Doctor, Tic is another unique service of your Ticonium Laboratory. An award-winning magazine you can read with interest, with pleasure, and with profit.
Institute of Dental Research cites certain conditions that may trigger the onset of canker sores:

1. Allergic reactions
2. Lack of such nutrients as iron, folic acid and Vitamin B12
3. Stress
4. Menstruation
5. Upset stomach or colds
6. Foods like chocolate, walnuts, citrus fruits and tomatoes
7. Slight oral injuries caused by a hard bristle toothbrush, pipe stems, hairpins, etc.

Fortunately, most of these ulcers heal by themselves within ten days. Tetracycline and steroids are helpful in reducing the pain.

ARE YOU GOING "OFF YOUR ROCKER"?

Here's a test to see if things are getting to be too much for you, if you're feeling depressed or anxious—

1. Do you wake up each morning rarin' to go and looking forward to the day ahead?
2. Do you face each new task in the office or difficult situation as a challenge and lesson, or rather as an irritant or insurmountable obstacle?
3. Do you really feel positive about yourself and the people in your office, and do you have more happy thoughts about your practice than negative ones?
4. Do you have a sense of humor and remain calm when things don't go right, or are you irritable and apt to "fly-off-the-handle?"
5. Do you take responsibility for everything that happens to you?
6. Do you feel gratitude for everything— the difficulties of the past, your upbringing, the criticisms that are leveled at you during the day?
7. Do you appreciate your surroundings, not only in the office but in your environment — the plants, the sun, the wind, the insects?
8. Are you able to think clearly and convey your thoughts to your patients and your staff? Are you orderly in your professional and private life?
9. Do you possess enough vitality to handle the work in the office and your after-hours activities? Can you sleep well and wake up refreshed, even if it's less than seven hours?
10. Do you have dreams and goals in life which you pursue with determination, flexibility, and creativity?
First on the scene, their treatment saved at least one life and limb and guided many to safety.

The Air Force, like other branches of the American military, is quick to dispel the myth that there is a shortage of dental applicants for duty.

The reality is that the Air Force is selective, the number of applicants is steady and strong, and once in uniform the majority choose to stay on long after a line of service, the Air Force tells its dental candidates. They view the Air Force as an opportunity to refine the techniques they acquired in dental school, while providing a service to their country. This year, approximately 100 new dental officers will enter the service either as general practice residents or general dentists. An additional small number, mostly specialists, will enter from private practice.

Many who join desire to remain on active duty beyond the three-year initial duty obligation. Through a vigorous selection process, the Air Force retains only the finest and has built a strong corps of career military dental officers.

Dental clinics are co-located with medical treatment facilities wherever possible. A close rapport is required between the medical and dental staffs to ensure that patients receive appropriate, comprehensive care.

Each clinic is directed by a dentist—the base dental surgeon—who is directly responsible to the local medical treatment facility commander. In all, there are 174 dental clinics worldwide, each staffed by uniformed service members (primarily the Air Force) to ensure maximum wartime readiness and combat capability. In peacetime, oral health service is provided to all eligible beneficiaries, wherever possible.

A shortage of dental applicants for duty.

The United States Air Force Dental Corps is one of the largest group practices in the world. Just over 1,000 dental officers provide a full range of professional services to their patients and, at the same time, provide the skills required to support the overall Air Force wartime mission.

The Air Force is up front with its dental candidates. They are told that duty might take them overseas to less than glamorous military bases and that dental officers may face separation from their families at one time or another.

Pay is competitive, fringe benefits available, educational opportunities are plentiful. But the bottom line of service, the Air Force tells its dental candidates: "Air Force dentistry is not for everyone. It requires a commitment to excellence and a sense of patriotism."

And when the choice has been made, it says, "The Air Force offers a gratifying life that combines a military career with the practice of dentistry."

The mission of the Dental Corps—affectionately called "Blue Smock, Blue Suit—the Air Force Dental Service"—is to maintain the oral health of all air-crew personnel, the first on the scene, provided emergency medical care to the injured.
local officials chapter. That was 24 years ago. It brings sure.

And he says the pressure—both verbal and physical—is just part of the game. "Life is built on pressure. Some people thrive on it, and it destroys some. It brings out their true character. When the IRS wants to audit you, that's pressure. When you're going 80 miles an hour and you have a flat, that's pressure. Having fans screaming at you is just another kind of pressure. You have to come out and address it."

Of course, the pressures can be more substantial. High school football, particularly in small towns, is an obsession in Texas, and unhappy fans can pose a threat to game officials. "One time in Houston, I saw an official scale a 20-foot chain link fence," Wetzel explains. "The fans were going to beat us up, but we made it to our car okay. The coaches incited the fans to pelt members of his crew with rocks."

Another time, he says, fellow zebras in the stands present little problem. "I was okay, but it was rough there for a while," he says.

Wetzel says, though, that the "routine" screams of fans in the stands present little problem. "If you're right, the crowd doesn't bother you," he says. "If you're wrong, it bothers you."

Football officials are usually lumped together under the heading "referees," but in college games only one official—the one with the white cap—is the referee. Five other officials work with the referee in most college games. Wetzel has worked at every position during his career, occasionally switching several times in one week. In the Southwest Conference, though, he is established at one position—line judge. He patrols the area around the line of scrimmage.

That means he has little chance to watch the rest of the game. "You're so busy working the game, you can't look at it as entertainment or as a contest. You're judge, jury and janitor on the field. You don't get to appreciate the ballgame as a whole."

But he does appreciate individual athletes, and he says they haven't changed much since he became a football official. "Kids are still kids," he says. "Most players are very, very dedicated. They're interested in getting a scholarship or getting a good job. On the field, the kids are bigger, faster, in better shape, more intelligent. The game of football is more sophisticated."

Wetzel, of course, would like to take part in the most sophisticated brand of football around: the NFL. "Working in the NFL is the dream of every official. It's the ultimate. It's like having a bowl game every week."

He first applied to the NFL in 1971, after five years with the Missouri Valley Conference (and before he joined the SWC). In 1979, he made the list of 25 finalists and was interviewed by league officials. He also completed a psychological profile. The NFL passed him over, but kept putting him on the list of finalists.

Even if he doesn't make the pros, though, Wetzel has no plans to hang up his stripes. At age 48, he has almost a decade until he reaches the mandatory retirement age for conference officials. Even that won't be the final gun, though: after the SWC he wants to go back to high school games. After all, a zebra can't change his stripes.

There are promotion opportunities about every six years. With the increase in rank naturally comes an increase in responsibility in administrative or training functions in the Dental Corps. The goal of the Air Force Dental Corps is to provide some additional training for all qualified career officers. This may include residencies in the recognized specialties or a general dentistry residency. Each Air Force dental officer is also required to complete a minimum of 40 hours of continuing education annually.

Attendance at national meetings and courses sponsored by the uniformed services or civilian universities are supplemented by comprehensive local programs in each dental clinic. This is especially important at remote bases where access to civilian courses is impractical. Local programs include study clubs, clinical rotations through specialty sections and wartime readiness and disaster preparedness training.

All members of the armed services enjoy special benefits, regardless of rank. These include: 30 days paid vacation a year, medical care in uniformed medical treatment facilities, use of base exchange and commissary stores and a non-contributory retirement system. After 20 years of service, an Air Force dentist may retire at half salary. As retired members, they retain their exchange and commissary privileges and

(Continued on Page 5)
A biographical sketch of a dental leader:

BRIGADIER GENERAL (DR.) ARTHUR J. SACHSEL

Brigadier General (Dr.) Arthur J. Sachsel is Assistant Surgeon General for Dental Services, Headquarters U.S. Air Force, Washington, D.C.

General Sachsel was born Nov. 11, 1926, in New York City, and graduated from Jonathan Dayton Regional High School, Springfield, N.J., in 1944. He attended the University of Michigan and received his doctorate in dental surgery from the University of Pennsylvania School of Dental Medicine in 1950.

He joined the U.S. Air Force in 1950 and served as a general dental officer with the 1254th Military Air Transport Service, Washington, D.C. In February 1951 he was assigned to the 36th Fighter-Bomber Wing, Fürstenfeldbruck Air Base, Germany. The general left the Air Force in June 1953 and opened private dental practice in Garwood, New Jersey. In July 1956 he returned to the Air Force and served as chief of restorative dentistry at the U.S. Air Force Dental Hospital at Keesler Air Force Base, Mississippi. He remained there until July 1974, when he became base dental surgeon and director of dental intern training at the U.S. Air Force Regional Hospital at Chanute Air Force Base, Illinois. In August 1979, he returned to Germany as Headquarters United States Air Forces in Europe's assistant for dental services at Ramstein Air Base. He assumed his present duties in October 1982.

His military decorations and awards include the Legion of Merit, Meritorious Service Medal, Air Force Commendation Medal with one oak leaf cluster and Air Force Outstanding Unit Award ribbon with two oak leaf clusters.

General Sachsel is a member of the American Dental Association, American Academy of Periodontics, American Society of Forensic Odontology, Association of Military Surgeons of the United States and Delta Sigma Delta dental fraternity.

He then transferred to the Air Force hospital, Zaragoza Air Base, Spain, first as a general dentist and later as base dental surgeon. Returning to the United States in August 1960, he entered an Air Force-sponsored residency in periodontics at Ohio State University. In June 1962, he was assigned to the Air Force hospital at Travis Air Force Base, California, where he served successively as staff periodontist, chief of periodontics and assistant base dental surgeon.

From July 1966 to January 1969, he was assigned to the Air Force dispensary at Kaduna Air Base, Okeawa, as chief of periodontics. He then returned to the United States and served successively as chief of periodontics, assistant base dental surgeon, base dental surgeon and director of dental intern training at the U.S. Air Force Regional Hospital at Chanute Air Force Base, Illinois. He remained there until July 1974, when he became base dental surgeon and director of dental intern training at the regional hospital at March Air Force Base, California. In August 1979, he returned to Germany as Headquarters United States Air Forces in Europe's assistant for dental services at Ramstein Air Base. He assumed his present duties in October 1982.

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In August 1982, he was promoted to brigadier general October 1, 1982, with same date of rank.

General Sachsel is married to the former Leticia Mariano of Vallejo, California. They have one son, Jeffrey.
By taking the stainless scraper (left) and starting at the back of the tongue, gently drawing forward, one can remove a surprising amount of deposits (right) of the bacteria that is also found in the plaque and on and around the teeth.

more dependent role in the past in detecting sicknesses, both by the dentist and the physician, and even the mother raising children.

Changes in the appearance of the tongue were once viewed by physicians and mothers alike as fairly accurate indicators of bodily ills, ranging from constipation to "The Plague."

Dr. Drinnan writes that subsequent medical advances have since demonstrated that the tongue, in itself, has less to offer in diagnosis of disease outside the mouth than was thought. But, he adds, prior to the 20th century, family members often waited in breathless anticipation for physicians' pronouncements regarding diagnosis and prognosis of a loved one which were partly based upon the color and texture of the patient's tongue.

The "wrong" color could signal imminent demise while the "right" color could be viewed as favorable evidence of a slow (or speedy) recovery from a raging fever. Colors were important in helping the physician determine which body organ was involved in disease as well as which disease had attacked the patient. The color and degree of coating on the tongue and otherwise unusual patterns on the organ were also considered when rendering a diagnosis.

Until recently, one of the most comprehensive works, "Aspects of the Tongue," written in 1828 by German physician-scientist-anatomist Dr. Robert Froriep, on aspects of the tongue in diagnosis, was available only in its original Latin. At the urging of Dr. Drinnan, however, it has been translated into English by the State University of Buffalo's (N.Y.) Drs. Charles Garton and Joseph D. Gerencser in the Department of Classics. Grants from the University's School of Dentistry and Buffalo General Hospital's Dental Department helped finance the project of the Classics, University of Buffalo, Amherst Campus, Amherst, N.Y. 14226. It is written in the eloquent style of its time and illustrated with color plates by its author, who points out in great detail how the tongue could be used in diagnosis in an era when bacteria, viruses and other agents of disease were virtually unknown.

While Dr. Drinnan concedes current reading of today's medical and dental literature takes up the available time of most practitioners, he believes those who are interested in placing current knowledge in perspective may find the book of interest.

"Reading through a book such as "Aspects of the Tongue" also may make today's practitioners less dogmatic about the current status of the art as well," says the teacher, "for Froriep's tome was considered a fairly definitive work at the time it was written."

The Tongue in Medical History

According to Froriep, a coating on one side of the tongue was believed to be linked to a lung infection on the corresponding side. A tongue with a lead-like coating signaled slow progress in patients suffering from fever. A yellow-green tongue, on the other hand, present during first days of illness, heralded an imminent or even serious irritation of the stomach, such as found in pregnancy or in head injuries. A plain yellow tongue forebode no good for those with pneumonia if it occupied only one side of the tongue, it was implicated in hemiplegia or migraine.

"A dark tongue indicated intensity of fever, especially in typhus and fevers associated with The Plague," notes Dr. Drinnan. Usually the dark tongue also suggested gangrene of some internal organ.

On a cheerful note, however, Froriep suggested the

AIR FORCE DENTAL CORPS

(Continued from Page 3)

may receive medical and dental care in uniformed services facilities on a space available basis.

In many ways, dentistry in the Air Force is similar to practicing in the civilian sector.

Training, treatment and equipment are comparable; however, there are significant differences. The dental officers do not have the luxury of putting down roots in the community of their choosing. Rather, they can expect to move about every four years.

The average Air Force career will include three tours of duty at overseas locations. While attempts are made to assign individuals to areas they desire, the needs of the Air Force are paramount. Indeed, many of the most strategically important bases are not in desirable areas and dental officers face separation from their families at one time or another.

Air Force dentists must also be ready to go to war.

To be able to meet this responsibility, the Dental Corps conducts continuous training in wartime casualty management. Because of their manual dexterity and educational experience in the health sciences, dentists can be effectively employed in the operating theater.

Air Force facilities with operating room capabilities have training programs which include assisting in general surgery and the surgical subspecialties, airway management, vein puncture and pain control. The goal is not to replace the surgeon in the operating room, but to raise the dental surgical skills to a level where they can perform many procedures and free physicians to treat more demanding injuries.

Facilities without operating rooms use lectures, video-tapes and base casualty exercises for training. This is supplemented with rotation of dental officers to outpatient clinics and the emergency room. Nursing services provide Instructional support in wound care and bandaging techniques.

Dental officers participate in the Medical Red Flag program, a week-long exercise which combines classroom instruction with field experience. Dental officers also attend the Combat Casualty Care Course, an Army-sponsored training program which provides hands on experience in the treatment of casualties under field conditions.

The benefits of readiness training were graphically evident shortly after a medical training exercise in Munich, Germany, in the summer of 1981. A terrorist bombing of the headquarters of the United States Air Forces in Europe resulted in many casualties. Dental personnel were among the first to arrive on the scene. Within minutes after the explosion, they were in among the burning vehicles and debris searching for victims.

They guided many to safety, stabilized others and in one case saved the leg and perhaps the life of a general officer. They attributed their effective and rapid response to their Medical Red Flag training.

Throughout the Dental Service, there is an ongoing quality assurance program to assure optimum patient care. At each dental clinic this includes peer review, records examination and local operating instructions with criteria for standards of care and a retrospective and concurrent audit schedule. Health Services Management Inspections scheduled regularly, American Dental Association and Joint Commission on Accreditation of Hospital surveys, and staff assistance visits are other components of the comprehensive, structured assurance program.
THE TONGUE

The New Role in Oral Health Care,

The Old Role in Disease Diagnosis

For modern oral health practitioners, the tongue does little more than occupy about one-third of the oral cavity. Today's dentists and medical doctors are more likely to examine it only for changes that would suggest certain oral diseases. But in the past, it was a key predictor of illness, a much-relied-upon diagnostic means of identifying for dentist and physician many maladies inside and outside the mouth. Its importance remains with the cultures of the East and the Orient, for its care and cleanliness is as important as the care of teeth.

A prominent dental educator is currently writing a text on diagnosis of diseases of the tongue, diagnoses which can do much in identifying for cause and treatment many oral ailments and maladies.

Dr. Alan J. Drinnan is professor of oral medicine at the School of Dentistry of the State University of Buffalo, New York. He notes the importance of the tongue to oral health and suggests that Americans who benefit from adopting a practice long in vogue in the Eastern and Oriental nations—that of cleaning the tongue as part of their oral hygiene.

Although most Americans are pretty faithful about brushing their teeth each day, they seldom bother to clean their tongues as well. Dr. Drinnan thinks, however, that it would be a good idea:

"Although the tongue occupies about one-third of the oral cavity, most Americans ignore it as if it weren't there: when they're busy at the bathroom sink, brushing and flossing."

Scraping the tongue, he says, not only removes the clinging food particles and bacteria which are also found in the plaque on and around the teeth. It may be a long time before tongue scraping is as readily accepted as a part of oral hygiene as is brushing and flossing, he concedes.

"For a nation whose people spend untold dollars each year on mouth rinses, breath mints and other products to freshen the mouth and breath, it seems a bit absurd that one of the simplest and easiest methods to achieve this goal has been ignored," he points out.

Perhaps, the dental educator said, if more dentists became aware of the usefulness of tongue scraping and its proper role in oral hygiene, they would encourage their patients to take up the habit.

He said that the tongue held a more important and have used tongue scraping as part of their oral health routine as did the ancient Romans," Dr. Drinnan notes. Indeed, he points out, dentists from the Eastern world who come to the United States are usually taken back that dental practitioners here do not instruct their patients on the "finer art of tongue scraping."

Although many Americans occasionally take a swipe at their tongues with the toothbrush, most people will have an uncontrollable tendency to activate the gag reflex if they try to brush their tongues.

How to Clean the Tongue

Instead, he recommends that dental patients use either a tongue scraper especially designed for the purpose—and they are available in the United States—or the inverted bowl of an ordinary spoon set aside for the purpose.

"By taking the spoon bowl or the special scraper and staring at the back of the tongue, gently drawing the implement forward, one can remove a surprising amount of deposits," Dr. Drinnan explains. And these deposits, he adds, contain amounts of the bacteria which are also found in the plaque on and around teeth.

The Tongue—A Summary

"As a prominent dental educator is currently writing a text on diagnosis of diseases of the tongue, diagnoses which can do much in identifying for cause and treatment many oral ailments and maladies."

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Celebrate Dental Two Anniversaries

70th anniversary of founding of the profession
60th anniversary of formation of the ADHA

The American Dental Hygienists' Association will celebrate two anniversaries this month: the 70th anniversary of the founding of the dental hygiene profession (1913) and the 60th anniversary of the formation of the Association (1923).

A Connecticut dentist, Dr. Alfred C. Fones, organized the first class of dental hygienists in Bridgeport, Conn., in September 1913, after a group of dentists saw the need for an auxiliary profession specializing in the preventive aspects of dentistry. Ninety-seven hygienists graduated from that first class. Today, there are over 50,000 dental hygienists in the United States.

Ten years later, the first annual session of the American Dental Hygienists' Association convened on September 12, 1923, in Cleveland, Ohio. The attendance figure at that first meeting was 46, the total ADHA membership that year was 100. ADHA now represents a total of 29,000 members, which includes 10,000 student members.

Both anniversaries are being commemorated by special events planned at the national, state and local levels.

“Assurance of Competence”

The Association is undertaking a major program to develop standards of practice for dental hygienists and "to address the assurance of competence of dental hygienists in clinical practice throughout their careers.”

To assist in developing its competence assurance program, ADHA has organized a national advisory committee of professionals with a national perspective from a variety of backgrounds in the health care and competence assurance fields.

Sara Lynne Donham, RDH, a private practice hygienist from Atlanta, Georgia, became the 58th president of the Association recently. She served as president-elect for the past year and held a number of leadership positions in the Association, including the ADHA Political Action Committee. She has worked as a legislative aide and lobbyist to promote dental hygiene in the Georgia legislature.

A native of Knoxville, Tennessee, she obtained her dental hygiene certificate from the University of Tennessee. She has been a practicing hygienist for 13 years.

Orthodontist Mike Wetzel—Football 'Zebra'

by Damond Benningfield

Mike Wetzel, an Austin, Texas, dentist, undergoes a metamorphosis every September: he sheds the everyday routine and dons the black-and-white stripes of a football official. For almost 25 years he has, with pleasure, listened to the taunts of players and coaches, withstood the slurs of unhappy fans and run from the sticks and stones of fanatics. And he is one of the best. Wetzel has called Southwest Conference games for more than a decade, and worked such post-season classics as the Orange Bowl and the Sugar Bowl. For the last three seasons he has made the National Football League's list of 25 finalists, although he has yet to take that final step up to the pros.

Wetzel was a student at the University of Texas Dental School in Houston when he got the calling. He bought one black-and-white striped uniform and a whistle, and headed for the gridiron.

"I had a van, and during football season, I'd finish class early and leave school about three-thirty, head for a game, change clothes on the way and get there in time for a four-o'clock game," he said. He worked three games a day on Monday, Tuesday and Wednesday, three more on Saturday morning, three YMCA games Saturday night, and four Dad's Day games Sunday—a total of 19 games a week. That doesn't include Friday night, when he worked on the "chain gang" or kept time at a high school varsity game. "I only had one uniform, so I had to wash it every night," he recalls.

Today, Wetzel's life as a part-time zebra is less demanding. He works in just one game a week, usually on Saturday, although he spends many hours reviewing films of his performance, reading the latest bulletins from the conference office and confering with fellow officials.

When he doesn't have a whistle around his neck, Wetzel is an orthodontist with a practice just outside Austin, in the bustling Hill Country community of West Lake Hills. He is tall, trim and tanned, and keeps in shape with regular running, bicycling and attendance at a cardiovascular fitness program. His office is adorned with the covers of dozens of football programs from games he has worked.

Among those games: the 1979 Oklahoma-Nebraska Sugar Bowl, the 1981 Notre Dame-Auburn Sugar Bowl and the 1981 Notre Dame-Iowa State Orange Bowl that decided the national collegiate championship. Bowl-game officials are chosen based on both merit and experience.

Wetzel has a lot of football experience. It has been a part of his life for three decades. He played at Lamar High School in Houston, then was a line-backer and center for the University of Texas Longhorns. After completing his undergraduate degree, he moved back to Houston to attend dental school.
CHICKEN WITH GARLIC AND VERMOUTH

1 large onion, finely chopped
2 carrots, diced
1 celery stalk, diced
1 large sprig fresh parsley, minced
1 chicken, cut in parts and skinned
1/4 c. safflower oil
2 cloves fresh garlic, peeled
Dry vermouth
Combine onion, carrots, celery and parsley in a bowl and mix well.
In a large skillet, brown in oil the chicken parts on both sides. Drain.
Sprinkle half the vegetables and half the garlic in a casserole.
Arrange the chicken on top and cover with the rest of the vegetables and garlic.
Over the entire mixture, pour the vermouth and cover tightly, using foil if necessary for a tight fit.
Bake 2 hours at 325 degrees without removing the lid.
Serve with French bread.

ARTICHOKE DIP
1 14 oz. can artichoke hearts (water packed), drained and chopped
1 c. mayonnaise
1 c. grated Parmesan cheese
1 4 oz. can chopped chilies
Paprika
Mix artichoke hearts, mayonnaise, Parmesan cheese and chilies.
Sprinkle paprika on top.
Bake at 350 degrees for 15-20 minutes.
Serve with crackers or cut-up raw vegetables.

RANCH STYLE SALAD DRESSING
1 pint mayonnaise
1 pint buttermilk
1 T. onion salt
2 T. garlic salt
1/4 t. white pepper
1 T. parsley
1 T. vinegar
Makes 1 quart salad dressing.
Can also substitute 1/4 mayonnaise, 1/4 buttermilk and 1/4 yogurt.

The Worlds Outside

See Recovery Sustained Through 1984. But-

The current economic recovery will be sustained through this year and next but the continuation of massive budget deficits threatens to damage the nation's economic stability after 1984, the Conference Board's Economic Forum reported recently. The Forum, comprised of 17 prominent economists and business analysts, meets twice a year to examine the country's economic outlook.

While current economic expansion seems likely through 1984, Forum members warn that unless huge deficits are significantly reduced, the economy faces severe long-term problems.

Deficits: Dangerous Threat
"The budget outlook is grave," explained Edgar R. Fiedler, vice president of economic research at the Conference Board and chairman of the midyear Forum. "Deficits totaling 5% to 6% of GNP are probable for many years to come. Everyone on the panel looks upon this prospect as a grim reality and a dangerous threat to the nation's economic health. Without major surgery, the massive, chronic budget imbalance could lead, some time during the second half of the 1980's, to a new surge of interest rates or inflation, or both, and also to a persistent shortfall of capital spending that would stultify the long-term trend of productivity growth."

Forum members emphasized that fiscal and monetary policies hold the key to balanced long-term economic growth. Closing the widening budget gap is viewed as the overriding concern.

Increases in Federal spending are expected to equal or exceed the growth of tax revenues during the last half of the 1980's, worsening an already bleak budget outlook. This prospect, said Forum member Otto Eckstein, chairman of Data Resources Inc., "is the biggest economic disaster we have brought on ourselves since 1931. It is insane to have the Federal Government absorbing more than half the economy's available savings. Ultimately, it will have to lead to some sort of damaging financial disturbance."

To solve the budget crisis, Forum members called for a combination of spending cuts (largely in defense and health and pension programs) and tax increases, declaring that neither can do the job alone. A majority of the Forum would rely primarily on tax hikes to close the budget gap.

There was broad agreement that monetary policy "has gone about as far as it can go" and has few remaining options. "Monetary policy is caught between a need to further nourish the business recovery while simultaneously trying to keep inflation on a strict diet," Fiedler pointed out. "In an environment of continuing large deficits, this may add up to an irreconcilable dilemma."

Needed: Fiscal Discipline
Forum members stressed that only fiscal discipline can head off a prospective collapse in the financial markets. But they strongly doubt that an effective solution to spiraling budget deficits will be achieved soon. Panelist Rudolph G. Penner, director of Tax Policy Studies at the American Enterprise Institute, said: "The 1982 elections have proven to be a bigger political defeat for fiscal restraint than almost anybody realized at the time."

Continuing large Federal deficits are now viewed as an unfortunate probability by virtually all Forum members. This dilemma, they said, can only be cured by two politically painful solutions: by raising taxes and curbing spending.

"Unfortunately," concluded the Conference Board's Fiedler, "all signs point the other way. The political will to make those tough decisions simply does not exist, whether in Washington or across the nation. As soon as it became clear that recovery was in progress, one could feel Congressional willingness to tackle the deficits melt away, week by week. And if there is no taste for fiscal discipline in 1983, surely it will not be present in a year divisible by four. Big deficits, it seems, are here to stay. Although it is hard to say when, somewhere down the road that almost has to spell financial disorder or a new bout of inflation or some other equally unhappy economic outcome."

WORLD, TAKE MY SON BY THE HAND

My son starts to school tomorrow. It's going to be strange and new to him for a while.
And I wish you would sort of treat him gently. You see, up to now, he's been king of the roost. He's been boss of the backyard. I have always been around to repair his wounds and to soothe his feelings.

But now—things are going to be different. He's going to walk down the front steps, wave his hand and start on his great adventure that will probably include wars and tragedy and sorrow.
To live his life in the world he has to live in will require faith and love and courage. For a combination of spending cuts (largely in defense and health and pension programs) and tax increases, declaring that neither can do the job alone. A majority of the Forum would rely primarily on tax hikes to close the budget gap. There was broad agreement that monetary policy "has gone about as far as it can go" and has few remaining options. "Monetary policy is caught between a need to further nourish the business recovery while simultaneously trying to keep inflation on a strict diet," Fiedler pointed out. "In an environment of continuing large deficits, this may add up to an irreconcilable dilemma."

Needed: Fiscal Discipline
Forum members stressed that only fiscal discipline can head off a prospective collapse in the financial markets. But they strongly doubt that an effective solution to spiraling budget deficits will be achieved soon. Panelist Rudolph G. Penner, director of Tax Policy Studies at the American Enterprise Institute, said: "The 1982 elections have proven to be a bigger political defeat for fiscal restraint than almost anybody realized at the time."

Continuing large Federal deficits are now viewed as an unfortunate probability by virtually all Forum members. This dilemma, they said, can only be cured by two politically painful solutions: by raising taxes and curbing spending.

"Unfortunately," concluded the Conference Board's Fiedler, "all signs point the other way. The political will to make those tough decisions simply does not exist, whether in Washington or across the nation. As soon as it became clear that recovery was in progress, one could feel Congressional willingness to tackle the deficits melt away, week by week. And if there is no taste for fiscal discipline in 1983, surely it will not be present in a year divisible by four. Big deficits, it seems, are here to stay. Although it is hard to say when, somewhere down the road that almost has to spell financial disorder or a new bout of inflation or some other equally unhappy economic outcome."

WORLD, TAKE MY SON BY THE HAND

My son starts to school tomorrow. It's going to be strange and new to him for a while.
And I wish you would sort of treat him gently. You see, up to now, he's been king of the roost. He's been boss of the backyard. I have always been around to repair his wounds and to soothe his feelings.

But now—things are going to be different. He's going to walk down the front steps, wave his hand and start on his great adventure that will probably include wars and tragedy and sorrow.
To live his life in the world he has to live in will require faith and love and courage.

So, world, I wish you would take him by his young hand and teach him the things he will have to know. Teach him... but gently, if you can.
He will have to learn, I know, that all men are not just, that all men are not true.
Teach him that for every scoundrel there is a hero—for every crooked politician there is a dedicated leader—that for every enemy there is a friend.
Let him learn early that the bullies are the easiest people to lick.
Teach him the wonders of books. Give him quiet time to ponder the eternal mystery of birds in the sky, bees in the sun and flowers on the green hill. Teach him that it is far more honorable to fail in his own ideas, even if everyone else tells him they are wrong. Try to give my son the strength not to follow the crowd when everyone else is jumping on the bandwagon.
Teach him to listen to all men, but to filter all he hears on a screen of truth and to take only the good that comes through.
Teach him to sell his brawn and brains to the highest bidder, but never to put a price on his heart and soul.
Teach him to close his ears on a howling mob—and to stand and fight if he thinks he's right.
Teach him gently, world, but don't coddle him, because only the test of fire makes fine steel.
This is a big order, world, but see what you can do. He's such a nice little fellow.