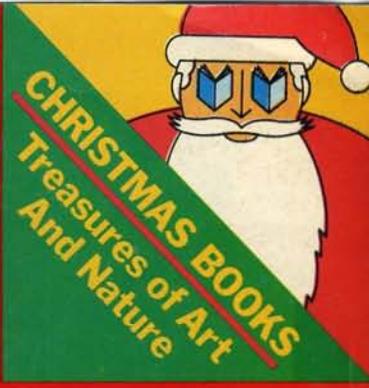


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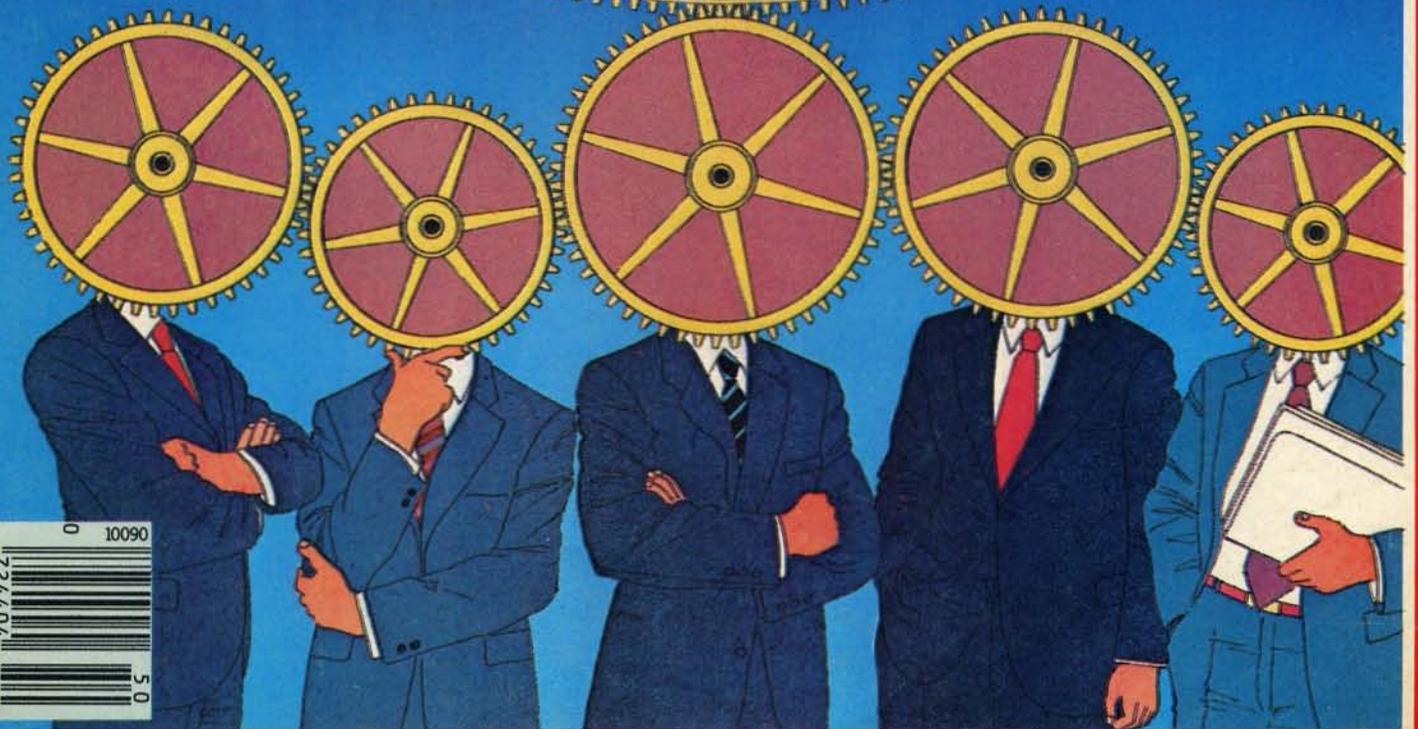
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TIME



THE PRESIDENT'S MEN

How the White House Works — and Doesn't



Taking Stock of Bonding

There may be a better way to a whiter bite without drilling

“Every tooth in a man’s head is more valuable than a diamond.” So wrote Cervantes in the early 17th century. The great Spanish novelist was not being quixotic. In his day, teeth were not easily replaced. But modern visitors to dentists’ chairs in search of a gleaming grin find the artificial variety just about as dear as a diamond. Encasing even one chipped or rotted tooth in a cap can run anywhere from \$300 to \$600, and the process is tedious and uncomfortable. Lately, however, a less expensive alternative has been gaining popularity. Called tooth bonding, it not only costs less but is easier to do,

have added another step: bonding a thin laminate veneer, a prefabricated plastic shield much like the front of the tooth. Even with a veneer, the cost per tooth is one-third to a half that of capping.

Bonding is mainly used to rebuild chipped, broken or irregularly shaped teeth, to close gaps and to improve the look of teeth permanently discolored by smoking, foods or drugs. Capping can camouflage the same conditions, but bonding can also anchor metal bridges containing replacements for missing teeth or orthodontic braces that use plastic



Before being bonded

and, enthusiasts claim, looks better when the job is done. Declares Chicago Dentist Marvin Berman: “Bonding is one of the greatest things to come along since fluoride and the high-speed drill.”

In putting on a cap, also known as a crown or jacket, the tooth is ground to a stump, then a porcelain or gold jacket prepared in the dental laboratory from a wax impression is carefully cemented on. Capping even one tooth can take three or four sittings. In bonding, there is no drilling, no anesthetic is used, and several teeth can be bonded during a single visit to the dentist. Diluted phosphoric acid is applied to the natural tooth, etching microscopic pores into the enamel. Next comes a coat of liquid plastic to seal the tooth. Then a paste composed of plastic and finely ground quartz, glass or silica is patted on in thin layers tinted to match the natural teeth and molded into the desired shape. After each layer is applied, it is exposed for up to 40 seconds to either ultraviolet or visible light beams. This triggers a reaction that hardens and bonds the layer to the underlying material. The newly built tooth is then contoured and polished.

In the past few years, some dentists



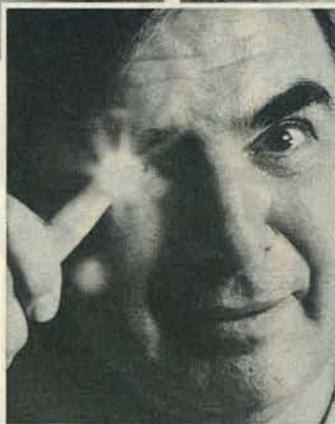
Same mouth afterward

brackets in place of metal bands. Capping is generally avoided in the case of children because the tooth is not fully formed. Bonding has no such problem. Says Berman: “Children are always falling down and breaking their teeth. Bonding is an absolute godsend.”

Bonding does, however, have a number of limitations that many dentists

believe are being overlooked. Warns Martin Blitzer of New York City’s Mount Sinai: “It’s no panacea.” Unlike capping, it cannot be used on the biting surface of the back teeth, where great strength is needed to take the punishment of chewing. Nor does it produce quite as desirable a surface as capping. Dentists say it should not be used on heavy smokers or coffee drinkers because bonded teeth are slightly more susceptible to staining. Bonded teeth also may require frequent checkups, perhaps as many as four times a year, and last only five to ten years, compared with about ten to 20 years for capped teeth.

Dentists are most cautious about the new laminate veneers. Says Dr. Cornelis Pameijer of Boston University: “I don’t use it. It gives the tooth a dead look.” Another concern, says Dan Nathanson of Tufts dental school in Boston, is that the



Dentist with “hardening” light

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shields tend to fall off: teeth with plastic veneers, there's a good chance you'll lose one within a year."

However the veneer debate is resolved, dentists report a rapid increase in bonding's popularity. Says Ronald Goldstein of Atlanta: "My practice used to be 70% crown and bridgework and 30% bonding. Now it is the reverse." ■

Capsules

MORE THAN A REPUTATION

Yohimbine, a chemical derived from the tropical African yohimbé tree, has been touted for years as an aphrodisiac. And for years it has been dismissed by most scientists as a case of wishful thinking. But that opinion may soon need to be revised.

At Queen's University in Kingston, Ont., Urologist Alvaro Morales and a team of researchers have conducted a study of yohimbine's effect on 23 men with impotence related to physical problems, like diabetes. The men were given laboratory-synthesized yohimbine daily for eight to ten weeks. Ten improved, with six once again able to sustain erection and reach orgasm. The drug unexpectedly also relieves some of the numbness and prickling in the legs that frequently afflict diabetics. Unpleasant side effects were limited to temporary dizziness or gastrointestinal upset. The Canadian team is now beginning a two-year study of yohimbine vs. placebo in 120 men with impotence of organic or psychological origin.

How yohimbine helps potency is a mystery. The chemical blocks or stimulates the release of adrenaline at nerve endings in different parts of the body. Researchers think that this action changes blood flow or the transmission of nerve impulses to genital tissue.

ABACTERIAL WASH

The big three in the arsenal against cancer are surgery, radiation and drugs. But a new therapy, which has produced "exciting" preliminary observations, makes use of an unexpected weapon: bacteria. Staph germs (*Staphylococcus aureus*) are in fact essential in a blood-washing treatment under study at Baylor College of Medicine in Houston. In the technique, developed by Immunologist David Terman and his colleagues, blood plasma is removed from a patient and run through a device containing beads of charcoal coated with protein A, a component of the staph bacteria. The plasma is then returned to the patient. The scientists speculate that the bacterial protein somehow alters substances carried in the bloodstream that were paralyzing the body's natural defenses.

In the *New England Journal of Medicine*, the Texas researchers report trying the therapy on five women with advanced breast cancer that no longer responded to conventional treatment. The women experienced reddening of tissue,

blistering and burning sensations at the tumor sites, as well as chills, nausea and vomiting. But in four patients, repeated washing reduced the tumor size by 33% to 79%. Despite these tentative successes, the team stresses that the technique is experimental. More work is needed to determine its usefulness and safety.

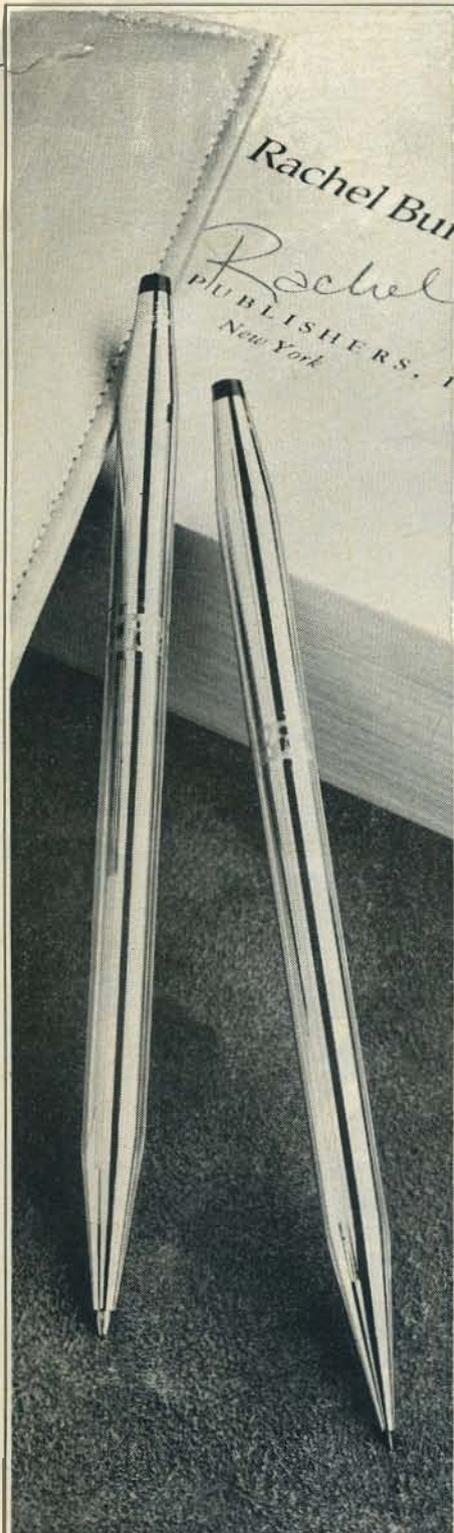
BLOODSUCKERS FROM FRANCE

"If there's anything in the world I hate, it's leeches--filthy little devils!" Humphrey Bogart growled in *The African Queen*. He had just climbed out of a river, covered with the little suckers. Doctors tend to be less squeamish. But even for them leeches have long been associated with archaic medical practices, like bloodletting to cure everything from gout to mental illness. Lately, however, the unlovable little creatures have been having a minor revival. At New York's Montefiore Hospital and Medical Center doctors are using them effectively to help save reattached fingers.

Critical to the success of any replant surgery on a severed part is the restoration of blood flow through the injured tissue by reconnecting arteries and veins. Rejoining arteries is surgically difficult. Repairing much narrower and thinner-walled veins is often impossible. After surgery, fresh blood flows into the reattached part, but deoxygenated blood may not be able to flow away through the veins. Result: swelling, pain and sometimes loss of the part. Says Microsurgeon Berish Strauch: "You may spend many hours salvaging a part only to have it die three, four or five days later."

One rough and ready way to get rid of excess blood is to stick the skin with pins and make it bleed, but that has to be done repeatedly and causes damage to the tissue. Enter the leech. Surgeons at Montefiore got the idea from visiting French colleagues who have been pressing the tiny bloodletters into medical service for years. Placed on the reattached digit, a leech happily punctures the skin and drains off accumulated blood. A 1-in.-long leech can take in 6 cc to 10 cc of blood during a single 20-min. repast, so there are few punctures in the patient's skin. When the leech is full, it simply drops off. It takes a few hours more because of a potent anticlotting chemical that leeches produce. Relieving blood congestion gives the damaged blood vessels time to grow and establish a new circuit.

So far, the New York doctors have employed leeches imported from France, at \$3 a leech, on eight patients with good results. Says Strauch: "It's as if the leeches were designed for the use to which we've put them." As for patient reaction, Strauch says: "People are a little concerned when we first propose leeches, but when we explain they usually go along. And once they see the reattached part become pink and healthy looking, they think it's a pretty good idea." ■



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