—have the problem to solve in a fight against time. Engrossing mystery!

Georges Simenon returns in The Hunter’s Phantoms (Harcourt, Brace Jovanovich, $6.95). The greatest storyteller of our time, he has turned out a half dozen books each year. In this one he tells the tale of a quiet man who stalks the back alleys of a French town, killing in a seemingly meaningless pattern. The foreigner who has guessed the murderer’s bizarre secret does not speak as the tense novel winds down powerfully in a psychological mystery.

Agatha Christie is inimitable and her Mr. Parker Pyne, Detective (Dell, $5.95) is an almost unknown collection of short stories which are gems and now fortunately again available. A great classic!

No one need be told about Agatha Christie, who is getting ever better known and in Four to Die For (Walker, $6.95) she skill in creating characters and backgrounds give meaning to her being hailed by some as the leading candidate for the Agatha Christie mantle. In this new Parker Grant story, the suave detective seeks the reason for the seeming suicide of his friend only to go through another another, a series of art robberies, and a threat to his own life. The plot twists and turns as he solve the mysteries that come there. Humorous, intriguing, calm whodunit!

Margaret Yorke is getting ever better known and in The House That Jack Built (Pocket Books, $1.25), have turned out another of the beautifully done John Pumma Tchitcher mysteries about this banking executive—urban, civilized, charming—who in his inimitable fashion sees the world of big banks to solve the mysteries that come there. Humorous, intriguing, calm whodunit!

The most extensive baseball program in the world, the Little Leagues, offers dentists a wonderful chance to be of service to both the professions and to the thousands of youngsters who participate. All across the country where Little League baseball is played, the service of dentists, such as insistence on the proper equipment and its use—masks, chest protectors, shin guards, cup supporters, and correct gloves for the catchers. Considering the number of Little Leagues in the United States and the many thousands of boys and girls who participate, the service of dentists in this area is seen in better perspective—more than an afterthought; it is part of the program.

"As an extension of the American Dental Association, the Little League program has been a tremendous educational experience for those who participate. It is a chance to see dentists as role models for young people, and to have the chance to make a real difference in the lives of these children."

Dentistry’s Baseball Friends—Big and Little Leaguers

The bulletin board in Dr. Schermer’s reception area is a special chance to be of service to both the professions and to the thousands of youngsters who participate. All across the country where Little League baseball is played, the service of dentists, such as insistence on the proper equipment and its use—masks, chest protectors, shin guards, cup supporters, and correct gloves for the catchers. Considering the number of Little Leagues in the United States and the many thousands of boys and girls who participate, the service of dentists in this area is seen in better perspective—more than an afterthought; it is part of the program.

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Dentistry’s Baseball Friends—Big and Little Leaguers

Dentistry’s friends in baseball include players from both the big and Little Leaguers. Carlisle, Kraft, Al-star Bismarck Red box catcher, poses with Dave Yarnum, a Troy, N.Y., Little Leaguer.

The newspapers in recent days have been filled with talk of epidemics and pandemics (worldwide epidemics), of neurologic disorders and vaccinations and disease. Clearly, plagues are not a thing of the past, for the fear of the last unconquered plague— influenza—still haunts us and the remnants—a bacterial time bomb—should we ever set foot in the past, for the fear of the last unconquered plague—influenza—still haunts us and the remnants—a bacterial time bomb—should we ever set foot in

Professor McNeill attempts in his stimulating book to "uncover a dimension of human history that historians have hitherto recognized: the history of humanity's encounters with infectious diseases, and the far-reaching consequences that ensued whenever contacts across disease boundaries allowed a new infection to invade a population that lacked acquired immunity to its ravages." Here is the tale of the demoralization of the Athenian Army during the Peloponnesian Wars, the ravaging of the Roman Empire just before it declined, and the story of what this historian believes was Cortes's decisive weapon in his conquest of the entire Aztec Empire with only 600 men—the epidemic of smallpox that decimated the Aztecs but left the Spaniards untouched.

As he puts it, Professor McNeill has here a book which "aims to bring the history of infectious disease into the realm of historical explanation by showing how varying patterns of disease circulation have affected human affairs in ancient as well as in modern times." As he openly admits: "Many of my suggestions and inferences remain tentative." He willingly concedes that there will be considerable argument about his daring theses of the impact of disease upon every aspect of life—culture, wars, religious customs, development of empires and their downfall. In fact, he urges debate and further research by other historians to refine, prove or even disprove much of what he writes. A pioneering work in a new medical-historical field that you should not miss. A Complete Guide To Therapy: From Psychoanalysis to Behavior Modification, by Joel Kovel, 284 pp., $10, New York, Pantheon, 1976.

An associate professor of psychiatry at New York's Albert Einstein College of Medicine, Kovel's aim is to "acquaint the reader with the principle therapeutic approaches to the various forms of emotional difficulty . . ." and he does just that in a level, objective, and restrained fashion which makes no attempt at self-aggrandizement or selling some off-beat miracle cure, as too many such books do today. Familiarity with this area of medical care is essential for both the intelligent layman and the mental health professional. Here is a balanced assessment of the many forms of psychotherapy now available. Highly recommended for everyone.


Dr. Butler is a psychiatrist whose interest in geriatrics has led him to write a number of outstanding books of which this is one. He is now head of the Nutrition Institute of 144th section devoted to aging. His work can be automatically recommended for its reliability, it is an important book both for the aging people do not usually kill for gain nor do they so in cold blood—it's usually the result of a trivial incident and is actually an impulsive response to an emotional situation. The authors believe murder can be prevented and suggest methods to prevent it. Here are the patterns of killers and victims alike, methods and places of death. The book should be widely read.


This is truly a page-turning novel which you won't be able to set aside once you start reading it. It's the tale of ancient documents which could be disastrous to man and religion, hidden in the Alps during World War II by Greek monks with the help of an Italian padrone whose son is the only one to survive of all those connected with the actual hiding. Eventually, when this son is in America with two sons of his own, the whole thing explodes as the two sons light it out for possession. Ludlum is at his finest here in this novel of outrage and compassion. Magnificent storytelling!

Murder For Your Pleasure: The Whodunits . . . Leonard Sanders in his The Harlequin Murders (Scribner's $7.95) present a frightening doomsday thriller of international terrorists who plan to detonate an atom bomb in Santo Domingo. Here, the dictator's security chief is a former American C.I.A. man who the C.I.A. itself had tried to wipe out but must now turn to and convince of the danger, so he will then try to prevent it. You won't put this one down.

In The Barbara Costeads (Lippincott, $8.95) Peter Driscoll uses the bloody African guerrilla war between the black nationalists and the Portuguese in Mozambique as the backdrop for a superb adventure thriller. With 50 black civilians cold-bloodedly murdered, businessman Joe Hickey must be both hunter

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this important text. With the growing use of drugs in dentistry for pain relief, it is increasingly important that the dental practitioner have a knowledge of these rhumatic disorders and a volume at hand to check on what problems the patient presents. Obviously too, these diseases may affect the temporomandibular joint as well. Written by a series of experts, almost every one of the nearly one hundred rhumatic disorders is covered as well a valuable chapter on "Psychiatric and Psychological Aspects of Rheumatic Disease" that you should read. An essential volume for your bookshelf.


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