



BULLETIN

CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS

JUNE 1, 1985

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President's Message



As C.S.P.D. enters into its second decade, I see a strong and forward thinking board of directors that, without a question, will successfully lead C.S.P.D. through the issues involving pedodontics in the State of California.

A few of the issues that have already been asked by membership to have the Board's response are: (1) C.S.P.D.'s continued support with the sedation issue with C.D.A. and the legislator, with the hope that our position will continue to prevail, (2) Does C.S.P.D. want, or should, become involved in continuing education programs (other than the co-sponsorship program with the Academy)?, (3) Has C.S.P.D. matured enough so that the North-South officers and/or directors need not to alternate in the ridged structure we now have?, (4) C.S.P.D. should continue to broaden the communication between all three pediatric medical specialty societies in this state for the benefit of both membership and our patients, (5) and lastly, but certainly not least, to maintain prudent fiscal responsibility managing the business of our organization.

I hope that any member that feels the urge to comment on these, or any other issues involving C.S.P.D., will make it known to his/her director or any other board member.

Looking forward to a "successful" year, I remain,

Yours in Good Health,
Keith J. Ryan, D.D.S.,
President

Conscious Sedation Update

I would like to bring you up to date on the legislation which will create a permit for the use of conscious sedation. The California Dental Association has taken on the job of writing the proposed bill. A first draft was sent out in January to all "interested parties" (i.e. pediatric dentists, periodontists, dental educators, dental school deans, etc.). CDA has expressed a desire to create a bill that has the support of *all* of dentistry.

The first draft included both oral and parenteral routes of administration. I have been told that the "second" draft will exclude oral medications (as well as nitrous oxide). Those pediatric dentists using parenteral techniques (a significant number of CSPD members) will be required to get a permit.

In looking at the proposed bill, our biggest concern is a declaration that states that a general anesthesia permit "should be required when the degree of sedation in the continuum of sedation is such that there is a reasonable possibility that loss of consciousness may result, even if unintended." The bill goes on to define conscious sedation as: "a minimally depressed level of consciousness produced by a pharmacologic or nonpharmacologic method, or a combination thereof, that retains the patient's ability to maintain independently an airway, and respond appropriately to physical stimulation *and* verbal command. The drugs and techniques used in C.S. should carry a margin of safety wide enough to render unintended loss of consciousness unlikely."

This definition, we feel, describes a light level of sedation and will not adversely affect a high percentage of pediatric sedation cases. However, we know that, where indicated, pediatric

dentists are utilizing techniques that result in a level of sedation which may preclude the patient's ability to respond to a verbal command. We feel that the state of consciousness (asleep or not asleep) as determined by the ability to respond to verbal commands should not be the criterion by which sedation is defined. The Committee on Conscious Sedation of CSPD developed a definition of C.S. that we felt utilized pertinent criteria. On January 19, 1985 the Board of Directors of CSPD voted unanimously in favor of a motion proposing the following definition of C.S.:

"Conscious sedation is a minimally depressed level of consciousness where vital signs and reflex functions are not altered to the extent of requiring external support and where the patient will respond to physical stimulation. The drugs and dosages used in the conscious sedation technique should carry a margin of safety wide enough to render unintended alteration of vital functions (i.e. cardiac and respiratory)

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and/or unintended loss of protective reflexes unlikely."

We realize that our sedation techniques are different than those used in older (teenager, adult) patients. We also believe that the techniques we use are not well known or understood by other dentists (periodontists, G.P.'s, oral surgeons). These other dental groups are happy with the proposed (CDA) definition of C.S. It's apparent that the pediatric dentist could end up being the "odd man out". I foresee the possibility of some of you having to give up your successful parenteral sedation techniques.

I believe that the value of creating this permit is not in defining the "undefinable" but in assuring that practitioners will have adequate training and experience in the use of sedation. I submit that it is probably impossible to define conscious sedation. We feel that "our" (CSPD) proposed definition includes pertinent criteria. I consider the definition in the final bill very important because of its potential negative impact on those pediatric dentists who utilize parenteral sedation techniques.

As pediatric specialists, we are asked to treat a very special patient. He may be handicapped, or he may be young and/or emotionally immature. He lacks the willingness to cooperate for necessary dental treatment. California pediatric dentists have an outstanding record in the use of sedation with this group of patients.

We consider this issue at this time to be of the highest priority for our specialty. I am convinced that the other dental groups (G.P.'s, periodontists, oral surgeons) just don't know what our situation is. They don't have the training or experience in doing what pediatric dentists have done successfully for a long time. The time has come for us to make our case, and we'd better do it responsibly and also loudly enough to be heard in Sacramento.

Narrowing the "information gap" (between pediatric dentists and the other dental groups) will involve personal contact between you and them. The Ad Hoc Committee on Conscious Sedation cannot do it all for you. We can and will assist you in preparing your message (letter, phone call, lunch conversation). I have included a list of the "interested parties". Please let us (the committee members) know the nature and outcome of your contacts with

these dentists. The other people to contact are: CDA Trustees, Delegates to CDA House of Delegates, CDA Officers, Officers and Board Members of other specialty organizations. Committee members are: Geoffrey Groat, Dave Taylor, Denis Weintraub, Dave Good, Rolf Spamer, Larry Darrow, Rich Sobel, and Eric Bystrom.

— *Geoffrey A. Groat, D.D.S.*
Chairman

Committee on Conscious Sedation

Letter to the Members

The following article was in the Los Angeles Times early this year, and suggested by Dr. Geoff Groat as being of interest to C.S.P.D. members. Those members who attended the recent annual meeting at Silverado might recall Ed Burke's Sunday brunch presentation when they read the following:

The Limitations of a Work Identity

By Jim Sanderson

Some time ago I wrote about psychologist Ken Druck's "Alive and Male" seminar, in which 23 of us — strangers all — spent an entire Saturday together trying to sort out the inner life of being a man in today's world.

As we sat down Ken asked us not to reveal what we did for a living, and I tell you it was eerie, uneasy feeling for an hour or so. We all felt a little naked. No way to get a quick fix on whom you were talking to; no easy way to tell the other guy where you rank in the world's hierarchy, what you have achieved or why you should be listened to.

I think each man was shocked to discover how much we rely on work to give us identity. Not only as a fast label for the outside world but for our own sense of who we are.

Major psychological studies agree that one out of three men at work today is going to have a midlife crisis. CRISIS means more than sudden hot flashes for sexy young women; the man's life is going to be seriously torn up — and so are the people who love or depend upon him.

Does it have to happen for so many men? In answering letters from troubled male readers I ask them to think about the word IDENTITY now, before it is too

late. Men who can find satisfaction in other roles outside the workplace rarely end up in the classic breakdowns.

Yes, the paying job may demand your priority for a time, but it is important to diversify out commitment, as an investment in the future — to see ourselves functioning effectively and with pleasure in other roles too.

To be a husband is an identity, if we care to focus enough time and psychic energy on it. Fatherhood? How many workaholics can list it as more than peripheral identity? Other possibilities are endless: artistic creation, civic or charitable service, strong religious commitment, a passion for some kind of sport, exercise or hobby, even an intimate friendship bond with another man.

The trouble with work is that we expect it to give us far more than money. When we are young we use it to deny childhood feelings of powerlessness. We gain strength from the support of fellow workers, we achieve a certain status from society's image of our company or profession, and finally, as we move up, the job offers us power — the ultimate male aphrodisiac.

But these are transient and finally meretricious satisfactions. Work is so rarely organized to meet human needs. At best we can freely adopt someone else's goals, flexing our imaginations and expanding our powers.

At worst the job requires us to make endless compromises, perhaps subverts our intellectual or ethical values, smothers us with a blind bureaucracy or corrupts with an endless, voracious demand to turn all efforts to dollars on the bottom line.

Even when we surmount all this, it's rarely enough. Among the most severe of midlife depressions are those experi-

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enced by men who suddenly discover work has given them more power, possessions (and maybe women) than they ever dreamed of.

But now the "game" is over. They can see the shape of the rest of their lives, and there are no more "victories" to be won.

"Is this all there is?" they keep asking, blindly unaware that for all these years on the job they saw only one mountain worth climbing. It's never too late to begin again, of course, but the pain of finding new identity may be enormous.

I would like to believe that the new generation will be wiser, will somehow see earlier what a broad spectrum a man's life needs to take. But the pressures are hard on young men (as well as women).

Editor's Note: Throughout the "Bulletin" you'll see quotations somewhat pertaining to the above letter. I hope you will enjoy them.

• "In making a living today, many no longer leave room for life."

— Joseph R. Sizoo

• "I don't know who my grandfather was. I am much more concerned to know what his grandson will be."

— Abraham Lincoln

Letters to the Editor

Dear Editor,

Aids in San Francisco, albeit the diagnostic criteria of Kaposi's sarcoma, has increased by doubling every nine months. It has factored out as a ten fold increase in the past two and one half years. The hospitalized in that period went from 70 to over 700. The 8000 known cases today project upward to 80,000 in the next two and one half years (1987). This virulency of the gay community now has jumped from the homosexual group to the heterosexual family by the way of society's swinger element and the cocaine-heroin crowd, as well as, by the experimenter and the unwary.

For the pediatric dentist this should be a word to take caution. Dr. Sol Silverman et al (a panel of health field educators from UCSF) at an alumni

education-information banquet at the Biltmore in Los Angeles, indicated the activity of today's sexual experimentation was now at the 11 yr. old child level. Since this catastrophic disease is an excretion and bloodborn viral entity, the dentist can become a prime target himself, and the transmittal contamination routes should be evident. In the first week of April 1985 in San Francisco, there were 105 cases (diagnosed) of Aids in children below the age of 13. Dr. Sol Silverman et al indicated the probable source of infection to the child could be:

1. The contaminated mother (probably due to I V drugs).
2. Blood Transfusions
3. Child abuse

Today at USC School of Dentistry, a program of testing for diabetes during hygiene appointments is being utilized and studied. Maybe tomorrow will see the dentist testing for any number of blood situations including Aids.

Today's big questions for the health field:

1. Is the diagnosed Kaposi's sarcoma only the tip of the iceberg? The UCSF investigators are turning their thoughts this way.
2. What other contributing and undisclosed factors are predisposing or inhibiting?
3. Is Kaposi's sarcoma only one facet of a multi-terminus?

Today's word for the wise: All segments of the health field should be alert to this problem.

THINK ABOUT IT!

— Jack Bamrud

Silverado Country Club Resort

The annual meeting was a tremendous success. The setting and facilities were absolutely gorgeous. The membership is truly blessed by the organization for providing an opportunity to take such a luxury vacation once a year. Above and beyond the luxurious resort are the benefits of fellowship with other pediatric dentists and their wives.

The Academy President, Jon Kapala, spoke at our luncheon. The highlights of his message were the following. First, of course, was the name change of the academy to the American Academy of Pediatric Dentistry. Secondly, was that

the AAPD is making dramatic changes in its bylaws and constitution. In essence, the structure of various committees is being greatly simplified. Thirdly, Dr. Kapala encouraged each of us to attend the annual meeting since several issues will be presented and voted on which may affect us. For example, the issue of public relations and national assessment, policies of conscious sedation, the amendment concerning an "absentee ballot", will be discussed and voted on. Dr. Kapala also feels the Academy is taking on a more vertical structure so, in a sense, regionalization may be coming to pass.

Not only were the activities exciting (golf, tennis, fun run, hot air ballooning, mud baths and exquisite dining), but also, the speakers were great. Dr. Klein did a tremendous job of reviewing the anatomy and physiology of the upper respiratory tract. It's also reported that anyone who left early Sunday morning missed a great entertaining and interesting presentation by Ed and Shirley Burke.

If you missed this year, we hope to see you at Del Coronado next year.

A Wife's View of an Annual Meeting

I've been asked to give a wife's eye view of the annual meetings. Fortunately, I've attended quite a few of these wonderful affairs. Over the years I've learned a few things that have made these brief escapes from reality even more pleasant. For example, it took me only two meetings to realize that I should NEVER, NEVER, NEVER leave all three of our children home together with just one unsuspecting sitter. The awful secret I've so carefully kept guarded all these years was in jeopardy of being found out. My kids hate each other. Now when we go away, I employ the tried and true divide and conquer theory. Each child to a different household. This, of course, puts me in the position of owing everybody in town a great big favor. Peace of mind is worth the price.

I could get resentful over the packing arrangements. After many years of bickering, Lonnie has finally convinced me that packing falls into my category of responsibility. It seems he slipped some "fine print" into our marriage contract. I

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don't really mind the dirty deed itself. It's the unmitigated gall he has to complain when his favorite tie doesn't get packed. He's also been known to make unkind comments about wrinkled shirts. Honestly, the nerve!

This trip has a real big plus for me in the area of spousal communication. I

mean from the start to finish! This last meeting we drove. I-5 has to be the most boring stretch of highway in California. It was a great time to fill in all the gaps. For wives with short memories, you may want to make a written list of topics (gripes). I was born with a gift of total recall. I can remember any wrong done me with crystal clarity. I'm sure Lonnie

considered jumping out of the car several times during the long ride. By the time we got to our destination, he crawled out of the car on his hands and knees. I felt renewed.

For the next few days, I basked in the fun of our trip. Quite honestly, if it weren't for CSPD we'd never have seen

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half of the lovely places to which we've been. I'm grateful for that. I'll never forget the Stanford Court. It had not only a phone in the bathroom but heated towel racks. No lie, heated towel racks.

Luxury can be as simple as putting on make-up and getting dressed with no interruptions. The weekend begins to take on the feeling of one continuous date. What pleasure!

As the all too short meeting comes to an end, I reflect on the past few days. I've seen friends dear to me and caught up on their lives. I've made mental notes to be a better friend and keep closer contact. I've made new friends. I'm anxious to tell Lonnie on our long trip home about the fun I've had. I want to know all about Lonnie's side of the meeting. I begin to realize how relaxed I feel. I'm ready to go home. Ready to be a better mom to the troops. As I listen to Lonnie talk about this weekend, it dawns on me that I've married a gallant, sensitive, fun-loving fella. Of course, I knew that all along. I just needed a weekend like this to remind me. We'll be going again next year. I'm sure we'll complain about finances, child care arrangements, time out of the practice, etc. But we'll be there. You'll know us by the silly grins on our faces.

1986 Annual C.S.P.D. Meeting Hotel Del Coronado, San Diego

We hope the 1986 Annual Meeting will be the best ever. We will meet at the beautiful Hotel Del Coronado April 4, 5, and 6. Our room and meeting accommodations should be outstanding. Along with a stimulating scientific program, a special optional enrichment series for spouses will be offered. We hope to see everyone there — mark your calendars today.

Public Relations Idea

This issue of the *Bulletin* has a public relations idea that many C.S.P.D. members already use. Dr. Art Rabitz of San Jose may have been one of the first to use a logo successfully.

"A LOGO is Worth a Thousand Words"

I have used a logo for the past fifteen years, and I feel it plays a very important role in marketing my practice. Since my last name is "Rabitz", I have designed a "Rabbit Logo", which I have printed on my stationery, calling cards, checks, T-shirts for contests within my practice, and any other printed material that is sent from my office. Over the last fifteen years, I have had a lot of positive feedback about my logo from patients to individuals in the business community. A good LOGO, I feel, should be one that people will easily remember and associate with you. I feel a "LOGO", like a "PHOTO", is worth a thousand words!



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Peer Review Committee Report

Peer Review Activity

C.S.P.D.'s Peer Review Committee received 13 cases in 1984. All cases were resolved and there are currently no open cases pending. This level of activity appears to be fairly consistent from year to year and indicates no trend toward an increase in peer review activity involving pediatric dentists.

1981	13 cases
1982	12 cases
1983	10 cases
1984	13 cases

Of the 1984 cases, five resolutions favored the dentist; 6 resolutions favored the patient; one was returned as inappropriate for specialty review; and one was closed without resolution secondary to a failure of the patient to appear. Six of the cases involved utilization (diagnosis) of proposed or provided restorative dental care; seven cases involved the quality of restorative dental care provided. No cases in 1984 involved orthodontic treatment, although seven of 1983's 10 cases involved orthodontics. One case touched upon the question of physical management of a patient, the first time that this issue has been brought before

our peer review committee.

Expedited Utilization Reviews

C.D.A. has responded favorably to our request that specialty groups be able to select the specialist to be called upon by the local components in carrier-initiated "expedited utilization reviews". CDA component societies were notified in October of C.D.A.'s decision on the matter.

Continuing Education Credit for Peer Review Committees

Beginning June 1, 1984, dentists serving on a peer review committee are *eligible* to receive up to 25 Category I continuing education credits in each two-year period, provided a structured program approved by the Board of Dental Examiners is followed. This program would require that we conduct a Peer Review Training Session of at least 3 hours duration at some point during each 2-year period that is attended by each member receiving continuing education credit. The format for the session must be submitted to the Council on Dental Care prior to the meeting. If this is done, then 1 hour credit will be given for each peer review meeting in which the committee member participates.

I do not anticipate that we will find the above program to be of benefit to our committee members at present, especially in light of the fact that no member of C.S.P.D.'s Peer Review Committee should require these credits to meet current state continuing education requirements.

• "About the only thing that comes to us without effort is old age."

— Gloria Pitzer



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C.S.P.D. Is Growing

There are now 314 members of the C.S.P.D. or 70% of all pediatric dentists in California. We should all encourage those "non-members" in our respective communities to join C.S.P.D. in order to continue to strengthen our voice in California, and within the American Academy of Pediatric Dentists.

C.S.P.D. is a working organization:

1. Pediatric dental representation at the state level:

Matters such as peer review; communication with the California State Board; communication with C.D.A. as well as C.D.S. are now handled by C.S.P.D. We must join together in strength so our voice is heard!

2. Newsletter:

An outstanding newsletter is distributed to all members twice a year. Important information for pediatric dentists practicing in California is published. This is a must for all California pediatric dentists!

3. Special Mailings/Membership Mailing List:

Separate mailings as required and indicated to members regarding important California Dental information specific for pediatric dentists. Any member may request use of our mailing list for the simple costs of printing labels.

4. Public relations manual:

Practice building and marketing ideas from the best practices in California have been compiled and distributed free to all C.S.P.D. members. This manual is well organized and is full of outstanding ideas with names and addresses on where to get more information.

5. Annual Meetings:

The annual meetings have been very successful because they are well planned, and oriented specifically for California pediatric dentists. Our next meeting will be at:

Hotel Del Coronado, San Diego
April 4, 5, & 6, 1986

We would love to see you there! It will be a terrific meeting.

6. Component Status:

C.S.P.D. has become a component of the American Academy of Pediatric Dentistry and will have an even greater opportunity to help mold the future of pediatric dentistry. The C.S.P.D. is the largest of approximately 15 components of the Academy. C.S.P.D. membership *does not* require Academy membership; but it is encouraged.

7. Marketing Projects:

Funds in the C.S.P.D. account are available for marketing projects now in the planning stages. Pediatric dentists today and in the future will benefit from exciting projects.

8. Research:

C.S.P.D. has funded research projects in the past, and encourages applications from regular members as well as student members for funding of future research.

9. Directory:

Our membership directory listing all office addresses and phone numbers of C.S.P.D. members is very useful especially for family referrals within California. C.S.P.D. is considering attempting to distribute our directory to all California Pediatricians.

10. Continuing Education:

Opportunities for outstanding continuing education programs sponsored by the C.S.P.D. and sponsored jointly by the A.A.P.D. will become available to members.

11. Conscious Sedation:

An Ad Hoc committee on conscious sedation has been established by C.S.P.D. The committee has been very active regarding this important issue in California. The best interest of both the pediatric dentists of this state as well as the young people they serve will be represented professionally and thoughtfully.

— Warren E. Brandli
New Membership Report

Members' Activities

Recent studies by federal agencies have indicated that over one million children are reported missing each year. Of

that number 40,000 to 50,000 are the victims of abduction. Typically few of these children have any permanent identification by which they could be reunited with their families. Dentistry may be able to assist parents and others in the identification process utilizing an intraorally readable I.D. microdisk. The mesh backed disk can be bonded to a posterior primary or permanent molar in a location that is most accessible for application and intraoral viewing.

The CODENT microdisk is a 100 x 150 mil stainless steel wafer with a six digit alpha numeric code and an 800 telephone number etched on the disk. Using a hand held illuminated magnifier, the code and the telephone number (1-800 4-CODENT) can be read in situ. The identity of possible missing or abducted children can be established by contacting the CODENT computer that will use a relational database manager to maintain a current listing of all patients and their identifying code.

The CODENT system was designed by Roland Hansen and was introduced at the C.S.P.D. meeting on March 28-30 in Napa. Any questions or possible suggestions will be welcome. Contact Roland Hansen (213) 377-5544.

Doctors Ronald Johnson and Jack Bamrud, chairman and clinical professor of the department of pediatric dentistry at U.S.C., were granted Fellowship in the American College of Dentistry at the Atlanta meeting in 1984.

Dental Supplies Gathered for Orphanage

(Pacifica Tribune, Dec. 26, 1984)

Hundreds of orphaned children in El Salvador will have something to smile about this holiday season because of the charitable drive for dental supplies

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organized by a pair of Pacificans.

Dr. Dimitrios Pappas, pediatric dentist at the Fairmont Center, coordinated the drive for supplies from the 300-member San Mateo County Dental Society.

Another Pacifican, Hugo Orozco, the Honorary Consul for El Salvador, personally will deliver the supplies the first week of January to an estimated 600 children at the Ciudad de los Niños (City of the Children), an orphanage in El Salvador.

Earlier this month, when Pappas proposed that the county dental society lend its support to Orozco and his charitable mission, he had no idea what type



Terri Lisagor

of response there would be.

The response from county dentists included boxes of syringes, needles, gauze squares, brushes, tooth paste and medicines. Moreover, a dental chair and its accessories are among the items donated.

"They have nothing at all there (at the orphanage now)," said Orozco, who also has found three El Salvadoran dentists to provide free dental care once the supplies arrive.

— Olympic Torch —

Many members who were not at the annual meeting missed the Olympic torch shared by Terri Lisagor, the wife of Mark. We're all very envious.



Drs. Tim Buto, Jack Redmond, Kenneth Kerr, Terri Lisagor

tional, proprietary or personal issue to other members.

Mechanism:

An individual, group or company wishing to use the membership list, must first submit to the executive secretary a copy of all of the material proposed for distribution. Upon receipt of the proposed mailing, the executive secretary will forward the material to an officer of the board, who will make a determination regarding its appropriateness for mailing to the members. Once so approved, the executive secretary will provide the membership list in the form of *mailing address labels*.

Criteria:

Material approved for mailing should have some potential benefit to the membership. This benefit may be to confer information regarding a product, service, educational opportunity, business opportunity or issue of interest to the profession or specialty. The material should not be deceptive in any manner or demeaning to the profession or any individual; it should be in good taste; it should pertain to the practice, art and science of pediatric dentistry or a related field.

Cost:

This service should be available to members "at cost", the dollar amount to be determined by the executive secretary. Currently, the March, 1985 cost of producing membership mailing labels is \$12-15.

To non C.S.P.D.-members (individuals, groups, companies, etc.), an *additional* charge of \$35.00 will be made.

In the case of death or disability of a member, the labels will be provided without charge to the member or survivor for the purpose of advertising the sale or disposition of the practice.

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(Continued on page 8)

Notices

C.S.P.D. Membership Mailing List

The following proposal regarding the use of the CSPD membership mailing list was passed by the Board at the Annual Meeting.

Philosophy:

The membership mailing list should

be provided to interested parties, both within and outside of the C.S.P.D., if the distribution of material will *benefit the membership*. In other words, the overriding consideration in granting use of the membership list will be the determination that the proposed use will enhance the knowledge, skills, professional, educational or business opportunities of the members. As a side issue, an individual member may benefit by using the list to promote an educa-

• "Though I am always in haste, I am never in a hurry, because I never undertake more work than I can go through with calmness of spirit."

— John Wesley

• "I feel like a terribly slow learner in acknowledging that only in recent years have I come to learn that *listening* is a primary way by which I can become a significant person, in my own eyes and in the eyes of others. And I must continually relearn it."

— Earl Koile

Conscious Sedation in Pediatric Dentistry

The two-day seminar on Conscious Sedation in Pediatric Dentistry held in New York City, November 2-3, will be made available on standard audiotape cassettes. As a registrant at this seminar you may use this order form to obtain a special pre-production discount.

Each day of recordings is contained on four standard audio cassettes at a pre-production price of \$55.00. Order both packages: Save \$10 and receive your cassettes packaged in a **FREE** vinyl storage album.

- Please send me PED-A which includes the following presentations: Pain and Analgesia (Dr. Desjardin); Principles of Pediatric Pharmacology (Dr. Sydney Segal); Agents and their Practical Use: Monitoring the Sedated Patient (Dr. Trapp); and Panel Discussion.

Four cassettes:

Reg. Rate \$60.00 Registrant Rate \$55.00

- Please send me PED-B which includes the following presentations: Local Anesthesia (Dr. Malamed); Medical Emergencies (Dr. Malamed); Conscious Sedation and the Law (Frank C. Woodside, III, Attorney); and Panel Discussion.

Four cassettes:

Reg. Rate \$60.00 Registrant Rate \$55.00

- Please send me both packages (total of 8 cassettes) for \$110.00 I understand my cassettes will be enclosed in a free vinyl storage album.

I understand that my cassettes will be shipped in approximately three weeks.

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* * * * *

Travel to Hawaii

Any members contemplating trips to the Islands and needing information on *Local Dental Meetings* to attend, please feel free to call or write me. I'll try to help find meetings to attend. I can perhaps set you up with speaking engagements.

— Mike Delaney

* * * * *

Insurance Classification Status

All C.S.P.D. members should review their insurance classification status. The classification changes by T.D.I.C. affected many members and appears to be overlooked by some of them. Please check to be sure you are in the appropriate classification.

* * * * *

Practice Related Research

Dear CSPD Members:

There have been several attempts in the past to stimulate practice related research in our Society. Up to now, research has existed in the pedodontic departments of the various teaching institutions. A good part of these projects has involved graduate students. The Professional Activities Committee has been given the responsibility of extending and sharing knowledge and expertise in pedodontics. The committee will gladly coordinate research among private practitioners and help graduate students in schools with their various projects.

We will encourage research in both sectors by offering research grant money. As there is a limited amount of money available to graduate students and private practitioners, a formal proposal must be submitted to the committee. The sponsored research must be written up so as to be acceptable for publication. It is expected that the final results will be presented at an annual meeting of the Society.

For more information and an application, please apply to the Professional Activities Committee in care of:

Daniel Brostoff, DDS, Chairman
6226½ W. Manchester Ave.
Los Angeles, CA 90045
(213) 670-3677

* * * * *

Assemblywoman Seeks Tax on Candy

From the Van Nuys Daily News

SACRAMENTO — For the third time in recent years, Assemblywoman Gwen Moore has introduced a bill to impose the sales tax on candy.

Under the bill introduced by the Los Angeles Democrat, revenue from the sales tax on "candy and confectionery" would be used for state and federal programs on child nutrition and "dental prevention."

California has had a sales tax on various items since 1933. In 1972, the legislature voted to exempt candy and confectionery from the tax. The state Board of Equalization defines confectionery as nuts, fruit and popcorn that are covered with chocolate or some other sweet, sugary substance.

* * * * *

Ad Hoc Committee on Missing and Abused Children

The committee will investigate and evaluate the methods and organizations that deal with the problems of missing and abused children and report back to our membership for further action.

Those interested in participating on the committee should call or write:

Dr. Denis Weintraub
10231 Santa Monica Blvd.
Los Angeles, CA 90067
(213) 277-6126

• "Like everything else that is human, the family needs redemption. Unredeemed, it will produce only particular temptations, corruptions, and miseries. Charity begins at home; so does uncharity."

— C. S. Lewis

News from the Dental Schools

The California Society of Pediatric Dentists wishes all the graduating Pediatric Dental Residents the best of luck and successful careers.

The four residents who have completed their training at U.C.L.A. follow:

Stephen Finger was born on November 26, 1955 and grew up in Los Angeles, California. He attended UCLA,

(Continued on page 9)

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graduating with a degree in Biology in 1977. He went on to dental school at the Washington University School of Dental Medicine in St. Louis, Missouri, in 1978, receiving a D.M.D. degree in 1982. Dr. Finger then returned to California and is presently enrolled in the M.P.H. program (concentrating in the area of health services) at the UCLA School of Public Health and the Pediatric Dentistry Postdoctoral Program at the UCLA School of Dentistry, anticipating completions of both programs in 1985. Dr. Finger's main interests are in preventive dentistry and early orthodontic therapy. His hobbies include most outdoor sports, especially biking and swimming. After graduation, Dr. Finger hopes to associate in private practice in California.

Richard Prouse was born in Norwalk, Connecticut but moved to Southern California at the age of 11. He attended the University of Southern California, receiving a B.S. in biology. He then went to Northwestern University Dental School in Chicago, receiving his D.D.S. degree in June 1983. To further his education in both pedodontics and orthodontics, he enrolled in the UCLA Pediatric Dentistry Postdoctoral Program. Richard and a partner recently purchased a family practice in El Cajon, California where he plans to do general dentistry upon graduation with a heavy emphasis on pedodontics and orthodontics.

Maureen Short was raised in New Jersey and received a Bachelor of Science degree from the College of Saint Elizabeth. She then received her D.D.S. degree from Georgetown University in Washington D.C. and the Robert J. McCann award for excellence in Pediatric Dentistry. Maureen then spent one year in New York at the Mount Sinai Hospital General Practice Residency Program. She is currently enrolled in the Pediatric Dentistry Postdoctoral Program at the UCLA School of Dentistry, serving as Chief Resident and will complete her program in 1985. Together with her husband, Dr. Jerry Young, they have set up a private practice in Diamond Bar, California.

George Wilson was born in Santa Monica, California. He graduated from the University of the Pacific Dental School in 1974. He practiced in Visalia, California for almost nine years when he decided that he would like to limit his practice to pediatric patients. George

enrolled in the Pediatric Dentistry Postdoctoral Program at UCLA to further his study. His plans are to return to private practice. George is married with four children.

From U.S.C. we hear that **Keith Serxner** is going to the La Canada area to open a practice. Nearby will be a fine referral source, his wife, who is a Pediatrician. While at USC, Dr. Serxner developed a technique manual for Rancho for treatment of the cleft palate patient. In addition, we hear the pedo clinic under the guidance of Ron Johnson has raised \$250,000.00 and looks to an early start in the new facility.

From the program at U.C.S.F. there are three residents graduating:

Andrew Soderstrom graduated from the University of the Pacific in 1983. He acted as the chief resident during the second year of the program. Some of the C.S.P.D. members have met Andy at the annual meeting at Silverado, where he presented a table clinic entitled, "The effects of excessive irradiation and chemotherapy on the developing dentition." He plans to return to his home town of Modesto, has a two year old son, and his wife is expecting their second child in October. Dr. Soderstrom will be associating with Dr. Robert Venn, who purchased Andy's father's pedo practice when he passed away.

Chifan Cheng graduated from the National Taiwan University in 1979 and then practiced general dentistry for four years. She also had an excellent table clinic at the annual CSPD meeting, entitled "Cystic Hygroma: A Case Report." She is seeking an opportunity to practice Pediatric Dentistry in the Bay Area and can be contacted at 1415 6th Avenue, San Francisco, 94122.

Yan-Hwa Wong is the third graduating resident from U.C.S.F. and plans to take the State Board in June.

To Our Sponsors

CSPD would like to thank the sponsoring people who helped to support our annual meeting. They have added a nice touch to our meeting and we have benefited from them. We hope they, too, will profit from the relationship. We have placed their ads in our bulletin that you might recall who they are. We would also like to thank Space Maintainers Lab. They could not attend our meeting but sent us a generous gift anyway.

Classified Ads

All members are invited to place free classified ads. Non-members must pay \$25. Send information to the Editor. **If you do not contact the Editor to continue your classified ad, it will automatically be discontinued.**

ASSOCIATE PARTNERSHIP — San Diego. Association leading to partnership for established pedodontic practice. Location is behind 250-bed hospital in large MD, DDS specialty complex adjacent to 6-member pediatric group. Office has expansion capabilities. I need someone with practice administration abilities and ortho experience. Call Dr. Ron Bills, (619) 724-1102, resume: 3230 Waring Ct. Q, Oceanside, CA 92056.

My son, the Doctor, European Style

"Marc" is a squatter. He has a wife and two children, and he collects unemployment compensation from the Belgian government. He sometimes finds a few weeks' work — practicing general medicine. . .

"When I do find work, I don't say I've been on unemployment. For a doctor, it's too bizarre."

Bizarre, but hardly unique. The Common Market nations are faced with a glut of physicians. The students who crowded European medical schools during the prosperous 1960s and 1970s have spilled out into the marketplace, and the oversupply of doctors is creating serious problems, for the health system as well as the individuals concerned.

(The U.S., in contrast, doesn't seem to have a significant surplus of physicians.)

The doctor glut varies in severity around the Continent. In Italy, where admission to medical school is unrestricted, a whopping 50,000 doctors are unemployed. "Our problem is a cultural one, and it has been acute for the past 10 years," says a spokesman for the Ministry of Health in Rome. "An Italian would prefer to have his son be an unemployed doctor than a plumber earning 10 million lire (\$5,300) per month."

— Author Unknown

Reprinted from the Wall Street Journal article, "Common Market Nations Have Glut of Doctors, and Health Experts Say it Will Get Worse," (10-4-84).

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