MORE TIME TO LIVE... OR TO PRACTICE... OR BOTH

is sent to you by your Ticonium Laboratory, doctor.

An award-winning magazine that covers the whole range of your interests — professional and personal.
child or grandchild, the adoption of a child or the marriage of one of your children.
2. Death of an heir or the death of the chosen executor of your estate.
3. Purchase or sale of a significant property or maturation of a trust fund.
4. Coming into an unexpected large sum of money or material.
5. The sudden, severe illness of a dependent who may require a great deal of care throughout life.
6. A change of heart about heirs.
7. The recognition of a new charity that you have become interested in.
8. Moving to a new state where the laws of inheritance may differ.

GETTING A CONTRACTOR

Are you thinking of building a house this summer and need to put it "on the market"? Well, whether you plan to build a new house or remodel, getting bids from a contractor is an important first step. Here are a few hints to make the job easier:

1. Get the names of several contractors from your architect or by recommendation from friends or building material dealers.
2. Get a cost estimate after discussing the type of job you want.
3. Before getting final bids, try to ascertain the contractor's reliability, credit, and integrity. Get to know the contractor.
4. Get your final bid from three or four contractors after you've made it clear as to the kind of material you want and be sure to put all your requirements down on paper.
5. Your final choice should not be based upon the bid alone but on quality and reputation as well. An unusually low bid should be suspect since it may reflect inferior work or material or both.

HISTORY OF BLACK DENTISTS

Clifford G. Dummett, president of the Los Angeles Dental Society, and his wife, Lois Doyle Dummett, are the authors of a new book Afro-Americans in Dentistry, Sequence and Consequence of Events. Dr. Dummett is a professor of dentistry at the University of Southern California School of Dentistry and a delegate to the California Dental Association. Lois Dummett was assistant editor during the years that Dr. Dummett served as editor of both the National Dental Association and the American Association of Dental Editors.

The book records the events relating to the activities of black dentists in the United States from 1740 to 1975. Dr. Harold Hillebrand, executive director emeritus of the American Dental Association, has written a foreword for the book. He describes it as "a compelling narrative of patience and achievement under handicaps that many of us today view as stains and snarls on the fabric of our nation and our profession. It is essentially a story of struggle of people for a place in society. It is the story of black contributions made to an advancing profession and to a nation that had no easy way for them simply because they were made by blacks."

CONTENTS

MORE TIME TO LIVE- OR PRACTICE-OR BOTH
An interesting, thoughtful appraisal of home-office dental practice and its benefits

NEGOTIATE A PROFITABLE LEASE
A business expert identifies the basic requirements for protecting yourself

MEDICATION THERAPY
An authority writes on one of the most controversial areas of modern nutrition

RETENTION OF REMOVABLE PARTIALS
"...it is possible to produce partial dentures of quite simple and uncluttered design"

DANGERS DEADWOOD IN THE DENTAL OFFICE
A quick, easy, effective audit of office conditions to identify deadwood problems

OUTSIDE PLANTING CAN DO WONDERS
An opportunity to beautify your office

ANGLES AND IMPRESSIONS
Don't ever miss it—or you will!

MORE TIME TO LIVE- OR PRACTICE- OR BOTH
by Maurice J. Teitelbaum, D.D.S.

For many dentists, this seems to be the day of partnership practices in offices with multiple operating rooms decked out in super all-purpose dental units and well-in-wall cabinets; business offices with master filing cabinets and minicomputers; special quarters for "preventive dentistry education"; expanded laboratory facilities; and paneled conference rooms.

With all this, the home-office setup would appear to be a relic of the past. It is no wonder that those in the vanguard of four-, five-, and six-handed dentistry often refer to the solo practitioner working in his home as a horse-and-buggy dentist. By the very size and mode of operation, the heavily staffed modern dental practice spread out in a professional building could hardly be accommodated in the home. There is no doubt that dental suites in office or professional buildings are better suited for the modern multi-staffed dental practice. Thirty years ago the majority of dentists practiced in their homes, today the reverse is true, most dentists commute to their offices. The change, for better or worse, is not predicated upon the quality of dentistry offered. For, despite the advantages of an expanded type of operation, there is no reason why the quality of dentistry patients receive in the solo practice in the home-office should differ in any way from that produced in the large office suites. Modern dental equipment and skill are not exclusive to either type of practice.

In today's time-in-money economy, big dental practices, like all other large enterprises, are planned to utilize time and space so that, at least theoretically, every moment and all footage is productive, both in the work turned out and in the money earned. Yet, as functional as these "suite offices" are, there are some distinct, important advantages in the "old fashioned" home-office setup. We had better consider these advantages, especially when hypertension and other stress diseases are rampant, for these benefits offer "something of value."

For example, in a well-run solo practice, less work is produced, and therefore the gross income is apt to be less. However, with lower operational costs—single rentals or mortgage payments; savings on maintenance and utilities; fewer salaries to be paid; no transportation costs, etc.—the net income in a home-office practice is proportionately higher in relation to the gross receipts. And you haven't worked your head off to get into the higher, confiscatory tax bracket.

Something else to think about: Aside from any financial differences, perhaps the most important advantage of the home-office setup is the saving of time—one of man's most precious possessions.

Not office time, but living time. Let's take a good look at this. If one considers eight hours as a working day, a dentist who doesn't have to commute to his office can add almost five years of total working time to his life by practicing at home. How do we arrive at this?

Well, dentists who commute to their offices spend an average of one hour a day in travel time. Working five days a week means approxi-
mately 250 hours a year spent in travel. In 40 years of practice it adds up to 10,000 hours. In a 40-hour working week that's about 5 years or five years. What price can you put on five years? For those who measure time in dollars and cents, if your time is worth $50 an hour then 10,000 hours could be worth a half million dollars!

To some dentists the opportunity for greater income at the loss of time-time that produces no revenue. Besides, they prefer to share their responsibility with others and they are uncomfortable being confined to home quarters. They dislike being restricted. They prefer getting out, away from their homes. They feel it is more business-like, more professional. Which type of practice is "better" for an individual? To my knowledge, there are no studies that have measured the health, longevity, and general wellbeing of dentists practicing in their homes or away from their homes, or in solo or group practices.

In his book Surviving in Dentistry, Dr. J. E. Denlap professes the belief that "there's salvation in numbers" when voicing his opinion that "the traditional one-man office is one of the primary elements in the emotional problems so many dentists have." Then he adds, "This is not to say the solo office is a mistake for every dentist but it is dreadfully wrong for many." One might add that being in a group practice is likewise "dreadfully wrong for many." He writes of the security in having others around to consult. This may be true but it omits the fact that the more people involved in work, the more problems.

Three-Year Decline in Dental School Applications

Over the past three years, there has been a "significant reduction" in the number of applicants to dental schools, a recent study conducted by the American Dental Association Division of Educational Measurements in cooperation with the American Association of Dental Schools. Results of the study were reported to the ADA Board of Trustees.

The study revealed a causal relationship between the following apparently unrelated variables and the decline in dental school applicants:

- Region of parents' residence: The decline in applicants has been accompanied by an increase in applications from families identified as socioeconomically lower middle class, as is much greater on the West Coast than the East between the intestine and the gall bladder on the hyperactive child about to undergo a dental examination. The next time you have a hyperactive child in the dental chair will experience a fall in blood sugar and try to relax all your muscles and concentrate on a single word so that your mind is free of thought. The "This high-protein food has calming effect on the hyperactive child about to undergo a dental examination. We have had cases of patients who were attacked by a patient with a partial denture that she accidentally flushed down the toilet. No, said the IRS, but she could claim a casualty loss for a partial denture that she accidentally flushed down the toilet. The hyperactive child facing stress in the dental chair will experience a fall in blood sugar and try to relax all your muscles and concentrate on a single word so that your mind is free of thought. The IRS was asked by a Los Angeles woman if she could claim a casualty loss for a partial denture that she accidentally flushed down the toilet. No, said the IRS, but she could claim a casualty loss for a partial denture that she accidentally flushed down the toilet.

There are 90,000 dentists in the United States, but there have been only 60 dentists in the United States who have 59 dental colleges.

The next time you have a hyperactive child in the dental chair try giving him some nuts or a piece of cheese before he comes in for treatment. At least that's the advice of Dr. Donald Morse, associate professor of endodontology, Harvard University, who has been treating patients for years. The high-protein food has calming effect on the hyperactive child about to undergo a dental examination. The next time you have a hyperactive child in the dental chair will experience a fall in blood sugar and try to relax all your muscles and concentrate on a single word so that your mind is free of thought. The IRS was asked by a Los Angeles woman if she could claim a casualty loss for a partial denture that she accidentally flushed down the toilet. No, said the IRS, but she could claim a casualty loss for a partial denture that she accidentally flushed down the toilet.

For many years dentists have been cautioning patients about using toothpicks. Incorrectly used, they can injure the gingival tissue. But toothpicks can be of more danger. Playwright and humorist Sherwood Anderson, who once chewed gum, swallowed a toothpick that led to peritonitis which caused his death.

The drop in dental school applicants has been accompanied by an increase in applications from families identified as socioeconomically lower middle class, as is much greater on the West Coast than the East.

Some subjects felt hemiplegia and meditation brought about a deeper state of relaxation, physiological tests revealed no appreciable difference.

When taking time out during the day to relax, even for 10 minutes, can be great benefit. To relax properly you should be alone, in a quiet room, close your eyes, try to relax all your muscles and concentrate on a single word so that your mind is free of thought. The IRS was asked by a Los Angeles woman if she could claim a casualty loss for a partial denture that she accidentally flushed down the toilet. No, said the IRS, but she could claim a casualty loss for a partial denture that she accidentally flushed down the toilet.

As stated in the report, the drop in dental school applicants has been accompanied by an increase in applications from families identified as socioeconomically lower middle class, as is much greater on the West Coast than the East. The hyperactive child facing stress in the dental chair will experience a fall in blood sugar and try to relax all your muscles and concentrate on a single word so that your mind is free of thought. The IRS was asked by a Los Angeles woman if she could claim a casualty loss for a partial denture that she accidentally flushed down the toilet. No, said the IRS, but she could claim a casualty loss for a partial denture that she accidentally flushed down the toilet.

According to the Medicare Handbook: "Medical insurance can help pay for dental care only if it involves surgery of the jaw or facial bones. Why aren't they honest enough to list the coverage as "Maxillo-Facial Surgery" instead of "Dental Care"? The latest Harris Poll revealed that the public has great confidence in dentists. Dentistry ranked third below medicine and higher education. Also to the profession's credit, dental fees in the last part of 1977 increased less than overall prices and medical fees. Keep your patients informed of this. Incidentally, 1979 budget for the Department of Health, Education, and Welfare presents an increase of 16 billion dollars. More on dentistry; Did you know that in Michigan a physician can perform jaw surgery and even extract a tooth? Melvin Denuhla, a New Jersey dentist, has written a book with his wife called, How to Save Your Teeth and Your Money. The book cautions readers not to be patients but rather dental consumers, and purports to tell its readers what to look for in bargain dentistry and how to avoid being swindled.

LEARN TO RELAX

At Temple University School of Dentistry, Dr. Donald Morse, associate professor of endodontology, had made a study of relaxation. According to his findings, your body reacts the same way whether you use meditation, hypnosis or simply close your eyes and pretend you are somewhere else. Subjects felt hemiplegia and meditation brought about a deeper state of relaxation, physiological tests revealed no appreciable difference.

When taking time out during the day to relax, even for 10 minutes, can be great benefit. To relax properly you should be alone, in a quiet room, close your eyes, try to relax all your muscles and concentrate on a single word so that your mind is free of thought. The IRS was asked by a Los Angeles woman if she could claim a casualty loss for a partial denture that she accidentally flushed down the toilet. No, said the IRS, but she could claim a casualty loss for a partial denture that she accidentally flushed down the toilet.

If you haven't got a will, then call your lawyer and see that one is drawn up. If you have a will, be sure that it is up-to-date. What would happen if there is a change in financial status or in the family. Rarely can a will's that's made when one is first married remain unchanged. Some of the reasons for updating your will are as follows:

1. An addition to your family by the birth of a
THISA AND DATA
The Colorado legislature, through a Dental Care Act, has provided nearly $500,000 for certain dental treatment for persons 60 years old and over who are recipients of old age pensions. At present, the program is limited to extractions and dentures. The state provides a maximum of 80 percent of the dental fee.

One of the first escapes from famed Devil's Island landed in Brazil and earned a living masquerading as a dentist. Contrary to popular belief that the number of smokers has been increasing in the United States, Medical World News reports that since 1968 there has been a 14 percent decrease in the number of women smokers.

The identification of a set of dentures led to the arrest of Harvard professor John Webster and his subsequent conviction of the murder of Dr. George Parkman of the Massachusetts Medical School. Webster dismembered and burned the body of his victim but the uncharred dentures led to his apprehension. While childhood diseases are decreasing, there has been an alarming 50 percent increase in measles.

Have you invented some new process or instruments that can be used in dentistry? Or in any other field? If so, a booklet issued by Consumer Information Center, Dept. 1206, Pueblo, Colorado 81009, entitled "How to Get a Patent," can be very useful. The cost of the booklet is 75 cents.

Most medical authorities believe that the common cold will run its course without any specific treatment. Yet, Americans spend over $500 million a year for over-the-counter remedies not including aspirin. Did you know that the inventor of the Gatling machine gun, Dr. Richard Gatling, studied medicine though he never was in practice? In case you ever wondered

The longer the lease has to run, the more important certain events that, should they occur, would prove to be missing in a lease form presented by the landlord. Good lease from turning into a possible serious liability. Alterations may make a building unsuitable for another tenant and the landlord will probably insist that the premises be restored to the condition they were in when first leased. This will raise the cost of overall occupancy. You will have to include the cost of restoration as well as the cost of alterations to other occupancy costs to determine total cost. If this raises the cash terms to an unreasonable sum for rent, you may want to look for a property that requires little or no alterations.

Upkeep that includes capital improvements should be agreed upon in the lease terms. For instance, if the parking area must soon be repaved at your expense, this capital improvement will make the property more desirable for any tenant. The landlord may raise the rent accordingly when the time comes for lease renewal.

So, while your capital raises overall occupancy should also be in the agreement. If this is not done, it is often customary for them to stay with the property, even though no damage is done to it by their removal.

Alterations may make a building unsuitable for another tenant and the landlord will probably insist that the premises be restored to the condition they were in when first leased. This will raise the cost of overall occupancy. You will have to include the cost of restoration as well as the cost of alterations to other occupancy costs to determine total cost. If this raises the cash terms to an unreasonable sum for rent, you may want to look for a property that requires little or no alterations.

Negotiate

A PROFITABLE LEASE
by C. V. Ashe

Doctor, when the time approaches for you to find new practice premises and negotiate a lease, you will have vastly better prospects of getting a suitable property and agreement for lease terms if you allow ample time for this important task. If you are pressed for time, you may be obliged to settle for premises and lease terms that are not to your liking. The lease terms say or what they fail to set forth may even contain the possibility of a potential liability. You may be accustomed to signing a lease that is satisfactory in cash terms, but fails to provide for certain events that, should they occur, would prove to be extremely expensive. Past experience may have been satisfactory without these precautions, but it does not follow that this will continue to be the case.

So, while you may be favorably impressed with the cash terms, and certain other provisions of a proposed lease agreement, you should also consider discussing and coming to an agreement on some terms that may be missing in a lease form presented by the landlord. The longer the lease has to run, the more important these terms will be to you. Following are some examples of the terms that can prevent an otherwise good lease from turning into a possible serious liability. These terms are good insurance, and you will be better protected to see that they are included.

Alterations and Improvements

Premises may be found that are large enough, well located in an area that is excellent for easy access to patients, attractive and otherwise desirable, except that certain alterations or additions will have to be made at your expense to make them suitable for your practice. To show consent of the landlord, the lease agreement should list all of the additions, alterations or changes that will be made. If you may at any time wish to remove these additions or alterations, this
costs during the period of the first lease, there is also the prospect that you will have to pay higher rent because of the improvements if he renews the lease. This should be taken into account when comparing different premises suitable for leasing.

Insurance Against Casualties

The lease terms may include termination when the property is destroyed or rendered unusable due to such obvious casualties as fire, hurricane, flood, and so forth. Certainly such a clause should be in the lease, but other termination insurance may not be provided for.

An agreement can be reached to terminate the lease in case you must be absent from the practice for an extended period of time or permanently. An absence can be caused by disability from sickness or an accident, military service, death, and so forth. The terms should include termination of the lease, under these circumstances, in a reasonable period of time to allow the landlord to get another tenant. The time could depend on what difficulties the landlord ordinarily experiences in getting a tenant, possibly three to six months. An alternate plan is to set an arbitrary termination at perhaps six months, but it would also terminate if a tenant is found sooner.

If any of the above mentioned terminations are not provided for, you or your estate could be stuck with a prohibitively expensive lease to pay on property that is not yielding any income.

If, for some reason not presently foreseen, the practice will have to be sold, an agreement that allows you to transfer the lease at your discretion can be of great value. It could be insurance against selling at a heavy loss.

When a buyer does not immediately have to relocate, the practice is of greater value to him. A good will of patients may be lost. Sometimes it is difficult or even impossible to find a buyer unless he can take over the lease. The practice may have to be liquidated at a heavy loss because assets must be sold separately to different buyers. Your estate is still bound with the lease and must continue paying it until termination date.

If you cannot get an agreement on any or all of these lease terms and you still want to lease the property, you might then try for a shorter term lease.

Renewal of Lease

You will expect to build up much good will in your new location. A lease renewal option may be desirable in order for you to be sure you will have the opportunity to stay where your practice is doing well. You may have to pay higher rent when the option is exercised, but it may be well worth it. If you do not have an option, the landlord may have another tenant willing to pay rent that is higher than that in the option agreement. Then if you wish to still lease the premises, you will be obliged to pay higher rent than otherwise. If you find other practice premises that are more desirable, you need not use the option.

Investment

A lease, over the years, can represent a very large investment, depending on the cash terms and the period the lease has to run. An agreement concerning such an investment deserves as much careful investigation and analysis as any other investment of such proportions. You may wish to include other important terms not here discussed.

You should not hesitate to bring up any matter concerning the lease terms. That the landlord has been renting the property without terms you want included, does not mean that he must keep on doing so. A lease is an agreement by two parties, and there is no real "standard" lease form. In coming to an agreement, there should and can be reasonable consideration of the problems of both the tenant and landlord. Ample time for negotiations help to assure such an agreement.

You should consult legal counsel to guide you in the legal terminology required and other matters concerning the lease. Your lawyer can advise you of the dangers of what is in the proposed lease as well as what it fails to include. The landlord's lawyer is concerned with the interests of the landlord, and may or may not have concern for your problems, depending on circumstances.

P.O. Box 63
Barboursville, Virginia 22923

"REFRESH MY MEMORY, DR. JOHNSON. WHAT WAS YOUR ONE REDEEMING QUALITY THAT MADE ME WANT TO WORK FOR YOU?"

Careful pruning gives this shrub a quaint look all its own, breaks up a row of small bushes, and adds some nice height to a blank wall that needs it.

IF YOU WANT JUST "SOMETHING" TO BREAK UP A STRETCH OF LAWN AND LET IT GO AT THAT, TRY THIS SINGLE EVERGREEN IDEA. IT DOESN'T REQUIRE MUCH CARE, JUST A FEW SIMPLE SHAPINGS WITH CLIPPERS WHAT NEEDED.

This beautiful wall covering consists of only one bush that is carefully controlled and directed. What might have been just another brick wall and window frame has now taken on a spectacular look.
Has your office an outside wall that looks like absolutely nothing? It needn't. All it needs is a good planting against that wall. I'll break up the monotony, and the touch of green will be a refreshing sight for you, your patients, and the whole neighborhood—so absolutely nothing?

a visual oasis.

ony, and the touch of green will be a refreshing sight around with gardening, this can be an added bonus usually quite pest-free.

planting against that wall. It'll break up the monotony you're in. A good source of reference for what grows well in your area can be the local nursery or landscaper. They will do the work if you don't care to do it yourself. If, however, you enjoy puttering around with gardening, this can be an added bonus for you.

Usually one shrub will do the job. Some are "naturals" in some area and so will thrive. Better if you choose the evergreen variety, you'll have greenery all year. They usually require very little care and are usually quite pest-free. Some can be trimmed to acquire special shapes, thereby adding a different personalized touch to the whole project.

In areas where winter really hits, you can solve two problems with evergreens: (1) blank walls and (2) the bleak look when leaves and grass are gone. Something green is a welcome sight, adding a living look to the wall, or you can use something that'll go up a wall. It'll break up the monotony, or you can use something that'll go up a wall, and it is usually symmetrical, producing the best effect.

If you choose a fruit tree (peach and apples do well), plant it close to the wall and prune away all but the branches that sprout out along the wall. They will form the symmetrical pattern. They can be gently staked to the wall, enclosing the branch within the u shape of the staple, but not piercing it. The tree will then grow along the pattern laid out. Pruning will keep it looking good. With luck, the tree might even bear fruit, furnishing a real eye-opener for your patients.

None of these ideas require a great deal of work, and they are highly effective. Every neighborhood can use a great look. You could be the one to start it in yours. I'll help the appearance of your particular office, and make that spot a nice one to behold. It might just trigger some of your neighbors to take a second look at their own buildings.

You and your patients will have a nice place to be in. Another benefit is that your property values are maintained, and that's not only good common sense, it's business sense too. Either way you win.

So take a look at your outside walls. With a little work, imagination, and modest spending, you can make your outside wall(s) something you'll enjoy looking at and taking pride in—often.

1557 Lochmoor Blvd.
Grosse Pointe Woods, Michigan 48236

A delightful apple espalier. Note the symmetrical design achieved by directing and stump branching along the wall. Two apples are ripening on the tree.

Outside Planting Can Do Wonders

by Mitch Pieronek

an ornamental shrub or fruit tree that's trained to grow up a wall, and it is usually symmetrical, producing the best effect.

A small lattice gives this clematis a lot of "can-tumbled room" to spread in. It presents a neat look, and adds variety to what would have otherwise been a sandy, burned-out-looking area.
by reducing action (such as futile), others are destroyed by strong reducing action (such as B12). Vitamin B12 is most stable in the Co +3 state. If reduced to Co +2 , it may rapidly self-destruct. Newman et al (6) have criticized this work and Jacob et al (7) have defended it. Appropriate amounts of iron in food, because of its redox potential can antagonize the reducing action of ascorbate and protect Vitamin B12. Thus, the right amount of dietary iron can prevent other agents added to the diet. Copper can destroy vitamin C and thus protect B12 against megadoses of vitamin C.

It has been alleged that vitamin C reduces the symptomatology of colds by 37%. (8) Even if that were so (3, 9), it would serve any purpose to take megadoses of vitamin C with the undesirable side-effects in order to reduce by 1/3 the symptomatology of 1.1 mild colds that we each get statistically during the course of the year? There is some evidence that megadoses of vitamin C may have a mild antihistamine effect (3); however, taking a mild antihistamine for relief rather than megadoses of vitamin C would be preferable.

The American Psychiatric Association Task Force Seven report on megadose therapy for schizophrenia (10) indicates that there is no solid evidence of any value. Dr. Pauling responded to this report in an article in his own journal in Nov., 1974, Art. 1. Psych. (11) The article was followed by three (12, 13, 14) research publications, which appear to refute points made by Pauling.

There are many undesirable side-effects of the large doses of nicotinic acid (nicotinamide) used by those who practice orthomolecular psychiatry. (3) These include flushing and itching, liver damage with hyperbilirubinemia and jaundice, dermatoses, elevated serum glucose, elevated serum uric acid, elevated serum enzymes and an ulceration.

A recently completed national study showed that taking megadoses of niacin to lower serum lipid levels had no effect on preventing heart attacks. (15) The fact that the serum lipid level may be lower with megadoses of vitamin B6 is not necessarily desirable. It is undesirable to lower the lipid level if the mechanism used to lower the serum level drives the lipid into tissues. It may or may not be desirable to lower the serum vitamin level by reducing dietary intake or reducing the absorption of lipid.

When one reads that something affects the serum level of X, the proper thing to say to oneself is not, "That's good" but rather "Is that good?" Proper questions are: How is it lowering the serum level of X? Is it lowering the serum level by driving X into tissues, particularly into a tissue where one particular doesn't want X? Or is it lowering X in another way?

To date, insufficient research has been done on toxicity of vitamin E. (3, 16) It is not even certain yet if vitamin E is truly a vitamin because we have been unable to demonstrate that lack of vitamin E, per se, is seriously harmful. It is almost impossible to consume a diet that is low in vitamin E because vitamin E is naturally found in association with polyunsaturated fatty acids. Adults, who have vitamin E deficiency due to an underlying disease, develop ceroid pigment in the colon and some decrease in the reducing activity on red cell membranes but no clinical illness specifically ascribable to lack of vitamin E.

Possible undesirable side-effects of megadoses of vitamin E include headaches, nausea, fatigue, dizziness, blurred vision (perhaps related to the fact that vitamin E in large doses antagonizes the action of vitamin A). Megadoses of vitamin E also have been reported to produce inflammation of the mouth, chapping of the lips, gastrointestinal disturbances, muscle weakness, low blood sugar, increased bleeding tendencies and degenerative changes. The neurotoxicity of megadoses of vitamin A and the renal toxicity of megadoses of vitamin D are well known and discussed in most textbooks of nutrition and of medicine.

There are vitamins whose toxicity in megadoses has not yet been clearly established, such as vitamin B6. Every objective study demonstrates that vitamin B6 has no appetite-stimulating effect and has no effect on neurologic disorders other than to produce vitamin B6 deficiency with one possible exception: tobacco amblyopia, which some ophthalmologists insist doesn't exist so we're in a quandry with respect to it. However, vitamin B6 does absorb cyanide if given as hydrocyanic acid and some studies suggest that cyanide poisoning can be treated with megadoses of vitamin B6 in the non-cynos form.

At the other extreme is the Laetrile quackery. (16) Laetrile ("vitamin B17") is not a vitamin—it is a cyanide. The allegation that Laetrile is curing cancer is destroying cancer cells with cyanide is nonsense. If the doses used relieved enough cyanide to be toxic, the toxicity would cause the patient to die of cyanide poisoning at the same time that the cancer dies. Megadoses of vitamin B12, which was once thought to be harmless, produce effects quite similar to those of antifols, in treating certain rare diseases. The uses of mega doses of vitamins in specific serious diseases have been stagnant for years, maybe it is time to unload the deadwood.

Participation in community or social activities is a part of your practice. Every so often, it is a good idea to take the time to examine your office, your procedures, and your staff to see if there is any deadwood that needs to be cleared away.

We have checked with a number of dentists who have taken steps toward greater efficiency in their professional lives by eliminating such problems. Here are some of their remarks:

"I never leave my office at the end of the day without a clear written schedule of the following day's activities." This eliminates wasted time and uncer- tainty in the day's procedure.

"My cabinets are checked periodically so that materials and instruments that I no longer use are cleared out. They are stored elsewhere or thrown away." This ends clutter, and makes it easier for the staff to work more efficiently.

"I keep my patient record keeping and record keeping of the life of a patient as a part of it. This man not only surrounded himself with deadwood in the form of old techniques, but they also served as a proverbial anchor, keeping him from progressing. One should always recognize that there is room for improvement. Even if a technique is satisfactory, you will never know if another one is superior until you try it.

"Only when I found myself in financial difficulty did I reexamine my financial status. I was paying for some policies that I didn't need. That really was deadwood!" We should also reassess our financial condition periodically. As we get older and our situations change, certain insurance policies may no longer be needed or can be incorporated with others. Why pay for things you do not need? Check the cost of your supplies, and you may find that you can do better with more discriminate buying. If you are holding on to investments that have been stagnant for years, maybe it is time to use them. Is your staff producing satisfactorily, or can you cut the services of an employee because he is deadwood?

It's relatively easy for deadwood to accumulate in your office if you do not check into all the aspects of your practice regularly. Taking things for granted can be costly and permit an accumulation of problems. Don't make the mistake of seeing the forest for the deadwood.
Figure 12: A lift at the star makes the two clasps active, the one near the lifting force more than the one on the near side. In this design, each clasp’s lingual arm is extended forward to an incisal rest on the canine. These are the indirect retainers. It is likely that when the right free-end saddle is lifted, the left canine rest is the indirect retainer and vice versa if the left saddle is lifted. For this the dentist is obviously required.

An understanding of this simple mechanical basis of partial denture retention is necessary if dentures are to be comfortably secured in the mouth. This knowledge is essential but is, of course, inadequate. The long-term health of the patient requires not only that he be conscientious about keeping his mouth and his partial dentures clean, but also that the dentist who has designed the partial denture is aware of the path of insertion. And undercuts are defined relative to the direction of guiding surfaces. The accuracy that is possible when the surveyor is used allows precise location of clasps arms and guiding surfaces with assured retention.

With this unilateral free-end denture, a lifting force at the star activates the two clasps joined by the line. The occlusal rest on the clasp of the left premolar is the indirect retainer.

For each denture, a well thought out combination of guiding surfaces together with surfaces that are undercut relative to the direction of these guides surfaces, is used to produce retention.

To predict with certainty the retentiveness of clasp or other denture component, or of the denture as a whole, one must make use of the dental surveyor. The direction of the surveyor rod relative to the stone case on the surveyor table indicates the path of insertion. Guiding surfaces which will be present in the finished case are parallel to this same path of insertion. And undercuts are defined relative to the direction of guiding surfaces. The accuracy that is possible when the surveyor is used allows precise location of clasps arms and guiding surfaces with assured retention.

Figure 1: The inner surface of the minor connector has here been made parallel to the path of insertion (dotted line). It is therefore a guiding surface.

Figure 2: On the right, the minor connector is a guiding surface. On the left, directly opposite the minor connector, the tip of the clasp’s flexible arm engages an undercut. The surface there is at a definite angle to the path of insertion.

Figure 3: With the molars’ clasp arm terminating in the mental undercut and with a guiding surface at the distal of the premolar, a retentive combination exists. By this design, Figures 11 and 12 show two examples of its use. It should be noted and emphasized that free-end dentures almost always require that the clasps on the free-end abutments be self-reciprocating. It is rarely possible to produce an adequately retentive distal extension denture without undercut-guiding surface reciprocation on each abutment. In the design, Figures 11 and 12 show two examples of its use. It should be noted and emphasized that free-end dentures almost always require that the clasps on the free-end abutments be self-reciprocating. It is rarely possible to produce an adequately retentive distal extension denture without undercut-guiding surface reciprocation on each abutment. Figure 11: With this unilateral free-end denture, a lifting force at the star activates the two clasps joined by the line. The occlusal rest on the clasp of the left premolar is the indirect retainer. The principles of partial denture retention are straightforward, and when they are understood, it is possible to produce partial dentures of quite simple and uncluttered design.

Self-reciprocating clasps

Retention by a clasp at an abutment is best if one can use an undercut-guide surface combination which makes the clasps independently retentive, not needing other parts of the partial denture to make it effective. An undercut on one side of the tooth and a minor connector acting as guiding surface on the other side of the tooth are a retentive pair. The two surfaces reciprocate one another (Fig. 2). This self-reciprocating clasps...

For each denture, a well thought out combination of guiding surfaces together with surfaces that are undercut relative to the direction of these guide surfaces, is used to produce retention.

To predict with certainty the retentiveness of clasp or other denture component, or of the denture as a whole, one must make use of the dental surveyor. The direction of the surveyor rod relative to the stone case on the surveyor table indicates the path of insertion. Guiding surfaces which will be present in the finished case are parallel to this same path of insertion. And undercuts are defined relative to the direction of guiding surfaces. The accuracy that is possible when the surveyor is used allows precise location of clasps arms and guiding surfaces with assured retention.

At abutment teeth, guiding surfaces may be on the tooth or on the clasp. Usually (but there are important exceptions) if there is a surface of the tooth made parallel to the path of insertion there will be a matching surface on the clasp which fits against it. In these cases, both clasp and tooth can be said to have guiding surfaces. But with ordinary circumferential clasping it is frequently possible to use the inner surface of the minor connector as a guiding surface for a portion of its vertical height. There need not be a corresponding prepared guiding surface on the abutment tooth (Fig. 1).

References

Reciprocation requires that the surfaces be abutment. Figure 5 shows an occlusal view of this.

Figure 6A: This clasp contacts guiding surfaces at the shoulders of the two clasps arms which together substitute for a minor connector guide surface directly opposite the undercut.

B: The undercut plus two guide planes constitute a mutually reciprocating group of surfaces and are retentive.

Figure 7 illustrates a clasp which uses one undercut and two guiding surfaces to produce a self-reciprocating combination. The three-surface contact is obviously retentive.

Whole denture retention

In the design of a whole partial denture with several clasps (Fig. 7), mutual reciprocation may be possible between three or four undercuts on the several abutments so that, taken together, the undercuts produce a retentive denture. The retentive characteristics of this denture would be considerably enhanced if each clasp were made self-reciprocating. But even without the guiding surfaces at each abutment, the fact that the undercuts mutually reciprocate one another means that the denture is retentive.

It should be noted that one never needs to use a deep undercut, nor should one. Even 0.25mm or less gives firm retention if the undercut is reciprocated. And without reciprocation even the deepest undercut is useless.

Figure 8 shows another mandibular arch, again with bilateral edentulous spaces. This is one example of the many times one would be unable or unwilling to clasp four abutments. On the patient's left, a third molar is short-crowned, and there are no undercuts available. On the patient's right, the canine might well be exposed rather than hidden by the lower lip and a lobial clasp arm would be undesirable. If the left second premolar and the right second molar were suitable abutments for self-reciprocating clasps, the framework design shown in Figure 9 could be entirely satisfactory. The canine and the barely-erupted third molar could have rests only, without clasp arms. Even with only two clasps the denture is retentive, (although not as firmly as would be the case with four effective clasps). The design makes use of the principle of indirect retention.

In Figure 10, the star shows where a lifting force is applied to a prosthetic tooth near the right canine. There is no retention here at the canine to resist this, and so a little lift of the denture base occurs and the clasps at the molar and premolar (joined by the line in Figure 10) come into play. As the right side of the denture lifts, the two clasps lift a little to develop retention and the denture lifts press downward onto the occlusal rest of the left third molar. The denture pivots at this rest.

Because this third molar rest (it is the "indirect retainer") is some distance away from the axis between the retaining clasps, there is relatively less mechanical advantage to the lifting force near the right canine. The indirect retainer has made the clasps quite effective retainers in spite of the fact that they are so far away from the lifting force.

In the reverse way, a lift on the prosthetic tooth on the left side would make the denture pivot at the right canine and the canine rest would then act as the indirect retainer enhancing the effect of the re-