GO PLACIDLY AMID THE NOISE & HASTE,
& REMEMBER WHAT PEACE THERE MAY BE
IN SILENCE. As far as possible without surrender
be on good terms with all persons. Speak your truth kindly & clearly,
and listen to others, even dull & ignorant; they too have
their story. §§ Avoid loud and aggressive persons, they are
vexations to the spirit. If you compare yourself with others,
you may become vain & bitter; for always there will be greater
& lesser persons than yourself. Enjoy your achievements as well
as your plans. §§ Keep interested in your own career, however
humble; it is a real possession in the changing fortunes of time.
Exercise caution in your business affairs, for the world is full of
trickery. But let this not blind you to what virtue there is; many
persons strive for high ideals and everywhere life is full of heroism.
 §§ Be yourself. Especially, do not feign affection. Neither be cynical
about love; for in the face of all, aridity & disenchantment
it is perennial as grass. §§ Take kindly the counsel of the years,
gracefully surrendering the things of youth. Nurture strength
in spirit to shield you in sudden misfortune. But do not distress
yourself in imaginings. Many fears are born of fatigue & loneliness.
Beyond a wholesome discipline, be gentle with yourself. §§ You
are a child of the universe, no less than the trees & the stars;
you have a right to be here. And whether or not it is clear to you,
no doubt the universe is unfolding as it should. §§ Therefore
be at peace with God, whatever you conceive Him to be, and
whatever your labors & aspirations, in the noisy confusion of life
keep peace with your soul. §§ With all its sham, drudgery &
broken dreams, it is still a beautiful world. Be careful.
Strive to be happy. §§

FOUND IN OLD SAINT PAUL'S CHURCH, BALTIMORE; DATED 1692

HAPPY NEW YEAR 1977
and unable to properly evaluate the get-rich-quick schemes, and often all, totally ignorant of the business into which they are urged to put their money, doctors have been losing a good portion of their life savings. Some months ago, The New York Times told doctors that was to be built only to have the money squandered. Most doctors are ashamed to admit to their agency, doctors have been losing a good portion of their life
ness into which they are urged to put their money, because they have plenty of money, will invest in any­thing, and won’t sue even if they are victimized.

The best things to invest in are those that you know something about. If you do not know anything about the product in which you put your money, then have a knowledgeable third party with whom you are familiar look into the matter and explain the risks to you. Even if one does select what is initially a safe invest­ment, money can be lost if the doctor does not have the time to check on the progress of his investment to see that the money is used wisely. Unfortunately, the vast number of dentists are too trusting and too busy to follow their investments as carefully as they should.

Finally, in self-defense, Dr. William H. Winter seized a hammer and struck Bowers upon the head, fracturing his skull. This floored the man, and, strangely enough, brought him back to consciousness. He explained that, in his delirium, he thought the doctors were attacking his wife. When he was released from the hospital he had forgotten all about his toothache. He will recover from the fractured skull.

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DENTAL DILEMMA
A dentist was quite flabbergasted
While seeing his technique was mastered.
For in one hour session
On his fifteenth impression
He found that his patient was plastered.

Oddments (Continued from Page 11)

DENTAL HEALTH NEWS
The Journal of Military Medicine in a preliminary report on 241 returned prisoners of war from Vietnam offers the following statistics:

1. About half of the soldiers had some oral or facial problem resulting from their status as prisoners.
2. Prisoners received a toothbrush every six to 12 months and one tube of toothpaste every two or three months.
3. In an effort to practice good oral hygiene they made their own toothpicks from slivers of bamboo and dental floss from blanket and clothing threads.
4. Dental care was the most time consuming treat­ment required by the returning prisoners.
5. The high incidence of gingival recession found was attributed to excessive gingival stimulation since idleness led to excessive toothbrushing.
6. Infectious diseases and deficiency diseases were absent.
7. The prevalence of "tooth fractures" was due to the high incidence of "rocks in the rice."
8. Untreated toothaches in captivity resulted in despair, anxiety, irritability, and a general inability to cope with the problem resulting from their status as prisoners.
9. One officer reported: "The dental problem is one of the more severe problems that prisoners of war experienced."

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Credit unions can be chartered by a state or by the Federal Government. Federally chartered credit unions can pay up to 8.75 percent interest on members' shares when the union's income allows it. Federal credit unions are limited to a maximum interest payment of 7 percent. However, even this lower rate is still better than any other demand deposit account in commercial financial institutions. Banks would require you to take a certificate of deposit for from 6 months to 5 years in order to assure such high interest.

Credit unions are also limited in the amount of interest they can charge for loans. The current amount is a maximum of 12 percent true annual interest. Banks and finance companies charge from 18 percent to 36 percent. More important is the fact that at the end of the year all surplus funds are returned to the members in the form of either a rebate on interest or a bonus dividend for savings.

Credit unions differ from banks when determining who may take a loan. Banks may be hesitant to loan money to someone with a check-writing history of failure. In many cases a loan is possible only if your assets are such that you theoretically don't really need the loan. Credit unions, on the other hand, make a loan based on the character of the borrower. This means that more people will be eligible for help, an incentive for their staying in your employ.

For example, suppose you have a hard-working dental assistant who was just recently divorced. Her work record is excellent but she never had the chance to build up a credit record separate from that of her husband. Banks may be hesitant about granting her a loan and, when they do, they may limit the type of loan she can get or charge her the interest rate for a high risk account. The credit union will only look at the fact that she has been a responsible individual who is not financially over-extended. The loan will be granted at normal rates without subjecting the employee to needless complications.

**Why People Borrow**

Credit unions grant loans for a variety of purposes, though automobile loans are by far the most popular. For example, a partial breakdown for the American Dental Association's Employees Credit Union shows that the 340 members have pooled funds totaling $284,000. In 1975 $190,000 in loans were made and, of that amount, $120,000 went for automobiles. Personal and debt consolidation loans totaled $30,000 and home improvement loans totaled $15,000. Another $10,000 was loaned for home furnishings; $9,500 for real estate purchases; $7,500 for vacations; $4,000 for medical expenses, and smaller amounts went for a variety of purposes.

One of the major attractions of the credit union is the fact that banks have stopped granting small consumer loans. Small charge cards are so popular. The banks receive up to 18 percent annual interest from credit card purchases, not to mention another 3 percent plus 5 percent from the merchants themselves. Thus they almost never make loans for under $5,000 and most have a $1,000 minimum.

Credit unions must be insured to be safe but insurance is easy to obtain. A federally chartered credit union can take advantage of the National Credit Union Administration's insurance program. This is a government plan offering account insurance up to $40,000 per shareholder. This is almost identical to the plan insuring your money in banks and savings and loans. State-chartered credit unions usually have the option of obtaining state insurance which can be as good as that offered by the Federal Government.

It is not wise to have an uninsured credit union. Yet it is interesting to note that even uninsured credit unions have a remarkable record for soundness. According to a study done a few years ago, 598 credit unions went out of existence in 1972 due to corporate mergers or industrial closings. The majority, 518, paid their members 100 percent of their assets upon liquidation. The remaining 80 unions had members sustain average losses of just $15 per person.

**Role of Savings**

Credit unions rely on the regular deposits of their members in order to have a continuing source of working capital. But many times people are borrowing money because their incomes are low and it is difficult for them to save very much. Some buy only one large item that is needed and then fall behind on their payments. A smaller amount of savings is usually better than none at all.

**THROUGH THE DENTAL NEWS**

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

Dr. Ralph Ginter, a semi-retired dentist in Mt. Bethel, Pennsylvania, has a unique retirement program. He is the owner of a gourmet restaurant with "old world" charm called Charlemagne. The city council of Sochi, the Soviet Union seaside resort, has passed an edict to ban smoking in all public places. If you want some tax tips on donations, write to the Internal Revenue offices for Publications 526 and 561. They are free and will tell you which organizations qualify for tax deductible contributions and how to evaluate non-cash gifts. . . Since the advent of "no-frill" air flights to cut flying costs, some hospitals have instituted a "no-frill" hospital program. Patients who are able, make their own beds, tidy up their rooms, bathe themselves, and eat in the hospital cafeteria. One presumes that these patients recover more rapidly just thinking about the money they are saving with hospital costs running as high as $200 per day. Did you hear about the drunk who called up his doctor to ask if he made some cause? . .

**OUR AMAZING DENTAL COLLEAGUES**

Dr. James Marsters, a Pasadena, California, dentist, inspired the development of a communication system that combines the telephone with the teletype machine so that deaf people can carry on telephone conversations. Dr. Marsters, who is deaf, working with a deaf electronic engineer has formed Applied Communications, Corp., an all deaf owned and operated company. Some 14,000 people can now "talk" on the telephone thanks to this enterprising dentist . . . Two hundred years ago, a Philadelphia physician, Benjamin Rush, was encouraging citizens to play a game that required hitting a feather ball stuffed with feathers with a stick. Golf, he claimed, was good for a man's health and would add 10 years to his life. Of course, there weren't any sand traps in those days . . . Scientists of Emory University report that cosmetic restorations, even though they are highly polished, collect plaque more rapidly than metallic fillings or sound enamel. Although the best polishing agent for composites was found to be aluminum oxide, methods of obtaining a smooth surface are still needed to ward off plaque. . . Ten years ago less than 2,000,000 Americans carried some dental insurance. Today, over 25 million receive dental insurance benefits. The forms piling up on our desks testify to this . . . A New York dentist who wanted to advertise a specialty in the Yellow Pages of the telephone directory was prevented from doing so by the State Board of Dentistry. The dentist has brought suit for $1 million, claiming that constitutional rights were violated . . . Think you could pass the entrance examination for the University of Michigan Dental School given in 1861? Well, here are five of the twenty questions: 

(1) What is the transit of Venus?  
(2) What is the distance of the Earth from the sun?  
(3) Give the square root of 64,400.  
(4) What is the length of the equator, in yards, given 49.5 miles to the degree?  
(5) What is a curved line?  

Wonder if they expected dentists to serve on sailboats?  

**DEDICATED DENTIST**

A dentist in Rome saved all the teeth he extracted in the 36 years he practiced. When the dentist died, he had amassed a total of 2,000,744 teeth! Wonder how many fillings, if any, he did . . .

**THE GET-RICH-QUICK SYNDROME**

Among all professional men, physicians seem to suffer most from the get-rich-quick syndrome, followed closely by dentists. With sizable incomes, doctors, reluctant to pay a large portion of their net profit in taxes, endeavor to invest their money so as to obtain yearly profits and tax write-offs. Doctors are deluged with offers to invest in real estate, syndicates, gold mines, movie productions, land development—business adventures of every sort. Each month, articles in professional magazines written by investment "experts" tell us how to invest our money to secure large profits and obtain tax shelters. According to accounts by numerous practitioners and business consultants, the trusting and oftimes greedy doctors, are not faring too well in the hands of their "friendly" business counselors. Too many of them have been found to be unsupervised con men out to fleece the innocent lamb. Naive about business
casting, around his home. (He owns an arc welder and a magnificent copper beech that stands front and center at the entrance to his home, with bottom branches caressing the grass, like many another conifer sentinel.)

The shrubbery in front of the office includes a flowering yucca. A Japanese red maple—turning red in the sun while the part in the shade is still green, supposed to stay miniature, graces the minigarden of shrubs and trees at the rear entrance to the parking lot.

Kishel was commissioned as a result of teaching the Slavin sons at Burris School, a laboratory of Ball State University, a traditional and tough name to compete with in Muncie. There were also social contacts and Dr. Slavin's observance of Kishel's work. (The undeniable red, standing, steel abstraction in front of the old gas company building, plus tattles on midwestern playgrounds, among others.)

Says Kishel, "I don't think either of us knew what we wanted until I started working with scale models. It was a real challenge and a beautiful 'trick'—I could go in any direction—a real chance for freedom of expression—what most artists would like to do all the time. I respected Dr. Slavin for giving me this freedom that I didn't have before. Many of his clients wanted realistic design. Materials usually inspire and guide the design—sometimes they even dictate, Frank Lloyd Wright said, but if the client doesn't give this freedom, down inside you the need to please the client is bad for the artist. It would be beautiful to do many more Slavin buildings in the same vein.

The Slavin Garden

The Slavin garden is enhanced with Kishel's "Wooing Cranes" of high-carbon steel, bronzed. Purchased about the same time the abstract walls were commissioned, and a home. Dr. Slavin's office and his home reflect the amalgam of many another city."

This seems to apply to both the place where he lives and the place where he works. A number of buildings, the sculpture composition was at first in the Dental Arts building and its parking lot, like the glass-and-chrome door into the basement area. There is room for only one roll-top desk, and one is already on hand.

Dr. Slavin has also converted some lovely old tole and brass fixtures into wall lamps, only awaiting wiring. And there is a newel post from the old Muncie courthouse supporting a contemporary steel abstraction in front of the office for lack of office space. Just prior to sale, it won a first "1900" conference room for personnel communication.

The front abstract wall was just put on at the time the building was built; the west wall was stored in 18 blocks in the backyard until six years ago, when the Slavins decided they had to add onto the first floor (and probably wouldn't add the second). Instead, the basement, heretofore reented, He was renovating into five operating rooms and a waiting room. When the expansion and remodeling are completed, three Tiffany-type lamp shades in a modern motif will be hanging in the enlarged business area on the first floor.

The basement will be somewhat in contrast to the upper, main floor, with early 20th-century and contemporary fixtures. Some will be from the old homes demolished for the Dental Arts building and its parking lot, like the glass-and-chrome door into the basement area. There is room for only one roll-top desk, and one is already on hand.

Dr. Slavin's office and his home reflect the amalgam of many another city."

"the best approach to interest"

Credit unions not only offer lower rates for loans than most other financial institutions, they also offer the best approach to interest. Instead of paying interest based on the amount borrowed, you pay it on the declining balance.

What does this mean? Suppose you had a loan for $1,000 with an interest rate of 1 percent per month. If your loan was based on the declining balance and it was to be paid off in one year (12 payments), the principal you would have to pay off each month would be $83.33. Thus the first month's payment would be 1 percent of $1,000 or $10 interest plus enough shares to be able to obtain a loan which may be quite substantial. Thus it is important when starting a credit union to try and make it as easy as possible for members to make regular share purchases. The best approach may be a slight nuisance at first. This is to have automatic payroll deduction of whatever amount of money the employee wishes to have placed in credit union's savings. This is a simple matter if you are computerized in handling payroll but is worth considering even if you are not. Not only is the credit union strengthened in this manner, employees also like the approach because they are not tempted to spend money they don't receive. They build substantial savings painlessly.

How to Set Up a Credit Union

The credit union should include as broad a membership as possible. That is why I suggest it be started by the dental society for your county and be open to all the profession and public as well. From this group you will choose a board of directors who will formulate credit union policy and its affairs, subject to the approval of the people. Generally there should also be an executive staff consisting of a president, one or two vice-presidents, a treasurer, assistant treasurer, and secretary. The latter handles such problems as day-to-day administration, and the maintenance records of all transactions.

The treasurer acts as general manager so long as your credit union is small. Most credit unions try to get away from bookiness because the personal satisfaction of the distinction of doing something different.

Carl Sandburg once said, "A man should be proud of the place where he lives and where the place where he lives should be proud of him." This seems to apply aptly to Dr. Charles N. Slavin and Richard Kishel and Muncie.

Freda Zegman, YWCA, 310 E. Charles St., Muncie, Indiana 47305

TIC, January 1977

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$383.33 for a total of $93.33.

The second month your principal has dwindled to $916.67. If you are paying based on the declining balance, than 1 percent would be $9.17. Your full payment for the month, adding the constant $83.33, would be $92.50. Then it would drop to $91.66 the following month and so on.

By the end of the year your interest payments will total $72.51. This is roughly 7.25 percent instead of the $120 you would have paid if the interest was always based on the original principal as many financial institutions insist upon.

Fringe Benefits

The potential of a credit union is far greater than just the lending of money. Members qualify for numerous benefits that would otherwise be extremely expensive. For example, if your credit program so chooses it can arrange for group medical, hospitalization, and accident plans. Life insurance (usually term, only) can be offered. There can also be information on auto and appliance pricing, charter vacation services, and income tax information, counseling and preparation, just to name a few. A dental program, for example, would be a very welcomed service. In fact, the credit union can help you provide fringe benefits for free or in exchange for a certain amount of work that you could do for them.

You may not have to get very involved with the credit union's operation. However, there are two services you can perform for the credit union through your local dental society. Not only will you be able to offer one of the business

TIC, JANUARY, 1977

4

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You may not have to get very involved with the credit union's operation. However, there are two services you can perform for the credit union through your local dental society. Not only will you be able to offer one of the business
world's most desirable fringe benefits, you will also have an inexpensive source for borrowing money for some of your purchases.

The second assist you can give a credit union is to provide space for the treasurer to meet privately with loan applicants. This may be a cubbyhole somewhere to each make a small contribution which, when combined, will cover rent, a telephone, electricity, and various supplies that are part of the necessary overhead.

Forming a dental society credit union can be the smartest move you ever made in terms of employee relations. Credit unions increase job satisfaction and provide an incentive for employees to remain on the job. Next to a substantial raise, most career employees feel that access to a credit union is one of the best reasons to remain with a particular employer.

CU's IN THE UNITED STATES

The following are the names and addresses of all United States Credit Union Leagues and Associations. By contacting the one for your state you can learn the specific requirements for your county as well as obtaining advice concerning state or federal charters, insurance, and related materials.

ALABAMA CU League
1275 21st St. N., Birmingham 35222

ARKANSAS CU League
Room 606, 5505 E St., Anchorage 99503

ARIZONA CU League
3301 N. 9th Ave., Phoenix 85015

ARKANSAS CU League
P.O. Box 425, Little Rock 72203

CALIFORNIA CU League
3305 S. Lytle Ave., Pomona 91768

COLORADO CU League
4903 W. 30th Ave., Arvada 80004

CONNECTICUT CU League
119 Hartford Turnpike, South Wallingford 06482

DELAWARE CU League
1000 Providence Ave., St. Louis 63101

FLORIDA CU League
2501 W. Penmano St., Tallahassee 32304

GEORGIA CU League
1245 Dublin Rd. Lane, Atlanta 30329

HAWAII CU League
1604 Kamehameha Ave., Honolulu 96814

IDAHO CU League
3200 First Ave., Boise 83705

ILLINOIS CU League
1505 S. Park Rd., Beresfordville 40106

INDIANA CU League
2719 N. Arkansas, Indianapolis 46219

IOWA CU League
3000 Minneapine Ave., Des Moines 50311

KANSAS CU League
5915 Newbury Rd., Louisville 40218

LOUISIANA CU League
1450 Canal St., Suite B14, New Orleans 70112

MARYLAND CU League
2273 Queen Congress Dr., Portland 04105

MASSACHUSETTS CU League
2934 Fedder Ave., Baltimore 21214

MASSACHUSETTS CREDIT UNION 4302C
84 Cambridge St., Burlington 01803

MICHIGAN CU League
15000 Providence Dr., Southfield 48075

MINNESOTA CU League
275 University Ave. S., St. Paul 55103

MISSOURI CU League
329 W. Market, Kansas City 64108

MISSISSIPPI CU League
6526 Landtown Ave., St. Louis 63109

MONTANA CU League
1276 Kemper Ave., Helena 59601

NEBRASKA CU League
4131 South St., Omaha 68104

NEVADA CU League
4227 S. McLeod Dr., Suite A, Las Vegas 89112

NEW HAMPSHIRE CU League
106 N. Main St., Concord 03301

NEW JERSEY CU League
Wood St., Fort Wright 07520

NEW MEXICO CU League
8602 Ford Rd., S.E., Albuquerque 87108

NEW YORK STATE CU League
1211 Western Ave., Albany 12203

NORTH CAROLINA CU League
1021 Farmstead Lane, Greensboro 27405

NORTH CAROLINA ASL CU
529 N. Keener Dr., Hendersonville 28739

OHIO CU League
1200 Churchill Rd., Columbus 43215

OKLAHOMA CU League
214 E. 1st St., Tulsa 74101

OMAHA CU League
142 E. 53rd St., Omaha 78124

PENNSYLVANIA CU League
219 S. 12th St., Philadelphia 19107

PENNSYLVANIA CU League
219 S. 12th St., Philadelphia 19107

RHODE ISLAND CU League
235 River Ave., Providence 02908

SOUTHERN CALIFORNIA CU League
3451 N. Parkside Dr., Phoenix 85008

SOUTH CAROLINA CU League
205 W. Main St., Greenville 29601

SOUTH DAKOTA CU League
5920 Veterans Blvd., Rapid City 57702

TENNESSEE CU League
2235 N. Jackson Blvd., Knoxville 37919

TEXAS CU League
1401 S.انتخاب Dr., San Antonio 78229

UTAH CU League
1706 S. 900 East, Salt Lake City 84104

VERMONT CU League
127 Forest Dr., Brattleboro 05302

WASHINGTON CU League
15400 Bonneville Bend Rd., Bellevue 98007

WEST VIRGINIA CU League
Box 444A, R. F. S. 25402

WISCONSIN CU League
1032 W. Greenfield Ave., Milwaukee 53214

WYOMING CU League
804 S. apr, Suite A, Casper 82601

Dr. Slavin chose dentistry to keep his hand in the creative arts and as a "diversion" from the family patterns, but primarily for "convenience in living," a digression from the hour pattern of physicians. "This way, you have time to enjoy your family," he says. And time for his many hobbies. He once owned a race horse, a direct descendant of Man O'War. Yes, his horse did earn money before he developed leg trouble. From filigree iron castings he bought, he designed and built the gates, comprised of the smaller eat so that rain and snow drain off—no water will remain, preventing cracking.

Kishel adds that his designs were also created without out underruts to facilitate withdrawal of the concrete-block design from the Styrofoam molds, "just the opposite of dental fillings."

Dr. Slavin, "The front wall has been up now about 14 years and to date the little designs have changed shape none. As far as the total design itself, it was to be a complete abstraction, so as to be anything anywhere, and it is. Persons walk in and ask if it is Egyptian or Indian or Mayan or whatever. It's whatever you think it is." And whatever you think it is, this is the total concept is not related to dentistry, either!

Kishel reveals more. He says the blocks contain tree forms and shell shapes, abstracted; that he was "more conscious of shapes than of tree forms," although there are such forms in the blocks. "They are good walls for blind persons to touch," says the sculptor in Kishel, who studied art at the Cranbrook Academy of Art in Bloomfield Hills, Michigan, and biology and art at the University of Minnesota, Duluth branch. From that biology background, and undoubtedly from the woods of his native northern Minnesota, he looks for designs in Nature constantly.

"Artists have come to do rice-paper tracings," reports Dr. Slavin, who has an unusual, rice-paper trac ing hanger is his office hallway.

Frank Lloyd Wright's modern concepts might have unconsciously inspired Dr. Slavin, a long-time admirer of the late architect.

Sculpture, jewelry-making, refinishing and modify ing, antiquing, oil painting, iron work—all showed the influence of the two years of academic art training Dr. Charles N. Slavin received at the University of Iowa before he went into dentistry. (Concedently, Kishel received his master's degree in art from the University of Iowa, but in a different year.) While studying art, Dr. Slavin didn't know he was going into dentistry. His father was an Iowa "country doctor" and his later brother a surgeon in Las Vegas.

Grant Wood's non-law studied orthodontics the same year Dr. Slavin did, and he has his bachelor and Master Wood then. The daughter and son-in-law had an apartment above the Woods, but ate with them. Thus, their kitchen became Grant Wood's studio.

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Dental Arts Building

Text by Freda Zegman
Photos by Randy Hedge

When Charles N. Slavin, D.D.S., gave artist Richard Kishel carte blanche to create an abstract art form for the front of his new building—to break up the "boxy" feeling of most dental offices—little did he know that he would possibly be making the single, most beautiful construction contribution in more than a decade to the visual environment of all of Muncie, Indiana, if not a much, much wider radius of its focus.

As one walks from the little downtown area into a transitional residential-business periphery, a modest-sized building emerges from shrubbery and trees as a scenic surprise—a jewel in the midst of an otherwise prosaic neighborhood of Victorian and 20th-century homes and offices and conversions.

What greets you first is a reddish-tan wall of unique, little, bus-relish designs, and, as you explore, you find another such wall around the side. If you are curious enough to ask why and how, both the owner and the artist are ready and willing to discuss your discovery—their project.

"So many small buildings are nondescript," says Dr. Slavin, "you feel like you're always working in a box. Our objective was to create something that would be of interest, away from the boxy type building."

The blocks of bus-relief designs were to distract from the boxlike quality—to concentrate on the blocks instead of the shape of the building," he says. "The visual content of the building is the focal point."

No dilettante dentist he, Dr. Slavin pitched right in from the very beginning and worked with Kishel on the total design, but Kishel actually did the work. They are upsetting to the office routine, unfair to those patients seeking appointments, and in dollars and cents represent an irretrievable loss. In some cases, prolonged treatment because of skipped appointments results in added dental problems. This is particularly true in tooth movement, gingival recession after improvisations are taken and the temporary crowns are in place too long, and so forth. Yet, despite the frequency with which appointments are skipped, no one, as yet, has discovered a surefire method to prevent them.

There are, however, many ways to reduce the number of skipped appointments in your practice.

(1) Calling the Patient

Contacting the patient by telephone 48 hours before the scheduled appointment serves not only as a reminder for the recalcitrant patient but allows you the opportunity to utilize the time for someone else should the patient inform you that he cannot keep his appointment.

(2) Send Reminder Cards

Some patients appreciate reminder cards, especially when their appointment has been made weeks in advance. These cards should be sent out at least five days ahead of the scheduled time to insure delivery with today's uncertain mail service.

(3) Request for 24-Hour Notice

Most appointment cards, handed to the patient in the office, contain the appointed time plus a request that the patient inform you that he cannot keep his appointment. These cards should be dropped from the practice of those patients who refuse to pay and continue to skip appointments. It is wise to remember that the patient's time is also valuable to him.

In arranging appointments, try to make them on same days and hours so that patients can more easily remember them and schedule their own time for dental visits. When confronted with the habitual appointment-breaker do not give him definite time but instruct him to call when it will be convenient for the next visit and try to fit him into the first available spot. It is a good way to impress the patient with the value of being prompt with definite appointments.

Skipped appointments have been a major source of irritation in dental practices throughout the country. They are upsetting to the office routine, unfair to those patients seeking appointments, and in dollars and cents represent an irretrievable loss. In some cases, prolonged treatment because of skipped appointments results in added dental problems. This is particularly true in tooth movement, gingival recession after improvisations are taken and the temporary crowns are in place too long, and so forth. Yet, despite the frequency with which appointments are skipped, no one, as yet, has discovered a surefire method to prevent them.

There are, however, many ways to reduce the number of skipped appointments in your practice.

(1) Calling the Patient

Contacting the patient by telephone 48 hours before the scheduled appointment serves not only as a reminder for the recalcitrant patient but allows you the opportunity to utilize the time for someone else should the patient inform you that he cannot keep his appointment.

(2) Send Reminder Cards

Some patients appreciate reminder cards, especially when their appointment has been made weeks in advance. These cards should be sent out at least five days ahead of the scheduled time to insure delivery with today's uncertain mail service.

(3) Request for 24-Hour Notice

Most appointment cards, handed to the patient in the office, contain the appointed time plus a request that the patient notify the office at least 24 hours ahead of time if the appointment cannot be kept. Patients should be made aware of this when the cards are handed to them.

(4) Previous Day Calls

Some patients request that a call be made the day before or morning of their appointment as a special reminder. This should be noted in the appointment book so that the patient can be contacted in time.

(5) Broken Appointment Charge

As with the 24-hour notice, it is customary to note on the appointment card that a charge will be made for failure to keep an appointment without notifying the office. Actually, few dentists bother to collect these charges but it is a good idea to make the chronic appointment-breaker pay for his inconvenience. Patients who refuse to pay and continue to skip appointments should be dropped from the practice.

Perhaps the most important way to reduce skipped appointments is to make the patient aware of the time and money lost. This should be done at the initial meeting. Naturally, the dentist who is lax about being prompt with his patients and is constantly calling patients to reschedule appointments cannot expect promptness from his patients. It is wise to remember that the patient's time is also valuable to him.

In arranging appointments, try to make them on same days and hours so that patients can more easily remember them and schedule their own time for dental visits. When confronted with the habitual appointment-breaker do not give him definite time but instruct him to call when it will be convenient for the next visit and try to fit him into the first available spot. It is a good way to impress the patient with the value of being prompt with definite appointments.
Biofeedback: Behavioral Medicine edited by Lee Birk, 209 pp., $13.00, New York, Grune & Stratton, 1974. Increasingly there is interest in biofeedback in the dental profession—one can see this simply by noting the papers delivered at meetings and published in journals. Certainly in medicine too biofeedback has aroused considerable interest—and as for the public no one can count those who are "into alpha" these days. Altered states of consciousness in a whole range of forms are the thing for young and old alike, in and out of the professions. In fact, biofeedback is now being touted for temporomandibular joint problems, migraine, hypertension, insomnia, contraception, and just about you-name-it.

But with all of this one rarely hears a balanced thought about this new fad. For example, in general there is complete—or almost complete—silence on the simple fact that one really does know what brain waves mean. What is accomplished by being in an "alpha" state—or is it just a matter of showing off your electrical muscles, proving that you can set off certain brain electrical activity? Until we really know what the alpha waves indicate, much of biofeedback lies in a sort of neurological never-never land, so medical science should be skeptical. This book is worth your reading and attention.

Oddments in Dental History: Mayhem in the Dental Office

by MALVIN E. RING, D.D.S., M.L.S.

The second piece which appeared in the Buffalo (N.Y.) Express for September 2, 1907, gives a picture of an extreme and totally unexpected reaction to the administration of an anesthetic agent. Unfortunately, this case resulted in severe injury to the patient along with lesser injuries to the staff of the dental office, all no laughing matter. And, to compound the disaster, the hapless dentist found himself in jail! Although there is no further record of the case in the newspaper, it is interesting to speculate what an argument for malpractice could have been made of this incident by a skillful attorney.

No Laughing Gas, This Patient under its Influence wrecks a dental office—Sobered by Fracture of the Skull.

New York Sun special to the Express.

Washington, D.C., Sept. 1.—George W. Bowers, an engineer, went to the Washington Dental Parsons (Continued on Page 16)
is abraded. When the dentist tightens the frame in the mouth he can use a mixture of gold rouge and chloroform or disclosing wax to find these same areas of interference.

It has been my observation that a partial denture frame without retentive clasps is by far the easiest for the technician to fit to the master cast. It is also easier for the dentist to verify this fit in the mouth and do the necessary final filing if there are no retentive clasps to get in the way. Before seating a frame with cast clasps, an integral part of the frame, the technician must ‘neutralize’ the retentive clasps. This is easily done by slightly separating the frame from the stone teeth or scraping the cast where the retentive terminal is located. Although scraping destroys the accuracy of the cast it is preferable to keep the cast clasps out of the way. Without these precautions the frame can easily be forced on the cast but it will not sit passively in the mouth.

Solution to Finishing Problems

Our alternative here has been to advocate the placing of the retentive clasps only after the framework has been accurately fitted to the master cast and is seated in the mouth. The clasps material best suited to this philosophy is obviously wrought wire. The wrought retentive clasps can be easily formed into circumferential or bar clasps and attached to the frame by soldering its extension onto the retentive meshwork.

You can see that an additional appointment is required if the frame is to be fitted without clasps. One step, complete fabrication can no longer be prescribed. The result of this additional chair time has been observed by us. The framework can no longer be prescribed. The dentist must understand the problems in the laboratory and that he expects to do the final fitting of the frame in the patient’s mouth. In turn, the technician will realize that his product is not the finished one and that the dentist will do what is required to bring the ‘raw’ casting within the tolerance of the patient’s tissues.

Conclusion

When the technician and the dentist share the same philosophy of blockout and metal finishing the greatest problems in removable partial dentures are greatly reduced or eliminated. The dentist must take the initiative in establishing this relationship. He must assure the technician that he understands the problems in the laboratory and that he expects to do the final fitting of the frame in the patient’s mouth. In turn, the technician will realize that his product is not the finished one and that the dentist will do what is required to bring the ‘raw’ casting within the tolerance of the patient’s tissues.

When the length of the retentive clasp arm is very short, as it may be for a mandibular bicuspid, a wire of one gauge finer should be used to provide the same amount of retention. In the last three years I have found a great deal of acceptance for the wrought ‘T’ bar clasp (fig. 4). It does all the things that the cast clasp does and in addition it is tougher and can be adapted without fear of breaking. It also allows us to have the frame fitted to the master cast without the interference of the retentive clasps.

Wrought wire ‘T’ bar constructed of 19 ga. Ni-Cr wire.


As I write this we’re preparing for the swine flu vaccine drive, there has been mysterious deaths in Philadelphia, and hubric plague threatens the worst outbreak in 50 years. Here is the fascinating story of epidemics from the Plague of Thueydides which laid Athens low, to deadly Lassa Fever, which has just reappeared. There’s the story of polio for those who have forgotten and of cholera for those who travel abroad. This is another book in a series by this excellent team. It’s history, detective story, and encyclopedia all wrapped in one. It’s a sound and valuable, even fascinating book. Worth reading today.


Thompson is a good investigative reporter and the book benefits immensely from this, for this is the strange, bizarre, and still unsolved story of the murder of Joan Hill, Texas society horsewoman; of the trial of her talented plastic surgeon husband; and his trial for her murder. Did he or didn’t he, and why was Dr. Hill assassinated? This is probably the hottest area in medicine today, involving as it does the whole fields of transplants and rejection, cancer, viruses and vaccines, and the autoimmune diseases such as rheumatoid arthritis and lupus. This is one of a series of volumes put out by this publisher. These might almost be called the best of Scientific American. In it you will find the leading scientists in the field of immunity from Sir Macfarlane Burnett to Gerald Edelman, Nobel Prize winners rub shoulders with Dr. John Merrill, who founded kidney transplantation, and the material ranges from articles in the 1900s to those of 1976. With dental careers being looked at from the possibility of vaccines and increased concern with herpes, this is an important volume for the professional man. Worth studying.


This is a volume of use to you as well as your patients. Those who used the early high speed handpieces often suffered a good deal of hearing loss along with tinnitus (that miserable ringing or other bizarre noises in the ears). It is essentially a book for the hard of hearing, and the author himself is one. He has three aims in this book: to prove that those with hearing loss can hear more, do more, and enjoy life more, to warn of those patterns among the hearing professionals which make it more or less difficult for the hard of hearing and to find the best possible care and rehabilitation. An important book.

Murder for Your Pleasure: The Whodunits... by Geoffrey Marks, 370 pp., $8.95, New York, Charles Scribner’s, 1976.

As I write this we’re preparing for the swine flu vaccine drive, there has been mysterious deaths in Philadelphia, and hubric plague threatens the worst outbreak in 50 years. Here is the fascinating story of epidemics from the Plague of Thueydides which laid Athens low, to deadly Lassa Fever, which has just reappeared. There’s the story of polio for those who have forgotten and of cholera for those who travel abroad. This is another book in a series by this excellent team. It’s history, detective story, and encyclopedia all wrapped in one. It’s a sound and valuable, even fascinating book. Worth reading today.


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In the practice of dentistry there is no area where we are more dependent on the efforts of others than in prosthodontics. This dependency has created a love-hate relationship that continues to plague us. While we direct the dental technician through our prescriptions we are, essentially in partial dentures, completely at his mercy. We have neither the time, materials or equipment to create these prostheses ourselves. Unfortunately, in many cases, we are also lacking in the expertise necessary to adjust, alter or remake these complex partial dentures when the work we receive from the laboratory is unsatisfactory.

How then can we provide the best for our patients within the constraints of the modern practice of dentistry?

Let me begin by telling you as emphatically as I can how not to do it! Do not ever submit a model (much less an impression) to a laboratory and expect to receive from the laboratory is unsatisfactory. Obviously, for the partial to fit the mouth in this manner it must first fit the master cast in the laboratory. Recently published research demonstrates that the frame must be then refitted to the mouth if we are to achieve the ideal.

Blockout

Our first concern must be the technician who elects to do no blockout at all. He then expects to grind away a lot of metal in a haphazard manner to seat the casting. While this is not often the case it does occur and without a careful understanding with our lab we might not be aware of this disaster!

More often, in an attempt to reduce the finishing time and insure a casting that will go easily to place on the master cast the technician will over blockout the casting (fig. 1). Now if your philosophy of design and mouth preparation includes the careful preparation of guiding planes you will want those planes to be in contact with the framework. With overblockout and the possibility of over finishing the guiding planes are negated.

The technician must understand that we cannot allow blockout wax to be placed on the stone teeth above the height of contour nor must the technician remove wax from the blockout process (fig. 2). In the attempt to remove this soft-bulge wax the technician must either scrape the stone teeth with the blockout rod or leave some wax. This can only result in an inaccurate refractory cast and subsequently in a framework that will hang up in the casted area. If wax is left on the stone cast it will result in the casting standing away from the natural tooth. Unfortunately, when a framework "hangs up" it will be arbitrarily ground away.

We are also concerned with the relief wax that is placed in the edentulous areas before duplication to allow a space under the retentive meshwork for the resin. This procedure is seldom of interest to the dentist and as a result there is a tendency for the lab to make this relief wax just as thin as possible. A very thin layer of resin between the tissue and the frame will result. It has been my experience that this very thin layer will contribute to the soft tissue destruction that is so commonly seen near the gingival margin of the abutments adjacent to the edentulous spaces. You will recall that denture resin like all resins does not cure well in thin layers. It will be porous and almost uncleanable and act as a trap for plaque and food debris.

Solution to Blockout Problems

We must make the technician aware of our interest in this laboratory phase so often completely delegated. Consider a visit with your lab to examine one of your own cases at the blockout stage for:

1. Underblockout or no blockout at all.
2. Overblockout with evidence of wax above the survey line and or abraded areas on the stone teeth.
3. Adequate relief pads. Prescribe and demand at least one thickness of baseplate wax for denture base relief. (The technician may not be too happy with this as it may require him to do additional grinding on the bite ridge top of the denture teeth in order to create space for them.)

Metal Finishing

When the technician reaches this point he is at another critical area where the quality case can be destroyed. In all fairness to the technician, this is difficult, tedious work and not anywhere as rewarding to him as it should be. It should prove well worth your time to discuss it with him. He must share your concern about overfinishing. Because the dentist so often demands a framework that will "go to place" without any chairside effort on his part the technician, in an effort to please his customer, will have a great tendency to overfinish. While this grinding will make the seating in the mouth easier it will certainly negate the careful mouth preparation that developed the parallel surfaces. In order to combat this situation the dentist must be willing to accept a frame that is not over finished and be prepared to do some of this step in the mouth.

All rough edges of the framework must be removed before the first attempt is made to seat the frame on the master cast. If the frame is seated before it is ready, an abraded cast, no longer an accurate duplication of the mouth, will result. It will be on this cast that the remainder of the seating, finishing and polishing will be done. With some practice the clinician can learn to relate scraped areas on the master cast with the probable causes of interference in the mouth. The spray-on powder deodorant used as an indicator (fig. 3) has been a great help to our technicians. They use it as a disclosing material to find the areas of interference before seating the frame so far that the cast...