



american  
academy  
of  
gold foil  
operators

# Gold Leaf

December 2004

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## EXECUTIVE COUNCIL

2004 Dr. David Bridgeman  
2005 Dr. Andy McKibbin  
2006 Dr. Edward Kardong  
2007 Dr. Henry St. Germain

## THE AMERICAN ACADEMY OF GOLD FOIL OPERATORS BOARD MEETING

Wednesday, November 3, 2004 – Desert Palms Marriott Resort & Spa, Palm Desert, CA

### Minutes

Call to order – Pres. Jim Gourley, 2:00 p.m. Members present: Jim Gourley, Andy McKibbin, Warren Johnson, Scott Barrett, David Bridgeman, Tim Carlson, Ron Harris, Bob Keene and Dave Thorburn. Absent: Ed Kardong.

**Minutes of Council Meeting:** Printed in the August issue of the Gold Leaf. **Action:** The minutes were approved as published.

**Report of the Secretary/Treasurer:** Published and distributed prior to the meeting. [See attachment A.] **Discussion: New Members** – Six new members were presented for nomination to the membership. [See Changes in Membership 2004 attached.] A council member expressed concern that new member certificates should be sent after dues had been received from the new member.

**Action:** It was moved and voted that the secretary will send the member certificate upon receipt of payment for the annual dues. Presentation of the membership pin will be made at the annual meeting when the new member is inducted and presented by their sponsor.

**Billing Statements** – Tim Carlson requested that the billing statement should be clarified further. The journal payments by members holding joint membership in the Foil and Operative Academies should be encouraged to donate their duplicate journal payment to the journal. **Action:** Tim and Bob will work out the details of the wording. The Operative Journal will send confirmation of such donations.

**Correspondence** – Notice of the death of three members was received. Dr. Fetterman, Dr. Olin Loomis and Dr. Floyd Hamstrom. Letters of condolence were sent on behalf of the membership. [News that Dr. Hamstrom bequeathed a large sum to the Academy has been received. More details will appear in the next issue of the Gold Leaf.]

**Journal Report** – Tim Carlson. The Tucker Academy has agreed to join in sponsoring the Journal of Operative Dentistry in 2005.

There are currently 1761 subscribers for a publication the size of the JADA. Corporate sponsorship greatly helps the financial status of this non-profit publication. Subscriptions are up 100 from last year chiefly in the library and non-member category.

Tim spoke about the Editor's term. Mike Cochran's term was extended until 2010. However, he retires from the university in 2008. He will remain editor until 2008 so a new editor must be in place by January 2007. He suggested that a search committee with 8 members of the Foil Academy and 8 from the Operative Academy be formed. Tim recommended that those 8 nominees be selected for 2005 since changes to the journal's bylaws will need to be made for such a committee to serve more than one year. **Action:** It was moved and seconded that the current members of the council and the past president be designated to serve one year as members of the JOD's editor selection committee. [These members will join Dr. Martin Andersen, who chairs the search committee.] Any member who has suggestions for candidates for the new editor should submit them to Tim at [timcarlson@upui.edu](mailto:timcarlson@upui.edu).

**Annual Meeting Report** – Ron Harris, Scott Barrett and David Thorburn presented an overview of the meeting. The council expressed their thanks for the fine work of the meeting planners.

**Future Meetings** – 2005, Univ. of West Virginia, The Radisson Hotel, Sept. 28 – Oct. 1, 2005. Suggested locations for the following years. 2006, Germany [August] in conjunction with or following/preceding the Tucker Meeting being held there that year. 2007, Univ. of Washington [August]. 2008, San Juan, Puerto Rico, date and school TBD.

### Committee Reports:

**Literature and Research** – Fred Eichmiller, no report.

**Nominating** – Dick Tucker reported the nomination of Henry St. Germain for council member.

**Inter-Academy Liaison** – Jim Gourley. Jim suggested that the president elect serve with the sec./treas. so that there are at least two years of service and more continuity from the Foil Academy.

**Education and Clinical Seminars** – Bruce Small. Bob Keene reported that the Master Class which is held in conjunction with our annual meeting is all set thanks to the assistance from Bruce Walter, Chair of the Restorative Department at Loma Linda. Bruce Small will be attending so he is able to organize the Master Class next year.

**Outstanding Clinician** – Bill Pike. David Bridgeman with Fred Eichmiller doing the honors.

**Distinguished Member** – Ron Harris. Warren Johnson with Bruce Small doing the honors.

**Constitution and Bylaws** – Mel Lund. [See Report Attached] Membership will need to ratify these recommendations at the 2005 annual meeting.

**Gold Leaf Editor Trainee** – Eichmiller, Lund and Anderson. No report. An update from this Editorial selection committee is needed since Allan Osborn will be stepping down in 2007.

### New Business:

**Dues** – The council confirmed the new timing of dues payment so we are in line with the financial calendar of the Journal. A constitutional change will be required to change the due date from March 1 to December 15.

**Credit card payment** – The council confirmed the use of credit cards for the payment of dues without levying a surcharge.

**Shrinking value of academy holdings** – Bob Keene expressed concern for the fact that since 2001 the value of the Academy's finances has dropped, approximately \$5,000. The council expressed a desire to continue making efforts to increase our membership, but the more important concern is the quality of our meetings. The council confirmed that the funds are there to be used when needed.

**Disposition of assets of the Academy** – Bob Keene inquired about the existence of a policy regarding the disposition of assets in the event the academy dissolves. There is none. Council members suggested that the funds could be donated to the Journal or to a non-profit organization. There are NO plans for this action. Dr. Lund might investigate this matter.

**Nomination of new members** – Drs. Barbara Ann Young, Robert Walter, Daniel Hall, Douglas McKay, William Sibley, George Blount and Mr. Husam Kahwach [an international student at Loma Linda]. Since Lloyd Baum has been instrumental in nominating or seconding many new members it was agreed that he should be recognized at the banquet for his work. **Action:** The council voted to present these names to the business meeting of the Academy.

**Other Business** – By-law changes related to the Nominating Committee – Jim Gourley. The wording of the bylaws needs to reflect the fact that members of the nominating committee must be active members of the Academy.

**Membership Marketing** – Scott Barrett asked if we should consider developing a strategy for gaining new members. No action was taken.

**Student and local dentist involvement** – In the future the president-elect should consider soliciting dentists and study clubs from the local area who might be willing to pay [\$50.?] to attend the Saturday session of our annual meeting. Encouraging students and visitors to attend the clinical session was discussed. The Vice President would take care of this task.

**Adjournment:** The meeting was adjourned at 4:45 p.m.

Respectfully submitted,

Dr. Robert C. Keene  
Secretary-Treasurer



## CHANGES IN MEMBERSHIP 2004

### Members Dropped:

Dr. Chuman, Ted. A., Lost, Bellevue, WA  
 Dr. Matis, Bruce A., By Request, Brownsburg, IN  
 Dr. Ogasawara, Dwayne M., Lost, Vernon, BC  
 Dr. Thompson, William J., Lost, Seattle, WA  
 Dr. Toepke, Timothy R., Lost, New Lenox, IL  
 Dr. Wittenauer, Richard C., By Request, Lawrence, KS  
 Dr. Carothers, R.N., Lost, Portland, OR

### Members Now Deceased:

Dr. Roy Fetterman - LIFE - Pasadena, CA  
 Dr. Olin Loomis - LIFE ACTIVE - Seattle, WA  
 Dr. Floyd Hamstrom - LIFE - Mt. Vernon, WA

### New Member Applicants:

Mr. Husam Kahwach [student] - 25027 Prospect Ave.,  
 Loma Linda, CA 92354  
 Dr. William S. Seibly - P.O. Box 237, Bryn Mawr, CA  
 92318  
 Dr. Douglas S. Mackay - 38057 Auberry Rd., Auberry, CA  
 93602  
 Dr. B. Daniel Hall - 603 Palo Alto Dr., Redlands, CA  
 92373  
 Dr. George Blount - 7202 Goldsboro Lane, Riverside, CA  
 92506

**Membership Distribution:** Associate = 45  
 Active = 115  
 Life = 79  
 Honorary = 3  
 New = 6  
 Total Membership = 248

## OF NOTE ...

### Chapter 1

#### Section 2 Qualifications for Membership

- b. Associate Members (substitute)  
 This represents the initial membership designation for all who enter the Academy. The professional background and ethical concerns are identical to those mentioned for Active Members.

#### Section 3 Election of Members

- a. Active Member
  - 1. Has been an Associate Member for at least twelve months and has successfully made a clinical presentation at an annual meeting of the Academy.
  - 2. Old #1 but eliminating the clause "endorsed by two active members in good standing".

#### Section 4 Rights and Privileges

- b. Other Members (substitute)
  - 1. Associate members in good standing and honorary members shall have all the rights and privileges of the Academy, except the right to hold office and to procure a key.

### Chapter 6

#### Section 2 Committees

- 2. The Vice President shall be responsible for the arranging and coordination of the clinical portion of the program for the annual meeting (old 2 becomes 3)

Sincerely,  
 Melvin R. Lund, D.D.S., M.S.D.

## AAGFO FINANCIAL REPORT SUMMARY

Last 12 months (9/03 - 10/04)  
 Robert C. Keene, DMD, Treasurer

The attached Cash Flow Report reflects the past 12 months of financial activity in the Academy.

It shows that our expenses as a percentage of out-flow as follows:

1. Meeting	19.9%
2. Journal Transfers	14.2%
3. Gold Leaf	8.3%
4. Misc. (previously uncategorized expenses)	4.6%
5. Travel	2.2%
6. Office Supplies (post, etc.)	1.7%
7. Donations to schools	1.6%
8. Pres-Council	1.2%
9. Directory (Bi-Annual)	1.1%
10. Other	2.0%

Explanation: When the books were transferred from Ron to me, there were items that were accounted for differently and it was difficult to identify how they were noted so I lumped them

when starting my posting under other. When my report is made reflecting the calendar year financial report in February 2005 we should have a better means for developing a budget based within the Quicken system that I am now using.

You will note that the Cash Flow report sheet shows a negative balance. This is due to the fact that money for the CD's was put through the checkbook. If you subtract the \$50,000.00 that is held in CD form you will realize that our current financial solvency is:

CD's held	\$50,750.98
Checking Balance (10/21/04)	2,458.50
Meeting Account (9/27/04)	<u>6,575.81</u>
Approximate Net Worth	\$59,785.29
(less physical property)	

**NOTE:** This constitutes a drop in net worth of \$5,012.51 since December 2002!



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# OFFICERS FOR 2004 – 2005



*Dr. Barry Evans introduces the new board:*

*President, Dr. Scott B. Barrett; President-Elect., Dr. David Thorburn; Vice-President, Dr. David F. Bridgeman; Secretary-Treasurer, Dr. Robert C. Keene; Executive Council, 2005, Dr. A.D. McKibbin Jr.; 2006, Dr. Edward Kardong; 2007, Dr. Henry St. Germain*

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## Expressions of Gratitude

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This is to express gratitude from everyone at the Academy of Gold Foil Operators (AAGFO) to those who helped in this year's annual meeting held November 3-6 at Loma Linda University School of Dentistry.

The following is a letter from the Vice President of AAGFO,

*As you were aware, the Loma Linda University School of Dentistry hosted the clinical session for the annual meeting on November 4, 2004. We all felt the session was a great success and, on behalf of the American Academy of Gold Foil Operators, thank you for hosting the clinical session.*

*There were eleven (11) operations performed by Academy members and viewed by the attendees. Eight students from your dental school also operated at the meeting, placing Class I and Class VI direct gold restorations. This was the first time in the academy's history that the students have operated alongside the members and I felt it was fantastic.*

*Sixteen other students helped in the session as assistants for the academy members and student operators. Their help and enthusiasm was essential to the success of the meeting. Hopefully, the student operators and assistants will be inspired to learn more about direct gold restorations and continue their journey towards excellence in all aspects of dentistry.*

*Special thanks is due to Dr. Bruce Walter and Dr. Clyde Roggenkamp who helped in the organization and photographic documentation of the session. We are also thankful for the work that Dr. Lloyd Baum, Dr. Robert Kinzer, Dr. Harold*

*Schnepper and others of the Loma Linda faculty who have promoted the use of direct gold restorations.*

*Thank you again for the help your dental school provided to make the 2004 annual meeting of the American Academy of Gold Foil Operators a resounding success.*

*Yours truly,*

*Dr. David Thorburn, DMD, FACD  
Vice President*

Dr. Bruce Walter should be especially congratulated for his successfully planning and arranging of the many details of this part of the meeting.

CDs are currently available showing procedures from all the clinical operators, and can be viewed in Power Point format on your computers. Also, at the end of this series are pictures taken last month of some 58 year old direct gold restorations that Dr. Schnepper placed in 1946 when he was a senior student in dental school. (I attempted to send all the pictures as an e-mail attachment, but it would not go because of its size.) Anyone interested should please see Dr. Roggenkamp for a free copy of this CD compliments of our LLUSD Restorative department and Educational Support Services.

Thank you again and here's wishing you a great holiday season.

Clyde Roggenkamp, DDS  
LLUSD, Room 1134  
Phone (909) 558-4640, ext. 48156



# WELCOMING PARTY ●





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## ● ... with Heavy Hors D'ouvres





# DIDACTIC SESSION



*President Gourley welcomes people to the Didactic Session.*



*Dr. Scott Barnett introduces the Didactic speakers.*



*President Jim Gourley introduces Dr. David Thorburn and Dr. Clyde Roggenkamp.*



*Clinical Session Report and Slide Show, Dr. Clyde Roggenkamp.*



**Dr. Fred Eichmiller**  
**Can Amalgam Survive?**

Dr. Eichmiller commenced his address by defining the current status of amalgam in the USA. There were some 38 class action lawsuits in the country going through the legal process, many of these have been dismissed on procedural grounds (i.e., no jurisdiction), but a number have been taken through the system on merit (or rather the lack thereof). The reason for this is that it sets a precedent for future cases. All but one, however, have now been dismissed. The suits were wide ranging in their application, targeting the ADA, state organisations, manufacturers, and in Texas and Florida, even going so far as to target individual dentists. More recently, amalgam has come under attack at the state board level.

Other challengers have come on legislative grounds, but very few sponsors signed on. Last year this challenge was resurrected and none signed on. Last year in 11 states anti-amalgam bills were introduced. **None passed.** Arizona was the closest where it came back precipitously through committee. It will undoubtedly be back during the year with about 12 state bills. In California and Minnesota the anti-amalgam challenge to the state board was not successful.

## **The History of Amalgam In Brief**

There were early attempts to produce an amalgam with the elements Pb, Sn, and Bi. It would appear that even lead shot was utilised. Almost anything that could be placed into a preparation (anything soft enough) was used.

In 1850 two French brothers brought amalgam to North America and the "Amalgam Wars" erupted. This may also have been a result of European dentists arriving on shore and competing for the more exclusive clientele. There was, however, a bitter battle between those who favoured gold and the new amalgamists.

Initially, dentists were manufacturing their own amalgam by filing silver coins and combining it with tin foil and mercury in a pestle and mortar. It was not until 1890 that G.V. Black set out the formula into 3 parts Ag and 1 part Sn (almost a binary eutectic, or lowest melting point of the two combined metals). These ratios gave the least corrosion and expansion.

The first amalgam standard was enunciated by Dr. Souder in 1920 working at the Bureau of Standards for the military. He was a professional metallurgist. Modern alloys may be dated from the 1960's when the Youdelis brothers developed Dispersalloy. Copper enriched alloys at 11% are now the norm.

Being asked to date a potential Civil War Artifact which had been in the ground for at least 100 years, and which showed no leaching or staining, it was possible to demonstrate that the alloy in the tooth was a Black's Formula, and not a Souder specification and was thus between the years 1890 and 1920. It was particularly noteworthy that the Hg/Ag intermetallic was virtually unchanged from the day of insertion!

1999 was the first year in which composite usage exceeded



that of amalgam. There is around a 3% drop per annum in the usage of amalgam. Currently it is utilised approximately 30% of the time. In Sweden, the figure is around 8% and it is probable that we will also end up in the 5-8% range in North America. **No country has banned amalgam!**

## Mercury

We are a very small player in this field with power generators providing the greatest quantity of Hg vapour from their stacks. It must be stressed that Hg is found in so many areas of nature and the earth's crust.

## Metal Toxicity

**There are very few general principles to the understanding of metal toxicity.** Speciation is often the ultimate determinant of a metal's level of toxicity. Chrome, the hexavalent form is extremely toxic and very carcinogenic, but is harmless on car bumpers or Harley Davidsons.

With Polymer Chemistry we know that certain molecules will lead to toxic effects. We know that certain chemical groups in polymers will lead to cellular response.

Toxicity is entirely dependent upon the form of the metal, e.g., solid Na dropped into water will explode, but in the form of NaCl is common table salt. Similarly, with Hg it also depends upon the form in which it is in. With metals **exogenous** factors also play a role; age, host response, diet, lifestyle. It should be noted that 10% of females are sensitised to Nickel, and of this number, 1 in 10 will also be sensitised to Palladium.

There are many metals that are toxic, e.g., Arsenic, Beryllium, Cadmium, Chromium, Lead, Mercury, Nickel. With Nickel and Chromium are common.

There is no longer any Beryllium in ADA accepted casting alloys.

In the late 1980s substitute alloys were attempted utilising Ga. and In. which form a liquidus at room temperature. There was a substantial level of corrosion associated with these alloys, and considerable expansion.

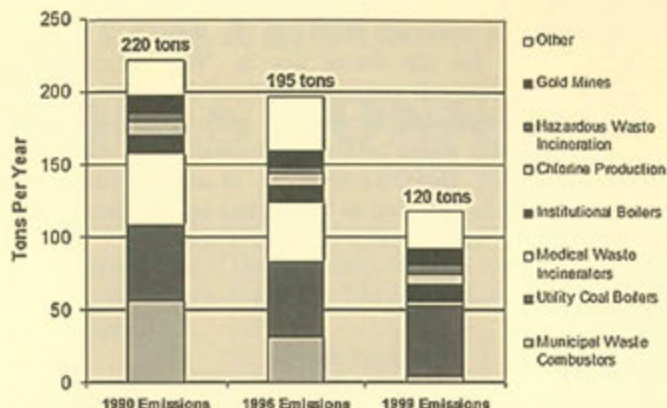
Mercury in the form of Cinnibars is found commonly in nature. The earth's crust is plentifully supplied with this element (HgS). Considerable tailings from mining flow into San Francisco Bay in the form of Cinnibars. The earth itself degasses between 25,000 and 150,000 tons of mercury into the atmosphere per annum. (There can be no mercury free practice unless you move to another planet.)

Mercury is found in a whole host of household items, e.g., toothpaste, 3.8 ppb; deodorant, 1.35 ppb; soap, 25 ppb; laundry detergent, 2.4 ppb; Kool Aid, 6 ppb; Mountain Dew, 0.158 ppb. It is also found in switches and thermostats, and a large number of other areas. **Mankind has evolved in the presence of this element, and as a result can tolerate the presence of it in our daily lives.**

There was an increase in the use of mercury during the industrial age leading to higher levels throughout, but it should be noted that there has been a substantial spike in atmospheric Hg. several times since in 1790 in relation to volcanic eruptions.

Half of the environmental mercury is derived from human activities such as burning fossil fuels, and 34% from the incineration of solid wastes (including soil) and 13% from other sources such as Chlor/alkali. **Dentistry produces only 0.3 of 1% of the Hg.** It is also present in fluorescent tubes, batteries, gas meters and more. During the 1990's large reductions have been achieved!

## U.S. Emissions of Human-Caused Mercury



Mercury that is consumed is metabolised in 10-30 days and the **intestinal absorption rate is less than 1/10th of 1%.** Mercuric salts have a half life of about 40 days. Liquid mercury is the safest form. Your mercury level depends upon your exposure versus your rate of excretion.

Methyl and diethyl mercury (organic) is the most toxic form, and is biocumulative in seafood. A few drops may prove fatal!

In 1999 dentists in the USA utilised some 35 tons of Hg/Amg. Currently this figure is about 25 tons.

Dentist levels for Hg. are no higher than the general population. Prior to 1986 they tended to be up to 4x higher but with introduction of the "spills systems" they became concurrent with the public at large. We experience 1.35 micrograms from chewing on amalgams and testing is normally done on urine due to the dramatic increase in blood levels following a seafood meal.

Amalgam is probably the most studied material of all time including WHO and NIH to mention but two. NIH have an independent study which is soon to be released which was undertaken on their behalf by staff with no previous experience with the field. They included a toxicologist, pediatrician and others. We await their results eagerly!

A further study has been underway for 4 years, to determine in two comparable groups (one with and one without amalgam therapy) whether any adverse effects could be demonstrated. **The Monitoring (safety) Board has clearly seen no reason to halt this study!!**

Alzheimers and M.S. patients were not considered to be at any risk at any stage from Hg.

Mercury levels are relatively high in the Great Lakes and the northeast, and the Canadian and American governments are looking for an elimination strategy. (Not possible.)

The EPA is trying to achieve a National Standard across the country of 0.001 parts per billion. The States themselves administer the programmes and have come up with a way to measure Hg. that is 400x more sensitive or 1/2 of 1 part/trillion!

Estimates at sewage treatment plants vary but are suggesting that between 20 and 80% of the Hg. they receive is of dental origin. The latter is almost certainly incorrect.

In Boston the following figures are listed: dental offices 15%; households 13%; storm water 33%. **They thus target the dental offices because they can do this easily, and it does not require replacing the whole system.**



Biosolids from sewerage plants are used as fertilizer and are required to be low in heavy metals. Rain water contains 10 ppb of Hg. Between 41 and 43 US states now have a "fish advisory" in relation to Hg. **It is considered that some 40% of the water entering a sewerage plant has Hg. in it!**

The best bet for the future lies in "Best Management Practices", recycling all traps and spills which are in contact with Hg, and not utilising bleaches to clean suction and other lines in operatories where amalgam exposure takes place. It is **PARTICULARLY IMPORTANT** not to allow latex rubber into the scrap to be recycled as this "gums up" the condensing tower after the waste is heated to break it down.



**Dr. Scott Barrett**  
**Applying Cast and Direct Gold**  
**Principles to Aesthetic Restorations**

Dr. Barrett undertook the somewhat hazardous mission of discussing the class 2 resin restoration with the academy. He commenced by stating that when he practiced in Oregon there would have been little possibility that he would have placed such a restoration, and went on to note that he had been involved with the R.V. Tucker Academy since 1990.

In 1979 the Williams Company produced the video "What Price Excellence" (25 years ago). This year the Ivoclar company discontinued the production of gold foil on June 25th. This caused Mr. Vic Williams a great deal of embarrassment. It is now likely that Jensens Gold will take over the distribution of the foil utilising an Italian firm to produce the books of foil that we know so well.

The clinical performance of the resins may be enhanced by placing a base layer of Glassionomer beneath the resin. This helps to overcome some of the deficiencies in suitable cases.

The aesthetics of the resins are good, and function can be acceptable. But direct resins bear a close relationship to direct gold in that attention to detail will produce a far superior result.

Why do we have such a negative opinion? In this it is fair to say there are several reasons, amongst which are a general lack of longevity in the restorations, accelerated occlusal wear, and the problem of the contact area being less easy to establish and then wearing away relatively rapidly leaving us with an open contact and food impaction.

A comparison with the established protocols for each material when laid out side by side indeed demonstrated many features in common including the need to pack in a disciplined manner; particularly stressed was the need for an accurate clean sharp and well planned and planed preparation.



**Dr. J. William Robbins**  
**The Period/Restorative Interface**

Commenced his address by noting that we must consider the Biologic transformation of the periodontium. We commence with a diagnosis of the Biologic Width of the periodontium which may be viewed as 1

mm crown, 1 mm epithelial attachment and 1 mm sulcus.

We are well advised to consider our planning by discerning what we require under the headings: crown margin placement; aesthetic crown lengthening; function; forced eruption; orthodontic intrusion; root coverage; ovate pontic; black triangles.

Patients like to have their teeth in the right place (as in an ideal denture set-up).

Dr. Kois has described the technique of BONE SOUNDING and has noted three types of epithelial attachments:

**Normal.** This group accounts for approximately 85% of the population and at sounding shows figures of 3 mm at the mid-facial and 3-4.5 mm interproximally. This indicates that the tissue is normal and the margin can be placed intercrevicularly but no closer than 2.5 mm to the crest of the bone.

**High Crest.** This group has less than 3 mm in the mid-facial sounding, and occurs in about 2% of the population, the tissue is stable and has a flat gingival scallop. Margins NO closer than 2.5 mm. There is a higher risk of epithelial impingement.

**Low Crest.** Mid-facial sounding is typically less than 3 mm and interproximally is less than 4.5 mm. With a low lip line margins should be placed supragingivally, but with a high lip line an equigingival margin placement is possible. It is possible to transform to a normal type by surgical intervention. In low crest cases a semilunar coronally moved flap technique can be utilised to achieve this end result. It is not a good idea to place retraction cord, and it is advisable to predict recession before therapy! This may occur anyway even without any restorative treatment. Approximately 13% of the population are in this category.

The tissues are too tall to be supported by the underlying bone. Also note that in Class 2 patients the teeth are malplaced.

In Altered Passive Eruption where the clinical crown is short, i.e., less than 10 mm, it is often not possible to feel the CEJ in the sulcus with an explorer. (This is done without local anaesthetic.)

**Aesthetic Crown Lengthening** – it is important that only enamel is uncovered and not the root structure.

In Forced Eruption the epithelial attachment follows the CEJ. The attached gingiva increases from inversion of the sulcus, and then alveolar crest migration re-establishes the biologic width. The technique for forced eruption utilising various wires was described, and the limitations noted such as a triangular shaped crown in the final result, and increase in mobility, the loss of facial bone and the movement of adjacent teeth. Retention in these cases should be a full three months.

Where bone migration is not desired a transeptal fibrectomy will prevent this from happening, and aggressive root planting to the bone level will prevent reattachment after fibrectomy. It was noted that fibrectomy may be required more than once! For restorative purposes surgery and forced eruption give a more predictable result for biologic width, making the CEJ's equal in their relative levels, and is suitable when the length of the crown is short. A further application is in Ridge Preservation where it is possible to bring bone along with the tooth by forced eruption prior to extraction. The extraction is then performed utilising a periosteal elevator. This then prevents the normal buccolingual collapse.

More difficult to utilise is the technique of Orthodontic Intrusion. It is possible that the occlusion will maintain the situation, but it is always better to place a nightguard in the cases. A constricted envelope of motion requires intrusion to allow the anteriors not to hit during mastication. These cases often have ledges on the lingual surfaces of the upper anteriors,



and following intrusion it is often possible to place veneers. Noteworthy is the observation that the "S" sound is 1/3 lingual cavity, and 2/3 incisal length. It is interesting to observe that when viewed objectively, the "gums" are almost never in the right place!

## VICTOR WILLIAMS OUTSTANDING CLINICIAN AWARD

### Dr. David Bridgeman

Dr. David Bridgeman is the third generation of his family to enter Dental Practice. His grandfather and father before him were in family practice, and currently both his brother and sister are in practice creating quite a dynasty.

David is married to Kathy and moved to New Martinsville on the Ohio side of the river. He has been active in organised dentistry and study clubs, being a member of the House of Delegates for the ADA, long-time member of the Hollenback Study Club and active member of both the Operative and the Gold Foil Academies, demonstrating remarkable and adaptable clinical skills.



# 2006 MEETING QUESTIONNAIRE

There has been some concern from the Executive Council that if the Annual Meeting were held outside North America, that the attendance would suffer!

I am therefore enclosing a questionnaire in the Gold Leaf to poll Academy Members as to their wishes. We still have enough time to change the 2006 meeting venue if we act quickly!

I think that this is a great opportunity to get new members for the Academy and to do some travelling.

**This is the time that we need the membership to assist us in carrying out your wishes.**

The 2006 meeting is scheduled to be held in Muenster, Germany from August 23rd through 27th.

Would you be interested in holding the academy meeting:

1. A week before the Tucker Academy Meeting in Muenster? ☒ yes / no
2. A week after the Tucker Academy Meeting? ☒ yes / no
3. A joint meeting with the Tucker Academy? ☒ yes / no
4. Would you be interested in holding a meeting in a different city? ☒ yes / no
- If yes, would you like North or South Germany?  
☒ north / south
5. Would you personally go to this meeting? ☒ yes / no
6. Can you be certain that you will support this meeting? ☒ yes / no

Additional comments. Return to Dr. Warren Johnson a.s.a.p. E-mail: [wkj@oz.net](mailto:wkj@oz.net) or phone 204.282.2416.



# CLINIC



*President-elect Scott Barrett,  
President James Gourley*



*Dr. Melvin Lund, Dean Charles Goodacre*



*Drs. Harold Schnepfer, Ronald Zokol,  
Richard Hoard*



*Dr. Warren Johnson*



*Dr. Mark Cruz*



*Dr. Robert Walter*



*Dr. Bruce Small*



*Dr. Janet Zinter & Susanne*



*Dr. Richard Tucker*



*Drs. Ian Hamilton, Harold Schnepfer,  
Jim Verneti*



*Dr. David Bridgeman, Dr. Richard Hoard*



# SESSION



*Dr. Barry Evans & student assistant*



*Dr. Margaret Webb mentors & assists a student*



*Students of Loma Linda*



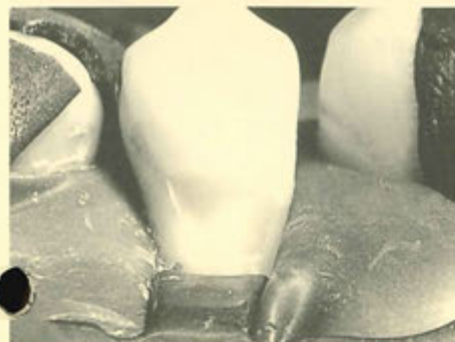
*Dr. Andy McKibbin*



*Dr. Clyde Roggenkamp,  
Dr. Ron Harris*



*Dr. James Deckman*



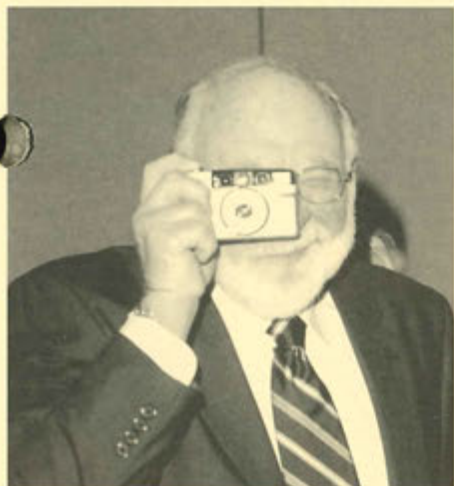


# HAPPY HOUR AND





# ● MORE HAPPY HOUR





# BANQUET



*Head Table (L-R): Dr. Scott Barrett, Dr. Robert Keene, Mrs. Doris Gourley, President James Gourley, Dr. Warren Johnson, Mrs. Margot Johnson, Mrs. Jean Keene, Dr. David Thorburn*



*Dr. Lloyd Baum greets the Academy after introducing five new members*



*Incoming President presents the Past Presidents Plaque to Dr. Jim Gourley*



*Dr. Jim Verneti congratulates Dr. Barbara Young on being introduced to the Academy*



*Father Walter takes pride in his son's membership*



*Dr. Andrew Blount receives his pin*



*Ssh! Don't Disturb Him*



*Rays of Sunshine*



*Oh Ron!*





*The two Presidents with the Past Presidents Plaque*



# DISTINGUISHED MEMBER AWARD 2004

## DR. WARREN JOHNSON

This years recipient, Dr. Warren Johnson, has been a long time supporter of the American Academy of Gold Foil Operators, having served on many committees, and also serving as President of the Academy. In addition he has served as President of our Sister Academy, the Operative Academy.

During his military service in Germany he met and married his charming wife Margot who is his constant companion, and who has assisted him at the many beautiful clinical demonstrations that he has performed for the benefit of the Academy at the annual meeting. He remains a Colonel in the National Guard, and fortunately we have not been asked to share his time with the National Government.

Warren has been extremely active in study group work, and currently teaches on both coasts, and from time to time in Germany. He was also active in making the four International Meetings held in Germany, Italy and Switzerland a great success.

He continues to conduct a Private Practice in Seattle, and Margot is once again the key staff member to maintain the management of the practice. Their son now lives in Germany, and so they are frequent visitors to Muenchen.

The Academy holds you in the very highest regard, and is thrilled that you should be the recipient of the Distinguished Member Award for 2004.

Dr. Bruce Small



## *And Introducing ... Two New Members*



### **Barbara Young**

I received my dental training in San Francisco from the University of the Pacific in 1986 and have enjoyed my dental career thus far. I have a private practice in San Diego, CA and I do enjoy living there. My career has allowed me to grow and develop enough to know that learning and relearning is a good thing. I have been a

member of the RV Tucker Study Clubs for 12 years, ADA, CDA, SDCDS, San Diego Peer Review Committee, Past President of the Neil Brahe Practice Management Study Club, Past VP, Sec., Programs Chair of the National Association of Women Business Owners, research volunteer at NIH in Bethesda, MD, various dental study clubs throughout my career and teach at UCLA's dental program. My biggest hobby is spending time with my husband who is in the process of building a 30 acre park and library in our community. What a guy! I also enjoy good company and wonderful hand made crafts and I would have to say shopping. But, the true value I find from life are those things you can give away to others.



### **Robert Walter**

Bob Walter lives in southern California with his wife Renee, and two boys, Tommy and Cole. Bob graduated from Loma Linda Dental School with the class of 1999. He has a small private practice in Redlands and works one day at the dental school. On times off, Bob likes to go skiing, fly fishing, and anything dealing with trains with fellow enthusiasts.

