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

An award-winning magazine you can read with interest, with pleasure, and with profit.

1942–1987
TIC is celebrating its 45th anniversary. In September of 1942, its first issue was distributed to members of the dental health care profession, pledging itself with that inaugural issue to the promotion of dentistry.

The world was at war in 1942. In that first year of our publication, all of this nation’s resources were dedicated to the achievement of victory. TIC’s first issue was committed thusly: “Till victory do us part...” But the association between TIC and its dental readers has lasted beyond this temporary wartime commitment.

It was thought at the time that TIC would be a wartime publication, maintaining the important personal dialogue between TICONIUM, its publishers, and the dental laboratories and dentists it served. It was anticipated that with the coming of peace—which arrived in the summer of 1945—this means of communication would no longer be necessary.

But TIC had established itself as a welcomed visitor to this nation’s dental laboratories and dental offices across the land, earning the respect and recognition as “a friend come to call.”

Through four and a half decades it has, we hope, become a trusted friend.

TIC is now, as it was conceived in 1942, “Commited to the Realities of Today and the Promise of Tomorrow.” TIC’s founding fathers had a vision and made a commitment 45 years ago to provide a professional publication to the dentist that would be both timely in presentation, worthy in substance and pertinent to the readers’ interest.

TICONIUM, publishers of TIC, has grown from a small local manufacturer of one alloy for the dental laboratory to a major force in the world dental community.

TICONIUM now manufactures and distributes a full system of dental alloys, laboratory equipment and supplies to a network of franchised laboratories around the world. TICONIUM manufactures everything from sophisticated, state of the art, non-precious and precious dental alloys to high efficiency induction casting equipment.

TICONIUM COMPANY is constantly developing new equipment, methods and materials in an ongoing effort to insure that the finest end product possible is provided to the dental patient.

Even though there were a few large dental laboratories in the 1940s, when TIC was first published, for the most part the profession dealt with small local one and two man operations. Today, there are still numerous small laboratories throughout the country. However, in recent years, there has emerged many large laboratories that market on a nationwide basis. With the introduction of air parcel shipping services the day of only locally available laboratory services is gone.

The modern laboratory of today is a sophisticated computer controlled, professionally operated, state of the art manufacturing facility. It is well lit, climate controlled and technician friendly.

On this, our 45th anniversary, TIC renews its pledge of service to the dental profession, promising as it did in 1942, to be loyal to the “necessity of making every man, woman and child in America dental conscious.”

Our thanks to the dental profession for its support. We dedicate our next four and a half decades to continuing our support and service to dentistry.

TIC, SEPTEMBER, 1987
Pages from the past . . .

How Can Dentistry Best Tell
by Continually Preaching the Advantages of Dentistry
Through the Publicity Columns of Our Newspapers

Writs P. A. Galloway, D.D.S.
Member of Committee on Dental Publicity and Education
American Dental Society, Kansas City.

We attend clinics until techniques from our shelves. We hear lectures on
practice management by all of the capable men in the Profession. These
activities that have become part of our professional life
just
let me ask you this question. "How can we be going to practice all of these fine
techniques and follow the advice of lecturers on practice management if we can't
get prospective patients into our offices?"

Right now, most dentists are busier than they were at the last. At the moment
the subject of bringing more patients into your office may sound less appeal­
ing
than at any other time in our history is the time to educate the

Many of us passed through the last world wars. If people do not realize how
important dentistry had inaugurated a new forceps. When the craftsman learned of the
power of the dental instruments and the various tools he had

was a dejected man. And with each passing day he
became more despondent. Finally, his wife, in an eff­
fort to help her husband sought out another master
craftsman and with her knowledge of the instrument's
design and specifications pleaded with him to duplic­
cate it. June, the original creator of the forceps, had
long since passed away. The new craftsman worked on
it for two months and when it was finished she
presented the forceps to her husband. However, she
told him that she was the original instrument that some
beggar had found near the gardens and had returned to
her. The oral surgeon was elated. He believed that the
new forceps was the one he had lost and in a short time he
once more occupied the throne of exodontia.

When the craftsman learned of the power of the
instrument he had made, he constructed many more.
Before long, hundreds of eager dentists who wished to
acquire the skill and fame of the eminent Friedrich
Steuber, began to purchase these newly made

The "old man" passed. "And did they become as successful?" I asked.
"Perhaps a few did, but the vast majority were
unsuccessful. Our clinical was filled with pa­
tients complaining of broken roots, lacerated tissues,
and oral infections created by these would-be over­
night wonders. You see," the professor added with a

Some scholars ask, "Why didn't he leave out his
dentures?" The answer is academic. Without dentures
nobody would have understood a word he said and the
whole play would have bombarded.

O that this too solid flesh should melt...

The Dental Secrets of Shakespeare's Characters
by Marc Tyler

Until recently, one of the better kept secrets in the
academic world of university scholars was the fact that
Professor Reginald Q. Cuttlefish, of Oxford, foremost
authority on William Shakespeare, was a graduate of
The Warwickshire School of Dentistry. Now, in his
latest book, "The Secret Lives of Shakespeare's Char­
acters," Professor Cuttlefish's extensive knowledge of
dentistry has surfaced. In a special chapter called,
Special Chapter, the professor informs us that William
Shakespeare, the illustrious bard of Avon, was
plagued throughout his life and that his
preoccupation with the oral cavity is revealed
through his characters. Thanks to Professor Cutle­
fish's research, we are now able to gain a better insight
into the many characters Shakespeare presented, espe­
cially their dental problems.

Why did Cassius have a "lean and hungry look?"
On the surface it would appear that this was the result
of his anxiety in plotting the death of Caesar, right? Wrong! According to Professor Cuttlefish, Cassius
was wearing a new set of immediate dentures and as
so busy with his treacherous scheming that he never
had the time to return to the dentist for an adjustment.
As a result, he was in constant pain and could hardly
eat and had lost eight pounds the week of the fates of
March. Who wouldn't have a lean and hungry look?
Some scholars ask, "Why didn't he leave out his
dentures?" The answer is academic. Without dentures
nobody would have understood a word he said and the
whole play would have bombarded.

When Lady Macbeth cries, "Out, out, damned
spot!" we are all led to believe that she is referring to
the blood stains on her clothing. This is true, only
partly true. Actually, there is a two-fold meaning here.
Though not written in the play, we know that Lady
Macbeth was in the bathroom trying to wash the blood
from her hands and clothes after the foul murder.
While there, she looked into the mirror (an opportu­
nity no woman passes up, especially one as vain as
Lady Macbeth) and couldn't help but notice the large
discoloration on her upper right central incisor.
With his preoccupation with the oral cavity is revealed
through his characters. Thanks to Professor Cutle­
fish's research, we are now able to gain a better insight
into the many characters Shakespeare presented, espe­
cially their dental problems.
The Master Forceps

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

This is one of those stories that are hard to believe. And I cannot prove it, I have only the "old man" word that there is "more truth in the story than you might imagine."

The "old man," as I remember him affectionately, was Doctor Josef Haller, professor of Oral Surgery at the University of Vienna Medical School. Doctor Haller was a little man with thin bony hands, a full head of pepper-colored grey hair and the stereotyped professorial garb, you know, the buttoned vest, the pocket watch and looping gold chain, the thin metallic framed glasses and the ever present gleam of eternal wisdom in his youthful eyes.

About eight years ago, when I was in Europe with my wife, attending the music festival in Salzburg, we made a brief unscheduled visit to Vienna. The last time I had been there the Austrian capital was being ruled by the four occupying powers after the war. The city of waltzes and gaiety was drab and somber then, but now it seemed to have had a rebirth. While my wife was occupied in the market I dropped in at the University to learn what I could of their dental program.

Unfortunately, it was a state holiday and the only person in attendance was a member of the office staff. In an endeavor to assist me, the comely secretary suggested I look up Doctor Josef Haller, professor of oral surgery, whose office was just around the "Ring," a few blocks from the famed Vienna Opera House.

Doctor Haller's office was not unlike that of any American oral surgeon — clean, orderly, and with the most modern equipment. The doctor spoke perfect English and we chatted at length about the University dental curriculum and the general status of dentistry in Austria. I could not help but remark about the fine equipment he had and then, in line with that, I questioned him as to the type of surgical instruments he favored.

The "old man" smiled. "You are like my students," he said, "the first question they ask me is what type of instrument I like to use for this extraction or that one." Then he paused as if collecting his thoughts. "Do you think Pythagoras needed a mechanical pencil to work out his mathematical problem?" he asked. I was embarrased at my sophomoric approach and he noticed it.

"But wait, he said, "have you ever heard of the Junge forceps?" I said that I hadn't. "Good, then let me tell you the story about this wonderful instrument." The "old man" adjusted his glasses, settled back in his chair and began.

"The Junge forceps was designed by the master silversmith Gustav Junge for Doctor Frederich Steuber who had just been appointed head of the oral surgery department at the University of Vienna Medical College some sixty years ago."

Incidentally, Doctor Steuber was the youngest man ever to hold that position. The craftsman, Junge, had been a friend of Doctor Steuber's father and the instrument was made of a silver alloy but its unique design and specific measurements made it an instrument of perfection — the only one of its kind in the world.

Besides, it was what you might call a "universal" forceps in its function. It could be used for the removal of any tooth in either the upper or lower jaw.

With this magnificent instrument, Doctor Steuber soon gained the reputation of being the greatest odontist in all Europe. No tooth was too difficult to remove in little more than a few minutes. People came from every corner of the continent to have their teeth removed by Doctor Frederich Steuber. Members of royalty visited the clinic. They came from London and Bangkok, from Cairo and Copenhagen. For twenty years, with the use of the master forceps, this Viennese dentist extracted thousands of teeth. The forceps became his most cherished possession. Each day, when the clinic was closed, he placed the forceps in a felt-lined jewel box and carried it home. To him, it was more valuable than the Hapsburg jewels.

One rainy day, in a hurry to enter his house, he left the case with the forceps in the carriage he had hired and it was gone. When Doctor Steuber discovered that the forceps was missing he offered a huge reward for its recovery but none came to claim it. From that moment on the famed surgeon refused to operate. He

The Master Forceps

by Maurice J. Teitelbaum, D.D.S.
cent still had all 28 permanent teeth.

In the case of coronal caries, the survey showed little difference between younger and older adults. Both groups continue to suffer from decay on the crowns of teeth, with a slightly higher rate in females than in males. Employed adults had an average of 23 decayed or filled coronal surfaces (out of 128 possible surfaces), and seniors had an average of 20. (Older persons would be expected to have fewer, because they have fewer teeth left.) Almost 95 percent of the coronal lesions in both groups had been filled. "This is an extraordinarily high level of dental care," said NIDR epidemiologist Dr. James Carlos.

Decay of tooth roots was three times more extensive in seniors than in working adults. Normally tooth roots are protected below the gum line, but they can become exposed when gums recede over time or as a result of periodontal disease. Once exposed, they are vulnerable to decay. Root caries was found in 21 percent of the employed adults and 63 percent of the seniors surveyed. In both groups, only about half of the lesions had been filled. Root caries was more prevalent in males than in females, a reversal of the trend seen with coronal caries.

The majority of the adults surveyed showed signs of periodontal disease, with increasing prevalence and worsening of symptoms with age. Periodontal diseases destroy the supporting tissues that attach teeth to the jaw. Two measures were used to assess periodontal health: gums were gently probed at 28 sites to check for bleeding, which could be an early indicator of periodontal problems, and the sites were examined for loss of attachment of supporting tissues from the teeth. Gingival bleeding was noted in 43 percent of the working adults and 47 percent of the seniors. Almost all of the people surveyed—84 percent of the employed group and 89 percent of the seniors—had tartar deposits on their teeth. Seventy-seven percent of the younger adults and 95 percent of the older group had at least one site in the mouth with periodontal attachment loss. The average amount of attachment loss was 2 mm in the employed adults and 3.2 mm in the seniors. More severe periodontal destruction—4 mm or more attachment loss—was found in 24 percent of the employed adults and 68 percent of the older persons. In both age groups, males had a higher rate of periodontal destruction than did females.

"The information from this survey will enable us to target our research and education efforts where they are needed most," Dr. Lee said. "Clearly, the worst problems are in the older segments of the population. This group has high rates of caries, periodontal disease, and tooth loss, with all the attendant pain and suffering, plus the need for dental services." The overall picture from the survey, however, is one of continuing improvement in the oral health status of American adults, said Dr. Lee. "We've compared our findings to those of surveys conducted in 1960-62, 1971-74, and 1981, and it's clear that people are keeping their teeth longer today. We can also see a drop in the rate of coronal caries over the past decade, at least in people under age 35."

The survey revealed that Americans are going to the dentist. Eighty percent of the employed adults and 76 percent of the seniors who still had teeth had visited a dentist within the past 2 years. Almost 60 percent of the employed group and half of the seniors said the main reason for their last visit was prevention and check-up. Only 29 percent of seniors with no teeth had seen a dentist in the past 2 years, and more than 70 percent said the main reason for their last visit was prosthodontics.

With the adult survey result in hand, NIDR now has reliable data on the oral health of Americans from age 5 to 85-plus. In 1980, the Institute conducted a national survey of dental health in school children. That survey revealed a dramatic drop in the rate of tooth decay over the previous decade. More than a third of the youngsters surveyed were caries-free, attesting to the effectiveness of fluoridation programs and improved oral hygiene practices. A follow-up survey of oral health in school children is under way.

NIDR is one of the federal government's National Institutes of Health, headquartered in Bethesda, Md. The adult oral health survey results were announced at a press conference in Chicago, held in conjunction with the annual meeting of the American Association for Dental Research.
The State of America’s Dental Health:
“CONTINUING IMPROVEMENT”

A first ever Federal study has reported “Continuing improvement” in the state of America’s dental health.

Eight of every ten working American has visited a dentist at least once in the past two years. ... and sixty percent of these said the main reason for their last visit was prevention and check up.

The National Survey of Adult Dental Health is the first ever Federal study has reported: "Continuing improvement" in the state of America's dental health.

Eight of every ten working American has visited a dentist at least once in the past two years. ... and sixty percent of these said the main reason for their last visit was prevention and check up.

The results of a nationwide survey on the dental health of American adults were missing all their teeth, and half had lost at most one tooth. This represents a significant drop in tooth loss from what was seen in a 1971-74 survey. Unfortunately, toothlessness remains a major problem among Americans age 65 and older. Forty-two percent of the seniors surveyed were missing all their teeth, and only 2 percent look to at the prevalence of root caries and periodontal disease in detail. The survey was conducted over a year-long period ending in March 1986. During that time, NIDR-trained dentists performed oral examinations on almost 21,000 adults aged 18 to 103. The exams were conducted at 800 business establishments and 200 senior centers located throughout the continental United States. The sample population was selected to represent the majority of employed adults and older Americans.

The survey showed that toothlessness has been almost completely eliminated in middle-aged adults. Only 4 percent of the employed adults surveyed were missing all their teeth, and half had lost at most one tooth. This represents a significant drop in tooth loss from what was seen in a 1971-74 survey. Unfortunately, toothlessness remains a major problem among Americans age 65 and older. Forty-two percent of the seniors surveyed were missing all their teeth, and only 2 percent...
There Were Tooth Transplants In 1776

by George C. Kaehn

It is not surprising to read in the histories of colonial times that medical treatment was tainted with many prejudices and superstitions. People believed in ‘spells’ and witchcraft, and in charms as remedies. Snake bites, for example, were treated with pieces of the reptile applied to the wound plus internal treatment of a great amount of rum; and rheumatism called for the anointing of distressed parts with unguents made of the fat of wolves, bears, raccoons, ground hogs and pole cats.

What is surprising, however, is that a number of people of that period had teeth which originally were in the mouths of other people. A surgeon advertising in the Maryland Gazette of August 15th, 1776, says that ‘he transplant natural teeth from one person to another, which will be as firm in the jaw, without any ligament, as if they originally grew there.” A dentist, B. Fendall, ran an advertisement in the same paper on September 24th, 1779 saying, ‘those who have had the misfortune of losing their teeth may have natural teeth transplanted from one person to another, which will remain as firm in the jaw as if they originally grew there.’ He also claimed that he grafted natural teeth on old stamps.

Mr. Watson, in his Annals of Philadelphia, says: ‘I have seen a printed advertisement of the year 1784, wherein Doctor Le Mayeur, dentist, proposes to the citizens of Philadelphia to transplant teeth, stating therein that he has successfully transplanted 123 teeth in the preceding six months. At the same time he offers two guineas for every tooth which may be offered to him by persons disposed to sell their front teeth, or any of them. This was quite a novelty in Philadelphia; the present care of teeth was ill-understood then. Several respectable ladies had implants. I remember some curious anecdotes in some cases. One of the ‘Mischianza’ belles had such teeth. They were, in some cases, two months before they could eat with them. One lady told me she knew of sixteen cases of such persons among her acquaintance.’

Mr. Watson’s ‘Annals’ do not go on to say what caused this practice to cease. He concludes the subject by this observation: ‘Doctor Le Mayeur had great success in Philadelphia, and went off with a great deal of our patricians’ money.”
From another perspective, the plan reduces the potential for controversy over the value of a deceased partner’s interest. The plan defines the valuation criteria. The life insurance makes the cash available to pay for the partner’s interest.

Such plans also reduce uncertainty for both a deceased partner’s heirs and surviving partners. Some plans may foreclose a practice’s liquidation following a partner’s death. Others may foreclose continuation of the practice. In either event, the life insurance helps provide the financial wherewithal to complete either objective more smoothly.

Different circumstances may make any one of several partnership insurance plans appropriate.

As one approach, each partner may buy a life insurance policy on each of the other members in the partnership. Each partner remains responsible for the premiums on his policies. Each partner can buy enough insurance to cover the potential financial damage from the other’s premature death.

Larger partnerships may make the life insurance protection the practice’s responsibility. The practice buys a policy on each member of the partnership. The firm pays the premiums. The partners gain assurance of the practice’s responsibility. The practice professionals can help design the appropriate business life insurance plan for your firm. Then, they can help implement the plan.

Don’t put your practice life insurance plan in place and then forget about it. Personal and business circumstances change. Congress changes tax laws. Economic conditions vary. So, a practice life insurance plan appropriate for last year may be unsuitable today.

That makes a periodic review of your practice life insurance plan imperative. At least once a year, conduct a review with the life insurance professionals who helped you design the original plan. Only careful review can ensure that your plan remains appropriate for your current circumstances.

About the author: Bryan E. Milling works as a consultant in the insurance industry. He is also a college instructor of business subjects. He has written extensively for the trade press.
The Rights of Hospital Patients

If you are treating any patients in the hospital or if you are a hospital patient in the future, be aware that the American Hospital Association has adopted a patient's bill of rights. According to the AHA, patients have:

1. The right to be advised if the hospital proposes to perform human experimentation regarding their care and treatment.
2. The right to be informed about any treatment or care.
3. The right to receive information necessary to give informed consent before the start of any treatment.
4. The right to refuse treatment and to be informed of the consequences of that action.
5. The right to "every consideration of privacy" concerning their medical care.
6. The right to expect that all communications and records regarding their care will be treated as confidential.
7. The right to expect from the hospital, within its capacity, treatment that is consistent with the most advanced medical knowledge available.
8. The right to obtain information concerning the relationship of the hospital to other health-care and educational institutions insofar as their care is concerned as well as any professional relationships among individuals involved in their treatment.
9. The right to be advised if the hospital has adopted a patient's bill of rights. According to the AHA, patients have:

Shakespeare's Characters

(Continued from Page 7)

Sometimes we take our dental equip- ment for granted but it’s only 35 years ago that the high speed handpiece was first introduced. ... Root canal sur- gery may be a common procedure in dentistry but as tough as it might be, it can’t compare to doing a root canal on a 550 pound Siberian tiger. The big cat developed cracked and abscessed teeth while supplementing his diet on cage bars and fences, so two California den- 

tists were discussing the stock market, and one was complaining that some current setbacks in the market were ruining him.

"Doesn't all this loss bother you?" he asked his colleague.

"No," said his friend. "I sleep like a baby. Sometimes every two hours or so I wake up crying.

Dr. Winters was a regular football fan. All Sunday afternoon he would watch the games and one Sunday he was so tired he fell asleep on the couch. His wife left him on the couch for the night and the next morning went down stairs to awaken him.

"Wake up, Dear," she said. "It's twenty to seven."

In a flash he was awake, "Whose favor?" he asked.

In Richard III, Richard the Duke of York says, in Act III, Scene 4, "... things now are lead to believe that Richard was just plain stupid."

In Richard II, Shakespeare's Characters

We are lead to believe that Richard was just plain stupid. In Act III when Benedick says,"I have a toothache," Don Pedro's advice is, "Draw it."

To quote Cuttlefish, "Even if Benedick was a gifted artist how would a drawing of the situation remedy the problem?"

We agree, and thank Professor Cuttlefish for presenting yet another facet of Shakespeare's characters. For those interested, the book can be purchased at Ye Olde Book Shoppe on Shoyster Road in Stratford-upon-Avon.

What If One of You Dies?

The Need for Partnership Life Insurance

by Bryan E. Milling

In the absence of prior legal agreements, a partner’s death dissolves a partnership in most states. That creates potential financial hazards for surviving partners. The same hazards also can affect the deceased partner’s heirs. A premature death can become financially damaging to both groups.

From another perspective, a partner’s death easily can lead to conflict between his heirs and the surviving partners. The heirs of a dentist cannot legally enter the practice. But they can call for a cash settlement of the deceased’s interest in the practice. That raises the potential for controversy over the valuation of his interest in the partnership. The delay and legal expenses can become financially damaging for all concerned.

Coupling a "buy-and-sell" agreement with life insurance on the partners can help preclude such problems. The agreement allows the business to survive a partner’s death. The life insurance provides the funds necessary to pay the partner’s heirs a fair price for his interest in the firm. The life insurance proceeds also help prevent a debilitating financial drain on the business. Such plans provide several complementary benefits.

First, the partnership gains a financial cushion against a member’s premature death. The necessity to buy out his interests from the heirs doesn’t become a financial threat. That also helps preserve the firm’s credit rating. The practice can continue meeting its credit obligations in a timely manner.

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Art Director John Winters

Shakespeare’s Characters

(Continued from Page 7)
Compliments of Your Quality Ticonium Laboratory

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