Doctor, TIC is another unique service of your Ticonium Laboratory.

An award-winning magazine you can read with interest, with pleasure, and with profit.
find that things are not running smoothly in your office! If so, it may be your fault. Experts in the field of dental management stress the need for careful training and periodic counseling of your auxiliary help. They feel that it is the dentist's responsibility to "create an environment that stimulates a desire among auxiliaries to improve themselves." The success of a dental practice, they say, can be enhanced by periodic coaching and counseling of the staff. If you want good team work, you have to be a good coach.

CARIES REPORT

A survey of two tribes in northern Kenya revealed almost total absence of caries. Similar studies of aborigines in Australia by investigators led them to conclude that nutritional factors, high protein, and low sugar intake were more important in resisting caries than oral hygiene and toothbrushing techniques.

LAMAZE TECHNIQUE IN DENTISTRY

The staff of U.C.L.A.'s Venice dental clinic in California has come up with a new technique for the management of the problem pedodontic patient. They have adapted the Lamaze psychophysiologic technique for painless childbirth to the pedodontic patient. The technique, which they have found to be very successful, requires no expensive equipment, little chair time, and needs no additional office space.

Just as the de-conditioning process in the Lamaze technique eliminates fear in the pregnant woman and prepares her for childbirth, the dentists at the Venice clinic prepare the child for dental work by eliminating the fear of dentistry and then recondition the patient to a new set of conditioned reflexes that enables him to accept the work being done.

The first step is the elimination of fear. This is done by an initial visit that is primarily social and friendly, devoid of any dental work. The patient in the chair is told how to breathe slowly—10 breaths a minute. The child is then asked to continue breathing slowly and rhythmically and also to raise his right leg and hold it raised for 20 seconds and then lower it. While doing this, the child is told to think of his favorite TV program and to hear that song in his head while he is breathing rhythmically and also to raise his right leg and hold it raised for 20 seconds and then lower it. While doing this, the child is told to think of his favorite TV program and to hear that song in his head while he is breathing.

The second step is to simulate the hyperdermic needle. The straw is occupied, a small straw is placed into the child's mouth and the needle is substituted for the straw and, after the anesthetic takes effect, the dental work is finished.

"IT SAYS RIGHT HERE, SHE'S THE PATRON SAINT OF DENTAL ASSISTANTS."
taxes are much lower.

A study of the community indicated that values have continued to rise every year. The steady stream of people who want to settle in Green Valley (mostly from the Midwest and North) seems to indicate that an investment will hold up well.

Instead of taking out a mortgage with an interest rate of at least 8% or 9 percent, I borrowed on my life insurance. The policy states that I have the right to borrow at 6 percent interest. When the policy was written many years ago, the prevailing rate for a mortgage on a residence ran between 4 and 5 percent. The insurance companies never thought, in their wilder forecasting, that interest levels would reach today's heights.

By a stroke of luck the house was fully furnished. The price included the furniture. In my opinion, the house was a bargain with cost of the furnishings. With a few hard singles, changes and additions, we had a delightful home away from home. Since we remain in Arizona for at least three months, my major worry was my practice. Would I lose all my patients? My worry proved to be unfounded. No doubt I may have lost a few. There is no way of knowing except over a long period. But for the most part my patients have been loyal and, aside from some emergencies, wait for my return in April.

It was arranged that my secretary would come into the office each working day while I was gone. In case a patient needed some help or advice. She could direct the patient to two other general practitioners who were covering for me or she could recommend an oral surgeon, an endodontist, or a periodontist, if, in her opinion, the need arose.

How to Do It

How does one partially retire? What we really are asking is, How can a dentist restrict his working hours and maintain the same standard of living? Thus, there are two parts to consider, the hours and the income.

In my case (considering the hours), the first step was the three months' winter vacation. Although I had been thinking of taking a leave of absence over a few years, it was still a rather violent disruption of practice. I was worried about patient reaction. Except for a few raised eyebrows, the reaction was mild. It went well.

Now the patients have accepted it. In fact, when November and December roll around, a repeated question is, "When are you leaving?" When I reply, "January," many of them jump to the need of having some unfinished or put-off dental treatment completed.

As a result, the two or three months before departure are very busy. Some patients have a tendency to put off dental work if they have no pain or discomfort. But once they realize that I shall be gone for three months, they want everything done immediately. I am a normal reaction which I have not experienced in the practice. I borrowed on my life insurance and the rate was done gradually. Formerly, my average working day started at 8 and went to 5 or 6. This was changed to a 9-4 with two hours for lunch, 12-2. The hours were eliminated. Again, this was worked into gradually. As it now stands, office hours are 9-12 on Monday, Tuesday, (no Wednesdays), Thursday, Friday, and Saturday. And during the summer months, no Saturdays.

This leaves afternoons free for all the things I want to do. The most important is tennis. Tennis is my life line. I play four or five times a week, almost all hard singles. With the indoor facilities now available, weather is no deterrent. Conditions are so perfect indoors that I find myself playing there even during the summer, in order to avoid wind, rain or a boiling sun. After tennis, jewelry-making and chess consume much of my time. Jewelry-making fits beautifully in the laboratory. My office is a separate wing attached to my house in a suburban residential area. This gives me considerable flexibility in the amount of time I want to put into jewelry. I can come and go as I please in the office hours. Even during office hours a sudden cancellation of an appointment or a short wait between appointments is a good time to polish some jewelry.

Another factor that has helped me reduce my hours is the growing importance of the specialties. Although I used to perform all these services, I no longer do oral surgery, periodontics, or endodontics. I feel that the highly trained specialists of today are better qualified. It has taken many years for me to acquire the name of a specialist in each of the fields mentioned who possessed not only top skill but also a warm feeling for the patient.

Limiting the hours has given me a psychological lift. The thought that my day ends at lunch time makes the morning with my patients greatly more pleasant. All the old pressures are gone. With few exceptions, I schedule an hour for most patients. The joy of having a whole afternoon to a class room is ineffable. I feel that I may be doing better work and enjoying it more. In some cases, like a cast crown, I may set aside an hour and a half. If I don't need it all, well and good. It gives me a chance to talk with patients, which I like.

On some occasions during the afternoon when the office is closed, I go to work in the laboratory doing...
most commonly used with pegboard systems, they are also available for use with other bookkeeping methods.

Management experts recommend the completed superbill be given to the patient before he leaves the office. Thus, the doctor has provided the necessary treatment information, and all insurance transactions remain where they belong—between the patient and his insurance company.

The patient may easily file his claim by completing his portion of the form and attaching the superbill as an itemized list of services provided. If the carrier will accept the attachment, the patient may simply mail the information.

If the dentist feels he must fully complete and file the superbill, the claim can be used to efficiently gather the essential information in one place. The form may be attached as an itemized statement of services, or the information may be transferred.

Superbill is a concept with great potential. It is easy to use, serves as a charge slip within the dental office and, most importantly, it enables the patient to file his own insurance claims.

THE DENTIST'S BEST INVESTMENT

What is the best investment for a dentist? Diamonds, real estate, gold, stocks, or one of a myriad of other possibilities pushed by investment counselors? No, this is secondary investing. But many dentists have turned to these investments at the expense of neglecting their primary assets—their personnel. Before a dentist can fully motivate and invest in the talents of his employees, he must first define and establish his personal and practice goals, which cannot be divided since he is one person. How can this be done? He needs to write down his priorities and state his goals. These goals need to be specific and detailed with numbers and dates attached. They cannot be generalized, such as, “Some day I’m going to...” By taking the time to write down his activities and, more importantly, it enables the patient to file his goals, for they are intimately related to his goals.

Through his organizational structure, a dentist defines the amount and types of positions needed for the practice to accomplish these goals. Written job descriptions are a vital tool to tell the new and old employees what is expected of them. Developing written personnel policies and procedures allows an employee to view how he or she fits into the practice. To provide the employee with proper direction and personal identity within the organization is forceful as a motivational technique, also. If employees feel no future opportunities await them, they will leave the practice. Today’s training costs per new employee in the dental office are at least $1,000, excluding the expense of lost productivity and increased stress.

Fair wages and proper raises are one method of attracting and retaining good employees, but a training program can reinforce a healthy relationship between the dentist and his staff.

The greatest problem that can arise in the employer/employee relationship is lack of consistent communication. A “good morning” by itself does not suffice. The age-old rule applies: “If you have no communication, you have no relationship.” Some of the dentist’s time should be invested in a regular meeting with his staff. Perhaps, a once-a-month structured meeting, lasting one hour or less, is adequate.

Several days before the meeting, a proposed agenda that allows everyone an opportunity to input should be issued. As the meetings become productive, “success will breed success.” This is true. But dentists need to rethink their priorities and realize they cannot afford not to take the time.

Whatever the dentist decides, he must realize that his greatest investment is to develop himself and the people who represent him, work with and respect his employees. (Copyright, 1979, Practice Productivity Inc.)
In order to have a better understanding of the patient-dentist relationship we must consider more closely both the patient and the dentist himself. To begin with, the patient professes to come to the stomatologist because he feels that something is out of order or abnormal in his mouth or teeth, but it is conceivable that the abnormal conditions are only a product or abnormal in his mouth or teeth, but it is conceivable that the abnormal conditions are only a product of the patient's own mind, such as happens to be the case when the patient has an oral fixation. On the other hand, it can happen that the patient has unconscious psychological problems of different character which are transferred to the mouth. This constitutes the typical hysterical symptom. Patients in the last category are the ones who suffer imaginary toothache (and they really feel it) or show hysterical trismus or excessive salivation, as is well known. The dentist must be attentive to such factors in order to interpret them correctly.

It is important to regard the patient not merely as a "mouth" or a "crow" but, instead, as a human being with all his peculiarities which constitute his personality to face life and its multiple problems together with the load of experiences from the past. In this way, it is important to know how he reacted to previous dental treatments because, as already stated, we all are the product of various conditioning factors and a previous traumatic experience leaves its imprint forever. Besides his previous experiences we must take into account that he feels sick, threatened and suffering.

The basic feeling underneath an individual's suffering is anxiety, that unpleasant sensation that the worst has happened or is just about to happen. To the anxiety inherent to the condition of the patient we must add the anxiety brought by his contact with the consulting room, with its various instruments whose meaning in terms of suffering is soon brought to the patient's attention. Taking all the above into consideration, the basic concern soon after the first contact with the patient consists in knowing the fantasies over his sickness as well as the proposed treatment.

One of the basic characteristics of the human psyche is the incessant production of fantasies, which emerge from our unconscious and may not make themselves clear to our conscious mind. And it often happens that one suffers more than one's own fantasies about ailments than through the ailments themselves. How many times the anguishing expectation of the treatment (which is a consequence of the fantasies that are being constantly developed) is more painful than the treatment itself!... The only way to help the patient psychotherapeutically consists of ascertaining his fears and his fantasies through conversation. In this way we can prepare him for a good work, discussing his fears and fantasies, trying to disclose them. In order to ascertain the patient's personality we have to make use not only of his oral communications but also of his gestures, mimicry and facial expressions.

It is also worthwhile to know the patient's view on the proposed treatment as well as on the mouth, anesthesis and extraction. There are patients who fear enormously to be a victim of uncontrollable hemorrhage, and only long interviews with the dentist can disclose such facts.

Another feature to be taken into account comes from the patient's condition of feeling sick. In these circumstances patients have a tendency to reject various patterns of behavior, especially those of childhood. We apply to this attitude the term regression. Regression is related not only to the gravestones of the disease but also to the power of the fantasies which the patient elaborates. Morbid fantasies generate panic, and regressive phenomena are unavoidable, consisting of childlike behavior. In this case the patient has a tendency to a passive attitude, seeking with anxiety demonstrations of protection and care from the environment, denying in this way his adult situation. In a general way, the less mature the individual, the greater his regression potential.

It is important that we have a deep understanding of the meaning of the behavior described above, because only then will we be able to tolerate the insistent questions, exaggerated fears and the constant reassurances which demand from receptive patients.

The situation above represents various degrees of dependence of the patient with regard to the dentist, which often bears on total submission. The depend-

(Continued on Page 12)
The understanding of the patient

(Continued from Page 4)

cence of the patient can evidently simplify things, but when exaggerated it renders very complicated the patient-dentist relationship.

We turn attention now to other phenomena, closely related to the above discussion and which, in fact, add to and interweave with the latter. From these phenomena the most important is that which conventionally came to be known as "transference." The term was introduced by Freud to mean the transference of affection that we continuously do because we see the situations in adult life as a repetition of the remarkable experiences of infancy. In this way, we unconsciously see authorities as a representation of the father image, or in general, of mother or the persons who supported us in suffering and lack of assurance at an early age. Clearly, this connotation applies to dentists and physicians as well, and works to increase dependence on the patient's side or to emphasize authority on the professional's side. However, if the patient's relation with parents was a negative one, bringing fears and resentments, all these feelings are transferred to the dentist, who will appear to the patient as hostile and rude with undue reason. In the light of the transference phenomenon we can interpret the patient's behavior in the so called idealization which consists in attributing to the dentist, of whom everything is expected, miracles and omniscience in the same way as little children believe blindly that their parents are omnipotent. From this idealization originates the patient's demand on our infallibility, which places us in a very uncomfortable position. The more immature, infantile, and regressed, the more intense are the patient's idealization processes, increasing in this way the risks of disappointment and frustration as the treatment proceeds, and the dentist, pictured as a god in the beginning, turns into a devil in the end. Persons subject to strong idealization are always unhappy with results, wandering from one consulting room to another. In their unhappiness they accuse professionals who cared for them, in various ways, attributing to them the difficulties of treatment. These are day-to-day facts whose handling brings us empirical experience enabling us to solve intricate and puzzling situations that arise in the stomatology — patient relationship. Still other aspects of human psychopathology must be known to the dentist due to the interference that they bring to the development of a good relationship and adequate treatment.

Let's consider other aspects of human psychopathology which the dentist must be familiar with, because of its interfering influence in the patient-dentist relationship development and treatment success. It is well known that sensitivity to pain and to suffering are extremely diverse and entirely dependent on occasional emotional circumstances as well as on the patient's fantasies and surrender to the power of suggestion of the environment. The sensitivity of patients is responsible for the introduction of hypnosis in oral surgery. On the other hand there are those individuals for whom unhappiness, pain and suffering are fundamental needs. They carry unconscious feelings of guilt from the past and therefore they are always longing for punishment through situations of suffering or acting as victims, taking pleasure in pain. These are the masochists. They engage themselves in prolonged treatments that never end because of their need of self punishment or even self mutilation. Under pretext of imaginary dental focus, for instance, such patients demand that all the teeth be extracted.

Another patient who presents problems is the hypochondriac type with his concentration on diseases. These patients make their diseases chronic and, what is fundamental, they never believe themselves cured no matter how objectively this may be brought to their attention. There is always a trying ground to justify their morbid need to be sick and proceed with treatment. They live in the physical and somatic plane with psychic problems that they cannot solve. If the dentist does not recognize these morbid symptoms he may have to execute a series of unnecessary therapeutic decisions under the morbid demands of the patient. A good knowledge of the patient's personality allows the dentist to perceive and circumvent the attempts to escape treatment, to handle the arguments advanced by the patient, to avoid therapeutic decisions indispensable to the treatment, and finally to help the patient in his indecisions, making use of a good relationship.

(Author's Note: The above material was abstracted from "Transference," author and source unknown, with permission and acknowledgment.)

A Life-Style-for-Dentists Feature:

This dental family sings together

Warren, Rosemary, and Wendy Wells combine talents in operettas.

"All day long you live and breathe medicine and dentistry. You get no exposure to other areas such as the humanities. Someone working in this environment needs to have an outlet totally divorced from it," Dr. Warren (Scotty) Wells, associate professor of biochemistry at Northwestern University Dental and Medical Schools and director of student services for the Dental School, has found a vocal way to take a break from his work. For the past 12 years, Dr. Wells has been singing tenor with the Savoy-Aires in Evanston, Ill., a Chicago suburb. To the delight of local residents, the organization produces one Gilbert and Sullivan opera each year.

FAMILY AFFAIR Dr. Wells is not alone in the enjoyment of this musical pastime. His wife, Rosemary, and daughter, Wendy, also sing with the group. They too have a dental involvement.

Rosemary Wells, who holds a PhD in English education from Northwestern University, teaches English to dental hygiene students. The course covers scientific reading and writing. Wendy Wells, who says her first love is music, decided, though, that dentistry is a more practical way to make a living. She went into dental hygiene to "keep the breed on the table." While going through dental hygiene school at Northwestern, she had the unusual experience of taking
courses with her parents as instructors. She admits the courses "weren't easy."

EARLY START Rosemary and Scotty Wells have been singing the lighthearted phrases of Gilbert and Sullivan since 1965 when Rosemary helped found the Savoy-Aires. The couple frequently took Wendy along to rehearsals. (The Wells' two sons, Jeffrey, 20, and Jerry, 18, never got into Gilbert and Sullivan, for some reason!) By the time Wendy was 13, it was apparent she had a strong soprano voice. She auditioned for the group and became the youngest member.

In the Savoy-Aires' last production, "Utopia Limited," all three Wells family members had lead parts. Dr. Wells played Sir Bally Barre; Wendy, Princess Zara; and, in an onstage twist of fate, Mrs. Wells played her daughter's younger sister, Princess Nekaya.

Among them, the Wells have sung in 12 Gilbert and Sullivan productions. With next year's production, they will have performed all but one of the famous Englishmen's operettas.

The three Wells singers rehearsing a song from the Gilbert and Sullivan opera "Boatswain's Daughter."

The carving artist with a creation that earned him honorable mention in the Ward Foundation Championship Wild Fowl Carving Competition.

The carving artist with a creation that earned him honorable mention in the Ward Foundation Championship Wild Fowl Carving Competition.

used in dentistry to make artificial teeth. Using cold-cure acrylic, he built the limbs over a framework of mirror and heavy copper wire.

To form nails or claws, he employed the "lost wax" technique, using dental casting wax, dental stone, and a bronze flask. The resulting talons are dense, durable, and lustrous. The inventive dentist has also tasted success in using dental plastic for bird tongues.

When the finished bird has been painted, which he says takes him as long as the actual carving, he attaches legs to the body and mounts the bird on a base. Using three-pronged orthodontic pliers, he bends the brass rod so he can insert it at the correct angle into the body and base.

"They're very firmly attached," he says with pride in his solid workmanship. "There's nothing delicate about them."

Since he began wood carving five years ago, he has carved mallards, red-tailed hawks, eastern meadowlarks, cardinals, and wrens. He makes songbirds life-size, while the larger birds are made to a reduced scale. Future plans include making a life-sized, red-tailed hawk and an American bald eagle.

To date his red-tailed hawk has attracted perhaps the most attention of his varied flock. Poised attentively, it measures 10 inches from beak to tail. The scaled legs and glistening talons are made from dental materials. Such great realistic detail has been achieved by dental chisels and grinders that visitors ask whether Dr. Fechero is a taxidermist on the side.

To carve the crouching hawk, the dedicated hobbyist spent between 300 and 400 hours over a period of eight months. Working in his basement workshop, he used the magnifying lenses suspended from a metal headband for attention to detail.

In his workshop, tools and molds are stored in the tiny drawers of a dentist's cabinet in the corner. Between his workbench and the cabinet are shelves, where his dentist's drill is clamped. To the right of the workbench is the family freezer, in one corner of which Dr. Fechero, a stickler for realistic detail, stores specimens in plastic bags—a goose foot, a catbird wing. Next to the cabinet is a table for painting the finished bird. Beside the table is a bandsaw, which he uses to rough-cut the figures from blocks of basswood.

His wife, Kitty, and daughter, Mary Jane, encourage him in his efforts. They appreciate the products of his labor and proudly display them throughout the house. Ducks and geese survey the living room, while a hawk guards the vestibule. A red-winged blackbird preens himself colorfully in the den.

For Pat Fechero, carving garden songbirds and birds of prey has become an absorbing, change-of-pace hobby where he can put to use his skillful fingers and dental know-how to create realistic figures of lasting beauty.

He says: "Dentistry comes in handy for more than just making a living."
A Life-Style-for-Dentists Feature

Prosthesis is for the Birds
by Karen Tousaint

"I've seen some beautiful legs and feet made out of wood putty," claims Dr. Pat Fechero, "but I feel I make my best feet with a framework of metal overlaid with a plastic used in dentistry."

From an armchair in his Bel Air, Maryland, home, the 54-year-old dentist discusses how techniques and materials he uses in dentistry help him in his hobby, carving songbirds and birds of prey.

Upon graduating from the School of Dentistry at the University of Maryland, he practiced general dentistry for 18 years. In 1970, he began teaching at the Baltimore City Campus of the University of Maryland, where he is now an associate professor in the department of removable prosthodontics. His duties at the university include supervising and teaching freshmen how to carve teeth in wax.

When he found his students were having difficulties carving realistic teeth, he suspected the problem lay in their unfamiliarity with the anatomy of the tooth. "I found that if they really knew what it should look like, they'd do a better job of it," he said. "I related this to bird carving."

Having been interested in birds for years, Dr. Fechero had observed them closely. He says, "I could carve teeth in wax pretty well, and I knew all about it," he said. "I related this to bird carving."

In 1972 the Fechores bought a do-it-yourself, presawed, Canadian goose kit in Chincoteague, a picturesque barrier island off the coast of Virginia, where wood carvers abound. When he began to whittle on the goose, he found he could hardly put it down.

To produce a finished goose, he turned to tools and materials available for his use in his home. Fine chisels came into play, and a bench-model dental drill was ideal for detail work around the eyes and head. He also used the drill to form the indentations where the goose's glass eyes were eventually inserted, as well as to make nostrils in the bill. A sanding drum and arbor sand used in the laboratory were added to obtain precise feathering.

Each feather had to be carved individually, and Dr. Fechero used a burning iron with a sharpened tip to burn in the delicate veins of each feather.

At first he made legs and feet for his birds from lead, which poured into molds made from denture material. He discovered that the silicone rubber was sturdy enough to take molding lead again and again. In later experiments, he found that he obtained more realistic results by using a different technique.
The dentist and his house:

$100,000 profit without tax

by Sidney Weinman

Doctor, if you have owned your home for any length of time, chances are that it is worth a lot more today than when you bought it. A provision of the Revenue Act of 1978 offers most homeowners the opportunity to completely avoid paying any tax on the profit from the sale of a home.

Until now, homeowners 65 and over got a limited break. They were able to claim an exemption for any profit on the sale of a principal residence for a sales price up to $350,000. For a sales price above $350,000, only a percentage of the profit was exempt.

But, beginning with sales made after July 26, 1978, the new law provides a full exemption of up to $100,000 of the profit from the sale of a principal residence occupied by an individual 55 or over for at least three of the last five years.

Here is an example of how this works: Back in the 1950's you bought your home for $25,000. With the kids out on their own now, you no longer need a big house and would prefer an apartment. So you sell your house for its current value, say $95,000, and rent an apartment. Since the profit on the house is less than $100,000, all of it can be tax-free. If instead, the house was sold for $150,000, you would only have to be concerned with tax return (as a capital gain) $25,000. And under the new capital gains rules which say you pay tax on only 40% of your long term gains, you would wind up paying tax on only $10,000.

This new exemption is a once-in-a-lifetime deal. Thus if you sell your home on which you have a $40,000 profit and elect to apply this exemption, you can't apply any of the excess, i.e., $50,000, when you sell another home.

The sale-and-replacement rules allow of a sale of another home. Thus if you are selling your home and buying another one (including a cooperative apartment or condominium), or even if you think you might buy another sometime in the future, you might want to consider not claiming this exemption now.

Why Not Claim? Why? Because if you buy another home within 18 months you may qualify for the "sale-and-replacement" break. Under this rule, if within 18 months before or after the sale you purchase a replacement home costing at least as much as you sold for your old one, you don't have to pay any tax now on the profit.

Using the sale-and-replacement break can ultimately produce full utilization of the new $100,000

*The author is an attorney in New York and New Jersey, and a member of the tax editorial board of the Research Institute of America.

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**HUNTERS and FISHERMEN**

By William F. Wathen, D.M.D.

Editor, Texas Dental Journal

Now that the hunting season is over, I have had my customary opportunity to reflect on various aspects of human nature, and there are still a few questions left unanswered. Why, for example, are wives so easily disturbed by the aspect of having the man of the house absent for a week or two each fall? The annual hunting break should provide them ample opportunity for self-expressive endeavors such as cleaning out our hunting closets and rearranging our studios. In my own particular case, I noticed immediately upon my return that my study had a new piece of furniture, unquestionably added during my absence, as I tend to notice things like that around the house.

Upon closer examination, it turned out to be a desk, purchased in 1962, and last seen somewhere around 1970 when we moved into our present house.

Now I have never been one given to strong speech, so much of the descriptive phraseology used by Sherry to describe my working area was meaningless to me. A few familiar words like "junk" and "disorganization" and "mess" occasionally crept into our conversations about my desk, but I always dismissed them as indicative of a lack of understanding of the intricate filing system I have worked out over the years. After all, how can anyone ever expect to find anything after it is stuffed into some folder and buried in the bowels of a filing cabinet somewhere. Why, my system, everything stays filed visibly, ready for instant retrieval as the need arises.

Occasionally the system fails, as any system is apt to do. I had to agree that a Labor Day Sale circular from Clark's probably would have little residual value, as Clark's has been out of business for some ten years. I was able to quickly point out the historical value of the document however, not to mention the research potential when preparing new reports on the past. After all, when one finds oneself speaking increasingly in the past tense, it is good to have documentation of the validity of one's claims regarding the "I remember when" time period. Unfortunately that argument began to lose effectiveness after a while. By the time she held up the 1935 Burpee seed catalog it was obvious that my absence had distressed her beyond the point of understanding.

It was intuitively obvious that this was not the time to bring up all the new things learned at deer camp. In the past it has been my custom to discourse at length about the superiority of newer pieces of equipment required in the pursuit of next year's food supply. Whoever figured out the calendar must have been a hunter, because Hanukkah and Christmas make such good times to submit lists of essential equipment to potential gift-givers. There may be those who question why the outdoorsman requires at least a dozen guns and an equal number of fishing rods, plus large boxes of assorted equipment that go with them. Naturally, there are several pieces of camping equipment that are absolute necessities, and the fact that we have had to build another room onto the house to store these necessities merely reflects the importance of proper equipment if one is to pursue the outdoor life. Of course, there is also the investment potential to consider. We all know how the cost of things keeps going up, and so it certainly behooves us to consider our future family security by making timely current purchases.

Of course, the ultimate pleasure in outdoors activities is the comradeship. Although not always obvious to the untrained observer of preparations for deer camp, each item to be taken is selected with the group in mind. For example, the various alcoholic beverages Sherry noticed while I was packing might seem inexes- (Continued on Page 16)