



BULLETIN

Spring - 1980

Editor: *Win Edie, DDS*

Executive Secretary: *Bobbi Dennis*

Assistant Editor: *Lonnie Lovingier, DDS*

CONTENTS

	<u>Page No.</u>
I. <i>Past President's Message</i>	1
<i>President's Message.</i>	1
II. <i>Editorial.</i>	2
<i>Tribute to Dr. Weis.</i>	2
III. <i>Articles</i>	
<i>Stanford Research Report--Dr. R. Spamer</i>	3
<i>Self-Insurance - Paul Rhodes</i>	5
IV. <i>CSPD Activities - Reports & Announcements</i>	
<i>Board Highlights (1/80 & 3/80)</i>	6
<i>Annual Meeting Highlights.</i>	8
V. <i>Pictures from Annual Meeting</i>	10-12
VI. <i>Review Abstracts from J. Dent Research</i>	12
<i>Guest Editorial - Dr. Richard Adams.</i>	14
VII. <i>Unitek Ad.</i>	15
VIII. <i>List of Officers & Board Members</i>	16

CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS

Past President's Message.....

At the completion of my term of office as president of CSPD, I would like to thank the members of the Board of Directors and the various committee chairmen and committee members for their diligent efforts on behalf of the Society.

I would especially like to thank Dave Good and Weyland Lum for the time and effort they have taken to keep the State aware of the feelings of pedodontists with respect to Medi-cal. These efforts helped bring about the first adjustment of pedodontic medical fees in a long time. This really brings home the significance of a unified Society voice for pedodontics, rather than many individual voices.

The FTC's prompting of liberalization of advertising guidelines by the ADA and diminishing patient loads in many offices has brought a new consternation to private practitioners. Your Board is also concerned about these and other related issues and is embarking upon an analysis of public relations, advertising, patient access, etc.

One of the charges of the Society is to promote research and education. The first issue has been further aided by the institution of a graduate student research competition. The second area has been enhanced by the inauguration of an annual pedodontic-orthodontic seminar.

And, of course, speaking of education, the Newport Meeting under the direction of Roland Hansen, was an outstanding success. The featured speaker Jon Kapala, gave a fine presentation on orthodontics for the pedodontist, but also several of our own members gave very informative and educational table clinics.

All in all, it's been another successful year for the Society in terms of political presence, education and being concerned for the welfare of pedodontists of California. However, the Society needs the active support of pedodontists to continue the goals. This year an effort is being made to increase the membership. If you know a pedodontist who is not now a member, will you take the time to encourage him to join?

Robert W. Weis, DDS

President's Message.

During the past few months, many dental publications have reflected upon the future of dental practice. The tone of those articles has often carried a hint of pessimism interspersed with the optimism of hope. The future of Pedodontics is intertwined with the future of every facet of organized dentistry. While our needs and desires are often similar, we recognize that certain differences often require us to respond in a unique manner.

A bright future requires that we define our path of action to make certain of our ultimate goal. The planning for such activities has been initiated by our Board of Directors. Our society will focus its attention upon those issues that bear upon our capability to deliver quality care in a strained economic environment. While a complete resolution of every concern may not be possible this year, we will attempt to provide through corporate action a vehicle for constructive self-appraisal and action.

With your confidence and support, our society will be able to resolve many of these issues which relate to your future in the practice of Pedodontics.

Roland W. Hansen, President

CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS

Editorial.....

I want to thank our entire organization for the support and acceptance that you have given my Editorship. Two years ago, when I became Editor, I felt some apprehension, however, with the encouragement of members, Board of Directors, officers and Executive Secretary Barbara Dennis, I developed a positive feeling for the Editorship. I want to also make special mention of our first Editor, Hugh Kopel, who developed the Newsletter from our first year as an organization. Hugh Kopel spent considerable effort setting up the format of our Newsletter.

This year, the title of our publication was changed to the **Bulletin**. This title will give more meaning to our pediatric voice and could give our Bulletin an important place in Pediatric Dental Publications. We also have added an Assistant Editor, to insure continuity of the Bulletin by having a member prepared to take over the Editorship when the term of an Editor is completed. We also now have a position entitled Scientific Editor to obtain articles that may relate to research or book reviews. Dick Sobel is filling this position now and has been of invaluable help.

Our new Editor is Ed Hoffman, who is well qualified for his Editorship. I know the membership will give him support and encouragement, and perhaps, some Letters to the Editor and some articles. Lonnie Lovingier has accepted the position of Assistant Editor and is enthusiastic about learning the Editorship and will be prepared when he becomes Editor.

In closing, I want to say that it has been a fulfilling and rewarding experience being Editor for CSPD. Thank you again for your support.

Win Edie, DDS

A Special Tribute-----

This is a special thanks to Robert Weis, immediate Past President for the extra energy and time necessary to guide the California Society of Pediatric Dentists through another successful year. Bob has lots of patience and also understanding of the needs of our quite special group and the goals we are trying to achieve.

Bob was one of the charter members involved in forming the California Society of Pediatric Dentists. He served as our first secretary, during those formative years, giving that position stability together with excellent records for our future. He was President-Elect and Program Chairman for the Reno meeting, another position that was filled excellently by Bob.

Thanks again to our fifth President for a good successful year! We know he will serve our group in other capacities with the same enthusiasm he has always displayed in every position he has held.

CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS

THE IMPORTANCE OF A SCAVENGING SYSTEM WHEN USING NITROUS OXIDE-OXYGEN IN THE DENTAL OPERATORY

By Rolf Spamer, D.D.S., M.S.D.

STANFORD- A study by researchers at Stanford University School of Medicine and the American Dental Association has found important health problems among dentists and their assistants, associated with the use of anesthetic gases.

The problems include increased rates of liver, kidney and neurologic disease, increased numbers of miscarriages among wives of male dentists and among female assistants exposed to trace concentrations of the gases, and a greater incidence of birth defects in the children of exposed female assistants, compared to those not exposed.

The implications of these findings are of concern to the health of approximately 100,000 dental personnel who are exposed to anesthetic gases in the U.S., said Dr. Ellis Cohen, professor of anesthesia at Stanford.

Questionnaires were sent to 64,000 dentists and dental assistants. Respondents were asked to estimate their occupational exposure to anesthetic gases, such as nitrous oxide and halothane, and to complete a brief personal health history for the ten year period, 1968-78.

Over 22,000 dental assistants and 21,000 dentists responded to the survey, and 23,000 pregnancies which occurred during the sample period were reported.

Among the dentists who responded, forty-two percent said they used anesthetic gases regularly in their practices. Approximately one-third of that group were "heavy users," using the agents more than nine hours per week.

The study found:

- among heavily anesthetic-exposed dentists, an increase in liver disease from 1.9 to 3.2 cases per 100; an increase in kidney disease from 2.4 to 2.9 cases per 100; and an increase from 0.35 to 1.35 cases per 100 in non-specific neurological disease (numbness, tingling and weakness) relative to the group reporting no exposure to the anesthetic gases.
- among heavily exposed female dental assistants, an increase in liver disease from 1.0 to 1.6 cases per 100; an increase in kidney disease from 2.4 to 4.1 cases per 100; and an increase in non-specific neurological disease from 0.45 to 1.98 cases per 100 relative to the non-exposed group of assistants.
- the rate of spontaneous miscarriage was increased from 6.7 per 100 in control group to 11.0 per 100 among wives of heavy anesthetic-exposed dentists; and from 7.6 cases per 100 in the non-exposed to 17.5 cases per 100 in heavily exposed female dental assistants.
- birth defects increased from 3.6 to 5.9 per 100 among children of exposed female assistants, however, no increase in birth defects was reported in children of exposed male dentists.

Cancer incidence was unchanged among male dentists, but the rate among exposed female assistants appeared somewhat higher than among those unexposed.

CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS

Research Findings Continued.....

A study of individual anesthetic gases used in dental offices revealed that nitrous oxide was the sole agent reported by eighty-one percent of those dentists using anesthetic gases.

Nitrous oxide, commonly known as "laughing gas," has always been considered to be inert and nontoxic. However, this study indicated that "significant health problems appear to be associated with the use of nitrous oxide alone," Cohen said.

It is presumed that patients themselves are not at risk because they are exposed only briefly to the anesthetic agents. The present study was designed to investigate dental personnel who are chronically exposed to trace concentrations of anesthetics.

Because dentists work close to the patient's open mouth, and tend to use larger volumes of the gases to maintain effective anesthesia, they may receive two to three times the dose of anesthetic gases as operating room personnel, said Cohen. Fortunately, control measures are available which assist substantially in reducing dental anesthetic exposure to acceptable levels.

The questionnaires did not ask if the dentists were using a scavenging system with their nitrous oxide-oxygen units. In an extensive conversation with Dr. Ellis Cohen, he said he believed that most respondents did not utilize a scavenging system.

Dr. Cohen believes there are a number of techniques dentists can use to eliminate excess nitrous oxide from the operatory:

- A. The Brown Scavenging Nosepiece with its hoses connected to the dental unit's suction system is by far the most effective and efficient method.
- B. The nosepiece must be fit properly and securely around the patient's nose.
- C. The patient must be oxygenated completely before removing the nosepiece.
- D. Use nitrous oxide only when the patient needs it. Examples: during injections, when treating fearful and apprehensive patients. Turn off the nitrous oxide when the patient no longer needs the analgesia and sedation it provides.
- E. Forced ventilation into operatory will eliminate gases - air conditioners or ventilating fans are excellent.

If you desire to pursue this matter further you may do so by contacting Dr. Ellis Cohen, Stanford University Medical Center, Stanford, CA 94305. Phone (415) 497-6455, or Dr. Charles Witcher - same address - Phone (415) 497-6411.

Bibliography

1. News Bureau, Stanford University Medical Center, Stanford, CA 94305; October 24, 1979.
2. Personal discussion with Dr. Ellis Cohen.

BUILDING A BETTER "MOUSE TRAP"
SELF INSURANCE

By Paul Rhodes

During the "Malpractice Crisis" of 1975 the physicians, who were already paying professional liability insurance premiums several times as high as those of the dental profession, responded by forming their own physician-owned insurance companies. These new companies, now 27 in all, promised a non-profit orientation, physician control, and the return of unnecessary premiums to the policyholders. Five years later, it is difficult to find a dissatisfied customer as the "Bedpan Mutuals" have indeed delivered what they promised to do.

On July 1, 1980, The Dentists Insurance Company will become the first dentist-owned professional liability insurance company in the country. TDIC, a wholly owned subsidiary of the California Dental Association, was formed with essentially the same objectives as most of the physician-owned insurance companies of the mid-seventies, however in today's less volatile environment and benefiting from the experience gained by our "bedpan" forerunners, TDIC is able to substantially improve upon the doctor-owned companies in three key areas:

1. Capitalization Requirements - Every insurance company is required to establish a capital or surplus account which provides a margin of safety for policyholders and the public alike should the premiums collected prove insufficient to pay claims and expenses. The amount of surplus required is usually measured in relation to premiums and will typically vary with the size of the company and volatility of the line of business being underwritten. The ratio of premiums to surplus is established by the Department of Insurance. All the California based physician-owned companies were required to post a dollar of surplus for each dollar of premium. From a practical standpoint that meant that the physicians were not only required to pay a premium, but in addition, they were required to pay a like amount in a non-tax deductible surplus contribution, expensive medicine even at 1975 price levels.

The Dentists Insurance Company has qualified for the most favorable premium to capital ratio because of the more stable insurance environment of 1980 together with the greater degree of predictability of dental malpractice claims. The amount of surplus required of TDIC is only 57¢ per \$1.00 of premium, about one-half the amount of surplus required of the physician-owned companies formed in the mid-'70's.

Further, today's more stable insurance environment together with a loan guarantee by CDA has enabled TDIC to negotiate a bank loan with Crocker National Bank for the capital and surplus requirement. This eliminates the need for a capital contribution from each dentist joining the program. This is the first time a doctor-owned company has been capitalized by a bank loan. California dentists will save \$3 million to \$5 million through the elimination of the capital contribution.

2. Coverage - Unlike the restrictive "claims-made" policy form offered by the physician-owned companies, The Dentists Insurance Company will be issuing an "occurrence" policy form. Under the occurrence policy, treatment giving rise to a claim need only occur during the policy term to be covered. The claims can be reported anytime in the future. The

Mousetrap Continued.....

claims can be reported anytime in the future. The difference between "claims-made" and "occurrence" coverage is particularly important in professional liability where it frequently takes many years for a claim to be reported.

- 3. Contol - To assure broad-based dentist control TDIC chose a stock insurance company with 100% of the stock owned by The California Dental Association. The ten member board of directors that sets the policy of The Dentists Insurance Company is elected annually by the CDA House of Delegates, thereby assuring continued control of our company by our members.

Timing has been an important part in TDIC's development. Had the company been formed during the crisis years, the favorable capitalization ratio would probably not have been available, certainly the bank loan would not. Had we been forced to form during a period of rapidly escalating claims we would probably have to settle for the more limited coverage of the "claims-made" policy form. And certainly if we had not had the time to consider all the organizational forms we undoubtedly would not have all of the safeguards to assure that our company remains responsive to our needs. Indeed, starting a company during the relative calm of 1980 has enabled CDA to develop a better company.

We must be careful, however, that the same calm that has provided us with so many advantages does not lull our members into a false sense of security or a "wait and see" attitude. Your support now will insure that we are never again forced against the wall as we were by the professional liability companies in the mid-seventies. Let's support our company.....

CSPD Activities, Reports and Announcements

Board Highlights---January 19, 1980 and March 27, 1980

January, 1980----Dr. Fred West and Dr. Dale Redig will attend our Fifth Annual Meeting at Newport Beach to accept their Honorary Membership in C.S.P.D.

Plans have been finalized for C.S.P.D.'s Fifth Annual Meeting. It will be at the Newport Beach Marriott Hotel on March 27-30, 1980. Dr. Jon Kapala will speak on "Special Problems Related to Malocclusion." A panel discussion "The Future of Pedodontics" will include such topics as public relations, institutional advertising, third party activities and patient acquisition. Dr. Ted Oldenburg, President of the American Academy of Pedodontics will speak at Friday's Luncheon. Other highlights will include a Harbor Cruise, golf, tennis, fun run and outstanding table clinics.

The site for C.S.P.D.'s Sixth Annual Seminar will be the Stanford Court Hotel on Nob Hill in San Francisco. The tentative meeting dates will be March 26-29, 1981.

The Treasurer's Report showed a balance in the operating account at 12/31/79 of \$2,906.73. Our savings account balance was \$3,188.90 and our Money/Market account contains \$10,155.95. A proposed budget of \$11,850 was approved for 1980. This is based on an estimated income of \$12,500 from the membership of 250.

CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS

BOARD HIGHLIGHTS CONTINUED.....

The name of C.S.P.D.'s Newsletter has been changed to BULLETIN. Our Editor for 1980 will be Dr. Edward Hoffman. Dr. Lonnie Lovingier will be the Assistant Editor in 1980 and the Editor in 1981. Dr. Richard Sobel will complete the Editorial Staff.

The new Constitution and By-Laws and Membership Roster should be in the mail in April. C.S.P.D.'s Nominating Committee has presented its slate of officers for the coming year:

President-Elect	Dr. Charles Spitz
Vice President	Dr. Hugh Kopel
Secretary	Dr. Rolf Spamer
Treasurer	Dr. Richard Therrell
Editor	Dr. Edward Hoffman

Directors 82 - Northern California	Southern California
Dr. Donald Dal Porto	Dr. Kent Payne
Dr. Edward Matsuishi	Dr. Larry Luke

Directors 81 - (Remain the same--see list at end of Bulletin)

Nominating Committee - Dr's. Warren Brandli, James Berger and Martin Steigner

The membership will vote on the officers at the Newport Beach Meeting.

Dr. David Good sent the results of the C.S.P.D. "Summary - Survey Form for Dentical Fee Schedule" to Ellen Barkley of the Interdisciplinary Affairs Committee at the California Dental Association.

Dr. Weyland Lum has written a letter to Eric Olson at CDS regarding pedodontic fees. The general idea of the letter was that the pedo fees have not increased significantly within the last ten years. Unless something is done to increase the fee schedule, pedodontists cannot afford to treat pediatric patients.

C.S.P.D. will sponsor an annual contest honoring graduate students from the California Advanced Pedodontic Programs who create original projects. The winners will present their studies at the Annual Meeting.

March, 1980-----"Yellow Pages Promotion" for CSPD members in the San Mateo County was submitted to and approved by the Board of Directors. Two other study clubs are interested in a similar promotion.

CSPD appointed a Promotion and Public Relations Committee to work with all professional groups regarding promotion and public relations. Committee members are Drs. Robert Weis, Rolf Spamer, Mel Rowan, Dimitrios Pappas, Jack Bamrud and Howard Dixon.

The State Board of Dental Examiners has awarded 12 hours of C.E. credits (Course No. 1-12-385-80001.

Dr. Charles Spitz, Program Chairman for 1981 Annual Meeting is interested in potential speaker's names and other suggestions for the Scientific Program.

CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS

BOARD HIGHLIGHTS CONTINUED.....

CSPD presently has 237 full dues-paying members and 10 academic members as well as over 20 grad student memberships.

CDA negotiated with the Dentical Program and received only a 3% increase in fees. CDA refused to accept this and by using CSPD's recent survey and the oral surgeon's survey, as well as the increased cost of silver, was able to renegotiate an 8% increase in fees. In submitting the Dentical forms for payment, you must list your regular fees in order to receive your share of the fee increase. By consistently listing your regular fees on the Dentical forms, you will definitely help CDA get more frequent and higher fees from the Dentical Program.

Any questions you may have about the Dentists Insurance Company (see article on Self Insurance) can be answered by Mr. John Nolan at (415) 981-6700.

Dr. Ray Stewart will be the chairman of the 2nd Annual Pedodontic-Orthodontic Meeting. Senate Bill III (SB III). This is a Bill which has been passed which is to provide comprehensive preventive treatment for all California children in grades K-6. The program is to be implemented in each county by its Child Health and Disability Prevention Committee (CHPD). If any CSPD member is a CHPD Committee Member, please contact Dr. Charles Spitz. Dr. Spitz is on the committee in San Francisco County and believes some mutual discussions may help to overcome some big problems being faced in implementing this program.

ANNUAL MEETING REPORT

Jon T. Kapala, D.M.D., M.ScD (Pedo) Professor and Chairman of the Department of Pedodontics at the Henry Goldman School of Graduate Dentistry, Boston University Medical Center, was the main Speaker for the scientific program at Newport. His topic was "Special Problems Related to Malocclusion."

Jon has graduate training in Orthodontics which made him well qualified for his presentation in this field at our meeting. He was an excellent speaker and well versed in his subject, and well received by our membership. It was a productive and enjoyable experience to have Jon Kapala as the main speaker at our 1980 Annual Meeting.

Ted Oldenburg, DDS, the current President of the Academy of Pedodontics attended our Newport Meeting and gave a customary presentation on behalf of the Academy. The membership found him to be a friendly outgoing person who entered into the spirit of our meeting.

The Saturday Night Banquet was an outstanding success with music for dancing by the Lionel Ames Orchestra, and an excellent meal served by the Marriott Hotel. This was a gala event topped off by the presentation of Honorary Memberhips to Dr. West and Dr. Redig, and the retirement of our President Robert Weis and his slate of officers as well as the installation of Roland Hansen and his new slate of officers. Barbara Dennis, our Executive Secretary, kept the meeting running smoothly as usual.

The Table Clinic Program had a large number of participants. Ron Mack was Chairman with some help from Roland Hansen in the South. This was an excellent program, presenting many worthwhile ideas to take home. Both Graduate Students and members participated in this program. The members and graduate student involved in this presentation were:

CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS

Graduate Students

Dr. J. Pedersen
Dr. G. Tache
Dr. D. Schwetzer
Dr. D. Okuji
Dr. L. Latner
Dr. W. Izigzon
Dr. J. Sanchez
Dr. P. Dernard
Dr. K. Siu
Dr. J. Gidan
Dr. H. Kunihiro

Members

Dr. Larry Luke
Dr. Hugh Kopel
Dr. Ron Mack
Dr. L. Rattner

The Panel Discussion "The Future of Pedodontics" was moderated by Kent Payne who worked diligently to secure the fine panel. The panelists were Dr's Bill Snaer, Jon Kapala, Howard Dixon, Weyland Lum, Bob Weis, James Berger and Frank Enriquez. As moderator of this panel, Kent led the discussion into deep and important questions concerning the future of Pedodontics. Thanks to Kent Payne for his outstanding leadership in setting up and participating in this important panel discussion.

Dave Gaynor, President of CDA, spoke to our group regarding association sponsored insurance. He emphasized the immediate necessity of having our own CDA Self Insurance Plan.

TWO NEW HONORARY MEMBERS....

The Banquet night of our 1980 meeting was enhanced by the presence of two eminent guests who became honorary members of our group that evening. Dr. Frederick West and Dr. Dale Redig were the honorees and were both greeted by many members who had been associated with them as students and faculty members at the University of the Pacific in San Francisco.

Dr. Fred West contributed to Pedodontics through his course on "Tooth Guidance" which he, as an orthodontist, continued to present from the 1930's through 1960. The course started as a one-day meeting and later became a one-week course. This postgraduate course was very instrumental in giving a basic foundation to many dentists on the development of children's dentition. In his retirement years, he has been honored by appointment as a Regent of the University of the Pacific at Stockton. It was with a great deal of affection that this honorary membership was presented.

Dr. Dale Redig became a Californian from Iowa where his Pedodontic career began. He was appointed Dean of the University of the Pacific Dental School where he served the 1970's as the guiding force of this Northern California Dental School. He has become a Southern California now through his appointment as Executive Secretary of our CDA. We, in Pedodontics, are very fortunate to have one of our own discipline holding this very important position. Our organization was pleased to present him an honorary membership and be able to greet him that evening.

ATHLETIC EVENTS AT THE NEWPORT MEETING---as reported by Dr. Lonnie Lovingier

The best turn out of the athletic events was the Fun Run, organized by Mike McCartney. Approximately one-half of the participants went the full distance of 5 miles, and the other half running the shorter course of 3 miles. Tom and Margo Barber and Eva Sulan set a great example of participation by walking the course in order to share in the physical fitness event. Our guest, Ted Oldenburg, out here away from the cold snowy weather enjoyed an early spring in our California sun. After lasting the full distance, he'll probably be glad to get back home.

Athletic Events Continued.....

Of course, tennis always gets a good turn out. The tournament was managed by Kent Payne. All were reported to have had a great time. Perhaps the most curious thing is how the husbands and wives finished (Women competed with men.) Howard Dixon finished on top and Donna Dixon on the bottom; Phil Wolkstein finished second and Donna Wolkstein second to last. Next year if we play as husbands and wives teams, they'll probably be in the middle. Golf, of course, is always an event noteworthy of a few words. Now, on to racquetball. Seriously, Jim Chase was the golf player of the day winning the perpetual trophy. Margo Barber was the outstanding female golfer winning low gross, low net, longest drive, closest to the pin, a clean sweep. Congratulations Margo! (Next year, I'll talk my wife into playing so Margo has someone to compete against.) Rumors have it that some racquetball diehards slipped off and broke a few balls against the walls.

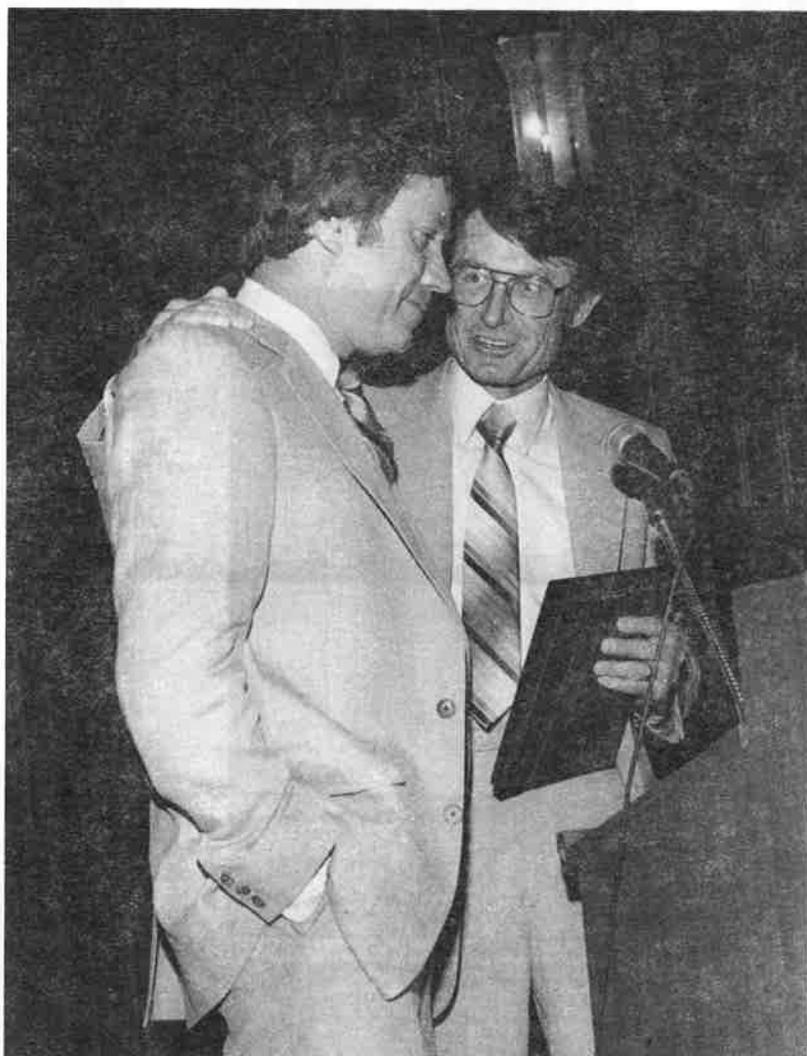
Here are a few pic's from our Banquet and Installation.....



Dr. Dale Redig, CDA



Dr. Ted Oldenburg, President American Academy of Pedodontics



Dr. Jon Kapala, our headliner with Dr. Roland Hansen



Dr. Fred West and Dr. Eva Sulon



TWO PRESIDENTS-----Dr. Robert Weis, immediate Past-President with newly elected President Dr. Roland Hansen



Dr. Lonnie Lovinger with Dr. Thomas Barber, Past President, CSPD.



Dr's Charles Spitz, Roland Hansen and Richard Therrell



Newly elected Officers and members of our distinguished Board of Directors

REVIEWS FROM DENTAL ABSTRACTS

J. Dent Research

AADR Abstracts 1980

212

An S.E.M. Study of Various Methods of Finishing Microfilled Composite Restoratives. H.M. KOPEL* and C. THANOS, USC Schl. of Dent., Los Angeles, California 90007

New composite resin systems consisting of either a BisGMA or an urethane dimethacrylate matrix filled with silica particles of less than 1 μ m are currently being suggested in restorative dentistry. These newer formulations are said to have a homogeneous surface that is readily polished to a smoother finish. The purpose of this study is to observe with a SEM the surfaces of enamel and four different microfilled composites finished and polished with various instruments and disks.

Two Class V cavities were prepared in the labial surfaces of extracted perm. anterior teeth. The cavities were packed with one of the test composites, Finesse, Isopast, Phasefil or Silar and tamped into contour with a moistened cotton pellet.

Following a minimum period of 48 hours, gross excess was removed by white stones at low speeds, or silicon carbide (SC) disks or aluminum oxide disks (AO) or a 12 fluted bur. Polishing for gloss was done by Shofu quartzite disks or SC or AO disks or abrasive-free disks. All samples were prepared by standard methods for SEM scan.

Preliminary results demonstrate that the removal of gross excess and polishing of microfilled composites is readily achieved by SC or AO disks. A glossy surface can also be produced by an abrasive-free or Shofu quartzite disk. SEM photomicrograms of finished surfaces will be presented.

632

Effect of Enamel Surface Reduction on Bonding to Composite Resin. P. M. SCHNEIDER*, L. B. MESSER and W. H. DOUGLAS. University of Minnesota, Minneapolis, U.S.A.

Previous studies have shown that a prismless layer may exist on the surface of enamel. Acid etching such enamel does not produce a surface conducive to maximal bond strength between enamel and composite resin. The present study compared the strength of the bond between composite resin and enamel with and without enamel surface reduction.

Sixty human bicuspids extracted from adolescents were randomly assigned to one of 3 groups receiving 0 (Group A), 0.1mm (Group B) or 0.6mm (Group C) mechanical reduction with a water-lubricated 600 grit carborundum in a microtome. Teeth without reduction were cleaned with water and a soft abrasive regime. Each tooth was etched (37% phosphoric acid for 60 sec), washed for 60 sec. and air-dried. Standardized samples of composite resin with initial unfilled resin layer (Concise with Enamel Bond[®]) were placed, stored in water 12 days, and thermocycled (150 cycles). Bond shear strengths were determined (Instron machine), and the amount of residual composite after debonding noted microscopically.

Mean bond strengths were - Gp A: 25.5 Mn/m² (7.6SD), Gp B: 31.8 Mn/m² (5.9SD), and Gp C: 34.2 Mn/m² (4.6SD). Bond strength for Gp A was significantly lower than for Gp B ($p < 0.05$) and Gp C ($p < 0.01$); Gps B and C did not differ significantly. After debonding, the amount of residual composite was greatest for Gp C and least for Gp A. Removing a layer of enamel before etching increased shear bond strength and increased the amount of residual composite after debonding.

Dental Abstracts continued.....

642

The Clinical Effectiveness of Delton Fissure Sealant After Forty-Five Months
Z. SHEY* and M. ROUPT, New Jersey Dental School Newark, New Jersey

The clinical effectiveness of Delton fissure sealant was studied in 205 children, age 6-10, years (mean age 7½). 993 children in grades 1, 2, 3, and 4 were screened and subjects were selected if there was evidence of previous dental caries in the mouth, and a pair of contra-lateral maxillary or mandibular first permanent molar teeth were free of caries. Two pedodontists independently examined the children before and after sealant placement in a mobile van with two operators, and each applied sealants to approximately ¼ of the subjects using the following technique. The subjects brushed their teeth with a toothpaste containing fluoride and the operator assisted to ensure that the molars were clean. The mouth was rinsed and the experimental tooth was randomly chosen, isolated with cotton rolls, dried, and etched for 1 minute. It was then washed and dried again followed by Delton fissure sealant application according to the manufacturer's instructions. After 1 minute, the extent of coverage and the margins were checked by trying to pry it off with an explorer. After 45 months, in 167 subjects there were 8 sealants completely lost, 9 sealants partially lost, 35 experimental teeth carious or filled and 111 control teeth carious or filled. Consequently, sealant retention was 68% and percent effectiveness in caries reduction was 68%. The number of teeth per 100 saved by sealant application (net gain) was 47. After one, two, three, and four years, sealant retention was 92, 85, 77, and 68% and percent effectiveness was 90, 88, 78, and 68% respectively.

1084

Occlusion Related to Eruption Sequences.
D.L. ANDERSON*, F. PCPOVICH and M. SAUNDERS
University of Toronto, Toronto, Canada

The relationship of the Angle Classification of occlusion to sequence of permanent tooth eruption were investigated in 23 boys and girls, age 4 to 20 years, of the serial experimental sample of the Burlington Growth Centre. Sixty-nine per cent had Class I occlusion, 30% Class II and 1% Class III. The Class II group in comparison to the Class I had significantly different sequences of tooth eruption. Mandibular first and second molars erupted later more frequently than the mandibular central incisor and second bicuspid respectively ($P < 2^{-10}$) and later than the corresponding maxillary molars ($P < 10^{-6}$). Delay in eruption of the permanent molars is believed to be an evolutionary trend in man. In early man and other primates, the first molar erupted before the central incisor. In the present sample, when the mandibular first molar erupted before the mandibular central incisor, it never was later than the maxillary first molar. In only 2% of the Class I group did the mandibular first and second molars erupt later than the maxillary molars; whereas only 3% of the Class II group had the maxillary first molars erupt later than the mandibular first molars. In the Class II group, only 1% had the mandibular first molars erupt before the mandibular central incisors. Hence, Angle Class II occlusions were significantly related to the evolutionary trend toward delayed eruption of the mandibular permanent molars relative to the maxillary permanent molars and mandibular premolars and incisors. Supported by Canada National Grants 605-7-299 and 605-7-733.

IADR Abstracts 1979

547

Distribution of Caries by Tooth Surface Among Down's Syndrome Children. G. ORNER. Temple University School of Dentistry, Philadelphia, Penna.

Caries experience among Down's Syndrome children has been shown to be less than that of unaffected children.

Differences in exposure to risk and in tooth morphology have been offered in explanation. The present study examines dental caries experience in selected permanent teeth to determine the role of the latter.

Clinical examinations were conducted on a sample of 212 Down's Syndrome children and 124 of their unaffected sibs, all between the ages of 5 and 20 years. For both groups, congenital absence, eruption constants and caries experience by duration of exposure to risk have been previously reported. Caries by tooth surface for two selected permanent teeth, the first permanent maxillary and mandibular molars, was characterized by an almost identical distribution of occurrence between groups for each tooth-type. Distribution of surfaces affected, however, differed by tooth-type. There appears to be little evidence to support differences in morphology as an explanation for reported differences in caries experience.

Contributed by Dr. Hugh Kopel

Reference: Program and Abstracts. J. Dent. Res. Special Issue A, Volume 59, March 1980. (Annual Session, Los Angeles, CA, March 20-23, 1980).

CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS

-----GUEST EDITORIAL-----

This Editorial is reprinted from the California Society of Dentistry for Children and was written by the Editor, Dr. Richard Adams, who not only is a member of CSDC, but a Director.

We find ourselves locked into Denti-Cal's fee schedule by computer logic if we continue to fall into the trap of entering Denti-Cal fees on our claim forms instead of entering our usual and customary fees.

You know that those 'less-than-your-overhead' fees are Denti-Cal's and not yours when you enter them, but the computer does not. To the layperson administrators who review your claims it is apparent that you have entered your fee which just happens to match theirs. Furthermore, you have accepted their fee schedule as yours by so doing.

The reason given by dentists who are falling into this trap goes something like this, "it saves a lot of work for my clerical help, and it really simplifies things for my accountant if I just make one entry for the fee, their fee." There is one advantage in doing this. It does effectively shelter one from the unsettling constant realization that the program is being subsidized--by oneself. At fiscal year-end, one is spared the shock of seeing the magnitude of one's total charitable contribution to an organization one may or may not have purposely selected for this purpose. For the rest of us, the sum of our usual and customary fees entered for Denti-Cal patients is compared to the payments received, and the resulting category "Discounted fees for the Year" is revealed for our sober contemplation.

Keith Blair's editorial in a recent issue of the CDA Journal clearly defines the "extraordinary sacrifice by California Dentists." A conservative figure is \$40 million.

Let's not lock ourselves into the possibility of having Denti-Cal's totally unrealistic and unilaterally punitive fee schedule used as a guideline with which to establish fees in any other program or sector of our services.

If, when we communicate with civil servants and insurance rep's, we want to be able to "tell it like it is." We are going to have to instruct the bookkeeper to record it as it is. Hear! Hear!

Richard Adams, Editor CSDC, Feb. 1980.

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A Child's Good Mouth keeping Seal of Approval



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Today
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