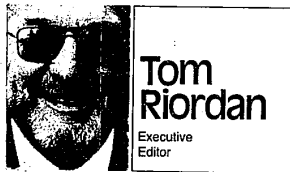


He survived after 38 minutes under water

From all outward appearances, Brian Cunningham is your average 23-year-old. A resident of Jackson, he works two jobs. Brian's all-around health is excellent. He attended Jackson Community College one year and ended up with a 3.4 average on a 4.0 scale. He decided not to go back for further classes. Brian had developed a great interest in amateur radio and took a job with a communications company. That was almost four years ago. Now he's the firm's service manager. He also has been working for his dad, a small home repair contractor.



Tom Riordan
Executive Editor

SO WHAT'S UNUSUAL ABOUT Brian Cunningham? Well, Brian happens to be a sort of medical miracle.

While 18, he survived a near-drowning, being revived with no brain damage after spending 38 minutes under icy water. Brian's experience ended up as part of a three-year study done by Dr. Martin J. Nemiroff, a University of Michigan lung disease and diving medicine specialist.

In the federally-funded project, Dr. Nemiroff investigated 50 near-drownings in Michigan waters. He participated in or consulted on many of the resuscitation efforts. Of the 50, he selected 13 cases which he called "cold water drownings." Nine of these victims were successfully resuscitated without ill effects, including no brain damage. Two died from lung infections contracted in the water and two suffered brain damage.

BRIAN CUNNINGHAM turns out to be the study's classic.

Let's quickly look at what happened to him. Brian and a friend were driving along two-lane Moscow Road, which is south and west of Jackson, on March 29, 1975.

Brian lost control of the car and it sailed off the road, through ice which covered a six-foot-deep pond. The car sank completely under water. Two persons attempted to get the youths out. They were driven back by the icy waters.

Two Jackson County sheriff's deputies arrived on the scene and launched a small boat. One dived beneath the water's surface. He tried to open a door, but couldn't. A wrecker pulled up. The deputy attached the truck's towing cable to the car and it was pulled out.

Total time elapsed: 38 minutes. **BRIAN AND HIS FRIEND** were quickly removed from the car. Their coloring was blue, no pulse, no signs of life. They were declared dead and loaded into an ambulance.

Suddenly, Brian coughed. Emergency crewmen immediately began resuscitation effort.

They continued as Brian was rushed to University Hospital, Ann Arbor. In 15 hours he regained consciousness. Within two weeks he was back in school completely normal. His friend did not survive.

On Tuesday evening, Brian and I chatted on the telephone.

He told me, "I have no physical disability. I'm in A-1 health."

It's funny, Brian said, that in recent months he has been getting calls from news people. Four years ago there were all kinds, including Barbara Walters who wanted Brian to appear on the *Today Show* (He declined.) But then, nothing. Now the tempo has started again.

COULD IT BE THAT more people, including doctors, police agencies and paramedics are taking a long look at the science of helping the near-drowning victim?

I know I am. There was an incident last week in West Bloomfield's Orchard Lake. A 28-year-old man drowned while swimming.

Moments after the drama began to unfold, fate had me driving along Old Indian Trail next to the lake. I parked my car and spent the next 90 minutes observing. It was a sickening experience. Efforts to find the body seemed hung up on a technicality — was it a rescue or a recovery operation, based on the time the victim had been under water?

Born out of that tragedy comes this question: Can a person survive after being submerged for more than the traditionally-accepted four to 10 minutes?

In a word, yes — if conditions are right. That means the water must be cold and clean, according to Dr. Nemiroff.

WHICH BRINGS US to the "mammalian diving reflex."

Have you ever heard of it? I hadn't.

This reflex was first discovered in the 1930s. Seagoing mammals — whales, seals and porpoises — were found to be able to exist under water without breathing for up to 30 minutes in emergency situations.

The automatic mammalian diving reflex makes this possible. It reduces the supply of blood to skin, muscle and gut, tissues all resistant to oxygen-loss damage.

Blood oxygen is then reserved for the brain, heart and lungs.

But this happens only in cold water. In Brian Cunningham's case, since there was no air bubble in the car, the mammalian reflex is what put his system on "hold" for 38 minutes, continuing oxygen to his brain.

WHAT ABOUT TEMPERATURES this time of year in lakes like Orchard? Dr. Nemiroff has said that in Michigan and other states near large bodies of water, the year-round temperatures, especially in deeper areas, are well below 70 degrees.

Thus, it's always possible a near-drowning victim's system might automatically have been shifted by the mammalian reflex. That means a chance for recovery — up to and including a 100 percent return to normalcy, like Brian Cunningham's.

What does that all mean? Dr. Nemiroff offers this advice, directly to rescue workers and doctors:

"First, don't give up. Even if the victim looks dead. He may be cold, blue, not breathing, with no detectable pulse or heartbeat, with fixed and dilated pupils.

"Start resuscitation immediately, external heart massage and ventilation with as near 100 per cent oxygen as you have available. Warm the body gradually from the inside by raising the temperature of the oxygen to 110 degrees Fahrenheit with a nebulizer.

"Maintain cardio-pulmonary resuscitation, at least until the body temperature reaches normal. Defibrillation — shocking the heart into action — may not be successful until normal body temperature is reached.

"Be absolutely certain the patient is dead before you give up," the doctor concluded.

Is the neighborhood dentist overcharging?

Dear Dr. DeFrancesco: Since moving to this area, we tried to find a family dentist. We went to the closest one to our house.

My husband, age 49, had a space in his upper teeth on the side of his mouth, where a tooth was extracted a year ago. The dentist said he should have a false one put in or his bottom tooth would start growing up because it has nothing to hit on and then could become loose.

We didn't know until he started the work that he would drill the two good teeth on both sides of the vacant space to make caps to hold the false tooth in. The price came to \$600.

Since then, I've read an article I'm sending you which says a complete upper or lower could cost \$200 to \$400. My two questions are:

1. If a complete upper would be in that price range, wouldn't two caps with a false tooth in the middle be high at \$600?
2. Was it wise to drill away two good teeth and



Dr. Joseph DeFrancesco

cap them instead of just leaving the vacant space? I want to make a dental appointment on a regular basis, but I have to know if this is the right one. I need answers to help me make my decision.

B.P.

I advise you to return to the dentist who suggested to drill the teeth and construct a fixed porcelain bridge. He is right when he says the lower tooth will

grow into the upper space.

If the upper space will close due to the adjacent teeth drifting, then you will acquire malocclusion. The upper and lower teeth would not be articulating.

The variance in fee is the type of dentistry involved — type of materials (gold, porcelain, etc.), more skills required. In other words, you are receiving the "Cadillac" of dentistry. Good luck.

Dear Dr. DeFrancesco: My dentist drilled deep in my tooth to try to fill the cavity but claims he cannot drill deeper and suggests pulling the tooth because of deep decay.

I need my tooth badly, already lost two, have no toothache so far, would like to hang on as long as possible. Now it has a temporary filling.

Mrs. E.M.

If the roots are healthy and the supporting tissues are strong (bone and gums), I suggest your dentist

perform a pulp canal treatment, and then fill the cavity with a permanent filling.

Dear Dr. DeFrancesco: Are six-year-old molars important in a youngster's mouth?

L.B.

Yes. The six-year molars, which are usually the first permanent teeth to come in, seem to be the most decay-prone teeth in a youngster's mouth.

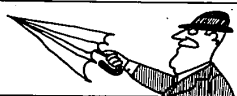
If one of these molars is lost, other permanent teeth may become impacted or come in at the wrong angle or in the wrong place.

Consequently, as a safety measure, the dentist may put in a shallow filling to protect a particular molar if he thinks it is likely to become diseased. The filling will prevent food from getting into it and keep the tooth sound.

The writer is a retired suburban dentist. He will answer questions of general interest. Address them to this newspaper.

Off a little morning rain
Foretells a pleasant day.

—Charlotte Bronte



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