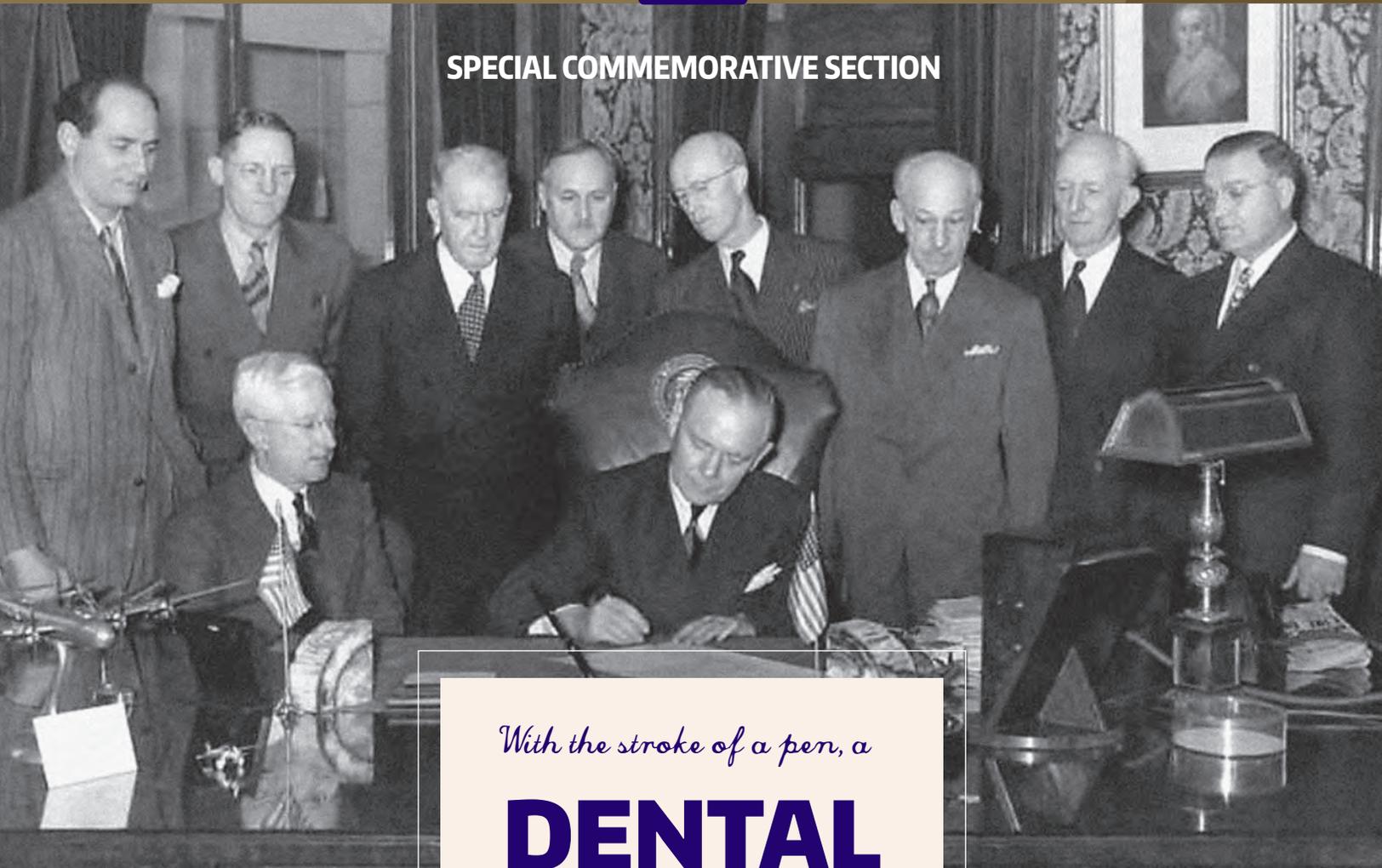


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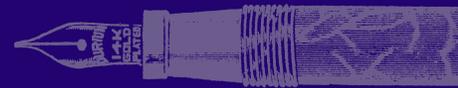


SPECIAL COMMEMORATIVE SECTION



*With the stroke of a pen, a*

# DENTAL SCHOOL is launched



On March 1, 1945, World War II continued to rage in Europe and the Pacific. Allied forces were preparing to drive into the German industrial heartland. Ten days earlier, U.S. Marines had landed on the strategic Japanese island of Iwo Jima, marking the start of one of the war's bloodiest battles. Even as the conflict continued, however, there was a clear sense that the end was in sight. It was a time of rising hope for an exhausted, war-weary world.

Crown and Bridge Technic.....	2	2
Neurology.....	2	..
Comparative Dental Anatomy.....	1	..
Physiology.....	6	..
Public Health and Hygiene.....	..	1
Biochemistry.....	..	6
Dental Histology.....	..	4

On that day in 1945, one sign of that hopeful spirit manifested itself in Olympia, Wash., as state representatives gathered around Gov. Monrad Wallgren for a long-awaited bill signing. With a stroke of his pen, the governor authorized the University of Washington Board of Regents to establish a medical school and a dental school. In February, the Legislature appropriated the funds, which were also intended for construction of a 400-bed teaching hospital.

The new School of Dentistry would have to make do with temporary facilities when its first class matriculated in 1946. A new Health Sciences building – then known as the Medical-Dental Building – would be built to house the departments of anatomy, physiology, biochemistry, pharmacology, microbiology, and pathology, along with the administrative offices for the medical and dental schools and the School of Nursing. Until its completion, the dental school’s technical courses would be taught on the fourth floor of Bagley Hall. Originally built to house the UW departments of Pharmacy, Chemistry, and Chemical Engineering, Bagley Hall had been completed in 1937.

In July, the Board of Regents announced their choice for dean of the new dental school: Dr. Ernest M. Jones, head of the division of operative dentistry at the University of Southern California since 1935. The native Iowan, a veteran of World War I, had come to Washington at the age of 5 and attended school in Tacoma. He had practiced privately in Burlington, Wash., and had established deep ties in the Washington dental community. In 1935, he was president-elect of the Washington State Dental Association.

On Jan. 18, 1946, he shared his thoughts with *Seattle Times* readers in an interview. Noting that the Pacific Northwest had never before had combined medical and dental schools attached to a university, he said: “We are starting from scratch and there is no dead wood to clean out. The [medical and dental] schools will have the opportunity to represent the highest ideals the profession has to offer.”

He continued: “We also hope to do extensive biological and technical research in the fields of dentistry, with particular emphasis on preventive dentistry. Children’s dentistry –

*Preceding page: On March 1, 1945, Washington Gov. Monrad Wallgren signed the legislation authorizing the creation of schools of dentistry and medicine at the University of Washington. Those looking on included Dr. G.D. Williams (standing, third from left), president of the Washington State Dental Association.*



Dean Ernest M. Jones

*Dr. Ernest M. Jones, a native Iowan who had grown up in Washington, came from the University of Southern California dental school to take the helm of the new school at the University of Washington.*

heretofore perhaps one of the most neglected fields – also will be emphasized to the greatest possible extent. It is my personal hope that a grant or bequest may be obtained for intensive study in this important branch of the profession.”

Dr. Jones said that postgraduate dental courses would also be provided, along with courses for returning World War II veterans whose work during their military service may have been limited to specialized fields.

Students could enter the School of Dentistry having completed only two years of undergraduate work, which had to include courses in biology, physics, inorganic chemistry, and organic chemistry. Applications had to be accompanied by two letters of recommendation – one from a science instructor, and the other “from a business or professional man.”

Aside from the required courses in the sciences and English composition, the School of Dentistry Admissions Committee recommended elective courses including laboratory drawing, sculpturing, literature, speech, psychology, sociology, economics, anthropology, modern foreign languages, botany, eugenics, cellular physiology, and microscopic technique.

The courses to be taught at Bagley Hall included:

- Crown and bridge
- Operative dentistry
- Oral anatomy
- Prosthetic dentistry
- Full and partial dentures
- Comparative dental anatomy
- Oral hygiene
- Ceramics
- Dental materials
- Pedodontia
- Treatment planning
- Pulp canal
- Radiology
- Dental histology

At the outset, tuition was set at \$100 per quarter (about \$1,341 in today’s dollars) for Washington and Alaska residents and \$165 (about \$2,213 today) for non-residents. Fees per quarter ranged from \$24 to \$29.50 for residents and \$89 to \$94.50 for non-residents. The cost of first-year textbooks was estimated at \$80 and the cost of instruments at \$250.

Even allowing for inflation, those figures have gone up a bit: Tuition and mandatory fees for residents now range from \$64,762 for first-year students to a high of \$72,899 for second-year students. For non-residents, those figures are \$94,266 and \$106,995 respectively.

A 1947 University of Washington Bulletin also noted the pressures created by the influx of returning war veterans: “Difficulty is anticipated in the housing of University students for the coming year. No estimate can be made of expected costs at this time. Accepted candidates are urged to provide themselves with housing sufficiently in advance of the opening of classes.” It added: “The demands upon the time of students in the medical and dental courses make it inadvisable for students to attempt to undertake any form of part-time employment during the school year.”

Dean Jones performed heroic work in assembling a faculty and the infrastructure for the fledgling school in just a few months. The scope of the task is set forth in the pages of the 1950 Dentalog, the School’s first yearbook, over the following three pages. Succeeding pages from the Dentalog outline the School’s departments and other aspects of the School.



*Bagley Hall was the School’s temporary home at its founding.*

*Background art: A dental course list in a 1946 University of Washington Bulletin omitted the third-year and fourth-year curricula, which were still being organized.*

SUBJECT	CREDITS	
	AUTUMN	WINTER
Microbiology.....	4	4
General Pathology.....	4	3
Pharmacology.....	..	2
Operative Dentistry.....	3	2
Crown and Bridge.....	2	2
Prosthetics.....	3	3
Pulp Canal Therapy.....	2	..
Oral Hygiene.....	1	..
Radiology Technic.....	..	1
Ceramics.....	..	1
Pedodontics.....	..	2
Dental Materials.....	..	..
Practice Clinic.....	..	..
Treatment Planning.....	..	..

*Courses and staff for the third and fourth years of the dental curriculum have not been completed.*



Artist's conception of the projected University of Washington Health Sciences Unit with proposed eleven floor teaching hospital pictured on the left. Principal wings house the Schools of Dentistry, Nursing, Medicine and Pharmacy at a future date.

## A SCHOOL IS BORN

OUT OF AN ATTIC in Bagley Hall into a \$2,500,000 Platinum Palace—that is the Cinderella background of the University of Washington Dental School. As recently as 1945 the School was just an idea. Then on October 1 of that year the wheels began turning. It was on that date that Dean Ernest M. Jones moved into a bare room in Bagley Hall and set into motion the machinery that in four short years has brought to the Northwest the finest, most modern and youngest Dental School in the Nation. The job of planning and equipping a modern dental school is an awesome task in itself but add to that the problem of assembling a faculty and converting an attic into

a temporary class room within a given deadline and it adds up to a man-size undertaking.

Dean Jones set about gathering data and ideas about laboratory benches, clinic units, lighting, locker rooms, lecture rooms and other phases pertinent to the problem at hand. With four architects he toured the nation visiting topnotch schools throughout the country. On his return the architects began drawing plans for the Dental wing of the Health Science Division with Dean Jones as special consultant.

The problem of building temporary laboratories in Bagley Hall was next on the agenda. There was no gas, water or air facilities available.



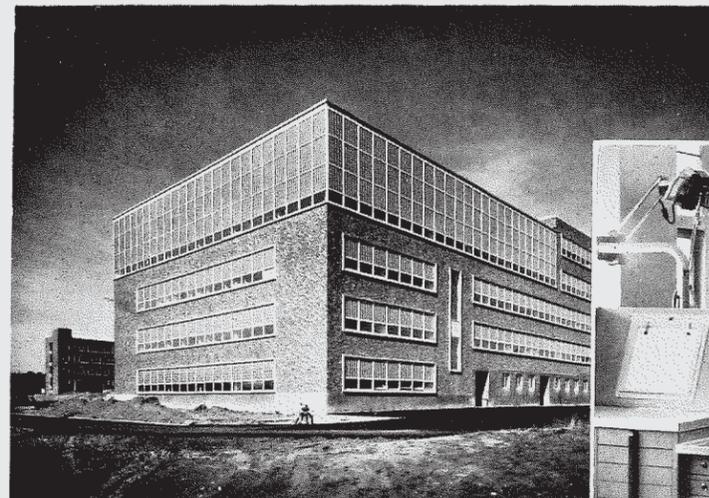
THEN—Perio department probing gingival recesses in the Bagley Hall attic.



RE-BIRTH—Pictured above is first operatory excavation in Dental School minus Ferrier set.



NOW—Scope-scanning students fashion the Dental School "new look."



The most comprehensive view of Wing B, the Dental School is seen here from the golf course.



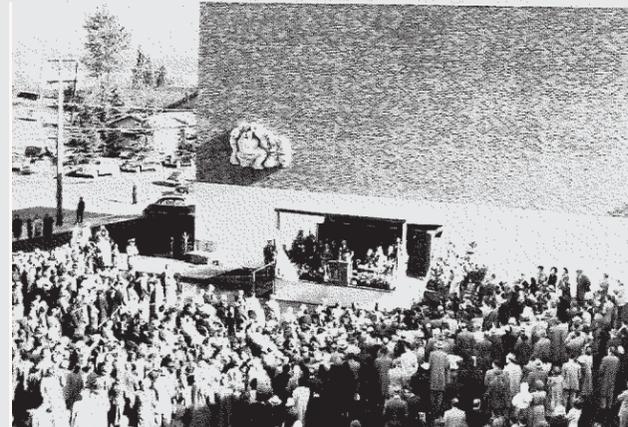
The ten units of the orthodontia clinic were especially designed by Dean Jones to meet the needs of the advanced orthodontics students.

Laboratory work benches were setup, dental engines were installed, and utilities were piped in.

Finally, Dean Jones set about on what was, in some respects, the most difficult of all the obstacles he encountered—that of acquiring a faculty. From the four corners of this country and from Canada, faculty members were attracted to the young school. Members of the profession locally responded with their support making it possible to open the

doors of the school for the entering class in the Fall of 1946.

Then on March 27 ground was broken and construction of the new Dental School began. Largely through the efforts of Dean Edward L. Turner of the School of Medicine a plan was drawn up whereby schools of Medicine, Dentistry, Nursing, and Pharmacy were to be housed under one roof in a \$9,000,000 physical plant which was to be called, appropriately,

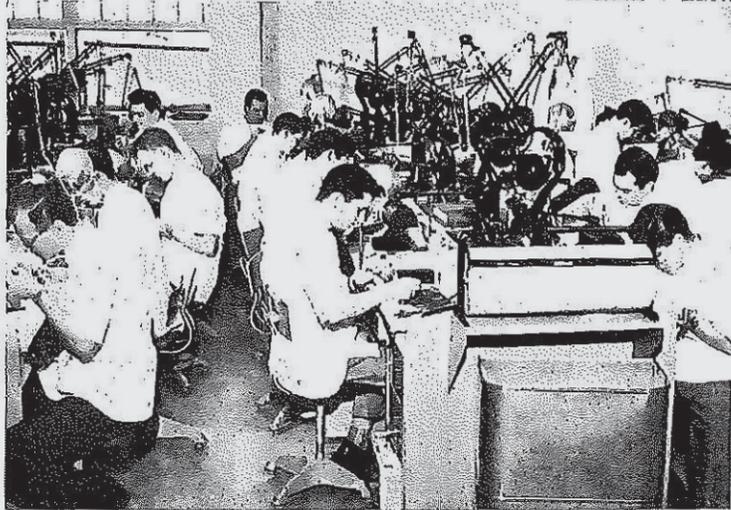


Several thousand spectators evaluated the words of wisdom of the Deans, Governor Langlie, and President Allen on dedication day.



Deans Goodrich, Jones, Soule, and Turner each placed items symbolic of their professions in the cornerstone during the dedication ceremony.

The Junior side of the main operatory is surveyed from the floor above.



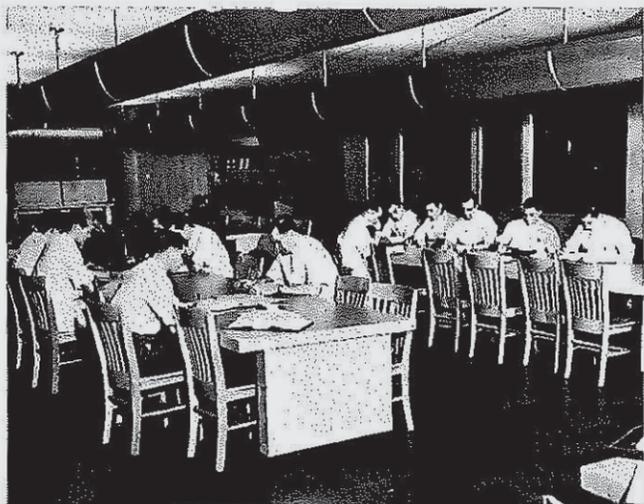
The Sophomore Technic Laboratory is planned to allow free circulation of instructors among the students.

the "Division of Health Sciences". Through closer association, it was hoped that greater unification and closer co-operation could be achieved among those dedicated to health services.

Incorporating all of the latest advancements to add to the education and relaxation of the student, the building offers a 110 chair operatory with units designed by Dean Jones, a library with sound-proof discussion rooms, a coffee shop, lounge and a cafe-

teria. A 600 seat auditorium will soon offer television as the latest step in visual education. Improvements will be added as the needs arise to maintain the school on a par with the best in the nation. A progressive plan for the future promises to preserve the glitter of the "Platinum Palace".

Governor Arthur B. Langlie and President Raymond B. Allen laid the cornerstone and officially dedicated the new building on October 9, 1949.

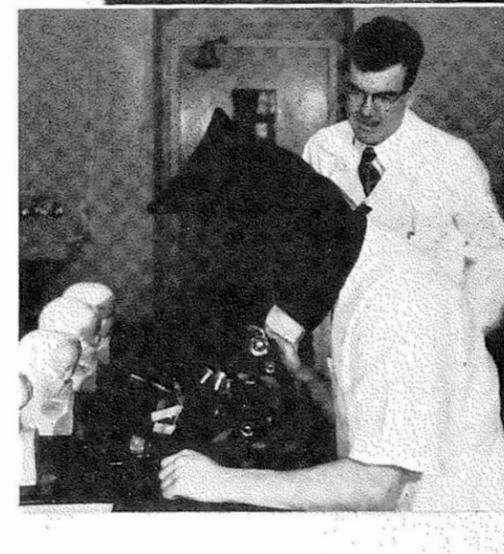
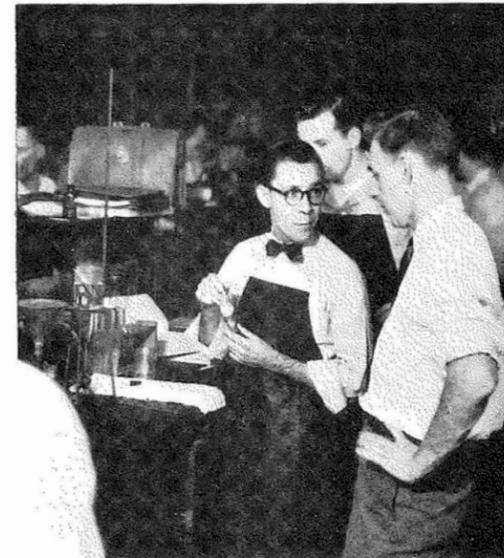
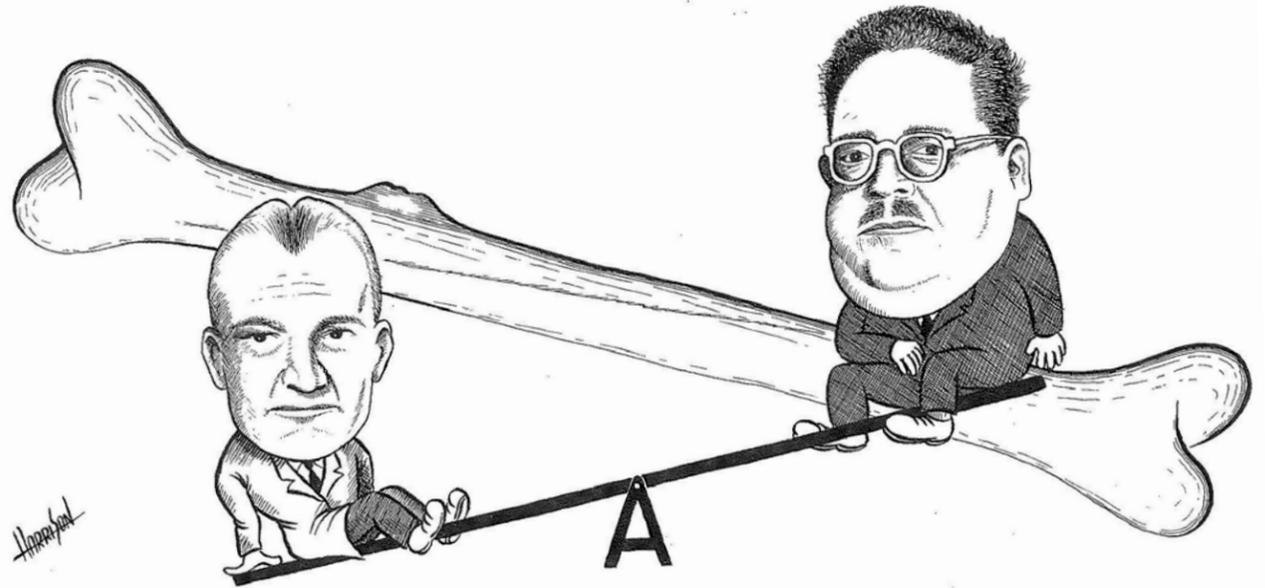


Busy students are a common sight in the library as exams draw near.



The temporary snack bar was a haven for between-classes coffee hounds.

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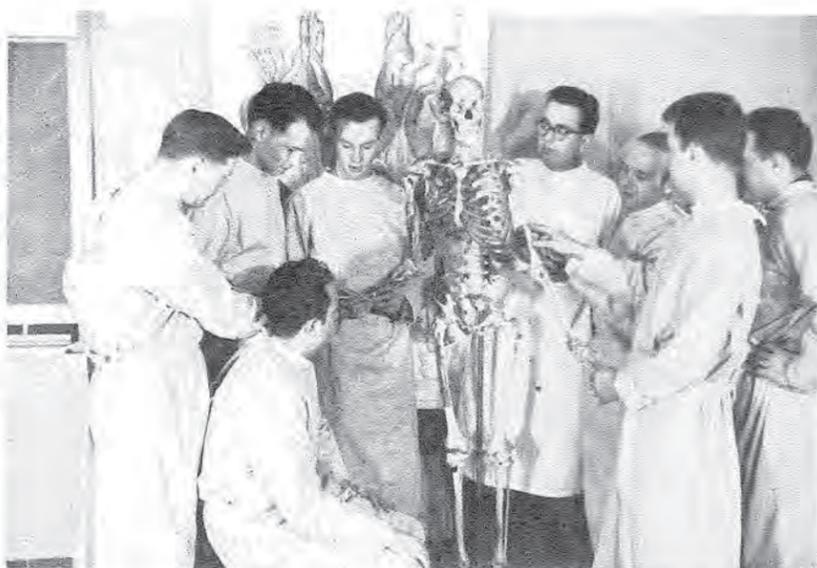


THE BASIC SCIENCE FACULTY of the University of Washington School of Health Sciences is in agreement with the foundation policy of the school which has provided that we serve, neither Dentistry, Medicine, Nursing, nor Pharmacy, but all in furthering the science of human biology. Your goal is basically the same as that of the students in your sister schools and our goal is for all of you to begin your clinical course with an ability to interrelate the fundamentals of Anatomy, Chemistry, Microbiology, Pathology, Pharmacology, and Physiology. True, there are certain facets of information within the basic science subjects that you as dental students need in more detail and we feel responsible for meeting your specialized demands. You can assist us in overcoming



Above: Bagley Hall Biochemistry Laboratory. Below: "Darkfield Microscopy." Right: First Year Histology Laboratory.

The otic ganglion is situated below the foramen ovale deep to the mandibular nerve. It is a parasympathetic relay station of the course of the secretory fibers of nerve IX and nerve VII to the parotid gland. The lesser superficial petrosal nerve brings the preganglionic fibers; the postganglionic fibers travel with the auriculo-temporal nerve. Motor fibers from the mandibular nerve (via the nerve to the Medial Pterygoid) pass through the ganglion en route to the Tensor Palati and Tensor Tympani. Sympathetic fibers, brought by the middle meningeal artery pass through the ganglion?

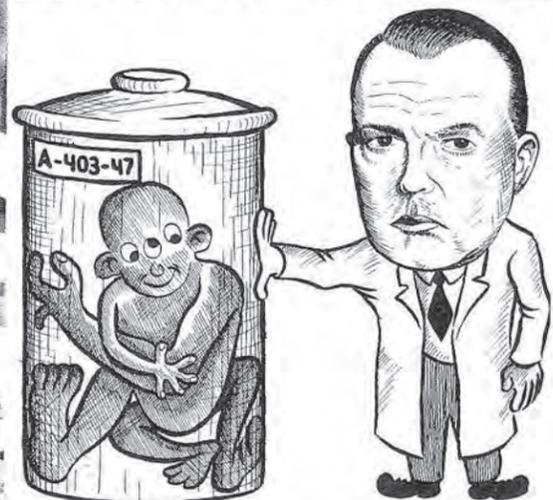
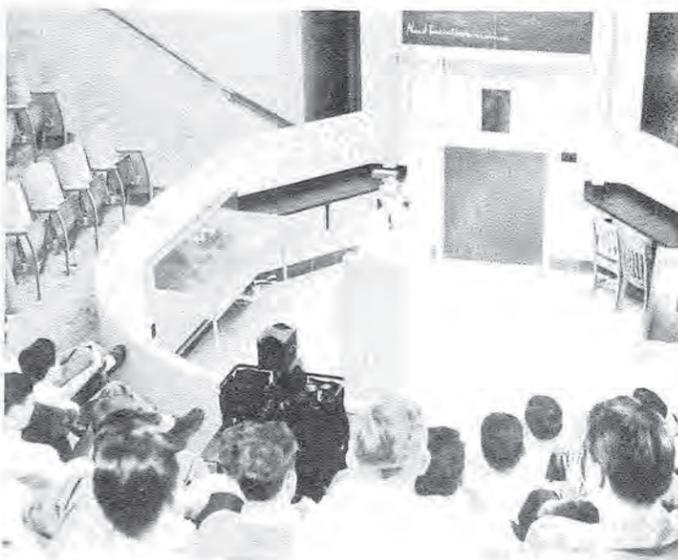


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any failures to meet these needs by submitting your appraisals as you continue your clinical work.

We are hopeful that at the completion of your formal course work in the basic sciences, and even though you received "A" grades, that you are cognizant of the need for further study on your part as well as from ours in the application of the biological and physical sciences to the field of dentistry.

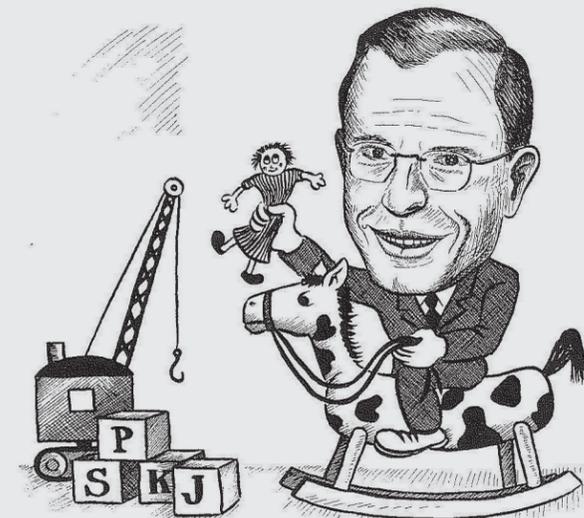
There is a need for the capable and well-trained dentist in basic science teaching and research. We should like for the curious, able and industrious Dental School graduate to consider and to evaluate the opportunities to promote his chosen profession through the medium of the basic sciences.



Above: Second Year Pharmacology Laboratory. Left: Pathology Amphitheatre.

THE IMPORTANCE of the child patient in modern dental practice is reflected in the emphasis placed on Pedodontics at the University of Washington.

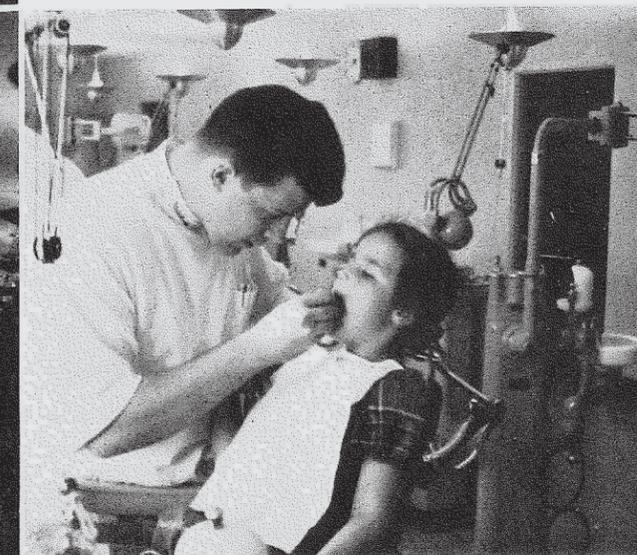
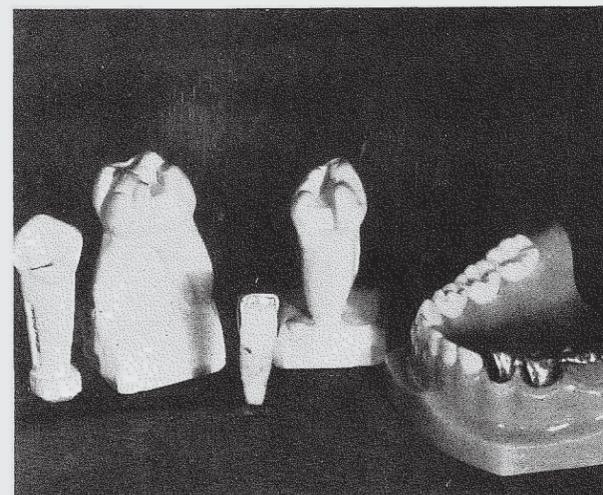
As early as the Sophomore year, the student is introduced to the principles of preventive dentistry, particularly as related to the child patient. A laboratory course is given to provide basic knowledge of techniques useful in children's dentistry. In the Junior year lectures, during the Autumn and Winter



quarters, supplement actual clinical experience with child patients. Again, in the Senior year a longer and more intensified period of clinical experience is provided.

Great opportunities will exist in the future for the practitioner who has the ability and training to render a complete service for the child. For those who wish to specialize in Pedodontics, opportunities are especially promising. The Department of Pedodontics offers graduate and refresher courses for those interested in additional study and eventual qualification for certification by the American Board of Pedodontics.

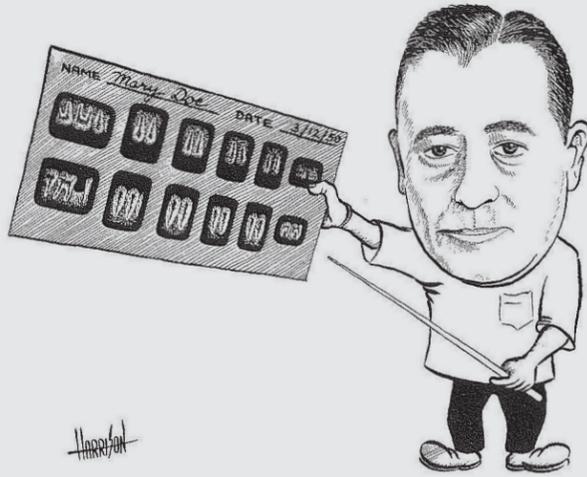
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Above: Second year Pedodontics technic work, photographed by Charles Schroeter. Below: Pedodontics clinic—operating hours.

Bob removed the rubber dam because he thought no one was watching.

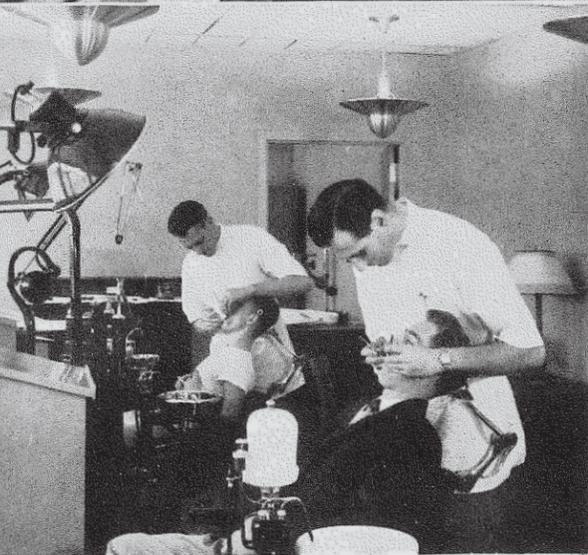
ORAL  
DIAGNOSIS



for patients, students and instructors who gather to talk over general plans of treatment or specific problems. Patients are assigned to students after admission and all transfers of patients from one student to another takes place from the master file room in this department. Charts are dispensed and periodically collected as dental treatment is administered, thus centralizing the entire scheme of clinical teaching. It is truly a busy spot during clinical hours.

THE DEPARTMENT OF ORAL DIAGNOSIS AND TREATMENT Planning, which includes the Section on Radiodontics, is actively concerned with the admission, registration, diagnosis and classification of patients desiring dental service. Working with the Junior and Senior students, thorough examinations are performed and complete mouth radiographs are obtained. This is followed by a study of the cases with possible correlations with systemic ailments. Information is thus acquired in this area which assists the student in routing his patients through the various other departments of the dental school where he gains actual experience in restoring mouths to health and function.

There is close cooperation between the diagnosis and treatment planning area and all other specialized teaching units, thereby helping make it a focal spot

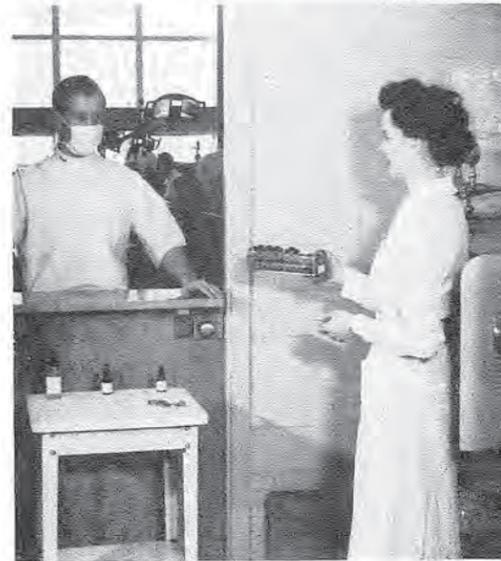


Above: Incoming patients pass through the efficient hands of Kathryn Koenig, X-ray technician of the department.

Above: The new head of the department Dr. Frederic L. Jacobsen and secretary, Mrs. Rhoades.  
Below: Students on block assignment in the oral diagnosis clinic.



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Above: George Wood checks his endodontia culture tubes.  
Below: There's no unnecessary waiting at this dispensary window.  
Below-right: The microtome.



A GLANCE AT THE CATALOG of the School of Dentistry will show that several subjects are taught in the Department of Periodontology. The majority of effort is spent in teaching two phases of clinical oral pathology—periodontia and endodontia. The earlier subjects of comparative dental anatomy and oral histology and embryology deal with basic knowledge of importance in all fields of clinical dentistry. Dentistry's most significant advances are being made through applications of basic science knowledge to clinical problems.

Many dental educators agree that sufficient emphasis has not been placed on the teaching of the diagnosis and treatment of diseases of the supporting dental tissues. In line with this, the meeting of the Periodontia Section of the American Association of Dental Schools in March, 1950 was devoted to a discussion of the subject, "A Re-evaluation of the Position of Periodontology in the Undergraduate Dental Curriculum."

Teeth are often perfectly sound, yet are sacrificed through disease of the periodontal tissues, disease which might have been successfully brought under control by proper treatment. It is the sincere purpose of your faculty to see that every successful candidate for the degree of Doctor of Dental Surgery at the University of Washington is properly prepared to begin the practice of general dentistry. The periodontology staff feels that a successful general practice must include the treatment of periodontal and endodontal pathology if the dentist's patients are to receive complete and proper service. An understanding of the underlying pathological processes and the interpretation of these in clinical terms is the basis for intelligent oral diagnosis. In periodontia the clinical symptoms associated with systemic disease, dietary deficiencies, local irritation, and occlusal trauma must be evaluated in determining the prognosis for the case at hand.

The more clinical training the student receives, the better he should be prepared to utilize periodontia and endodontia in the general practice of dentistry.

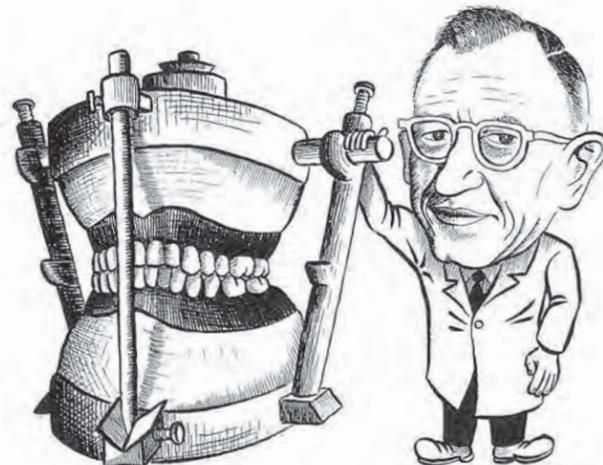
SOON AFTER DENTISTRY'S formal organization as a profession Bonwill presented the first concept of the physical ground plan of the form assemblage and function of the masticatory organ and directly associated it with prosthodontics.

Ever since prosthodontic operators have been keenly interested in solving the mysteries surrounding mandibular function and in creating a substitute possessing desirable physical and functional qualities. The greatest need for an overall governing concept is in the treatment of an edentulous patient. It is not surprising then that those of the prosthodontic field should have contributed and are still contributing considerable vital information to the establishment of a true overall concept.

It is encouraging to know that the restorative skill and the therapeutic value of treatments of the American dentist was recognized as of preeminent value by the crowned heads of Europe and by educated peoples throughout the world as early as the latter part of the 19th century.

This department is cognizant of these changes and of their importance to students in the dental restorative field. It is desirous that students become familiar with these changes and that they be able to evaluate their worth. Such evaluation and rationalization of use can be made by applying fundamentals of the biologic and physical knowledges amply projected here at the newest of dental schools and by applying common sense logic. The old proverb of, "Be not the first to grasp the new, nor the last to lay the old aside," is certainly applicable in this age and at this new school. The present disturbing views on mandibular function and physical qualities of dentures really are not as new as many believe. They were first presented, in a less complete form, late in the 19th century and were enlarged and defined in increasing clarity in every decade of this century. Since 1928 these views have been reflected in practice procedures. Therefore, clinical results and physiologic analysis amply cry out not to be the last to lay the old aside. Common sense logic and economic pressure emphasize the importance of continuing these views.

The department hopes that our first graduating class is sufficiently acquainted with both sides of the issue and are equipped with required knowledge to be militant advocates of one or the other view.



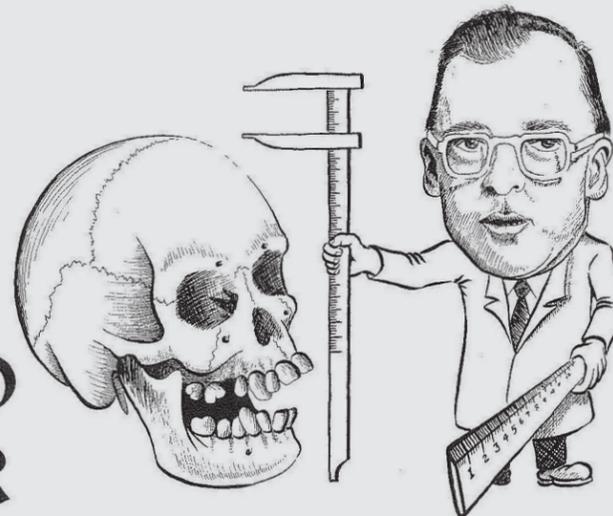
Above: House, Stansbery, Hanau, or Gysi, it makes no difference to Bob.

Below: Processing full and partial, removable dentures.

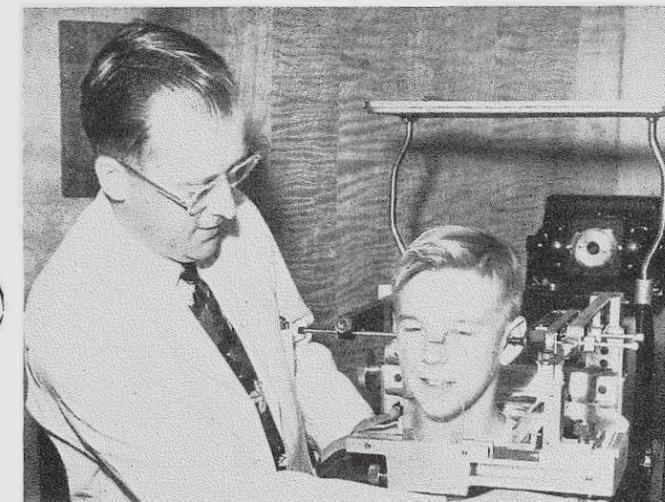
Below-left: "The Final Try-in."



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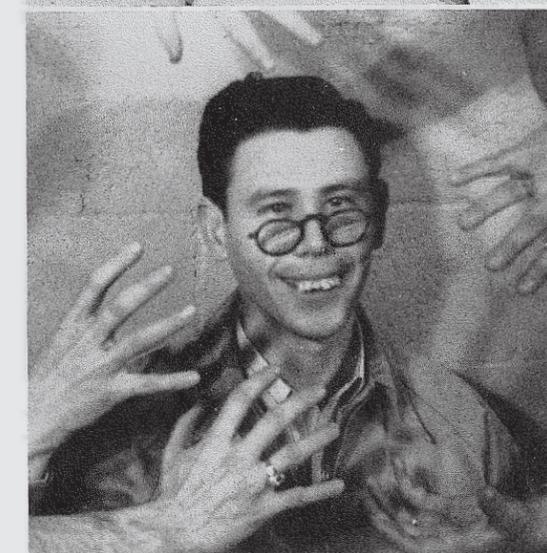
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Above: The Bolton-Broadbent Cephalometer in use.

Below: The Orthodontics—Pedodontics waiting room.

Bottom: Graduate orthodontia students find it impossible to administer self-restraint when a beautifully, typical case is made available.



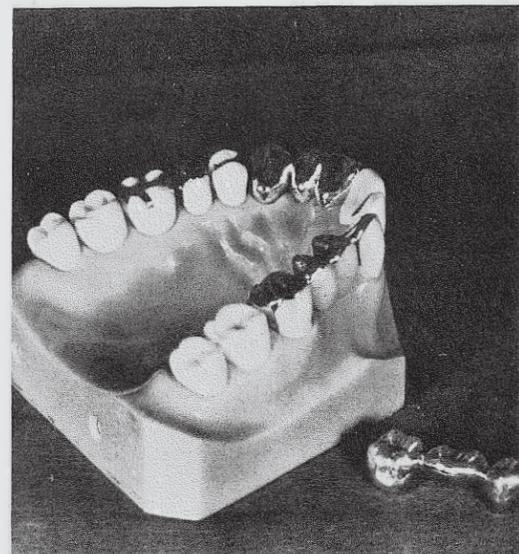
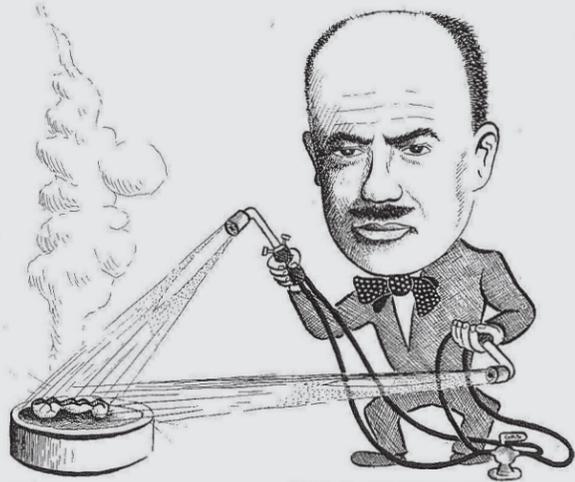
THE DEPARTMENT OF ORTHODONTICS is unique in the School of Dentistry in that it was established primarily to train graduate dentists in the specialty of Orthodontics. It also serves the undergraduate student body, but only in a didactic way. During the four years of the undergraduate dental curriculum the department is responsible for three quarters of lecture work, plus one quarter of laboratory work. The Orthodontic clinical program is handled exclusively by the graduate orthodontic students. In conjunction with the Pedodontic Department, however, Orthodontics assists in the problems and techniques of preventive and palliative orthodontic treatment. The students are free at all times to utilize the facilities of the department and advice of the staff for consultation.

The general educational aims of the undergraduate orthodontic teaching program are to:

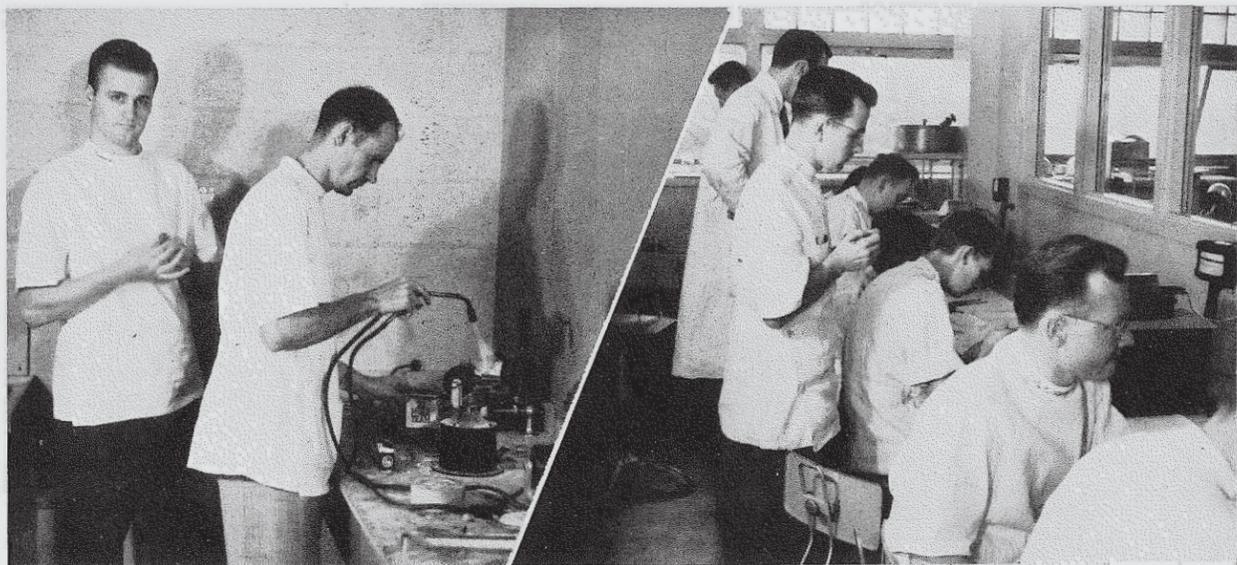
1. Give the students a general background in normal and abnormal growth and development of the head and the various methods of how to apply this knowledge to the recognition and diagnosis of malocclusion.
2. To give the students a dynamic concept of the masticatory mechanism.
3. To prepare students of dentistry to recognize orthodontic problems as related to early diagnosis and prognosis, and to initiate preventive treatment when indicated in the general practice of dentistry.

The department is staffed by two full-time teachers and augmented by four excellent Orthodontic Clinicians from the surrounding area, who each spend one-half day a week in the Clinic.

FIXED  
PARTIAL  
DENTURES



Above: FPD technic work.  
Below: Generally speaking, pontic soldering requires a differentiating eye, a steady arm, and plenty of moral support.  
Below-right: "Primary introduction to Dental Ceramics."



THE DEPARTMENT OF FIXED PARTIAL DENTURES at the University of Washington concerns itself with instruction in that field of science and art which provides for a tooth-borne physiological substitute for the loss of complete coronal contour of the human tooth, and for one or more lost natural teeth in order that impaired function, esthetic appearance, comfort and health of the patient may be restored. The history of fixed partial denture prosthesis is of long standing since man has for many centuries mutilated, decorated and adorned his teeth. The modern adaptations or applications of this type of treatment is of course far removed from that evidenced by the early Phoenicians and Egyptians, both from the standpoint of purpose and technical application. The department attempts to coordinate basic science factors along with the development of technical skill. The instruction emphasizes the objectives of this type of prosthetic service as being primarily biological in character, and that these aims are attainable largely through the application of basic laws by means of proper technical design of apparatus—that technical excellence is a positive factor respecting the basic laws of physics, mechanics and engineering in order that this classification of dental prosthesis may respond physiologically thereby helping to preserve healthy supporting structure and constituting a health service.

The student becomes acquainted with the field at the beginning of his sophomore year and receives instruction through to graduation. In the junior and senior years he makes practical clinical application of his basic technical experience, and familiarizes himself with the problems associated with plans for individual treatment in various types of cases in cooperation with the other clinical departments in the school. Only after specific clinical qualitative and quantitative testing sufficient to qualify him for general practice does the staff recommend his graduation.

THE CHIEF AIM of the Operative Department is to strike in the mind of each student the spark of idealism which will keep before him the serious obligation of the dental profession to do everything in its power to save the human tooth, whenever feasible, by practicing the best concepts of fine restorative procedures with diligence, dignity and pride. Technique work, clinical activity and the closest possible supervision are all conducted with that goal in mind. Your instructors will feel that their efforts have been successful if you will strive each day to earn the glow of satisfaction that comes when one has performed each exacting procedure to the very best of his ability.

The Operative staff "with its small share of Canadian influence!" is happy to salute the student body through the pages of the first Dental Year Book, and especially to wish for each member of the first graduating class from this magnificent institution Godspeed and every possible success in the practice of a truly fine profession. See to it that you set an example and create a reputation in dentistry which each succeeding class will respect and will have to strain to surpass.

Included within the Operative Department is the Sub-department of Oral Anatomy.

Fundamentally, all dental practices are dependent upon a knowledge of anatomical principles of the human tooth as presented in the Oral Anatomy course. First year dental students carve one-half the dental arch in plaster-treated blocks, four deciduous molars in wax blocks and a molar crown in wax. Object of the Oral Anatomy course is to give students a practical working knowledge of anatomical form.



Above: "A skillfully placed gold foil restoration has no equal."  
Below: The Main Operatory.  
Below-left: Extend those blue lines.



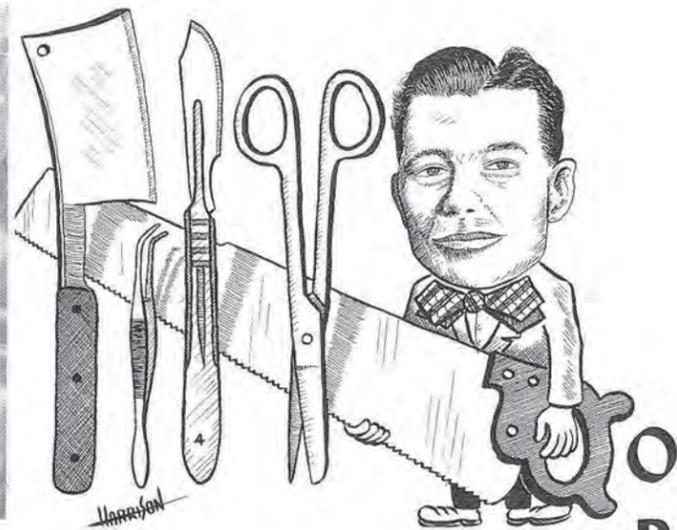
OPERATIVE  
DENTISTRY



Above: Oral surgery amphitheatre.

Below: "It's all over now. How do you feel?"

Bottom: "Seance in the Oral Surgery recovery room."



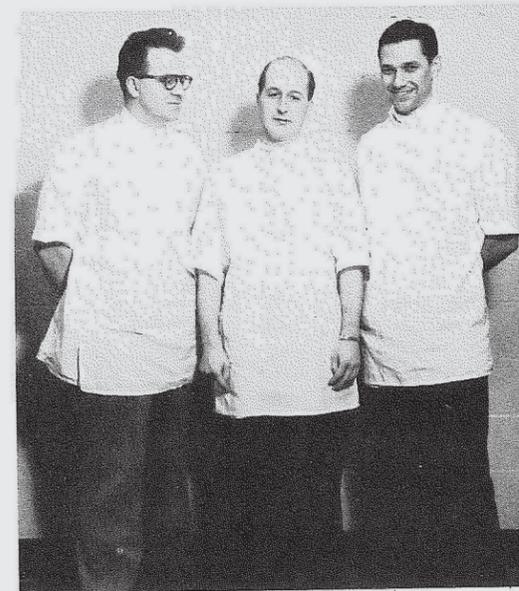
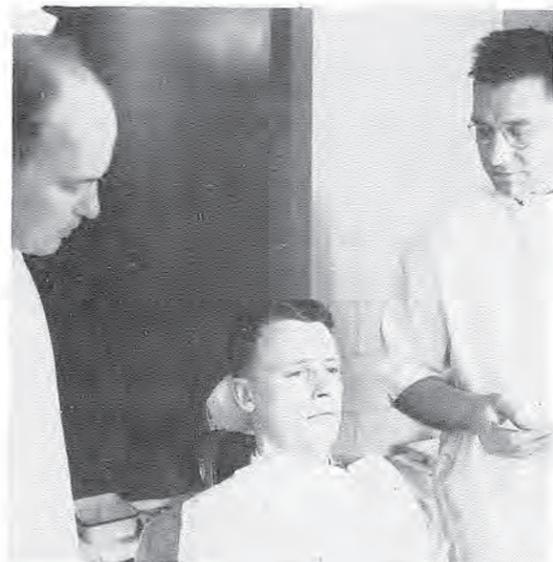
# O R A L S U R G E R Y

ORAL SURGERY is that branch of surgery which deals with the diagnosis and surgical treatment of the oral cavity and its associated structures. Today it is a far cry from the early days of dentistry when the only treatment consisted of extraction of the aching tooth by a person untrained and with no knowledge of the principles of asepsis or the fundamentals of good surgical technique. The goal of the itinerant dentist was to rid the individual of a hopelessly decayed tooth with emphasis on the single offending tooth and with little concern for the individual as a whole.

Present day oral surgery is a scientific field requiring special training and a background of both a medical and dental nature. No longer can we divorce the oral cavity from the body as a whole and treat it as such. Many general systemic diseases first present symptoms in the oral cavity and are frequently seen by the dentist during routine examinations prior to any clinical symptoms. In addition, many oral surgical procedures have a direct bearing on the general health of the individual. Infected teeth and supporting structures can be a source of infection in other vital organs of the body.

The bulk of oral surgery consists of the extraction of teeth and the surgical preparation of the mouth for dentures. However, cysts, neoplasms, abscesses, infections, impacted or unerupted teeth, and fractures of the jaw bones make up a large part of this specialty of dentistry.

Because in the field of oral surgery we are so often dealing with patients who are suffering from pain or are fearful of undergoing surgical procedures, it is imperative that we cultivate a sympathy for patients and treat them accordingly. It is paramount that the oral surgeon master his technique of surgery; but it is even more important that he study his patient from the various psychological standpoints, for without this ideal, no matter how well he masters his art he cannot be successful.

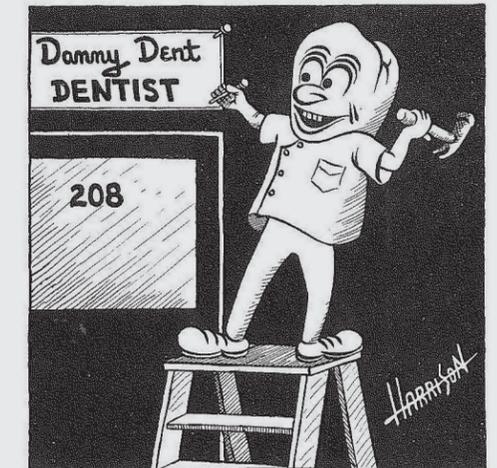


Class officers of the 1950 Dental Class pictured are: Glen Conley, Vice-President; Manfred Arnold, President; and George Pollock, Secretary. Missing from the picture is Treasurer, Charles Degering.

THE CLASS OF 1950 met in Room 230 Bagley Hall on September 1, 1946. The introductory address was given by Dean Jones followed by well wishes from President Allen. The entire faculty nucleus was present and thus this small gathering represented the total personnel of the Dental School at that time.

The first year was underway—Dr. B. O. A. Thomas playing the role of big brother in addition to instructor; time being divided between the Bagley Hall attic, Physiology Hall basement, the old anatomy shack, and coffee headquarters on the avenue. Glen Conley did a fine job as president and, outside of the 20 flights of stairs, a good time was had by all.

September 1947 initiated the second year with Celon Peterson taking the reins. Fraternal organization began in the winter, and ground was broken on



## SENIOR CLASS The Class of 1950

the University Golf Course for our future home—the Health Science Building. The Bagley Hall attic seemed several floors higher but otherwise—no change.

June of 1948 saw grips packed for a six month vacation in anticipation of a January opening of the new building.

The third year began January 1949 with a presentation of the new school. John Parrish became president, and amid bulldozers, blacktopping, and electricians the first clinical year was begun. A memorable thrill was experienced in playing a part in setting the master plan into operation. New patients, forms, and faculty added to the already intense atmosphere. The Bagley attic now seemed a small price to pay.

Summer school of 1949 returned the class to normal schedule with Manfred Arnold as president.

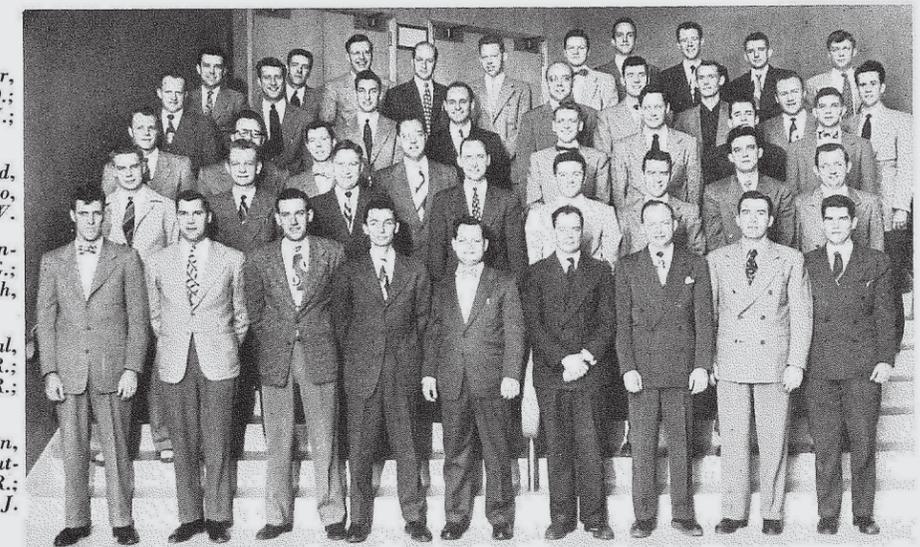
FIRST ROW: Pomeroy, F.; Failor, R.; Hornibrook, J.; Lockhart, O.; Degering, C.; Raleigh, D.; Reed, W.; McLain, P.; Snyder, L.

SECOND ROW: Utter, C.; Baird, F.; Nelson, A.; Peterson, C.; Trucano, J.; Aylen, R.; Miller, M.; Nowak, W.

THIRD ROW: McGovern, W.; Conley, G.; Blancher, R.; Burgess, G.; Curry, W.; Bolton, W.; Day-Smith, A.; Nahhas, R.

FOURTH ROW: Bailey, R.; McNeal, W.; Bacon, R.; Cloud, E.; Pozell, R.; Thompson, R.; McLaughlin, R.; Schilke, L.; Hill, C.

FIFTH ROW: Jenkins, E.; Dutton, R.; Hanson, R.; Arnold, M.; Sutcliffe, S.; Zeck, R.; Hampson, R.; Drescher, M.; Dutro, G.; Parrish, J.





### SENIOR HYGIENISTS

We toast the Dental Hygienists. Long clinical hours, and a thorough knowledge of basic sciences have imparted to them the training to render a truly admirable health service. The class of 1952 being Washington's first graduating class receives our whole-hearted congratulations. The precedent they have set will be an inspiration to those who follow.

#### SENIOR CLASS OFFICERS

Front row, left to right: JEAN HODSON, President  
 MARY SHELLEY, Secretary-Treasurer  
 Back row: ZOE FAULCONER, Vice-President  
 VIRGINIA FRASER, Asst. Program Chairman



FAULCONER, ZOE  
 B.A.  
 Lower Columbia Junior College  
 Longview, Wash.  
 Senior Class Vice-President



FRASER, VIRGINIA  
 Univ. of Wash.  
 Seattle, Wash.  
 Senior Class Program Chairman



GORDON, JOANNE  
 Univ. of Wash.  
 Kingston, Wash.  
 Junior Class President



HODSON, JEAN  
 Univ. of Wash.  
 Bothell, Wash.  
 Senior Class President



HOLT, MARY ANNE  
 Univ. of Wash.  
 Seattle, Wash.  
 Secretary Loan Fund Committee



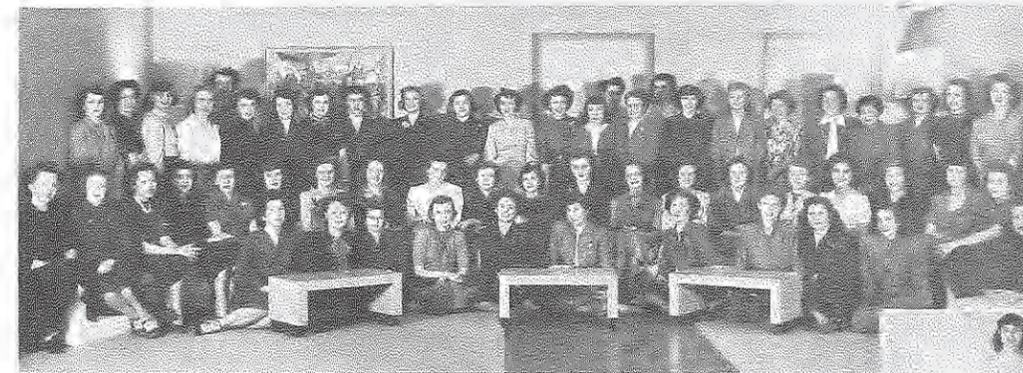
McCULLOUGH, PATRICIA A.  
 Univ. of Wash.  
 Seattle, Wash.  
 Junior Class Vice-President



SHELLEY, MARY  
 Univ. of Wash.  
 Hoquiam, Wash.  
 Senior Class Secretary-Treasurer



WARNER, JOYCE  
 Golf Park Junior College, Miss.  
 Spokane, Wash.



### WIVES CLUB



Standing, left to right: Una Loy Clark, Linda Brown, Pat Hooper, Vicki Hill, Margaret Hansen (in back), Colleen Canfield, Joyce Curry, Velma Olson, B. Howell, Echo June Peterson, Eve Failor, Yvonne Miller, Mary Smillie, Doris Hoar, Arleen Rose (in back), Elsie Slusher, Mary Russell (in back), Orene Wilson, Patty Riggs, Patty Timberlake, Eva Reddick, Mary Furukawa, Monica Miller, Gen McCarter, Alice Gilbert.

Seated, left to right: Pat Stott, Virginia Williams, Dorothy Chin, Lillian Cronkhite, Lois Gardiner, Rayola Mitchell, Pearl Granger, Edith Mackey, Roslyn Lemon, Barbara Johnson, Marcile Braithwaite, Mavis Fenna, Clara Bacon, Helen Nelson, Aleida Nowak, Margie Johnson, Polly Pearson, Carolyn Hurd, Lynn Young, Mary Phillips. Front, left to right: Jo Ann Bolton, Doris Anderson, Al Tefft, Marion Rose, Evelyn Webster, Doris Dutton, Virginia Baird, Margaret Stockstad, Norma Bonney, Dotty Hickey.

Wives Club Officers. President, Doris Dutton; Vice-President, Lil Cronkhite; Secretary, Patty Riggs; Treasurer, Pat Hooper, Program Director, Linda Brown.

THE DENTAL STUDENT WIVES organized in 1948 to foster a spirit of friendliness among the Dental Students and their families and to promote social and cultural opportunities for Dental Student Wives.

Meetings are held twice a month, once for business and once for bridge and entertainment.

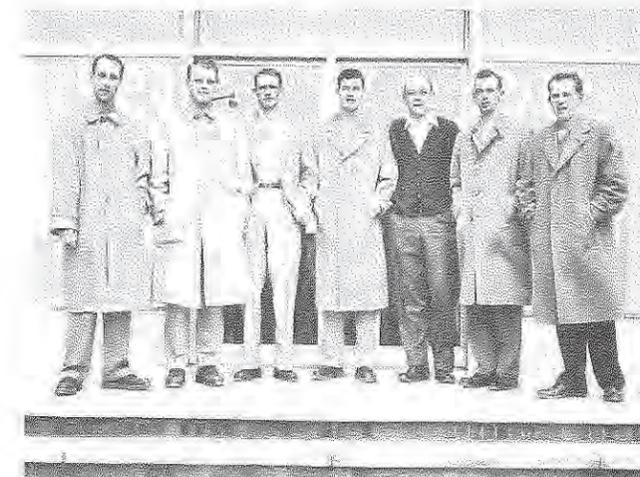
Committees for the year are: Refreshment Chairman, Patty Timberlake; Reception Chairman, Eve Failor; Roster Chairman, Marion Rose; Publicity

Chairman, Doreen Murray; Social Chairman, Rayola Mitchell; Organization Assembly Representative, Shirley Moline; Bridge Chairman, Helen Nelson; News Reporter, Echo June Peterson; Transportation, June Moss, and serving on the Telephone Committees; Freshman Class, Madeline Overby; Sophomore Class, Mary Furukawa, Margaret Lewis; Junior Class, Alberta Tefft, Colleen Canfield; Senior Class, Joyce Curaray.

## INTRAMURAL — SOCIAL

TWO VOLLEYBALL, a pair of basketball, one handball and four softball teams paced the dental athletic program the past year. Delta Sig volleyballers won second place honors in all-University competition and placed high in both basketball and handball. At press-time the Zip softballers look like strong diamond contenders.

Socially, class parties plus the usual fraternity dances and picnics added zest to an academically crowded school year. The traditional Soph-Frosh "Bust," the upperclass post exam "Tea Parties," class picnics and the Second Year informal highlighted the dental social calendar.



Delta Sigma Delta championship volleyball team.



Second Year Class Fall Informal.

# How it was:

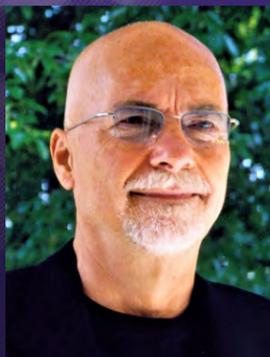
By DR. PAUL HEINS

# a student's life

Alumnus Paul Heins re-creates the challenges, stresses, and satisfactions of dental school as it was from 1959 to 1962



Paul Heins 1958



Dr. Paul Heins today

*When that huge clinic space was empty of students, all 143 chairs and lights were arranged in a precise pattern, each one exactly like the next. Looking down the rows of units in any direction was like looking at the rows of crosses in a military cemetery.*

*Background image: The sprawling Main Clinic took up two stories and the entire south end of B wing.*

*Editor's note: Dr. Paul Heins of the DDS Class of 1962 and Periodontics Class of 1965 has written an extraordinarily vivid and detailed memoir of his student years. He has shared it with the Dental Alumni News and writes: "After being graduated from the University of Washington School of Dentistry in 1962, I completed a general dentistry internship in the U.S. Public Health Service. I worked with interns from three different dental schools and quickly saw that I was the recipient of a superior dental education at Washington. With the help of my classmate Al Leonard, here's what I remember about that education." Other alumni have also contributed their memories, which are interspersed with Dr. Heins' memoir in the following pages.*

Basic dental sciences made up the balance of that first year. We began to learn about dental materials and basic dental laboratory procedures, but the majority of our time was focused on the anatomy of teeth. Charles Schroeder, a most memorable man, taught dental anatomy. "Charlie," as we called him behind his back, was a strict and regimented German who drilled us mercilessly. Every class would begin with a drawing test of one of the five views of the tooth under study that day. Wheeler's textbook, *Dental Anatomy and Physiology*, was a constant companion. By June each of us had carved from stone and articulated a half-arch, life-size set of maxillary and mandibular teeth. We now had the ability to carve and draw any tooth from any viewpoint.

We were each issued a human skull as part of our first-year supply and instrument kit. I remember taking it out of the box that first time, and the realization that this was once alive atop a human being made it all the more significant as a visual/tactile aid. It was the central part of the final assignment of the year in Dental Anatomy, which was to draw that skull in two life-size views from the occlusal plane; one of the mandible and the other of the maxilla and the bones of the skull as seen from that view. With that completed, our first year came to an end in June 1959. At that time the curriculum was 12 quarters, not the year-round 16 quarters that it is today. We had the summer off, and I went off to a job in a sawmill, happy that I had survived the first year with good grades and yet my eyes had been opened to the demands that the next three years would bring.

**"Our expectations of you are very high," said Associate Dean Bert Anderson. "Some of you will not make it." The room went suddenly soundless as those words hung there, soaking into the minds of us Korean War veterans. Those words energized me for the next four years.**

I joined 54 other guys in a classroom in the B wing in the fall of 1958 for the first event of our hoped-for future career. It was an orientation lecture taught by Associate Dean Bert Anderson, who gave us an overview of what we could expect during the next four years. As he finished, he challenged us. He said we were now the 12th class to follow the traditions of excellence already established in the School of Dentistry. "Our expectations of you are very high," he said. "Some of you will not make it." The room went suddenly soundless as those words hung there, soaking into the minds of us Korean War veterans. Those words energized me for the next four years.

Our studies that first year were a combination of basic medical and dental sciences. In the medical school we took anatomy, histology, neuroanatomy, biochemistry, and physiology. Prominent in my memories of that first year was Gross Anatomy. Teams of four of us were assigned a complete human cadaver, and during that first year we dissected, identified, and visualized the wonders of the human body in the School of Medicine's Gross Lab. Of all the body parts, the muscles, tendons, and ligaments of hand and forearm were the most captivating for me. I was stunned by their mechanical complexity and brilliance of design. I imagined the neural pathway from a dentist's eyes to his brain and the signal down to the muscles of his thumb and fingers holding a hand piece. It is an incredible neuro-mechanical system.

**I imagined the neural pathway from a dentist's eyes to his brain and the signal down to the muscles of his thumb and fingers holding a hand piece. It is an incredible neuro-mechanical system.**

That fall, with rested mind and loaded with energy and determination, I returned to study microbiology, pathology, and pharmacology in courses taught by the medical school faculty. The mysteries of the anatomy and function of the human body continued to be revealed to us. There was a growing realization that we might become therapists and be given the responsibility to see to the needs of our fellow human beings. That second pre-clinical year pulled back the curtain to reveal dental disease and its diagnosis. It began in the Department of Oral Diagnosis, where they taught us how to expose film and the nuances of the darkroom with its chemicals used to develop films. They opened our eyes

to the mysteries of the various shades of gray and how they were used to interpret tooth and bone health/disease. That knowledge went with us to classes in Oral Surgery, Perio/Endo, and Operative Dentistry.

### Learning cavity prep

The treatment of tooth decay began for us that second year by learning cavity preparation as taught by the gifted artist and teacher Dr. Lyle Ostlund. He drew beautiful three-dimensional views of cavity preps from various angles on the blackboard. We cut cavity preparations in stone teeth with our belt-driven electric Emsco lab engines/hand pieces and then progressed to extracted teeth that we begged from dentists in the community who kept extracted teeth in jars of formaldehyde for dental students. Prized were the caries-free teeth extracted for orthodontic reasons. Into these extracted teeth went the various amalgam, gold foil, and inlay restorations.

We labored that second year in the pre-clinical lab, sweltering in our brown lab gowns as our Bunsen burners blazed in unison. In Removable Prosthodontics we learned how to create full and partial-removable dentures under the guidance of Dr. Harry Young and his faculty. In Fixed Prosthodontics under the guidance of Dr. Ken Morrison and his staff, we learned how to do a full-crown prep, wax a crown and cast it in gold, polish and

seat it. The lost wax procedure was a revelation to experience. Making a fixed-bridge came next, and we learned how to solder a pontic to a crown. We were shown not only how to do these procedures but how to do them precisely.

All classroom and laboratory seating was assigned in alphabetical order. We sat in lecture hall and worked in the labs between the same two classmates during our first and second years, Herb Hooper to my right and Don Hawes to my left. We were also assigned a student number: 1 for Adams through 52 for Yost. Every assignment, drawing, lab project, and test was labeled with this number that identified us for four years. Even with this regimentation, there was a high degree of cooperation among us. There were differences in our skills and abilities, and even though all assignments and projects were our own responsibility, we helped each other to move forward as a selfless group. Absent was any hint of competition.

As I moved through the building that second year, I was in awe of the third-year and fourth-year students in their starched white clinic jackets. They were treating patients upstairs while I was working on a dentiform in a brown lab coat. The leap from our second-year lab to the fourth-floor clinics and becoming one of them seemed insurmountable. But class after class was completed, tests were taken, requirements were steadily

met and projects turned in, and with that came the end of the second year in June 1960. That realization created no small amount of anxiety as I realized I would really be going upstairs to the third- and fourth-floor clinics. I'd be wearing a white coat and I'd look like a dentist. And I'd be doing what a dentist does, taking care of human beings. It was an emotional turning point in my journey to become a dentist, but I had a summer job at Safeway that would allow me to step back and to get my head around what would take place in three months.

### Third year: real dentistry

In the fall of 1960, we returned to school to begin the third year of our training. Now the real dentistry would begin, and it began when I was issued my dental uniforms. These white, stiffly starched garments buttoned up the right front and had our last name embroidered in blue on the left side of the clergy-like collar. This coat style was worn by all practicing dentists and was in fact the image of dentistry. Putting this coat on for the first time was an emotional initiation into the profession for me. Clinical dentistry became even more of a reality when I was issued clinical charts constituting the beginning of my patient family. Each of these 10 patients had dental needs and I would be responsible to take care of them.

## Dr. Nhi Pham DDS CLASS OF 1999

Twenty-two years ago, I had one last RCT case to treat to fulfill my graduation requirement. While I was filing the fourth accessory canal, my world came tumbling down. Gasp ... a separated file. I had to break the news to a middle-school teacher who had already invested three appointments with me. He was actually the ideal patient who arrived early for his appointments, easy to place a rubber dam on, and honestly just a really nice fellow.

I remember Dr. Jim Steiner comforting me in his private office: "If you haven't broken a file, you haven't done enough root canals. You've got a long



Dr. Nhi Pham (photo by Craig Mitchelldyer)

career ahead of you. Just remember this may be your first separated file, but not your last." I remember Dr. Steiner's caring eyes while patting my hand and softening the blow by commenting, "And this will make a great case for Grad Endo."

I got to assist in removing the file that almost kept me from graduating. I ended up making some awesome friends from Grad Endo and became a lifelong fan of Dr. Steiner. A week after the completed endo case, my pager buzzed with my patient's number. (No cell phones during those ancient times.) I had heart palpitations thinking our schoolteacher had fractured the

tooth before we could get a crown on it. Would I be at the mercy of the Restorative Department to graduate?

I guess my patient enjoyed his endodontic experience so much, he wanted to invite me on a date. The date never happened, but I wonder if this tooth survived 22 years later. At least I survived all of this and lived to tell the story. No words to express my appreciation and thankfulness for all my amazing mentors and educators who contributed so much to my education at the University of Washington School of Dentistry. Proud to be a Husky dentist. Go Dawgs!



Dr. Jim Steiner (Endodontics '66)

The charts we received came with a preliminary work-up that included full mouth films and represented dental needs in Operative, Endodontics, and Fixed and Removable Prosthodontics. Each department required us to perform a certain number of procedures, and my initial patient family got me started working toward those requirements. I was responsible for managing my own schedule, integrating my patients' availability and dental needs to openings in the Main Clinic where Operative, Perio/Endo, and Fixed Prosthodontics procedures were performed.

The Main Clinic on the fourth floor was an imposing place. It took up the whole south end of the B Wing and contained 143 powder-blue Weber units, each complete with chair, light, cabinet, and sink with a foot-operated faucet. Each third-year and fourth-year student was assigned one of these units. The chair was manually operated using a foot pump to raise it and hand levers to position the back and head rest. Attached to the chair on the left side was a spittoon with continuously running water where the patient would empty their mouth. An air hose, a vacuum hose, a saliva ejector, a water spray hose, and an atomizer bottle containing mouthwash were all attached to an arm that also supported a white porcelain bracket table where we placed our hand instruments. The dental light sat atop a pole attached to the base of the unit. On another pole was an electric motor that turned our hand piece via a

belt and pulley system. These hand pieces turned a bur at about 7,000 rpms. Carbide steel burs were in common use, while newly invented diamond burs were available only for special circumstances in crown and bridge. Contra-angles were "sterilized" in hot oil while our hand instruments were cold-"sterilized" in a zephiran-chloride solution in a pan kept at each unit.

**We labored that second year in the pre-clinical lab, sweltering in our brown lab gowns as our Bunsen burners blazed in unison.**

### Strict rules for upkeep

When I began working in this clinic, the equipment was already 10 years old and yet it still looked like new. There was a reason. Strict rules and procedures for the care of each unit were in place and there were significant penalties if they were not followed. A member of the Operative Department inspected every unit each morning and afternoon before clinics began. Each chair and light had to be in a certain position. The stainless-steel sinks had to be wiped down with mineral oil and have no water drops in them. A water spot in your clinic sink meant the loss of 10 Operative points, the equivalent of a Class II amalgam. No one wanted to lose points, so we all checked our units before Mrs. Loomis made her rounds. When that huge clinic space was empty of students, all 143 chairs and lights were arranged in a precise pattern, each one exactly like the next. Looking down the rows of units in any direction was like looking at the rows of crosses in a military cemetery.

I made an introductory phone call to each of my patients and we agreed on an appointment time/date. At the beginning of clinic I'd find my patient in the waiting room, escort them to my unit, get them seated and bibbed (a paper napkin held by an alligator-clip chain around the neck), and discuss what we were going to do. If the instructor hadn't appeared to give me a starting check, I'd go find him (there were no female instructors) and join the line of other students

following him until it was my turn for a starting check. The initial appointment for each patient was to get acquainted, do an examination, and formulate a treatment plan in each department. If the patient had been previously treated by another student, there was already considerable information in the chart, and the task then was to update it. Caries and missing teeth were charted in red and existing restorations in blue, using a specially made color pencil with red on one end and blue on the other.

Patients who had been in the system for a few years and had been treated by multiple students were very helpful to us new clinicians. One of my classmates was told, "I've graduated three dentists. I know how this place works and I'll do the same for you."

When the Main Clinic was in operation, it was a working mass of humanity in close proximity. The place buzzed with activity, particularly as clinic began. There would be a hundred or more students, each with a patient, instructors from several departments and all the support staff to help the place run. Instructors circulated among the students they were supervising, giving them a starting check. After that, when you needed help or a check for completion, you'd go find the instructor and get in line behind other students waiting for him. As the group went from patient to patient it was understood that you could look in on any patient undergoing any procedure. Often instructors would demonstrate or

## Dr. Robert Johnson PERIODONTICS CLASS OF 1970

Dr. Robert Johnson had a long and illustrious career that included serving as Chair of the Department of Periodontics and directing our pre-doctoral program. Always a favorite with students, he was invited to be keynote speaker for the Hooding ceremony in 2012, the year he retired. He was invited to be keynote speaker several other times, said colleague and current faculty member Dr. Diane Daubert (Dental Hygiene '82, Oral Biology '17).

"I've had a 54-year love affair with students," he told the *Dental Alumni News* that year. Today, he lives in a retirement community in Vancouver, Wash.

Dr. Oleg Shvartsur ('11), president-elect of our Dental Alumni Association, said then, "He was very passionate about the field of periodontics and made us realize how important it is to not forget to look at the person's overall health and not just the teeth."

One of Dr. Johnson's favorite stories was about attending the 2002 wedding of a Class of 2000 graduate. The bride's classmates kept calling him Doctor and he told them, "You've been dentists for a couple of years now. Call me Bob." And immediately, he said, Dr. Julie Johnson piped up: "OK, Bob. You can call me Dr. Johnson."

"My dad *loved* teaching dental school," says his daughter Andrea. "He loved going to work every day. He loved quizzing students and helping them be the best dentists possible. He loved spending his lunch hour with students who wanted to ask questions about a topic."



Dr. Johnson is shown in 1990, when he was Chair of Periodontics.

Dr. Johnson would tell his students that dentists should treat the patient, not just the problem. "They're human beings, not a set of teeth. I have preached that forever," he said. With Drs. Saul Schluger, Ralph Yuodelis, and Roy Page, he co-authored the influential textbook *Periodontal Diseases: Basic Phenomena, Clinical Management and Occlusal and Restorative Interrelationships*.

"He's been a dedicated teacher, working hard and always with kindness and a sense of humor," said Periodontics administrator Noreen Balch upon his retirement. "It's hard to imagine the department without him."



Dr. Robert Johnson (far right) and other 1970 Periodontics graduates are shown with Dr. Saul Schluger (center), who founded and chaired the department.

describe a particular point of a procedure for the group. It was like medical rounds. There was little patient privacy. It was a school, and patients gave up privacy in order to receive top-quality dental care for very small fees.

Our third-year schedule consisted of two lectures most mornings, 8-8:50 and 9-9:50. Clinics began at 10 a.m. and ended at 1 p.m. We had 30 minutes for a bite of lunch before clinics resumed at 1:30. They ended at 4:30 and we had to be out of the clinic by 5. I saw one patient each half-day. Scheduling our patients to coordinate their availability with chair time availability in one of the departments was a challenge. But Evelyn Soderquist, a cheerful, student-focused clerk, tried her best to make arranging appointments as easy as possible for every student. She sat in front of a

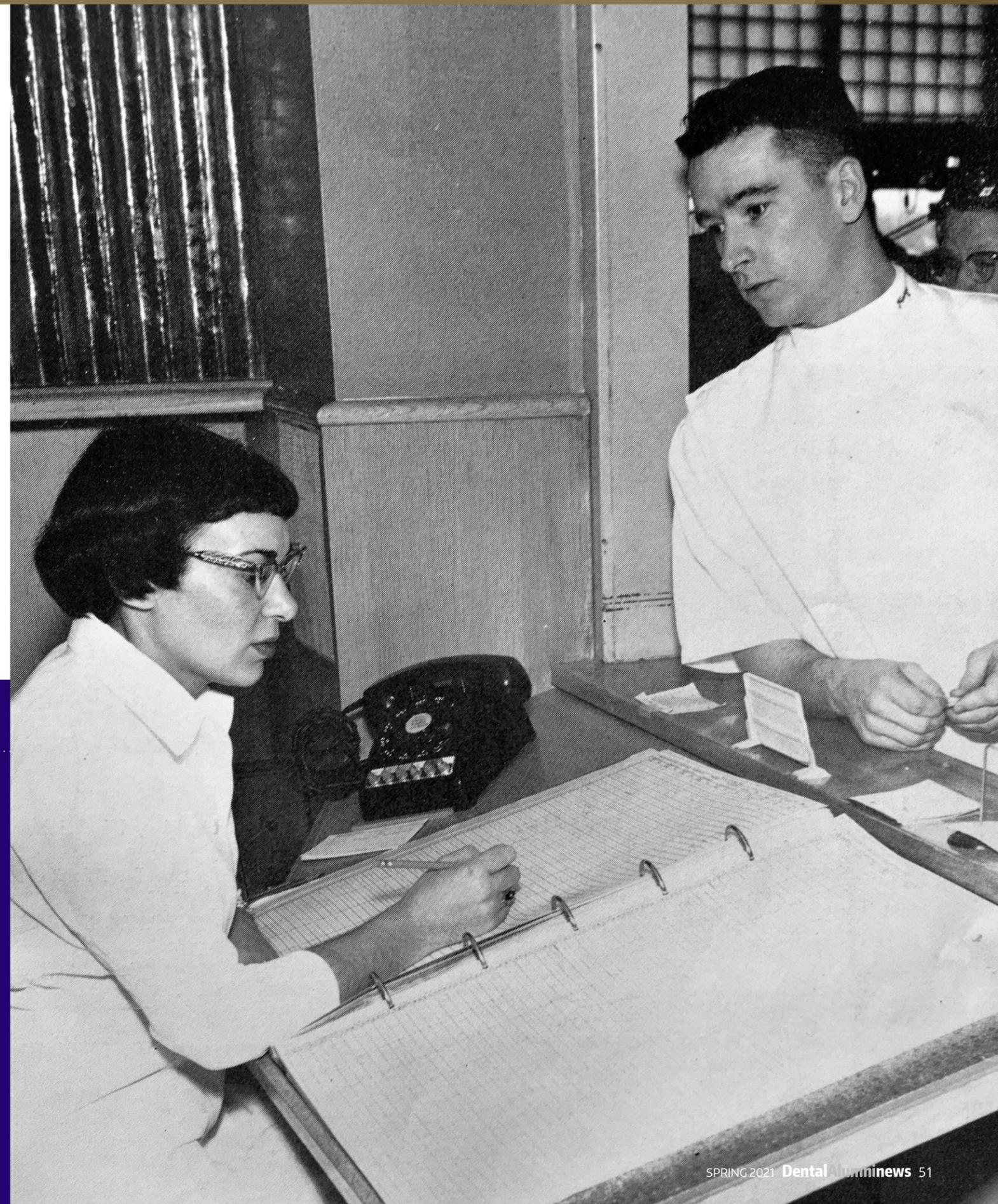
massive book that listed every chair, each department, and the student assigned to that chair for every half-day in the week. We planned our weekly schedule one week in advance by submitting department requests on a 4-inch-square slip of paper to her each Monday. She processed these slips and had them in our boxes by the following Friday. When a request for a half-day spot was denied, we'd go to her to learn what space was available in another department and change our schedule to fit what was available. She did everything she could to help us manage our clinic schedules, always with a cheerful smile. She was a mom to us.

### The discipline of gold foil

In 1960 the practice of general dentistry was considered to be primarily restorative dentistry. The majority of a dentist's work was repairing teeth and thus the curriculum reflected that priority, the repair and replacement of the individual tooth. It was the core and framework of the dental school curriculum I experienced. Operative had the most curriculum time and the largest staff and as such was an integral part of our training during all four years. They showed us how, critiqued our work, required do-overs, deducted points, threatened us with dismissal, caused us to worry, and once in a while even said, "That's pretty good." It was in this tension-filled environment

*Photo opposite: Students scheduled their own patient appointments with the considerable assistance of Evelyn Soderquist, who kept tabs on everything in an enormous ledger.*

**There were differences in our skills and abilities, and even though all assignments and projects were our own responsibility, we helped each other to move forward as a selfless group. Absent was any hint of competition.**



## Patricia Doyle DENTAL HYGIENE CLASS OF 1965

The UW Dental Hygiene Class of 1965 was a tight-knit group of 18. Over the years we've had several reunions. The instructors addressed us as Ms. or Mrs. They communicated with us via file folders in the clinic. Clinic attire was stiff white uniforms, hats, and white shoes. The uniforms were done at a laundry and we had to place buttons in each wearing. Required class clothing was skirts, sweaters, dresses, nylons, and shoes – no bobby socks and saddle shoes.



*Patricia Doyle (right) is shown in 2015 with two iconic figures from our School's Dental Hygiene program: Dr. Martha Fales (left), who chaired Dental Hygiene from 1961 to 1986, and Oral Health Sciences Professor Emerita Norma Wells, a 1958 graduate of the program who went on to lead the School's Oral Health Collaborative.*



Gold foil was malleted into place and sculpted, requiring exquisite attention to detail – a discipline that carried over to other procedures.

that our skills in restorative dentistry were steadily elevated. The demand was for perfection in the cavity preparations, anatomy, and margins of our restorations. These goals resulted in Operative Dentistry at the University of Washington being nationally recognized as the leader in producing highly skilled clinicians. This ranking was also due to the technically demanding gold foil procedure and its emphasis in the Operative curriculum.

A gold foil restoration is a unique dental procedure. It involves the use of a separator in the case of a Class II and Class III prep and a tissue retractor in the Class V procedure to gain access to the operative site. Once they and a rubber dam are in place, a unique cavity preparation is made, one with special retentive points to lock the foil into place. And then comes the management of pure gold foil.

Gold foil came in a 4-square-inch book of tissue-paper-thin sheets. We cut each sheet into smaller squares and rolled them between thumb and forefinger into 1-4mm-sized balls. I did this at home and stored them in containers according to size. In the clinic when the prep was ready, we'd begin and insert one pellet at a time, the first ones going into the locking retentive points. These little balls of gold were picked up with an instrument and heated over an alcohol flame to remove all impurities and when cooled were malleted, one at a time, into the cavity preparation. Pellet after pellet, welding each new one to the mass using a small leather-covered mallet, forming them outward to rebuild the tooth contour. Using fine rotary discs and long finishing strips, the gold was contoured and

*Patients who had been in the system for a few years and had been treated by multiple students were very helpful to us new clinicians. One of my classmates was told, "I've graduated three dentists. I know how this place works and I'll do the same for you."*

polished and the margins finished so that the junction could not be detected with a sharp explorer.

The gold foil procedure required enormous attention to detail. But it enhanced my dexterity, and that helped me with all the other dental procedures I performed. Becoming competent in doing gold foil restorations had far-reaching effects on my development as a dentist. It created within me a drive for perfection and the responsibility of self-evaluation. Its requirement for attention to every small detail elevated my eye-hand coordination to new levels. This procedure instilled in me the qualities of a perfectly completed procedure. Those standards were with me during every procedure I would perform for the next 40 years.

## Dr. Paolo Ciani DDS CLASS OF 1995

25 years in private practice, OMG, and still loving what I do. I have many fabulous memories, some comical, some sad, and others meaningful. One memory in particular, however, involving one instructor and two instances nearly four years apart, stands out. It has helped shape the way I practice and motivates me to perform on a daily basis to this very day – and probably will till I retire.

To Dr. Ed Gordon: If you're reading this, thank you! Dr. Gordon was ... I'll be nice and say "not a green light." He was fussy, meticulous, really funny, and darn near impossible to please in the

lab or in the clinic. He expected preps and fillings to look like they did in the textbooks. He wanted perfection.

A month or two into the first year, we had our first practical exam in the D1 lab. Dr. Gordon was the instructor. We had to cut a Class 1 amalgam preparation on a plastic tooth. I failed that exam. A glorious fail. Not even close to a passing grade.

A day or two afterwards I got called into Dr. Gordon's office and he informed me that mine was the worst grade of the entire class. The prep was so bad that he thought maybe I just wasn't cut out for this and should

rethink dental school. He basically insinuated I quit before I "wasted time and effort."

I walked out dejected and in shock. I'd worked so hard to get into dental school. I thought I was good with my hands. I was embarrassed and hurt but there



Dr. Paolo Ciani

was no way I was gonna quit ... yet! I think I just didn't understand what was expected, so I practiced and worked my butt off to pass the class. Each exam doing a little better. He was hard on me, but he was fair and although I feared him, I respected him for that.

That fateful, brutal moment in his office motivated me throughout the next three and a half years. Lucky for me, I thought, other than in lecture I somehow miraculously avoided having him as a clinical instructor till the very last quarter.

Fast-forward to fourth year, almost done, and now I had to face him daily.

He was on the floor overseeing me and my patients. The mere thought of his critiquing my work, and in front of patients to boot, was terrifying but, as I had experienced before, although he was really tough, he was fair and respectful and on one occasion he whispered a small compliment.

On the last day of school, I went to my mailbox and there was a letter to me from Dr. Gordon. He apologized for our first office meeting four years prior, congratulated me, wished me the best and told me that I'd go on to be an excellent dentist and have great success. I was in shock again but this

time with a huge smile on my face. The power this letter had on me was immense. That moment is crystallized forever in my memory. To this day, when I prep a tooth or seat a crown, I still ask myself if Dr. Gordon would have approved.

Each day I strive for perfection (and fall short of course). Sometimes I think I'm harder on myself than Dr. Gordon was, but it keeps me honest, humble, and at my best. My staff knows the story (not the first part), and even they will sometimes jokingly ask if Dr. Gordon would have approved!

**They showed us how, critiqued our work, required do-overs, deducted points, threatened us with dismissal, caused us to worry, and once in a while even said, "That's pretty good." It was in this tension-filled environment that our skills in restorative dentistry were steadily elevated.**

Gold foil restorative work is no longer taught in dental schools, nor is it part of any state board examinations. Yet it was a very valuable part of our dental curriculum because it increased our operative skills. It is only of historical interest now, its place taken by more cost-effective materials, yet it remains one of the most tissue-compatible and durable of all dental restorations ever used.

### Other specialties

Oral surgery training was done using a rotational system. Twice during my third year I spent a week in the Oral Surgery Clinic. During the first rotation, five of us mostly watched and assisted fourth-year students and faculty perform various surgical procedures. The second rotation a few months later saw me removing my first tooth. It was a tense experience as I attempted to remove a maxillary second molar without breaking a root. The words of Ralph Swenson, the faculty instructor that day, were gems, and each time I removed a tooth during the years that followed they always sounded in my head: "Be gentle, twist it slightly clockwise and counterclockwise, move it a bit to the buccal and lingual. Let the tooth tell you which way it wants to come out." Two more rotations to Oral Surgery came during my fourth year, during which I had the opportunity to do multiple extractions and some minor osseous surgery related to immediate dentures, all the while gaining experience in suturing. Soft tissue surgery and its healing intrigued me, I think because it was such contrast to working with enamel and dentin.

Pedodontics: little kids crying, squirming, reaching, and twisting. They didn't want to be in a dental chair, but there they were with a stranger who had his hands and ominous-looking instruments that made scary noises in their mouth. Up to this time I had worked on a dentiform in the lab and more recently



*An operator in 1959*

## Dr. Ted Ramage DDS CLASS OF 1958

I appreciate the Admissions Committee giving me the opportunity to attend the University of Washington School of Dentistry. I did not know at the time how great this opportunity was to attend such a well-respected dental school.

In my third year, I was assigned a patient requiring one-third of my treatments needed for graduation. He required 10 gold foils, a six-unit anterior bridge, gold crowns on the mandibular first bicuspid, and a mandibular cast partial denture.

I telephoned the patient because of my concern with all this treatment and his availability for appointments. He told me he was available at any time.

We started with the gold foils, one of which I did for an exam. On completion, my instructor signed it off with a Pass. When my patient heard this, he went after the instructor after the rubber dam was removed, and told him it should have been an A or at minimum a B, not a Pass. He became my best patient after this!

During my fourth year, I prepared the mandibular first bicuspid for gold crowns to support the partial denture. When I was removing the temporary crowns to take the impressions, one of the teeth broke off in the temporary crown. The instructor told me that I should go to see Dr. [Gerald] Stibbs in his office to tell him the problem. After I waited at his office for five minutes, which seemed like an hour, he invited me in and asked what happened. I explained how the tooth broke while I was using the prescribed technique for temporary crown removal.

He thought for a moment, then said it was so good it broke then, rather than after the crown was seated and the partial denture was inserted. He commented that bicuspid were a sounder tooth to support the partial denture, and he referred the patient to Oral Surgery for two extractions. The patient appreciated the care and the advice Dr. Stibbs gave me.

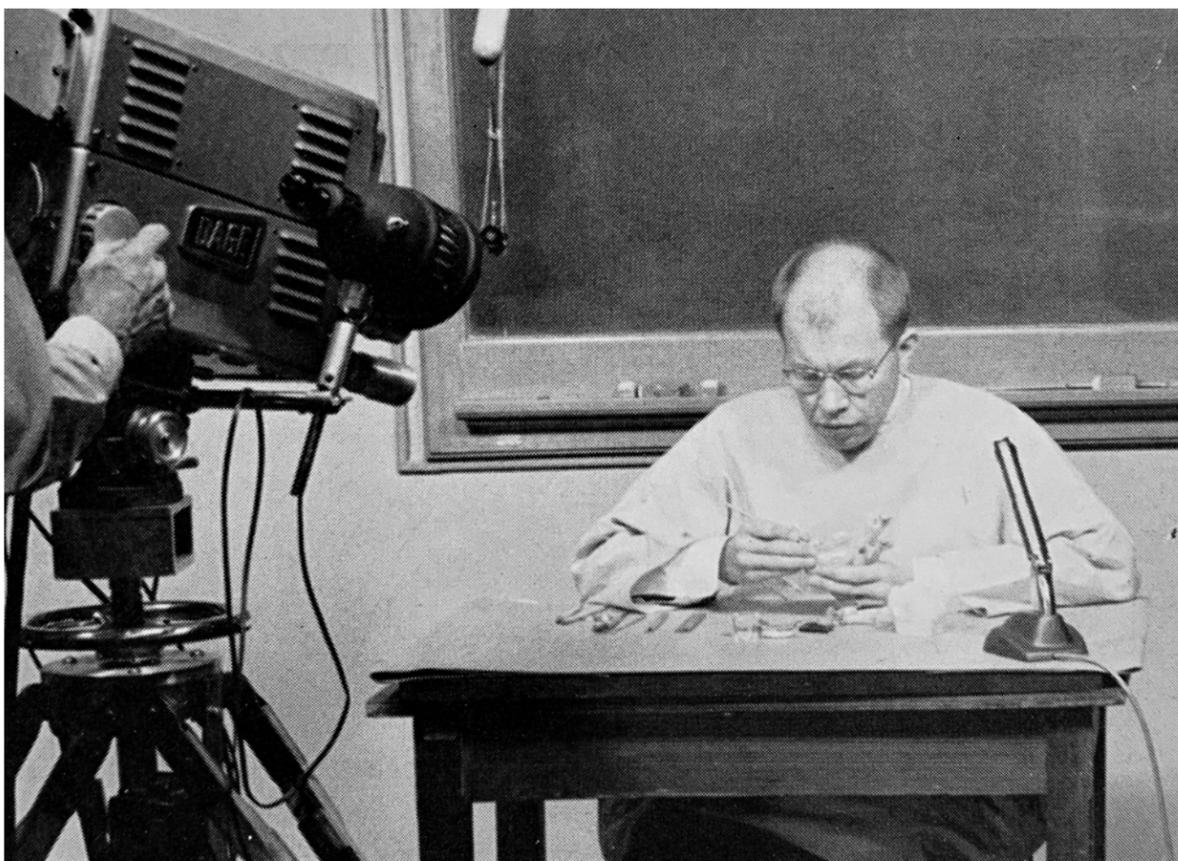
What goes around comes around. Dr. Stibbs had practiced in British Columbia for several years and was involved in our local associations before Dean Ernest Jones asked him

and several other Canadians to join the teaching staff. In 1980, Dr. Stibbs was inducted as an honorary member of the British Columbia College of Dental Surgeons, our governing body, and I, as president of our college, confirmed the membership.

To this day, I appreciate my education at the University of Washington. Dr. Stibbs continued in my education as mentor of our gold foil study club. As well, Dr. Ken Morrison mentored our crown and bridge study club.

*Dr. Ted Ramage (left) with Dr. Gerald Stibbs*





Dr. Lyle Ostlund taught cavity preparation.

**Becoming competent in doing gold foil restorations had far-reaching effects on my development as a dentist. It created within me a drive for perfection and the responsibility of self-evaluation. Its requirement for attention to every small detail elevated my eye-hand coordination to new levels.**

on adults, both of whom remained still, enabling me to concentrate on a procedure. Now it was a moving target. Tensions were high. The men who taught us – David Law, the chair of the department, and his second-in-command, Tom Lewis, and their staff – showed us how to maneuver little patients through a dental procedure. I was able to do it but I was never able to relax. I always found myself tense as I waited for the moment to unravel and thus I was very happy when I completed my Pedo requirements. The experience convinced me that I was not cut out to be a kids' dentist and left me with great respect for those who treated children.

The Removable Prosthodontics Clinic was located on the fourth floor with a student lab between it and the Main Clinic. During my third and fourth years, I fabricated a total of four full-mouth dentures (two of which were immediate) and four partial dentures. Chairman Harry Young and his instructors showed us the wonders of impression materials and techniques that could create exact replicas of a patient's edentulous ridges and remaining dentition. I got a chef-like pleasure mixing alginate and plaster of Paris with a Buffalo spatula in a rubber bowl. The techniques of making impressions, articulator mountings, and the tooth and frame wax-ups were a satisfying experience. Lab techs did the acrylic processing and the metal castings for us. We did the final finishing, delivered them, and made whatever flange, clasp, and occlusal adjustments were needed. Patients in the Pros clinic were uniformly grateful for the care they received. There was considerable demand for removable prosthodontic services. In 1960 a study revealed that in the United States, 50 percent of people over the age of 50 had lost 50 percent of their teeth. There was no shortage of patients.

## Dr. Tim Wandell DDS CLASS OF 1975

Members of Puget Sound Management Seminar have been meeting, studying, and partying together since the early 1980s. Watching our kids grow up together on through retirement. Three past WSDA presidents and all Dean's Club members. Members of the class of 1975 and spouses shown here are (from left) Mike and Donna Fey, Tim and Cathie Wandell, Mark and Karen DiRe, Brett Fidler, Dave and Sue Minahan, Wendy and Mike Spektor, Debbie and Rick Crinzi, and Susan Fidler.

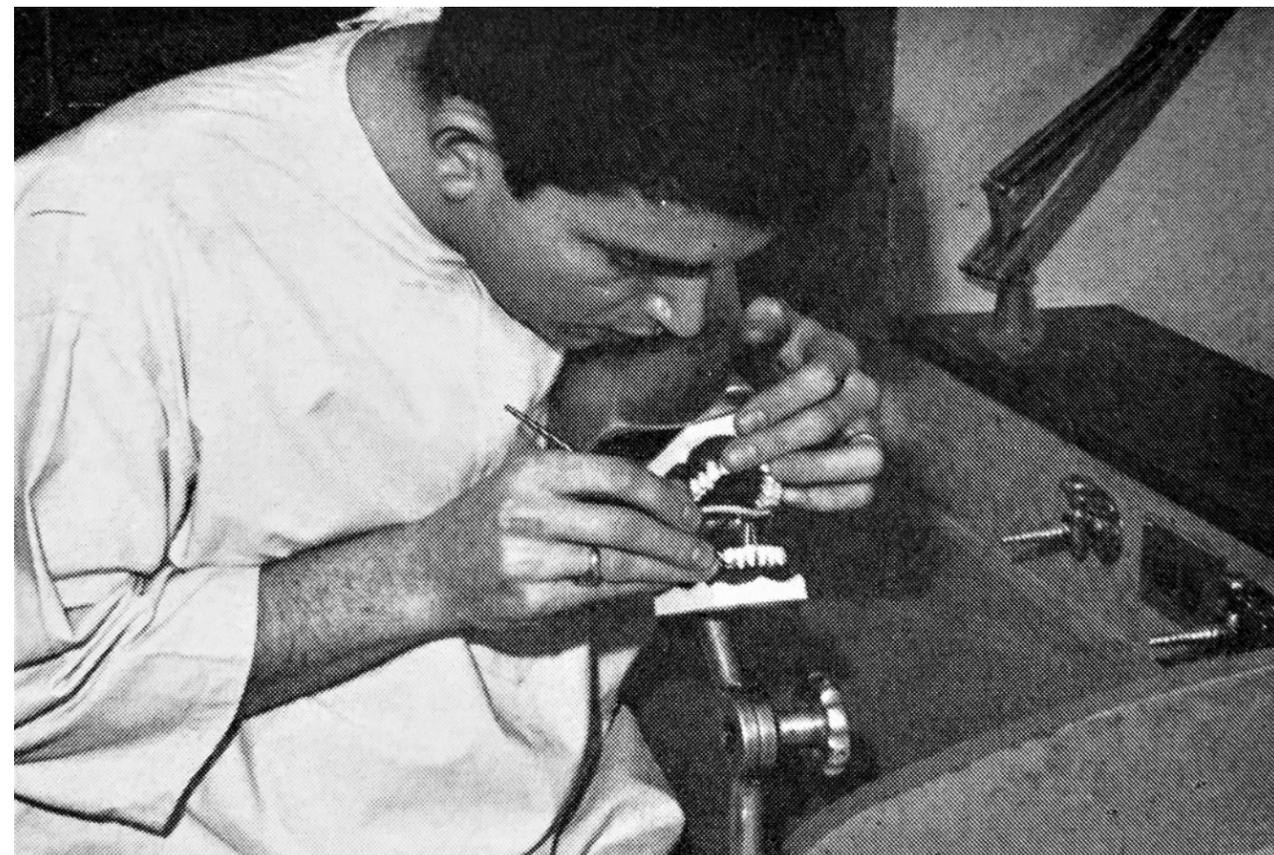


Endodontics was about learning to feel where we couldn't see. It was a quiet craft. It was about the fingers sending information to our brain and the brain creating a mind's image of the root canal. In Operative it was "See well to do well." In Endodontics it was about learning to interpret minute turns and resistances while guiding thin, flexible files and reamers to the tooth's apex. Instructors like Jack Bell were masters at teaching us how to feel our way, all the while blotting out the noise and activity of 140 students working around us in that Main Clinic. He showed me the finer points of finger rests while being gentle with the patient's soft tissue. Dr. John Ingle, world-famous clinician and author, was chair of the then-combined Perio/Endo Department.

Practice Management was taught by Assistant Dean Bert Anderson. His course consisted of a series of 50-minute lectures on how to manage a solo practice office. He devoted considerable attention to how to determine a fee and how to present it to a patient. Exams, treatment planning, and any advice were considered by the public to be a free service, we were told. A dentist's time was worth a fee only when he inserted a restoration. Thus, in practices, little time was devoted to verbal services like hygiene instruction.

**The words of Ralph Swenson, the faculty instructor that day, were gems, and each time I removed a tooth during the years that followed they always sounded in my head: "Be gentle, twist it slightly clockwise and counterclockwise, move it a bit to the buccal and lingual. Let the tooth tell you which way it wants to come out."**

A major assignment in Dr. Anderson's course was to design and build a model of a dental office as we envisioned it. This project consumed a huge amount of time to design, assemble the materials, and build. Here were dental students building a scale model of a dental office complete with equipment. These models were so good that they could have been part of a course in the School of Architecture.



Proficiency in the lab was demanded. Students had to learn how to fabricate full and partial dentures, cast gold crowns, make bridges, solder pontics to crowns, and more.

**Dr. Michael LaMarche** DDS CLASS OF 1976

I remember Dr. Oscar Bader, a prosthodontist whose job was fabricating body replacement parts for those having cancer or who had been in traumatic accidents, and Dr. Harvey Strand, who was way ahead of his time in the ergonomic area. Dr. Strand would sneak up on us in the clinic and because we were young and could focus at 3 inches away from our patients, he would smack us with a ruler and make sure we were at least 13 inches away, thus preventing us from forming the bad posture habits that I have acquired 45 years later.

It was our fourth year in dental school at the school skit night when we poked fun at these two instructors. For Dr. Bader we sang to a beat: "Get your Bader obturator and you will really look swell, get your Bader obturator or you will go through life looking like hell!" For Dr. Strand it was "Hardly Strains the name, low back pain is my game!" Of course, we were role-playing in a skit and all four classes in the audience roared.

Seems corny, but I often reflect on this and remember more of the fun times today than the very tough ones, of which there were many.

**Dr. Robert Hoffman** DDS CLASS OF 1957

I remember an unnamed classmate getting a sign-off on a progress slip with a comment by one of our illustrious clinic leaders: "A high shine hides a multitude of sins."

**Dr. Wayne E. Meyer** DDS CLASS OF 1966

It was great to travel to Las Vegas with Dean Maurice Hickey in 1966 for the national ADA meeting. In my fourth year, I represented the UW School of Dentistry in a student clinician presentation that won first place for our School vs. all the other dental schools in the nation. The other nice memory was to be in charge of the crown and bridge clinic for the summer of 1965.

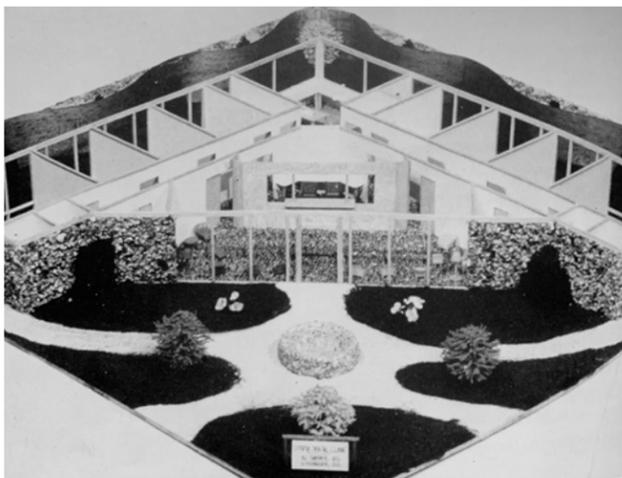
**Dr. Cheryl Townsend Winter**

DENTAL HYGIENE CLASS OF 1973  
DDS CLASS OF 1979 PERIODONTICS CLASS OF 1981

One of my favorite memories is having gotten to know "Wild Bill" Ammons as a dental student. He became my mentor and was tremendously supportive as I worked my way into Grad Perio, and I miss him dearly still. His support meant everything to me, and it was instrumental in me being the first U.S. female citizen to enter the Grad Perio program.



Dr. William Ammons (Periodontics '70), a longtime stalwart of the Periodontics faculty, passed away in 2006.



Students were required to design and build a dental office model.

During the last months of my fourth year, it seemed that there was not enough time remaining to complete my requirements. I think it was in part because the faculty was so demanding of perfection. Every step had to be just right. They held us to standards that always seemed just beyond attainable. They were determined that those who were graduated were clinicians of the highest quality. We were constantly told that our future patients did not want a "C" dentist. This resulted in an atmosphere described by students as WAF: worry, anxiety and fear. We all chafed at their demands. But despite that, all those requirements were completed and, gowned in academic regalia, I received my diploma in the Health Sciences Auditorium in June 1962. I was now a Doctor of Dental Surgery.

During the years that followed, I was reminded several times that I had received a superior, state-of-the-art dental education. When I took the California Board and later during

my general dentistry internship, I had the opportunity to see the work of dentists from other schools. And later still, 14 years after graduation, I was invited to be an examiner in the Operative Section of the Mock Board given to our first graduating class at the University of Florida. Imagine, a periodontist grading restorative work. That was the national reputation that the University of Washington School of Dentistry enjoyed.

And now, almost 60 years later, I remain grateful for the education I received. The goal of that education was to always strive for perfection, and that goal was the foundation of the treatment of every patient I cared for after that.

**Endodontics was about learning to feel where we couldn't see. It was a quiet craft.**

## Dr. Fred Quarnstrom DDS CLASS OF 1964

I clearly remember walking into Dental Anatomy the first day of dental school and seeing the large board in the front of the room with four views of every tooth. I turned to the fellow next to me and asked, "Do you think we will have to be able to draw all those views?" He responded, "Not only will you draw them, you will carve them."

What had I got myself into? I did well enough in pre-dent to be accepted into dental school in two years. This was largely due to a tendency to be a nerd and having no social life.

Our first taste of things to come was Mr. Schroter's Dental Anatomy drawings class. "Fellows, draw an upper-right left central." We were to do it on an 8x10 blank sheet of paper. "Fellows, you have one minute." At one minute he walked up the far side of the room picking up the drawings that had been passed down the rows. I was on the opposite end of the row, so my drawing had to be passed down the row at 50 seconds. If the drawing

was not there when he walked past, you failed. The academic load was tough but doable.

I needed to work my way through school. I was a night manager of a 10-story apartment house on 15th Avenue near 45th Street. Thursday nights I manned the telephone switchboard from 11 p.m. to 7 a.m. This lack of sleep made Fridays a little difficult. In my third and fourth years I did crown and bridge for a couple of dentists. In the summer I worked in construction. I was putting in 40 to 50 hours a week in addition to dental school. I managed to graduate free of debt. It was just how it was.

Many moments are still imbedded in my brain. One was a gold foil exam my fourth year. I did a very nice prep. It was graded and I saw an "A." I never saw an "A" on anything prior to that test. I condensed the gold foil and got a "B" for condensation. To say I was ecstatic is an understatement. I nearly fainted. I was floating on Cloud Nine. I quickly got

busy with the polishing. I could taste a "B+" or maybe an "A-" final grade. There was a tremble in my hand and a twitch in my eye. I had never seen a "B," much less an "A," in dental school prior to this test. As I polished, my rubber cup caught the rubber dam and I caused a 1mm hole in the dam. My reasoning was to finish the polish. The gold was in and sealed. If I got a little saliva on the gold it would serve to lubricate the polish paste. I would put on a new dam for the final grading. Dr. "S" came by, saw the hole in the dam, took a grade sheet, drew a line through the "A" and "B" and wrote "failure, hole in the dam."

I did graduate in an acceptable position, No. 17. We started out with about 70, so I was in the top quarter of the class. I had joined the Navy. I was assigned to the Marines at Camp Pendleton and later to a Seabee Construction Battalion that went back to Camp Pendleton, where I fired machine guns, threw hand grenades, fired a bazooka and my pistol, and set off dynamite charges. I told the

Gunny Sergeant, "I am a dentist. I am in medical. We are non-combatants. I do not think I should be doing this." He said, "Sir, all Marines are riflemen first. Shut up and run." They did not cover any of this in dental school.

We went to Okinawa and then made the first amphibious assault at Chu Lai, Vietnam in 1965 with the Third Marine Division. I had a drill powered by a foot pedal. I did a lot of surgery but had no X-ray and very little training in doing third molars. Often I had a book open behind the patient to see what to do next.

I ended up doing some medical evacuations of wounded Marines. I had no training other than a Boy Scout first aid merit badge. I decided I should get some more medical training. An oral surgery residency might complete my education. I applied to a couple of schools with no luck. I wrote the head of the oral surgery program at the UW to see if he had any suggestions. He came back with the following advice:

"They only take the top one or two out of any class. I am sure you now wished you had studied harder."

I did get accepted in a medical anesthesiology residency. I knew I was behind in many of the classes the medical residents had in medical school. There were 15 residents. By the third month, I seemed to be fully accepted. I had much better hand-eye coordination than most of the MDs. The department trained the oral surgery residents in anesthesia techniques. I was assigned to monitor them when they gave anesthesia in the operating rooms. The anesthesia staff felt the oral surgery residents were full of themselves. (Maybe the dentist would understand them.) This was a very good year – I met my wife of 52 years.

I was being treated very well. I knew they were setting me up to spring a trap. I was in the hospital at 6 a.m. I went home at 5 p.m., had dinner, and studied till midnight. Finally, at six

months the director of the program told me to relax – they were very happy with me. I knew then they were trying to get me to relax so they could spring the trap. It was another month before I accepted that this was not like dental school; there were no traps. They were interested in teaching us what we needed to know to be skilled and safe. This year opened doors to teach CE programs, 250 over 47 years. I never was asked to speak to the students in my old dental school.

As much as I complain about dental school, it was the right profession for me. I practiced in a multiracial, multi-ethnic area on Seattle's Beacon Hill. Including my time in the military, I practiced for 53 years, published 50 research papers and chapters in four books, and cannot think of anything I would have rather done. Dental school, however, was the worst four years of my 80 years.

## Dr. Richard C. Engar DDS CLASS OF 1980

Back in the late 1970s, there was no summer school for first- or second-year dental students unless you had to repeat a class. Where that was not required, the common plan for most dental students was to work somewhere during the summer to earn money to cover living expenses and tuition, which was actually under \$1,000 per year at that time for Washington state residents (or Western Interstate Commission for Higher Education students like myself).

I was fortunate to land a job with the Dental Education in Care of Persons with Disabilities (DECOD) program and work closely with Dr. Doris Stiefel over 40 years ago, starting in 1977, which commenced when I returned to Seattle in early July following my honeymoon. DECOD had received a grant from the Robert Wood Johnson Foundation which funded a series of instructional manuals that the organization planned to produce. I cannot remember whether I was assigned or picked the topic in consultation with Dr. Stiefel, but the subject was "Dental treatment of the sensory-impaired patient," which became the title of the manual. This meant I was assigned to do research on blindness and deafness and then write a mini-textbook about how to deal with these populations. Dr. Stiefel made it easy in terms of being very specific with what she had in mind as far as how the manual needed to be laid out and produced. There were to be objectives

*Dr. Doris Stiefel (DDS '54, Oral Biology '71), our School's first female graduate, took over the DECOD program soon after its inception and established it as a national leader in special-care dentistry. She was named our School's Distinguished Alumnus in 2003. She is shown receiving the Dean's Club Honorary Lifetime Member Award from Dr. David Minahan (DDS '75) in 2019.*

**"I was a little curious as to how [Dr. Stiefel] was able to function so well as a dental educator, researcher, and administrator in what at that time was still a substantially male-dominated profession, but she was obviously accepted and respected by her peers. ... I am sure she had some interesting times in her earlier career dealing with some possible and unfortunate chauvinism, but that did not stop her from being a successful educator and administrator."**

and study questions. Dr. Stiefel gave me a list of contacts she had through DECOD and so I was able to interview several experts. Of course, there was no internet back then, so I spent the first few weeks reading various textbooks and articles and listing the references, 67 to be exact.

Dr. Stiefel impressed me by the scope of her connections in the disabilities community, and the experts she had

me interview were essential as far as the information they gave me and references they provided, and all of them spoke highly of her. I also got to know some prominent members of the Department of Pedodontics at the time, including Drs. Richard Rolla and Thompson Lewis, which helped me in future years with both my dental education and employment opportunities with that department from 1978 through graduation in 1980.



Dr. Stiefel was great to work with, as she always had time to review my drafts and offer suggestions. When I told her I had some artistic abilities and would be able to draw some necessary illustrations for an appendix on sign language, she was initially skeptical but pleased and accepting when she saw my initial prototype drawings. She was never ambivalent and knew exactly what should be done as far as any corrections or additions. Yet she was kind and gracious in the way she directed the project.

I was a little curious as to how she was able to function so well as a dental educator, researcher, and administrator in what at that time was still a substantially male-dominated profession, but she was obviously accepted and respected by her peers. The only thing she insisted on, which was somewhat ahead of her time, was to use gender-equal language, such as he/she, his/her, etc. The one concession she made was to agree to let me alternate pronouns in certain situations where it was awkward to use both, so in one example I used male pronouns and the next I used female pronouns to describe dentists. So I am sure she had some interesting times in her earlier career dealing with some possible and unfortunate chauvinism, but that did not stop her from being a successful educator and administrator.



From left: Dr. Richard Engar with classmates Jon Holmberg, Ty Galvin, and Gary Heyamoto

We were able to complete the 64-page manual in the three months allocated, and Dr. Stiefel graciously insisted that my name go first on the publication as the primary author. I also got a credit as the illustrator. The manuscript passed muster after several reviews, including those of the Office of Instructional Development, and the manual is still in use today. It is available through Google Books and other digital library sources.

My cordial relationship with Dr. Stiefel continued through the remainder of dental school. I had several opportunities to visit with her in the hallways or in the classroom and she gave me the opportunity to pose as a dentist treating DECOD patients in a newsletter. She was a great mentor and example and deserves all the credit for putting DECOD on the international dental map. And she was a wonderful employer as far as I am concerned!

# 1980



## Dr. Susan (Hollinsworth) Adams DDS CLASS OF 1978

In September 1974, I walked into the dental school with trepidation and angst. I had already dealt with the adjustment of moving from Spokane Valley to big-city Seattle and now was facing what the UW interns I worked with at Sacred Heart Hospital had laughingly told me was a “male chauvinist stronghold.” The projections when I applied were an acceptance of only two or three women, so I was pleasantly surprised and relieved when I looked around and counted a total of 19 women out of a class of 92. This was the first class with a large number of women in the history of the School of Dentistry and it wouldn’t be long before we left our mark.

My first warm memory was of us being invited to dinner by three real pioneers in dentistry: the late Dr. Alta Campbell (general practice), Dr. Bertha Barriga (Pedo at UW), and Dr. Doris Stiefel (DECOD and the School’s first woman graduate). Their encouragement and role modeling was comforting, and I am still thrilled to see Drs. Barriga and Stiefel at the Dean’s Club dinners. This get-together prompted us to start “hen parties” where we women gathered for a potluck every quarter just to share with and support each other. We continued these annually for many years after we graduated.

It didn’t take us long to settle in and bring our own feminine touches to the school – bringing homemade brownies and cookies to D1 lab, Sue Megenity remaking the “bowling shirt” clinic top we were given into a puffed-sleeve belted number, and eventually organizing a junior prom and senior Christmas ball for the class at the waterfront activities building. I have always been one to join in and become part of the group, plus I love sports, so when the men in the class formed basketball teams, I decided to attend the games. Soon I was anointed



*Dr. Susan Adams (kneeling at far right) with her championship-winning Buccal Fat Pads football teammates*

the scorekeeper and was rewarded at the end of the season “sports award banquet” by Carl Gross playing a song for me on the piano and Glen Johnson presenting me with a new jockstrap signed by the players as a thank-you for being a loyal athletic supporter. It remains one of my most cherished mementos.

Not to be outdone by the men, some of us (Lenore Ingram, Jean Allen, Patty Kribbs, and myself) wanted to have our own teams. Raiding the class behind us (Lin Cirtaut) and the school of dental hygiene (Peg Votalini, Sue Boettcher) along with our class recruitment, we were able to field a basketball team, swim team, and even a football team. We also joined with the men for coed softball, placing third out of 169 teams. The crowning glory, though, was winning the IMA football championship! Our team, the Buccal Fat Pads, was written up in *The Daily*, which made playing on the muddy, smelly fields

worth it – along with the hot chocolate and peppermint schnapps that our coach, Steve Henager, had waiting for us on the sidelines.

We were a diverse group, but we bonded together over our shared experience. It was no surprise at graduation time to find that this group dominated the awards. Three of the 11 OKU honorees were women, and our top graduate was Dona Seely. I was blessed to be voted the Dennis P. Duskin Inspirational Award by the members of my class, and it will always be one of my most cherished honors.

Years later, I was having a conversation with Dr. “Uncle” Bob Canfield and he told me what an influence women had had on the dental school. When I asked him in what way, he simply said, “They humanized the school.” That’s not a bad legacy to leave behind, and I am proud to have been a part of it.