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d. s. a. **C O N T R A**

Volume II

January 1961

Number 5

Patients Are **PEOPLE**

by LAWRENCE E. DEWEY, *President*
Management Service Co. of Calif.

Not **CASES**

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Success in a dental practice is often unpredictable. Sometimes it may be due to location. Other times it is technical ability but most times it is due to an intangible factor which is hard to define. For want of a better definition, it can be described as an ability to create a warm, friendly yet professional atmosphere.

Some dentists are naturally blessed with this ability; others have to develop it. It is important to develop this because surveys of patients attitudes consistently disclose that patients are critical of their doctors' coldness, impersonal attitude and the impression of being too much in a hurry. These same surveys have shown that more patients change doctors on account of this than because of high fees.

In developing this ability to be friendly, yet professional, attention must be paid to several factors, the first of which is attitude. To you, your patient must first be a person, a person who needs your help . . . someone you want to know, not "just another case."

It is wonderful to be enthusiastic about the dentistry that presents itself in the patient's mouth, but you must relate this enthusiasm to the patient himself, in what your dentistry will do for the patient.

Be glad that your patient came to you, be glad that he will allow you to serve him and let him know you are glad. How do you let him know you are glad? Think about the patient before you meet him. Each time the patient comes to your office, conjure up a mental image of that person before you greet him. Have a smile already on your face before you walk in to see him, don't turn on the smile in his presence. Have your greeting ready.

Your voice must be warm, sincere. Be sure to include his name in your greeting. There is a world of difference between a short "Good Morning!" and a friendly "Good Morning! Mr. Smith. How are you today?" . . . especially if this is reinforced by a good smile.

While we are on the subject of smiles, remember you are the creator of attractive smiles so advertise your wares. Thinking about your patient *before* you see him will have another advantage. You will no doubt remember what you planned to do for him that visit. It is somewhat disconcerting to a patient to find out that you haven't given him a thought since the last visit. This will be evident by your preliminary fumbling with the x-rays and the chart before you settle down to do some dentistry.

It is not necessary to be excessively interested in nonpro-

ductive chatter about fishing, golfing, children, etc., but a certain amount of discussion with some patients will do no harm. Soon as possible steer the conversation back to dentistry. Remember, if the patient talks, you can't work. This can be done in a barber shop but not in a dental office. The easiest way to get the conversation back to dentistry is to ask the patient some question about his dental health, something like this, "Do you find it difficult to thoroughly brush all around your back teeth?" Then demonstrate how it is best done.

There is a tendency among many new graduates to be highly professional in their relations with their patients. Part of this attitude is due to some lack of experience in handling people, part is due to an effort to impress patients and part is just being a little scared of the patient. This professional attitude quite often gives an impression of coldness and lack of friendliness. A compliment about the patient's clothes, his appearance or a question asked about his oral health can break down this apparent aloofness.

The appearance of the reception room has much to do with the feeling of warmth and friendliness of a dental office. Furniture should be selected with the comfort of the patient in mind. Sit in the chairs and settees before you buy them. Are they comfortable? Are they of the right height? Too often settees are too low. Do the table lamps give adequate illumination for easy reading, or are they so low that only the person immediately next to the lamp gets any benefit.

Drapes should be pleasant and unobtrusive. Carpeting is preferred over vinyl or asphalt tile. The sooner it wears out, the more successful you will be.

Subscriptions to several interesting magazines should be kept up. It is wise to throw out back issues. Keep only current issues available. Don't overlook a variety of magazines for both sexes and for the youngsters. While youngsters magazines are liked by the young fry, throw away the frayed and tattered ones. There is nothing that makes a reception room more untidy than a bunch of dog-eared reading material scattered around on the furniture.

A consultation room can help or hinder the effect of friendliness. Too many times it becomes the trophy room of the dentist. Perhaps he needs this to bolster his ego, but it does not always impress the patient in the right way. You probably have seen these rooms. The patient sits across a magnificent desk facing a wall covered with diplo-

Continued on page 6

d.s.a. CONTRANGLE

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Editor Norman P. Markussen '62

All correspondence for editorial management and content should be directed to the Editor, School of Dentistry, Loma Linda, Calif.

LIVING DENTURES

Anterior Tooth Position

by DR. J. O. NEUFELD

The power of beauty may cause a patient to retain a beautiful yet inefficient and destructive denture; or lack of beauty may cause the rejection of an efficient denture.

We need to study natural mouths and learn to observe the minute details of tooth composition, tooth positioning, and tooth matrix (gingiva) which contribute to the pleasing or displeasing appearance of these mouths. When one learns the difference between that which is artistically pleasing or artistically displeasing through the study of natural dentition, a great step forward has been taken in the ability to make natural reproductions. Only the most pleasing of that which we find in the natural mouth is considered to be dentogenically correct. Ugliness, disease and incompatible details are eliminated because they are unsuitable in the artificial restoration for the enhancement of the patient's appearance.

Our recognition of the importance of a woman's femininity and a man's dynamic personality can be demonstrated to patients in our practice. By doing so we render a humane service in adequately caring for the most feared phase of dentistry. The loss of the natural teeth produces more incidence of suppressed personality, neuromuscular facial distortions, and change in appearance than any other problem in dentistry.

Dr. Pound refers to esthetics as the natural setting of teeth in the arch plus natural ridge and gingival tissue contours, with beauty, harmony, naturalness, and individuality as the basic major qualities.

Drs. Frush and Fisher refer to the phase as Dentogenics. Defining Dentogenics as the art, practice, and technique of creating the illusion of natural teeth in artificial dentures which is based on the elementary factors suggested by sex, personality, and age of the patient. Artificial restorations should be designed to enhance naturalness, beauty, charm, character, or dignity of appearance in the individual for whom it is made.

The practical basis for the final judging of the success of dentures should be the psychologic and physiologic comfort of our patients. Teeth should be placed (as nearly as possible) in their original positions so they will be compatible with both the labial and lingual musculatures. A functional vertical dimension as close to the patient's original vertical dimension as is practical should be established. Location of the original plane of occlusion as related to the retra molar pad and the lower lip line should be established.

In this article we wish to concern ourselves with (1) the tooth, and (2) the position of the tooth. Both the selection and final position are the responsibility of the dentist and not the laboratory technician, as the latter never see the patient.

SHADE SELECTION

Artificial tooth shades should be classified according to the physiologic color changes seen in progressively aging, undiseased natural teeth. Young teeth have a blue incisal edge due to the light refraction through the two layers of enamel, at about 30 years of age the incisal mamelon is worn through and the dentino-enamel junction is exposed to the fluids of the mouth causing a discoloration. Some teeth will be affected more than others. Therefore in producing the illusion of naturalness in artificial dentures variations in color of anterior teeth is necessary, as this is the way they are found in the natural dentition. Shades of artificial teeth should represent the aging process but this does not necessarily mean darker teeth for older people.

MOLD SELECTION

The tooth indicator can aid in its proper selection which is approximately 1/16 the length and width of the face (House), or the six anterior teeth width can be calculated by the incisive papillae and hamular notch triangle. Dividing the total by three gives the maxillary anterior tooth measurements, and by four the mandibular six anteriors.

Maxillary centrals should be in harmony with face size. The tooth outline form should blend and harmonize with the face form, e.g. a long tooth for harmony. The tooth profile must harmonize with facial profile curves. The tooth surface and outline for smoothness and roughness suggests femininity and masculinity.

TOOTH POSITION

1. *Lip Support.* This is the bodily anteroposterior position of teeth which adequately supports the upper lip in a natural and pleasing manner. Lips are primarily supported by the gingival 1/3 or 1/2 of the central and laterals and not the incisal edges unless it is a very long lip. The placing of the upper anterior teeth for proper lip support is an independent procedure. It is not controlled by any other consideration of cranial relation or opposing tooth position. Modifications and adjustments will need to be made for certain cases such as old age where esthetics is of little consideration in the psychologic and physiologic comfort of the patient.

2. *Mid line.* It is often difficult to see the true mid-line in a dentition as the nose often points either towards the left or the right. The mid-axis is important, but make sure the midline is vertical to the incisal and occlusal plane.

3. *Labial Version.* This is the labial inclination of the central incisors and the most pleasing effect is obtained when the central incisors are either vertical or a slight labial inclination. Occasionally a profile will require the incisal edge lingually. Patient standing in a normal postural position is the best position in which to determine this.

4. *Speaking line.* The speaking line is the incisal length that the anterior teeth show during speaking. When the patient is speaking seriously we should normally see the tip of the lateral incisors. Frush and Fisher use the following as a guide:

(a) Young women — 3 mm. below lip line at rest.

- (b) Young men — 2 mm. below lip line at rest.
- (c) Middle age 1½ mm. below lip line at rest.
- (d) Old age — 0 to 2 mm. above lip line at rest.

In natural dentition the contour of the lip may be a more exact guide for anterior tooth length rather than age or wear. Where the lips have a sharp cupid's bow appearance and a large amount of vermilion border showing, much more of the teeth will be exposed than in a long lip where no vermilion border is showing and thus the teeth are all covered and are almost invisible while the patient smiles.

5. *Smiling line.* The smiling line is a curve whose path follows the incisal edge of the upper six anteriors in harmony with the lower lip. As the teeth wear, this curve usually broadens.

6. *Central Incisor Position.* The central incisors are the main actors of tooth position while the laterals are subordinate to the centrals in action. Their position needs to be correct and should be correctly related to the incisive papillae. Having placed the centrals correctly they may act as a guide or control for the placement of other teeth. The centrals are involved in:

- (a) The midline
- (b) The speaking line
- (c) Lip support
- (d) Labial version
- (e) Smiling line

The centrals are also the basis of personality selection. They are the first teeth to be seen in a smile, their shape is controlled by the personality of the patient and their size and position determine the strength and action of the overall effect.

Various positions of central incisors produce a variety of effects. One central may be placed ahead of the other central. Different degrees of rotation, labial inclination and axial divergence will produce additional strength, activity and vigor. If the central selected for a woman appears large, by showing more of the mesial will make the centrals appear smaller and still produce the desired effect. Central incisors should contrast sharply in size with lateral incisors. Centrals can be depth ground to give them more of a natural appearance.

7. *Lateral Incisors.* Lateral incisors must be subordinate in importance to that of the central incisors. One lateral may be a completely different mold to the other or ground differently in shape for various effects. Their position will soften or harden the dental composition, remember the mesial surface showing softens while the labial surface will harden.

The long axis of one lateral incisor may vary to the other. Rounded incisal edges tend to soften while squaring the incisal edge tends towards the masculine effect.

8. *Cuspid position.* The cuspid tooth supports the arch form in its widest part and controls the width of the buccal corridor. The cuspid should dominate the lateral incisor and complete the upward curve of the smiling line. The cuspid should be abraded to convey the physiologic age.

The three basic positions of the cuspid tooth are as follows:

- (a) Rotate to show the mesial surface.
- (b) The neck should be out.
- (c) From the side view the long axis of the cuspid should be vertical.

9. *Mandibular Anterior Teeth.* The lower anterior teeth can be similarly shaped and very little can be done with mold interpretation. Therefore, the artificial appearance must be corrected by:

- 1. Increased rotation.
- 2. Increased variation of long axis.
- 3. Incisal abrasion.
- 4. Embrasures.
- 5. A smiling line which is the reverse of the upper arch and curves downward slightly from the centrals to the cuspids.
- 6. Make sure the necks of the teeth are over the original ridge so you can develop the proper labial concavity.

10. *Diastemas and Spaces.* Spaces between the anterior or posterior teeth are extremely effective, but their size and position must be artistically and hygienically formed else they may become unsightly or depositors of food. We usually speak of diastemas between anterior teeth and spaces between posterior teeth. The rules for spaces are:

- (a) All spaces must be V-shaped to shed food.
- (b) Diastemas between centrals must be used rarely and with caution.
- (c) Diastemas should be asymetrically placed on either side of the dental arch.

11. *Embrasures.* An embrasure gives freedom to the dental composition and is a very effective way of creating the illusion of naturalness. Embrasures represent a divergence of the proximal surface of the anterior teeth from the contact point. An embrasure is employed in the same manner as the diastema or spaces, but much more often.

12. *Common Errors.*

- (a) Setting the mandibular anterior teeth too far forward to meet the maxillary teeth.
- (b) Failure to make the cuspids the turning point of the arch.
- (c) Failure to provide sufficient overjet so anterior teeth will not contact in centric.

13. *Try-in Set-up.* It is difficult to get a true over-all picture of the dental composition if the patient is seated in the dental chair. With the patient in a normal standing position, about 6-8 feet in front of a large mirror talking, smiling, and even walking to relax them will provide opportunities to notice pleasing or displeasing effects which can then be corrected.

14. *Conclusions.* These suggestions may be used as guides and not a compulsion and thus our imaginative perception eventually is given more freedom. However, the rules must be learned first, and only practice in their application will lead to success which will be exciting and gratifying.

The most beautiful thing we can experience is the mysterious. It is the source of all true art and science. He to whom this emotion is a stranger, who can no longer pause to wonder and stand rapt in awe, is as good as dead: his eyes are closed. To know that what is impenetrable to us really exists, manifesting itself as the highest wisdom and the most radiant beauty only in their most primitive forms — this knowledge, this feeling, is at the center of true religiousness. Albert Einstein.

REED'S REACTIONS

by REED THOMAS

THE RISE AND FALL OF THE THIRD REICHE, By William L. Shirer. Simon and Schuster. 1960. 1245 pages.

This book has hardly suffered obscurity. It has been extensively reviewed, and was the January selection of the Book-of-the-Month Club; so perhaps comment from this quarter will seem superfluous, but since this is one of the very few books I have had an opportunity to read lately and because I was especially impressed with it, I will chance boring you with a discussion of it.

Mr. Shirer, the author of several books, the best known of which is "Berlin Diary," having lived in Nazi Germany during its formative years, possesses a first hand knowledge of the Third Reiche. At the close of the War the greatest accumulation of documents and records ever captured by a conquering nation fell into Allied hands. Much of this material lay sealed in a U.S. Army warehouse in Alexandria, Virginia. It was not until 1955 that these documents were made available to historians. These records and the Nuremberg Trial testimonies represent an enormous amount of material which Mr. Shirer has used to formulate, over a five year period, into the most complete and intimate history of Nazi Germany available.

Although this book has a frightening number of pages and is very detailed with extensive footnoting, it is eminently readable. Each page is of such interest that it is difficult to find stopping places. The story of Hitler and the Third Reiche may seem familiar, but this book is unique in the portrayal of the "behind the scene" intrigues, aberrations, and motivations which have never before appeared in a published work.

One of the ironies of history involves Adolf Hitler's name. Alois Schicklgruber, who was Adolf Hitler's father, was the illegitimate son of Johan Heidler. Alois took his name from his mother, Maria Anna Schicklgruber. It was not until thirty years later that Johan Hitler (he had changed his name from Heidler to Hitler) bothered to testify before a notary that he was Alois' father. Alois Schicklgruber was changed to Alois Hitler on his baptismal certificate, and as a result little Adolf was born with the name Hitler. Why had Johan Heidler bothered after so long a time to have his son's name corrected? No one knows. But if Adolf Hitler had been born Adolf Schicklgruber, history might have been different. Imagine frenzied thousands shouting: "Heil, Schicklgruber!"?

Some may question the wisdom of reading a chronicle of this darkest page in man's history which is so filled with horror. Santayana said: "Those who do not remember the past are condemned to relive it." At a time when new Chamberlains are gaining ascendancy and new Munichs are being created, it might be well to review the signs and symptoms of the totalitarian disease.

RECORDS:

Sibelius: Songs. Kirsten Flagstad, with the London Symphony Orchestra, Oivin Fjeldstad, conductor. London OS 25005. 1 record.

If anyone wonders why I include recordings in this column, it is because a record doesn't take as long to listen to as a book takes to read, also I find that people who enjoy

reading often enjoy listening to good music as well. I may be way out it left field in attempting to muster interest in this recording, but I found it to be one of the most beautiful recordings I have recently heard.

Although Kirsten Flagstad has been retired from the concert stage since 1951, she still possesses a magnificent voice which, fortunately, is still being recorded. In the stereophonic version of this recording there is depth and breadth in the orchestral sound which is enveloping but never interfering with the ringing power of her voice. If your taste runs to music which is slightly off the beaten track, this recording is for you.

WELFARE CLINIC by MARSHALL MILLER

Thanks go out to those students who have taken the time out of busy schedule to participate in our monthly welfare clinics. We were able to care for approximately one hundred patients during our January clinic. At that time we placed one hundred nine amalgams besides other phases of necessary dentistry.

There are only four more clinics left till the end of the school year. Time moves by rapidly and some have not taken the opportunity to join us in this welfare work.

We are beginning an educational program for our patients. It is only in the formative stages now but we hope to expand it to be of much greater interest and value to the patients. Comments have already been heard from the patients concerning that which has been presented. There are unlimited opportunities in this field if we can develop them. We can make this into a real public health program for the dental health of our patients.

We must have the cooperation of all that possibly can participate to join the rest of us in this work. We appreciate the voluntary work of all who have and will participate.

Student Convention Day

by DONALD PETERS

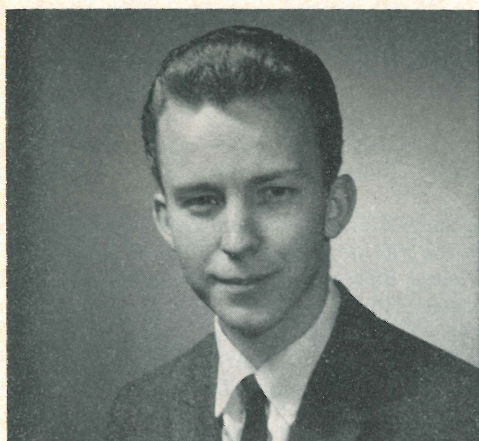
To those who are planning an entry in competition for the many prizes we have received, by giving a table clinic at the Student Dental Convention on March 13, the outlook is encouraging. Many ideal pieces of equipment, and other gifts have been donated by many companies. These organizations have been generous with their wares and are showing that they are behind this convention day. It is now up to the students to put on a table clinic that will help them to win one of several prizes. The chief prize among them is the trip to Philadelphia, Pennsylvania to present their table clinic at the American Dental Association National Dental Convention.

In order to present a table clinic on March 13, an application form must be filled out, giving the required information. These forms may be found in the student lounge, or by contacting one of the committee members.

Remember that this day can be a success only as interest and participation is aroused by all.

"The prime object of the physician in the whole art of medicine should be to cure that which is diseased; and if this can be accomplished in various ways the least troublesome should be selected for this is more becoming a good man and one well skilled in the art who does not covet popular coin of base alloy."—Hippocrates

STUDENT OF MONTH



Eugene "Ivan" Holm Jr. Class of 1964 was born June 26, 1938, in St. Helena, California. He attended Walla Walla College in 1957, and 1958-1960 before coming to C.M.E., School of Dentistry in Sept., 1960. Eugene is Secretary-treasurer of his freshman class and he is maintaining a high scholastic grade average. He was married to the former Miss Sharon Avery of Portland, Oregon on Dec. 26, 1960. They reside at 11212 San Juan St. in Loma Linda.

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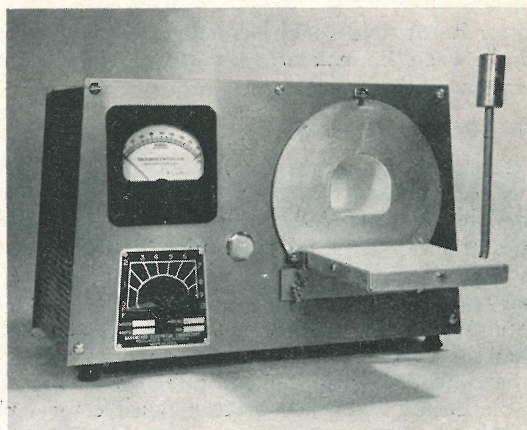
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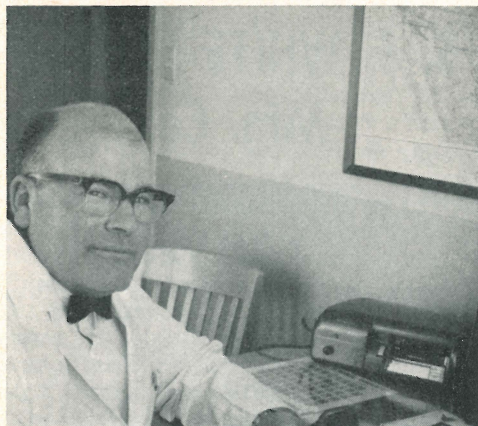
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OUR TUTORS

by ROBERT DARBY



Doctor Albert E. Burns graduated in 1946 from the University of Oregon receiving a D.M.D. degree. Dr. Burns has been very active in dental education, teaching Oral Surgery for one year after graduating and then becoming an instructor of Dental Medicine at the University of Oregon.

He gave up his practice to come to C.M.E. to accept a teaching position here at the School of Dentistry. Due to his guidance and initiative we have a very well organized, functioning Oral Surgery Department.

Dr. Burns is a member of the American Dental Association, Southern California Dental Society, Tri-County Dental Society, National Association of Seventh-day Adventist Dentists, American Society of Oral Surgeons, and the Southern California Academy of Oral Pathologists. He also serves on the staffs of the Riverside County Hospital, the San Bernardino County Hospital, and the Loma Linda Hospital.

Doctor Burns resides with his wife and four children in Riverside where he maintains a part time dental practice limited to Oral Surgery.

PATIENTS ARE PEOPLE

Continued from page 1

mas, certificates of courses taken, membership plaques for various fraternities, on the top of the desk are framed photographs of wife and children, golfing or bowling trophies and a pile of unread mail. All of these items distract the attention of the patient from the dentist and the business at hand which is talking about dentistry.

Preferably the consultation room should be furnished in a rather simple subdued fashion. A good desk placed so that the patient can sit at the end rather than away across from the doctor. This will make it possible for a pleasanter more relaxed conversation when showing models, x-rays or charts. Do not have unusual pieces of bric-a-brac or pictures that will distract the patient's attention. The chairs should be comfortable but not so large that they can't be moved around easily.

Friendliness means courtesy. Courtesy means promptness in all dealings with people. One of the most abused pieces of equipment in the dental office is the door chime. Whether it is an automatic type that rings on opening the door or a button which is labeled "Ring and be seated", it should be answered promptly but not immediately.

Don't give the impression you have been standing behind the door waiting to open it at the instant the chime rings. Give it a decent interval, but don't keep people waiting and wondering.

Again, when greeting a patient in the reception room, whether you do it or your dental assistant does it, be sure there is a smile *before* opening the door. The accepted greeting is, "Good morning (or good afternoon). May I help you?" Remember to open the door and come into the reception room . . . don't just peek around the door.

These suggestions may sound elementary, but it is precisely on the routine observance of these points that makes certain dental offices have an atmosphere of warmth and friendliness. This atmosphere has a great deal to do with the success of these offices. Patients do not as a rule enjoy going to the dentist, so by all means make their visits as comfortable as possible so that they will refer others to you.

SKI HEIL!

by STUART MOTT

Thursday night was just an ordinary night to most people, it was dark, it was cold, and it would end with the sunrise. But to a certain, ever increasing, group of individuals the night held a certain magic in its quietness. It was snowing in the mountains.

As morning finally began to light up the sky the usual group of Southern Californians began to prepare for their daily duties in the usual humdrum manner. Not all of them were so unexcited about the weather conditions though. The coming of snow brings a certain spark to those of us who are skiing enthusiasts. Upon reaching school that morning there was immediately noticed an undercurrent of enthusiasm and planning that was definitely extra-curricula in nature and probably understood best by the skiers in the group. Two or three of the instructors also showed signs of getting out on the right side of the bed. Besides the fact that there was "enough" snow in the mountains it also was Friday which in this particular case, happened to be a "convenient" day. Certain aspects of scholastic integrity undoubtedly suffered slightly this fine morning, but after all what else could we do under the circumstances?

To those of you who are uninitiated in this fantastically enjoyable recreation let me explain its hold on those who enjoy it so much and tell you a little about our cult. You don't have to be an expert to enjoy skiing, nor should you expect to be an expert after a few tries. Part of the pleasure is in conquering the ever-present challenge of greater skill. A beginning snow plow turns into a stem-christie, the stem-christie eventually becomes a parallel turn, and then develops into the superb-Wedelin technique. There are some drawbacks to this sequence however, as the skier lives in constant fear of trees, unexpected cliffs, frozen release bindings, the mountain meat wagon, and falling while skiing the lift line where all his friends can see him. Yet never does he admit that his legs hurt, that he wears two pairs of long-johns, that he didn't have the nerve to schuss the bowl, that he bought lunch for a girl, or that those ski patches on his pants are actually covering up tears.

Aside from the fact that the air is clear and clean, the only sound is the swish of the skis in the soft snow, and the day is absolutely marvelous, the scenery is everchanging from brown to black, to blue, to green and some in

DENTAL INSURANCE

The Southern California State Dental Association has provided and recommends the following insurance policies for members.

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varying shapes and sizes with one thing in common — stretch pants.

Once skiing gets into your blood you will follow the rest of us who have become hopeless "addicts", the spirit of whom will only be diminished (slightly) by an -a-er-a accident?? But why should I try to interest you in skiing, after all I don't want to have to wait 45 minutes in line for the lift which would be jammed with those I convinced.

What better place to obtain the personal history on prospective stretcher patients than the ski areas. Find out for yourself. We will all be there.

Guideposts To A Happy Marriage

by ELDER C. W. TEEL

A Pledge Before Heavenly Witnesses—God has ordained that there should be perfect love and harmony between those who enter into the marriage relation. Let bride and bridegroom, in the presence of the heavenly universe, pledge themselves to love each other as God has ordained they should. . . . The wife is to respect and reverence her husband, and the husband is to love and cherish his wife." Bible Echo, Sept. 4, 1899.

However carefully and wisely marriage may have been entered into, few couples are completely united when the marriage ceremony is performed. The real union of the two in wedlock is the work of the afteryears. *Ministry of Healing*, pp. 359, 360.

The Enemy Will Seek to Alienate.—Satan is ever ready to take advantage when any matter of variance arises, and by moving upon the objectionable, hereditary traits of character in husband or wife, he will try to cause the alienation of those who have united their interests in a solemn covenant before God. In the marriage vows they have promised to be as one, the wife covenanting to love and obey her husband, the husband promising to love and cherish his wife. If the law of God is obeyed, the demon of strife will be kept out of the family, and no separation of interests will take place, no alienation of affection will be permitted. Letter 18a, 1891.

Counsel to a Couple.—Neither husband nor wife is to make a plea for rulership. The Lord has laid down the principle that is to guide in this matter. The husband is to cherish his wife as Christ cherishes the church. And the wife is to respect and love her husband. Both are to cultivate the spirit of kindness, being determined never to grieve or injure the other. . . .

Do not try to compel each other to do as you wish. You cannot do this and retain each other's love. Manifestations of self-will destroy the peace and happiness of the home. Let not your married life be one of contention. If you do, you will both be unhappy. Be kind in speech and gentle in action, giving up your own wishes. Watch well your words, for they have a powerful influence for good or for ill. Allow no sharpness to come into your voices. Bring

into your united life the fragrance of Christlikeness. *Testimonies for the Church*, Vol. 7, p. 47.

The Little Attentions Count.—God tests and proves us by the common occurrences of life. It is the little things which reveal the chapters of the heart. It is the little attentions, the numerous small incidents and simple courtesies of life, that make up the sum of life's happiness; and it is the neglect of kindly, encouraging, affectionate words, and the little courtesies of life, which help compose the sum of life's wretchedness. It will be found at last that the denial of self for the good and happiness of those around us constitutes a large share of the life record in heaven. And the fact will also be revealed that the care of self, irrespective of the good and happiness of others, is not beneath the notice of our heavenly Father. *Testimonies for the Church*, Vol. 2, pp. 133, 134.

A Husband Who Failed to Express Affection.—A house with love in it, where love is expressed in words and looks and deeds, is a place where angels love to manifest their presence and hallow the scene by rays of light from glory. There the humble household duties have a charm in them. None of life's duties will be unpleasant to your wife under such circumstances. She will perform them with cheerfulness of spirit and will be like a sunbeam to all around her, and she will be making melody in her heart to the Lord. At present she feels that she has not your heart's affections. You have given her occasion to feel thus. You perform the necessary duties devolving upon you as head of the family, but there is a lack. There is a serious lack of love's precious influence which leads to kindly attentions. Love should be seen in the looks and manners and heard in the tones of the voices. *Testimonies for the Church*, Vol. 2, pp. 417, 418.

Characteristics of a Companionable Wife.—Married life is not all romance; it has its real difficulties and its homely details. The wife must not consider herself a doll, to be tended, but a woman; one to put her shoulder under real, not imaginary, burdens, and live an understanding, thoughtful life, considering that there are other things to be thought of than herself. . . . Real life has its shadows and its sorrows. To every soul troubles must come. Satan is constantly working to unsettle the faith and destroy the courage and hope of every one. Letter 34, 1890.

Letter To Editor

November 8, 1960
Seoul, Korea

Dear Editor,

I was surprised and delighted the other day to receive in the mail a copy of the "D.S.A. Contra Angle." I read it with interest just as I did the copies I received while on the Part Time Faculty at the school during the school year 1959-60. You have many excellent plans for the present school year. As the First President of the Student Chapter of N.A.S.D.A.D. I would like to thank you for this edition of the paper and to congratulate your organization on its plans for the future.

Sincerely,
J. Raymond Wahlen, D.D.S.

FRANKLYN C. NELSON, FACD, MS, DDS

It is with deep sorrow that we announce the sudden passing of our teacher and friend, Doctor Franklyn C. Nelson, Director of Research and Graduate and Post-Graduate Training of the School of Dentistry, College of Medical Evangelists. His death occurred on Saturday evening at his home in Upland, California as the result of a coronary occlusion at the age of 42 years.

Dr. Nelson was the son of missionary parents and most of his boyhood years were spent in Africa. As an alumnus of the College of Physicians and Surgeons he spent several years in private practice in Pomona, California. Upon the decision of the General Conference to establish a dental school, Dr. Nelson elected to specialize in Orthodontia so as to be of greater service to the school in its educational program. After obtaining his Master of Science degree at the University of Southern California he performed a very important role in the activities of the dental school from its very beginning, serving both as a teacher department head, and as director of many important committees of the college.

His generosity and dedication to the students and to the teaching program was exceeded only by his loyalty and high sense of responsibility to the church and to the school.

Dr. Nelson was a Fellow of the American College of Dentists, a member of Omicron Kappa Upsilon and other honorary professional societies.

His passing will be a profound loss to his family, the church, the school, the students, his many friends and the National Association of Seventh-day Adventist Dentists, of which he was the immediate past president.

SPORTS ACTIVITIES

by RICHARD SMITH

Due to the darkness, and also the proximity to semester tests there has been a slow down in the sports activities. The gymnasium which was promised to us has proved unavailable so those who want to make use of a gym will have to use the one provided on Monday nights.

At present we do have an Activities Board in the student lounge and Thursday night is certainly the night for challenging those above you and moving up the ladder in the sports activity of your choice. There will be either a trophy or some dental equipment awarded to the top man in each of the listed activities. This will take place sometime in May, probably at the same time as the awarding of the golf trophies for the middle of May Handicap Tournament.

Plan your schedule for a little more recreation and it will increase your enjoyment of school life and it might even increase your learning potential too.

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