Doctor, Ticonium Laboratory comes to you through the courtesy of your Ticonium Laboratory. The dental journal devoted to the dental team—doctor, hygienist, assistant, laboratory.
Two varied surfaces and latticed windows add an elegant touch to this office. Again, cleanliness sets it off nicely.

Beautiful brick finish of office is carried out on all sides of the building. Note sign restricting area to patients only.

can also be used effectively to carry out a central theme for your building.

Take a critical look at the back of your building, doctor. Does it present the image you want others to have of you and your practice? Is it a place you yourself would want to go to if you were a patient? They're important questions to ask yourself—because others are asking them too.

If the back of your building needs freshening, get it after it. It'll well be worth whatever you do, not only for your patients but for you as well. After all, much of your working day is spent in that building. Be proud of it!

1357 Lochmoor Blvd.
Grosse Pointe, Michigan 48236
cant position. They have a step out in front because, to a degree, they will, like you, be trying to match a specific job with a specific person when they make a recommendation. And they are likely to be very conscientious in their reference since, if hired, they will have to "live" and work with the choice made on their endorsement.

Community, civic, business, and social organizations in which you have membership broaden the base for the employee search. Any or all of them—Rotary, Kiwanis, Elks, Chamber of Commerce—offer personal contacts among men and women of professional competency whose recommendation would be readily acceptable as a first-rate reference if accompanying a job application. Their business dealings often identify competent individuals "on the move" or available.

Patients, particularly long-time visitors to your office, can give a valuable lead in the employee-search, since, like the staff, they are familiar with the office environment and the specialized talent you are seeking. For some, it gives them a way of thanking you by putting you in touch with a personal friend having the required background and skill for the vacant position.

Other Reservoirs
Professional schools and journals are other very reliable sources. The two-year community or junior colleges which are sprouting up all over the country are offering more specialized courses, tailored to specific professional services, such as the dental office. These, of late, have been a very abundant source of competent help. Check also the local high schools and vocational schools. All of them have those individual students with ability and enthusiasm that need only to be given an opportunity for expression. Professional journals are tailored to the specialized skills and will bring to your attention individuals from smaller towns or other cities who are looking for new positions.

And of course there are the professional and technical associations that maintain registries of their members as well as employment services. They understand the requirements of such professional and technical positions and can be of inestimable help to the dentist who has such a vacancy to fill. Check also the local high schools and vocational schools. All of them have those individual students with ability and enthusiasm that need only to be given an opportunity for expression. Professional journals are tailored to the specialized skills and will bring to your attention individuals from smaller towns or other cities who are looking for new positions.

This is done by photocopying the employment application and submitting it to an insurance company writing fidelity bonds. Agencies will check the references of prior employment and also check with credit bureaus for outstanding litigation and judgments. You may not think it is your business to pry into the personal financial affairs of applicants but it certainly is.

The person who is the defendant in suits for "goods sold and delivered" is often an irresponsible person unable to handle fiscal affairs. Such a person will be working under pressure and the worries inherent to such suits will affect his or her efficiency on the job. Judgments lead to wage levies and this in turn can turn you into becoming a bookkeeper for the creditors.

The agency will also check (if required by the type of position, i.e. handling of cash) if the person is bondable. This is done by photocopying the employment application and submitting it to an insurance company writing fidelity bonds. Agencies will check the references of prior employment and also check with credit bureaus for outstanding litigation and judgments. You may not think it is your business to pry into the personal financial affairs of applicants but it certainly is.

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Government Agencies
Another method to secure applicants is to call your state unemployment insurance office or the United States Employment Service (U.S.E.S.) Both agencies keep detailed records of persons seeking jobs who possess certain job skills. There should be no qualms about securing an applicant who is collecting unemployment insurance. It doesn't mean that he was dismissed for incompetence, but more likely that he is out of work because of a lagging economy, changes in technology, relocation of firms to other areas of the country, and so forth. You do have to take into account, though, that the unemployment offices do not do a screening job comparable to that of an employment agency. Such offices are prone to accept most statements as fact, without outside verification, and hopefully to find jobs for their clients to remove them from the unemployment rolls.

Competent persons can be obtained, however, and it just means a little more effort on your part. The first step in the procedure is to obtain an employment application form, usually obtainable from

Commercial Employment Agency
One tried and proven method is to use the services of a reputable employment agency. A reliable agency will advertise and secure a pool of applicants from which it will select several that it feels will meet the qualifications you've outlined when giving the "job order."

Agencies will check the references of prior employment and also check with credit bureaus for outstanding litigation and judgments. You may not think it is your business to pry into the personal financial affairs of applicants but it certainly is.

The person who is the defendant in suits for "goods sold and delivered" is often an irresponsible person unable to handle fiscal affairs. Such a person will be working under pressure and the worries inherent to such suits will affect his or her efficiency on the job. Judgments lead to wage levies and this in turn can turn you into becoming a bookkeeper for the creditors.

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Q
taile the Back of Your Building, Doctor?

Quite often time, money, and effort are spent in “putting on a good front” as far as the dental office is concerned. But how about the back? That’s important, too.

With today’s parking situations, patients will often find themselves parking in back of your building (if there’s space) or at least driving past it looking for space. What kind of impression does your office leave?

If it’s at least neat and clean, this settles well in the patient’s mind. But if it’s messy, unkempt or cluttered, it can also raise reasonable doubts about other parts of your inner offices that they can’t see.

If you provide parking, then it’s essential to have it looking good. Extra rear entrances to your building only underscore that importance because of foot traffic.

These same parking areas can be used as a plus for you. By posting them so that they are saved for your patients (and for you and your staff too, of course) you create a feeling of being concerned about their convenience, their importance.

A fresh, clean look will also carry over that hygienic idea that people so much want and seek in health facilities. Here’s a chance to advance it a step further for your whole business neighborhood.

Shaping up the area needn’t be a costly or long drawn-out project. There are many ways to do it. It’s your choice.

If you have cement or cinder-block walls, they can be painted to look neat and clean. Windows can be shuttered and “awnied” to give a more finished appearance. Brick, stucco, metal or other surfaces
Suddenly, The Patient Dies

During a lifetime of practice the chances are that one or more patients will come to an untimely death while still undergoing dental treatment. Usually there is no open conflict and the problem of collecting from the survivor may be a delicate one. In my own practice this has occurred four times. The first time it happened I was still a young practitioner and I handled the situation poorly. To tell the truth, the entire experience was a fiasco.

The patient in question was a good one, a reliable man who was undergoing extensive mouth rehabilitation. He was punctual with his payments, which he made each week at the end of the visit. The last time I saw him I had temporarily cemented the final six-unit bridge and was informed that the balance of $350 on his account would be paid on the succeeding visit. Unfortunately, he suffered a fatal coronary a few days after his last appointment. A bill with the balance was sent to his widow, who was also a patient, the following month. There was no reply and another bill was sent out. Shortly after the second bill I received a scathing telephone call. In essence, I was accused of wanting to collect on work the patient had died was punctual in his payments, you might inform the survivor of that fact. Most survivors will be persuaded to follow the wishes of the departed. Even those who might resent paying might be influenced in this manner.

When the death of a patient presents problems of collection a sympathetic, tactful, and personal approach can do much to build good-will and bring about settlement without recrimination or hostility.

FDI WORLD DENTAL CONGRESS

Members of the American Dental Association who are also members of the Federation Dentaire Internationale are invited to attend the 62nd annual World Dental Congress of the FDI scheduled September 24th in London.

The overall scientific theme of the Congress, to be hosted by the British Dental Association, will be "The Dentist's Role in a Changing Society.

This topic will be explored in three sessions: "Society's Expectations of Dentists: Current Attempts to Satisfy Society's Needs," and "Meeting the Challenge of a Changing Society."

In addition to this feature, and many others, Behavioral Scientists in Dental Research will present a survey of dental services in countries with different social, economic, and political backgrounds.

American dentists wishing to obtain a preliminary program or FDI supporting membership enrollment forms, should contact Dr. Maynard K. Hines, national treasurer, USA Section of FDI, 1219 West Michigan Street, Indianapolis, Ind. 46202, or Miss Eugenia Uttech, secretary, USA Section FDI, 6 Main Street, Watertown, Wisconsin 53088.

(2) Call the survivor and ask if she wishes to stop by at the office to discuss payment of the bill. Of course, before there is any conversation about the account, proper conditions should be extended. Again, this is not a direct request for payment and yet you have served notice that you expect payment. You have also given some assurance that you expect to extend every consideration in handling the debt. In many cases this is what the survivor wants to hear and it allows her to formulate some plan of payment, especially if the outstanding balance is a large one.

With either approach it is useful to present the deceased's own intentions of paying. If the patient who had died was punctual in his payments, you might inform the survivor of that fact. Most survivors will be persuaded to follow the wishes of the departed. Even those who might resent paying might be influenced in this manner.

When the death of a patient presents problems of collection a sympathetic, tactful, and personal approach can do much to build good-will and bring about settlement without recrimination or hostility.

Facts to Consider

What do you look for in a potential employee? You seek the employee who is neat and personable; who comes to work and asks what is expected on the job; and exudes confidence and tenacity. One with patience and friendliness in answering your questions (no matter how trivial), and desire to know the opportunities for advancement. A person who is humble, yet with a measure of exuberance that will be brought to the job, especially when dealing with your patients. One who is a well-grounded individual in local community affairs; and, above all, a person who is not argumentative during the interview.

When hiring female employees you face certain problems and should try tactfully to get answers to several questions. There will be a costly training period, perhaps taking your patience as well as your pocketbook.

Is the 18-year-old going steady and planning to marry and leave work immediately thereafter? Is the young married woman planning to start a family and only take the job until pregnancy or the early months thereof? Is the housewife with grown children only seeking a temporary job to accumulate money for some special purpose? You should at least know where you stand in relation to what's in store after the costly training period.

During the interview itself you should try to put the applicant at ease. A relaxed atmosphere will lead to getting more information and a chance to examine mannerisms of speech, of parrying, and of handling oneself under stress.

It is not a good policy to just sit back and shoot questions at the applicant. This will cause the person to tense up and take a defensive attitude. Probing by using a conversational approach is usually more productive. Allowing the applicant to relate an experience apropos the conversation will possibly be very revealing.

A beneficial applicant can be the refuge of one short on ability, but it can be the enthusiasm and confidence you seek. If the person doesn't believe in herself, in her own abilities, why should you?

After a while steer the conversation away from qualifications (education and experience) and talk about the person's personal ambitions, outside hobbies, interests, and participation in community affairs.

Show an interest in what is being said, for in this phase of the interview you can gain an insight of the personal characteristics of the applicant. Those who give of themselves (church, work with youth, volunteer health groups, local charities) are more apt to give of themselves on the job.

If by this point you are interested in the person as a prospect to fill the vacancy, tell something of the work involved, the working conditions, the remuneration, promotions, and any program in effect of fringe benefits—vacations, hospitalization insurance, major medical coverage, and so on.

The taking of copious notes during an interview often is upsetting. Wait until the applicant leaves before making certain comments on the employment application form.

The decision? Unless you've checked the references prior to the interview, it's a good policy to make an on-the-spot decision to hire.

Tell the applicant that you've promised one or two others prospects an opportunity for an interview and that you'll make a decision shortly. This will give you an opportunity to compare this person's attributes with others, and the opportunity to make a proper evaluation.

You may find your ideal employee!
YOUR CAMERA WILL DOCUMENT YOUR LOSSES

by Joseph Arkin, CPA

Your insurance policy protects you against fire, flood, tornado, vandalism, theft, and other catastrophes. But, you must be able to prove the loss incurred and trusting to memory as to the contents of a given area is at best a poor substitute for documentation by film.

Photographs of all the property you own will bolster the validity of your insurance claim. In addition it will also show tax-deductible casualty losses of property over and above insurance recovery.

If you are a homeowner make sure that your snapshot file is an all-inclusive one. All buildings—main house, detached garage, permanent cabin, or garden house—should be photographed from all sides. All rooms and their contents should be shown so that the items in each snapshot can be easily identified. Snapshots of all outdoor improvements of value—trees, shrubbery, walls, fences, driveways—complete the basic file. As major improvements are made, however, they, too, should be recorded on film to keep the file up-to-date.

The foregoing applies to a tenant with respect to his furnishings and other property kept on rented premises.

If part of your residence is used to conduct your practice, make sure to take detailed photos of the practice area. This procedure should be followed if practice is conducted away from your residence in either rented or owned premises.

Once you have completed your snapshot file, you have a basis for establishing "the condition and value" of your property prior to a casualty. To make sure that the file is not damaged along with the property it documents, it should be stored in a fireproof container or a safe deposit box off the premises.

Should your property be damaged through an "identifiable event of sudden, unexpected or unusual nature," as defined by the Internal Revenue Service, take additional pictures after the event to clearly illustrate the damage to your property. Again, take pictures from all sides. This procedure will complete the before-and-after comparison which, according to the Internal Revenue Service, is often the best basis for casualty loss claims.

The IRS goes a step further by suggesting that "photographs showing the condition of the property after it was repaired, restored, or replaced may also be helpful." This, according to the Service, can provide a guide to current value which, together with pictures of conditions before and right after the disaster, and the cost of repair or replacement, can help to establish actual loss.

The Internal Revenue Service is specific and detailed in its willingness to accept photographic proof. "Photographs are acceptable evidence of casualty loss as a result of disaster," a spokesman bluntly declares. The rules are specified and spelled out in an IRS publication, Document Number 5174, available at all district offices.

Your supporting photographs themselves become a tax-deductible item "as an expense of determining your tax liability" if they are ever used in "making appraisals and in ascertaining the extent of damages to arrive at the amount of loss from a casualty."

Initially, a property snapshot file can also serve as a useful inventory device for new homeowners who face the task of determining how much insurance they will need.

Even if you are not a homeowner as yet, photographs you take of the condition of your apartment or office just before you vacate can help protect your security deposit should some uncropious landlord decide to make a claim against the deposit for alleged "damages."

A camera can become a valuable witness—but only if you push the button to take a series of pictures!
A Practical and Economical Correction of a Lower Protrusive Denture
by H. A. Beaudry, D.D.S.

Many dentists have observed patients wearing full dentures who have developed a protrusive malocclusion of the lower denture which was not present at the time of fabrication and initial insertion of the dentures. Unless the patient has some protrusive biting habit, the Class III relationship could well be due to resorption of the edentulous ridges. This resorptive process causes bite closure, a loss of vertical dimension, and a protrusive thrust of the mandible due to an alteration in the arc of closure.

Reestablishing good facial esthetics, centric relation, and vertical dimension can, of course, be achieved by fabricating new full upper and lower dentures. A technique to be described here has been used for almost 15 years to correct a lower protrusive denture. A different procedure is employed when the patient has some protrusive biting habit, the Class III relationship could well be due to resorption of the edentulous ridges. This resorptive process causes bite closure, a loss of vertical dimension, and a protrusive thrust of the mandible due to an alteration in the arc of closure.

An average case of a lower protrusive denture is shown on a model in Figure 1. The first step in correcting such a case is to take an impression of the patient's upper denture and then make a stone model of the denture so the patient is able to wear the upper denture while the lower denture is being revised in the laboratory. Figure 2. The lower denture is then prepared as for relining by relieving the tissue side of the denture. Using the lower denture as a "try-in," an impression of the lower ridge is then made with an accurate recording impression material of personal choice. After the material sets, the denture is removed and the impression flushed off with water. Figure 3. Both dentures are replaced in the mouth. The occlusion will still be as in Figure 1.

The next step is to place two layers (more or less) of yellow sheet wax over the lower posterior teeth so the occlusal surfaces are covered from cuspid to second molar on each side. Then the wax is softened

Figure 1. Model of an average case of a lower protrusive denture.

Figure 2. Model of upper denture. Patient is able to wear upper denture while lower denture is revised in the laboratory.

Figure 3. Impression of lower ridge using lower denture as the try-in.

Figure 4. Overbite of 2 mm.

An Unappreciated Aspect of Prevention
by Lawrence F. Pace, D.D.S.

The emphasis in today's dental education has been placed on prevention. Most in the profession would interpret this to mean prevention of decay and periodontal disease; but there is a more fundamental application of the term "prevention."

Dental decay may be the most prevalent chronic disease afflicting mankind. The pain resulting from this decay and its treatment has resulted in an equally chronic problem for the dental profession. To quote the late Leonard Monheim, "In the past, pain has been so closely associated with Dentistry that the words 'pain' and 'dentistry' have become almost synonymous. Research has proved that more patients stay away from dental offices from fear of pain than from all other reasons combined."

As long as this fear exists in the minds of the public, true preventive dentistry cannot be practiced. People must be seen to be treated. Thus the prevention of pain and the fear of pain is more fundamental to present dental practice than any other modern innovative technique. This emphasis on pain control and prevention does not require new, highly sophisticated techniques; but rather an implementation and refinement of the knowledge and basic techniques already known. The days of drill and fill, moan and groan and grin and bear it must be totally eliminated from today's dental practices; and these painful memories must be erased by those now in and about to enter practice. It will be a slow process of example and dissemination of information by those treated; but it will be possible through a concerted effort of all concerned.

The fundamental techniques must be properly learned by today's dental student, and these fundamentals must be implemented and practiced properly by both new and old practitioner alike. This preventive technique must pervade all aspects of patient contact. The psychology of pain control must be considered. The initial telephone contact, pleasant surroundings, a friendly and sympathetic staff, and all the other techniques advocated by those in modern practice management are fundamental to this concept. The patient must be placed at ease as much as is possible.

Next, the attitude of the practitioner must be considered. That magic phrase "patient rapport" consisting of empathy, concern and self-confidence is also fundamental to pain prevention in its ability to allay and overcome some of the tension and fear in the expectant patient. There is nothing that can negate the effect of the pleasant surroundings provided by a modern dental office than the bruise, hurried and indifferent attitude of the practitioner. During the initial interview and history taking, the dentist should attempt to ascertain the patient's attitudes towards dentistry and his past dental experiences — those pleasant and not. The practitioner should also be able to subtly extract these feelings and fears from the reticent patient when necessary.

The basis of local anesthetic technique as taught in ev-
be constructed with attention to periodontal prophylaxis, for the insertion of any partial prosthesis carries with it the dangers of creating or aggravating niches where debris may accumulate. He offers the practitioner, the student, and the dental technician his experience of thirty years. Special emphasis is on the technique for individually milled attachments.

The ten chapters are entitled: “Theoretical bases”; “Planning and preliminary treatment”; “Operatory and laboratory procedures”; “Definitive try-in and seating of the interdental space closure appliance”; “Routine care”; “The free-end saddle”; “Removable C.I.S. with Stellite (chromo-

cobalt-molybdenum) or gold alloys using the modelling technique”; “Adjutants and corrective measures after years”; and “Practical cases.” (196 p., 346 ill., Berlin and Chicago. Die Quintessenz, 1972, $48.)

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Endodontic Therapy
Franklin S. Weine

“Endodontic Therapy” is a textbook for students and general practitioners who wish to make endodontics an integral part of their practice. The emphasis of the book is twofold: (1) to describe efficient and effective methods for solving the clinical problems commonly encountered during treatment, (2) to illustrate the importance of endodontics in the three types of general practices—restorative, reconstructive, and prosthodontic—and (3) to clarify the interrelationship of endodontics with the other areas of dentistry.

“The desire to retain teeth is prevalent not only among dentists but among patients as well. The impact of preventive dentistry and the high degree of predictable success enjoyed by most areas of den-

tistry have produced an awareness among patients of the value of the retention of natural teeth. Therefore, since the most serious contingency to be avoided is the loss of a tooth, it is important to both the patient and the dentist to prevent caries and periodontal dis-

case. In many cases endodontic therapy is the ‘court of last resort’ to salvage the affected member of the dentition.

“Endodontic therapy is no longer a special priv-

ilege to be dispensed only to selected individuals. Pa-


tients in every practice must find its benefits avail-

able, either directly or through referral. Therefore, every dentist must be conversant with the indications for treatment, the diagnosis of pulpal and periapical diseases, emergency treatments, and the restoration of treated teeth, even if another practitioner will perform the endodontic therapy. Appropriate portions of this text deal with rapid, efficient, and effective methods of diagnosis and treatment planning as well as restoration following therapy. Such chapters are designed for those who recognize the need for treat-

ment but prefer that others carry out the actual endo-

dontric therapy.

“Of course, much of this book deals with the vari-

ous steps involved in routine and complex endodontic treatment, from access cavity preparation through in-

tracanal treatment procedures to various canal-filling methods. Surgical treatment and endodonticulo-

dental problems also are covered. Major emphasis throughout is on development of techniques that will avoid the distressing problems that so often seem to occur during treatment or will successfully solve them when they do transpire.” (432 p., 650 ill., index, St.

Louis, C. V. Mosby, 1972, $24.50)

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Practicing Dentistry: Ergonomic Guidelines for the Future

Karlheinz Kimmel and Robert Oswald Walker

Ergonomics: the adaptation of work to the man and of the man to his work. In dentistry, ergonomics results in improved patient care in an environment that is both congenial and efficient. Without being doctrinaire, this book encourages the rationalization of dental practice. All recommendations are based on a flexible system, for the guiding principle of occupational science is that individual psychological and physiological requirements of work should be considered under all conditions when a task is adapted to a man and when man adapts to a task. The authors freely admit that individual preferences will govern the choice and use of many ergonomic principles. They decry increased productivity at the expense of dental practice and its function; types of practices as depersonalized, and call for the continued close relationship between the man and when man adapts to a task. The authors' quantities of the radiographic illustrations which dominate this book. The routine use of a lead grid and of clinical measurements would help in this area insofar as the author has clearly detailed the severe limitations (and usefulness) of the dental radiograph.

Chapter topics include: the objectives of dental practice; ergonomic principles of dental practices; and future aspects of rationalization in dental practice. (285 p, $42.00)"
for children—dental pre-payment programs, the increase in family income, the growth in urban populations, rising educational levels and the spiraling population will all affect the demand for more dental care."

The report was accepted and endorsed by the CU Board of Regents on Nov. 18, 1966.

The Legislature followed with a $2.7 million construction commitment which was fulfilled in 1972. The projected cost of the school at the time was $11.8 million; $2.7 million was to come from the Legislature and another $2 million from Dr. Hiatt's fundraising campaign. The remaining $7.1 million, the crucial amount, was to be requested of the Federal Government.

"It seemed we had it made back then," Dr. Burrows recalled. "But we didn't. Starting from 1966, when our first construction plan was completed, until 1972, we had nothing but trouble."

First, Dr. Burrows could not apply for federal money until 1971 because he was unable to find a suitable spot on which to build the school. This problem was an outgrowth of "having to please too many bosses."

"We had to answer to the University of Colorado Medical Center, the University, the Board of Regents, the Legislature, and the American Dental Association's Council on Dental Education," he explained. "If any one of them disapproved of our plans, we had to start all over again."

And this was precisely what happened several times. The medical center, for example, turned down one construction plan because it called for more property than the center could provide. The Legislature killed the 1966 plan because it proposed that the clinic be built west of Colorado Boulevard—and the Legislature did not want the dental school separated from the medical center. The Council on Dental Education stopped another construction plan because the proposed clinic was not close enough to the center.

Finally, in 1971, a plan was developed which pleased everyone. It provided for a dental school to be built on a smaller piece of land at the medical center. The Board of Regents on Nov. 18, 1966, had its office. Below, part of the first floor has been remodeling the Old Annex building, formerly a nurse residence facility, have been remodelled as temporary headquarters for the dental school. Groundbreaking for the new $3.3 million dental facility, to be located adjacent to Colorado General Hospital, was scheduled for this spring. Completion is expected by mid-1975.

On the second floor of the Old Annex, in an office where the hum and clank of the old heating system makes it somewhat difficult to converse, Dr. Burrows has his office. Below, part of the first floor has been remodelled to contain 25 dental chairs. There are some offices, a reception area, and an x-ray department in the basement, and part of the second floor houses a laboratory.

The Deon
The eldest of three children and the son of a railroad worker, the 44-year-old dean was born in La Junta, Colorado.

He received his bachelor's degree from the University of Colorado at Boulder—also the place where he met his wife, Jean, on a blind date. Three of the couple's four children were born while he was pursuing his dental education around the country. He graduated from CU in 1953, then went to the University of Kansas City Dental School until 1957, when he received his D.D.S. From there, he attended the University of Rochester School of Medicine and Dentistry in Rochester, N.Y., to get his Ph.D. in anatomy and dental research.

From 1958 to 1962, Dr. Burrows taught several classes at the Eastman School of Dental Hygiene, Rochester, N.Y., and at the University of Rochester. At Eastman, he lectured in anatomy and physiology. At Rochester, he taught gross anatomy and was a laboratory assistant in both gross anatomy and histology. Also while at Rochester, he assisted in organizing and presenting a graduate course on anatomy of the head and neck.

From 1956-57, Dr. Burrows, in an independent investigation under the direction of Dr. Hugh Myers, University of Kansas City Dental School, developed a technique for endodontics on hamsters for research purposes. Later, as a graduate student and fellow in dental research at the University of Rochester, he investigated the exchange of magnesium-28 between plasma and bone. There he also researched the fluorescent antibody histo-chemistry of developing human enamel, and the analytical biochemistry of proteins of human enamel matrix with special reference to the imino acid hydroxyproline. Dr. Burrows has been the assistant secretary of the American Dental Association's (ADA) Council on Dental Research.

Other administrative experiences include serving as secretary-treasurer, ADA representative, and chairman of the board of trustees of the American Association for the Accreditation of Laboratory Animal Care; ADA representative to the National Society for Medical Research; ADA representative to the American Association of Laboratory Animal Science, and co-ordinator of dental activities for both the National Science Fair and Future Scientists of America.

He also has been the program director for both the Junior Dental Scientist Awards Program and the Dental Students Conference on Research; assistant editor of the Annual Reviews of Dental Research (sponsored by the Council on Dental Research and published in the Journal of the American Dental Association); consultant for the American Association of Dental Schools ad hoc committee on cancer teaching programs, and a member of the dental program project committee of the National Institutes of Dental Research.

Dr. Burrows also is a member of several professional societies. He is, for example, a member of the International Association for Dental Research, American Dental Association, American Association for the Advancement of Science, Delta Sigma Delta, American College of Dentists, International College of Dentists, and the Federation Dentaire Internationale. In 1957, he received the Pattison Award for Dental Research from the University of Kansas City Dental School, and in 1960, the certificate of merit from the American Academy of Dental Medicine.

He is a member of Sigma Xi, Phi Sigma, and Omicron Kappa Upsilon.

Dr. Burrows has authored or co-authored several publications, most of which have dealt with his investigations at the University of Rochester and the University of Kansas City.

SOME OF THE DENTAL CHAIRS IN THE REMODELED OLD ANNEX BUILDING.