# Dental Tribune

The World's Dental Newspaper · United Kingdom Edition

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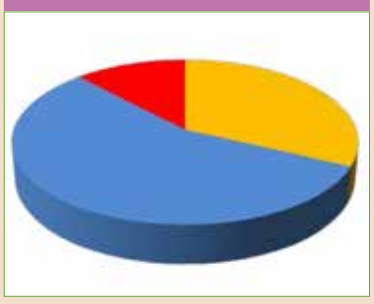

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# New leader for the PEC to take the reins at the BDA

## The British Dental Association chooses new chair for Principal Executive Committee after dramatic few months of upheaval

Dr Mick Armstrong has been elected as the new Chair of the British Dental Association's (BDA's) Principal Executive Committee (PEC) following the departure of previous incumbent, Martin Fallowfield.

Dr Armstrong (pictured) is a general dental practitioner in a mostly-NHS practice in Castleford, West Yorkshire. He has been a member of the PEC since its inception in July 2012, having been elected to its membership by BDA members across Yorkshire and the Humber. He graduated from Newcastle Dental School in 1985. He has served on the BDA's Representative Body and General Dental Practice Committee, and was Chair of the Conference of Local Dental Committees in 2011.

Commenting on his appointment, Dr Armstrong said: "I am honoured to be elected to serve the profession as Chair of the BDA's Principal Executive Committee and look forward to leading the profession as it attempts to navigate the minefield of complexity it is confronting.

"Dentistry in the UK is facing a complicated and evolving set of challenges. We are increasingly underfunded, but over-regulated. High standards are expected of the care we provide to our patients, but often the treatment we receive from those that fund and oversee us leaves a great deal to be desired. All too often the professionalism of dentists and their ability to put patients first is challenged, rather than supported. We must assert our professionalism as the guiding force by which decisions about dentistry should be made and I will lead practitioners in doing exactly that."

Dr Armstrong will give his first address as the leader of the professional association at the 2014 British Dental Conference and Exhibition, which takes place in Manchester from 10–12 April. DT

## News in Brief

**Could potatoes fight disease?**
A new project will investigate the potential of naturally occurring chemicals in potatoes, tomatoes and saffron to combat human diseases such as cancer and arteriosclerosis and ease the pain caused by various ailments. The DISCO project also hopes to find sustainable ways of producing these chemicals, known as bioactive compounds. The DISCO partners, which include 15 organisations from seven countries, aim to capitalise on their experience in metabolic engineering, hyper-production of high-value plant substances, and in bringing technology to the market.

**Only 20 per cent of children eat vegetables**
Only one in five children eats vegetables every day, and one in ten totally refuses to eat vegetables, according to a survey commissioned by Vouchercloud. The Infant & Toddler Forum (ITF) says these results are not surprising because children prefer familiar foods and parents tend to offer those foods that they know their children will eat. The ITF says that children need to be encouraged to try new foods and it is best to begin healthy eating habits early.

**1,000-year-old plaque reveals diet and disease**
Researchers have discovered disease-causing bacteria in 1,000-year-old teeth similar to disease-causing bacteria in humans today. The research team extracted DNA from samples of the dental calculus - which preserves bacteria and microscopic particles of food on the surfaces of teeth - of a German Medieval population. They discovered the ancient human oral cavity carries numerous opportunistic pathogens and that periodontal disease is caused by the same bacteria today as in the past, despite major changes in human diet and hygiene.

**First lay GDC chair to speak at BDA conference**
The GDC's first lay Chair, William Moyes, will address the issue of patient protection at this year's BDA Conference. The event takes place at Manchester Central Convention Complex 10-12 April 2014. Mr Moyes will be speaking 11 April - Charter Room 2 at 11:45am. For more information visit the GDC website. DT

# Water fluoridation could save NHS millions

*25,000 people were admitted to hospital for tooth removal last year*

The NHS could save at least £4 million every year on hospital admissions for the removal of rotten teeth if water fluoridation were extended to areas with high levels of tooth decay, according to research published in the *British Dental Journal*.

Analysis by the researchers of hospital statistics over a three-year period suggests that on average, 6,900 young people were admitted annually for dental extractions in the largely non-fluoridated North West. In the same period, that figure was just 1,100 in the West Midlands which is largely fluoridated.

Using data from 2008-9, the cost of carrying out a dental extraction under general anaesthetic was £558 or £789 depending on the complexity of the procedure, bringing the total cost of the operations to around £4 million in the North West.

Professor Damien Walmsley, the British Dental Association's Scientific Adviser, said: "This study is a powerful reminder of how water fluoridation saves the NHS money, and how whole populations can benefit from a huge improvement in their dental health.

"It's a shocking fact that over 25,000 young people in England last year suffered such poor dental health that they had to have teeth removed under general anaesthetic in hospital." DT

# Teeth found in baby's brain tumour

*Teeth were found in the tumour mass*

Multiple fully formed teeth have been found inside a tumour mass that was growing in the brain of a four-month-old child.

The boy was initially admitted to a clinic in Baltimore after a routine paediatric visit due to an increasing head circumference. The doctors also found structures near the mass similar to those of teeth in the mandible.

Upon surgical removal of the tumour, the surgeons found a number of teeth inside the mass, which was identified as an adamantinomatous craniopharyngioma. Such tumours arise from Rathke's pouch, an embryonic precursor to the anterior pituitary, and consist of stratified squamous epithelium and wet keratin, and may be cystic. DT

# Gingival implant helps reduce cluster headache

*A remote control is used to begin the therapy*

A new mini-implant has been developed to help those affected by cluster headaches.

Cluster headache is one of the most severe forms of headache. It is usually unilateral and occurs mostly around the eye or in the temple, and attacks can last up to several hours.

The ATI Neurostimulation System includes a novel, miniaturised device that is implanted using oral surgery, leaving no externally visible scars. When the patient feels a cluster attack beginning, they hold a remote controller up to their cheek to begin the neurostimulation therapy.

A new clinical study published online in *Cephalalgia* shows that the device demonstrated clinical effectiveness in treating cluster headache, and provided significant improvement in patient quality of life and headache disability.

"Cluster headaches cause so much disability that patients are often unable to function normally," said Professor Dr Jean Schoenen from the University of Leige in Belgium.

"Current preventive treatments are often ineffective, and in many patients acute and preventive treatments may not be tolerated or are contraindicated. This new and innovative therapy offers a way for a significant number of patients to control the debilitating pain of cluster headache." DT

# Call for smoking in films to be banned

Children should be banned from watching films featuring actors smoking, according to a new survey carried out by the British Dental Health Foundation.

More than two thirds (67 per cent) of those surveyed thought films which involved smoking should receive the highest classification rating, suitable only for adults. According to the British Board of Film Classification, rated-18 films currently allow scenes of drug-taking, provided 'the work as a whole must not promote or encourage drug misuse'.

The film board makes no reference to smoking or alcohol misuse, two of theleading risk factors for mouth cancer.

Chief Executive of the British Dental Health Foundation, Dr Nigel Carter OBE, said: "The risks of smoking have been well documented for many years, yet for many young people the message still isn't getting through. Children see movie stars as role models. If they are smoking, children are more likely to take up the habit. The same applies to sports stars, people we see on every day TV and even parents. By re-classifying films containing smoking scenes, it could lead to a drop in the number of young children taking up the habit." DT

*Smoking should butt out of films, say campaigners*

DENTAL TRIBUNE
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## Study queries sense of extracting teeth before heart surgery

Removing an infected tooth prior to cardiac surgery may increase the risk of major adverse outcomes, including risk of death prior to surgery, according to a study in the March 2014 issue of *The Annals of Thoracic Surgery*.

Dental extraction of abscessed or infected teeth is often performed to decrease the risk of infection during surgery and endocarditis (an inflammation of the inner layer of the heart) following surgery.

Cardiac surgeon Joseph A. Dearani, MD, along with anaesthesiologists Mark M. Smith, MD and Kendra J. Grim, MD, and colleagues from the Mayo Clinic in Rochester, Minn., evaluated the occurrence of major adverse outcomes in 205 patients who underwent at least one dental extraction prior to planned cardiac surgery from 2003 to 2013. The median time from dental extraction to cardiac surgery was seven days (average 35 days).

"Guidelines from the American College of Cardiology and American Heart Association label dental extraction as a minor procedure, with the risk of death or non-fatal heart attack estimated to be less than one per cent," explained Dr. Smith. "Our results, however, documented a higher rate of major adverse outcomes, suggesting physicians should evaluate individualized risk of anaesthesia and surgery in this patient population."

In this study, patients who underwent dental extraction prior to cardiac surgery experienced an eight per cent incidence of major adverse outcomes, including new heart attack, stroke, kidney failure and death. Overall, three per cent of patients died after dental extraction and before the planned cardiac surgery could be performed.

Noting the limitations of their retrospective review, Dr Dearani said: "With the information from our study we cannot make a definitive recommendation for or against dental extraction prior to cardiac surgery. We recommend an individualised analysis of the expected benefit of dental extraction prior to surgery weighed against the risk of morbidity and mortality as observed in our study." DT

# Editorial comment

Welcome to this month's Dental Tribune UK edition.

As you will have seen from the front cover story, the British Dental Association has appointed a new leader of the Principal Executive Committee.

Dr Mick Armstrong, a GDP from Yorkshire, has been a member of the PEC since July 2012 and is seen by many to be the man who can steady the ship of the BDA and make the changes necessary to see the Association back on track to represent their members.

Congratulations and good luck Dr Armstrong!

On the subject of the BDA, next month sees the first BDA Annual Conference and Exhibition since the membership structure changes and the ensuing damage to finances etc. it will be interesting to feel the mood of both management and members at the event. It is being held in Manchester 10-12 April; I may see you there. DT

Do you have an opinion or something to say on any Dental Tribune UK article? Or would you like to write your own opinion for our guest comment page?

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# Aggression towards NHS staff on the rise

The NHS has reported a rise of verbal and physical aggression towards health and social care staff – up 5.8 per cent to 63,199 or reported assaults in 2012/13. Now a University of Huddersfield lecturer has called for a programme of research to establish the best methods for dealing with the problem.

Various techniques known as 'de-escalation' have evolved in order to calm threatening situations, but Dr Andrew Clifton says there is a lack of solid evidence to identify the most successful approaches.

In a new article entitled *De-escalation: the evidence, policy and practice*, Dr Clifton and his co-author Dr Pamela Inglis call for a 'randomised controlled trial' to be conducted. This would involve the comparison of different de-escalation techniques employed at a sample of different hospitals and settings, such as A&E departments or acute psychiatric hospital wards. Evidence could then be compiled to show which the most effective methods were.

De-escalation techniques can be purely verbal, says Dr Clifton, or they can involve a physical intervention. "It could be the physical environment or the human environment that you change, or it could be a case of having members of staff who are highly skilled and trained in the latest de-escalation techniques which are supported by evidence," he says.

Dr Clifton points out that failure to deal effectively with aggression is highly costly for the NHS, in terms of time and resources. DT

# Acupuncture holds promise for treating inflammatory disease

Study suggests pathways to alleviating inflammation in disorders such as sepsis, arthritis.

When acupuncture first became popular in the Western Hemisphere it had its doubters. It still does. But over time, through detailed observation, scientists have produced real evidence that ancient Chinese practitioners of the medical arts were onto something.

Now new research documents a direct connection between the use of acupuncture and physical processes that could alleviate sepsis, a condition that often develops in hospital intensive care units, springs from infection and inflammation, and takes an estimated 250,000 lives in the United States every year.

"Sepsis is the major cause of death in the hospital," says Luis Ulloa, an immunologist at Rutgers New Jersey Medical School who led the study, which has been published by the journal *Nature Medicine*. "But in many cases patients don't die because of the infection. They die because of the inflammatory disorder they develop after the infection. So we hoped to study how to control the inflammatory disorder."

The researchers already knew that stimulation of one of the body's major nerves, the vagus nerve, triggers processes in the body that reduce inflammation, so they set out to see whether a form of acupuncture that sends a small electric current through that and other nerves could reduce inflammation and organ injury in septic mice. Ulloa explains that increasing the current magnifies the effect of needle placement, and notes that electrification is already FDA-approved for treating pain in human patients.

When electroacupuncture was applied to mice with sepsis, molecules called cytokines that help limit inflammation were stimulated as predicted, and half of those mice survived for at least a week. There was zero survival among mice that did not receive acupuncture.

Ulloa and his team then probed further, to figure out exactly why the acupuncture treatments had succeeded. And they made a discovery that, on its face, was very disappointing. They found that when they removed adrenal glands – which produce hormones in the body – the electroacpuncture stopped working.

That discovery presented a big potential roadblock to use of acupuncture for sepsis in humans, because most human cases of sepsis include sharply reduced adrenal function. In theory, electroacupuncture might still help a minority of patients whose adrenal glands work well, but not many others.

So the researchers dug even deeper – to find the specific anatomical changes that occurred when electroacupuncture was performed with functioning adrenal glands. Those changes included increased levels of dopamine, a substance that has important functions within the immune system. But they found that adding dopamine by itself did not curb the inflammation. They then substituted a drug called fenoldopam that mimics some of dopamine's most positive effects, and even without acupuncture they succeeded in reducing sepsis-related deaths by 40 percent.

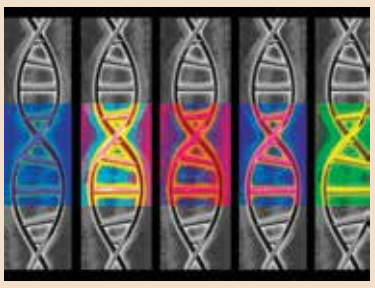
Ulloa considers the results a double triumph.

On the one hand, he says, this research shows physical evidence of acupuncture's value beyond any that has been demonstrated before. His results show potential benefits, he adds, not just for sepsis, but treating other inflammatory diseases such as rheumatoid arthritis, osteoarthritis and Crohn's disease.

On the other hand, by also establishing that a drug reduced sepsis deaths in mice, he has provided an innovative road map toward developing potential drugs for people. That road map may be crucial, because no FDA-approved drug to treat sepsis now exists.

"I don't even know whether in the future the best solution for sepsis will be electroacupuncture or some medicine that will mimic electroacupuncture," Ulloa concludes. The bottom line, he says, is that this research has opened the door to both. DT

# Epigenetics could play role in dental care



A visit to the dentist could one day require a detailed look at how genes in a patient's body are being switched on or off, as well as examining their teeth, according to researchers at the University of Adelaide.

"Our genetic code, or DNA, is like an orchestra – it contains all of the elements we need to function – but the epigenetic code is essentially the conductor, telling which instruments to play or stay silent, or how to respond at any given moment," says Associate Professor Toby Hughes.

"This is important because, in the case of oral health, epigenetic factors may help to orchestrate healthy and unhealthy states in our mouths. They respond to the current local environment, such as the type and level of our oral microbes, regulating which of our genes are active. This means we could use them to determine an individual's state of health, or even influence how their genes behave. We can't change the underlying genetic code, but we may be able to change when genes are switched on and off," he says.

Professor Hughes continues: "We know that our genome plays a key role in our dental development, and in a range of oral diseases; we know that the oral microbiota also play a key role in the state of our health; we now have the potential to develop an epigenetic profile of a patient, and use all three of these factors to provide a more personalised level of care.

"Other potential oral health targets for the study of epigenetics include the inflammation and immune responses that lead to periodontitis, which can cause tooth loss; and the development and progression of oral cancers."

The paper has been published in the *Australian Dental Journal*. DT

# Sugar tax may be introduced, says chief medical officer

A sugar tax may need to be introduced to cut down on obesity rates, chief medical officer Dame Sally Davies has said.

According to the BBC, she told a committee of MPs that the government needs to be firm with food and drink manufacturers in order for them to reformulate their products.

Dame Sally said: "We have a generation of children who, because they're overweight and their lack of activity, may well not live as long as my generation. They will be the first generation that live less, and that is of great concern."

She added that she believed researchers will find that sugars are addictive, and the public needed to have "a big education" over how "calorie packed" some smoothies, fruit juices and carbonated drinks were.

"People need to know one's fine, but not lots of them," she said. "We may need to move towards some form of sugar tax, but I hope we don't have to."

Terry Jones of the Food and Drink Federation said any extra tax on sugar would "hit the poorest families hardest at a time when they can least afford it," adding that sugar content was already clearly labelled among products' ingredients. DT

## Dentist saves patient's life

A woman was saved by her dentist when she suffered a heart attack on her way to work.

According to the *Ilford Recorder*, Catherine Forman from Barkingside got a lift from a stranger during the London Tube strike. Once in the car, Catherine experienced a pain in her chest, breathlessness and loss of vision.

The driver stopped at The Valentine Dental Health Centre in Ilford where Dr Hitesh Mody (Catherine's dentist) used his medical kit and knowledge from a DVD on emergencies in the surgery to provide first aid. Dr Mody administered aspirin and a spray containing glyceryl trinitrate which helps the heart to pump more easily while they waited for an ambulance to arrive. DT

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# Buying a dental practice – everything you need to know

## In the second of his series on buying a practice, Jon Drysdale considers the critical issues of where to look and how to assess its value

Much like purchasing a house, often the hardest part of buying a practice is finding one that is suitable. The mantra 'location, location, location' isn't necessarily as important as with house buying because you're not going to live there and don't need to consider such things as where your children will go to school. I find most dentists know the broad geographical area they're considering. Not all regions offer the same availability of practices so the larger the area you'll consider, the greater your likely choice.

**Town or country?**

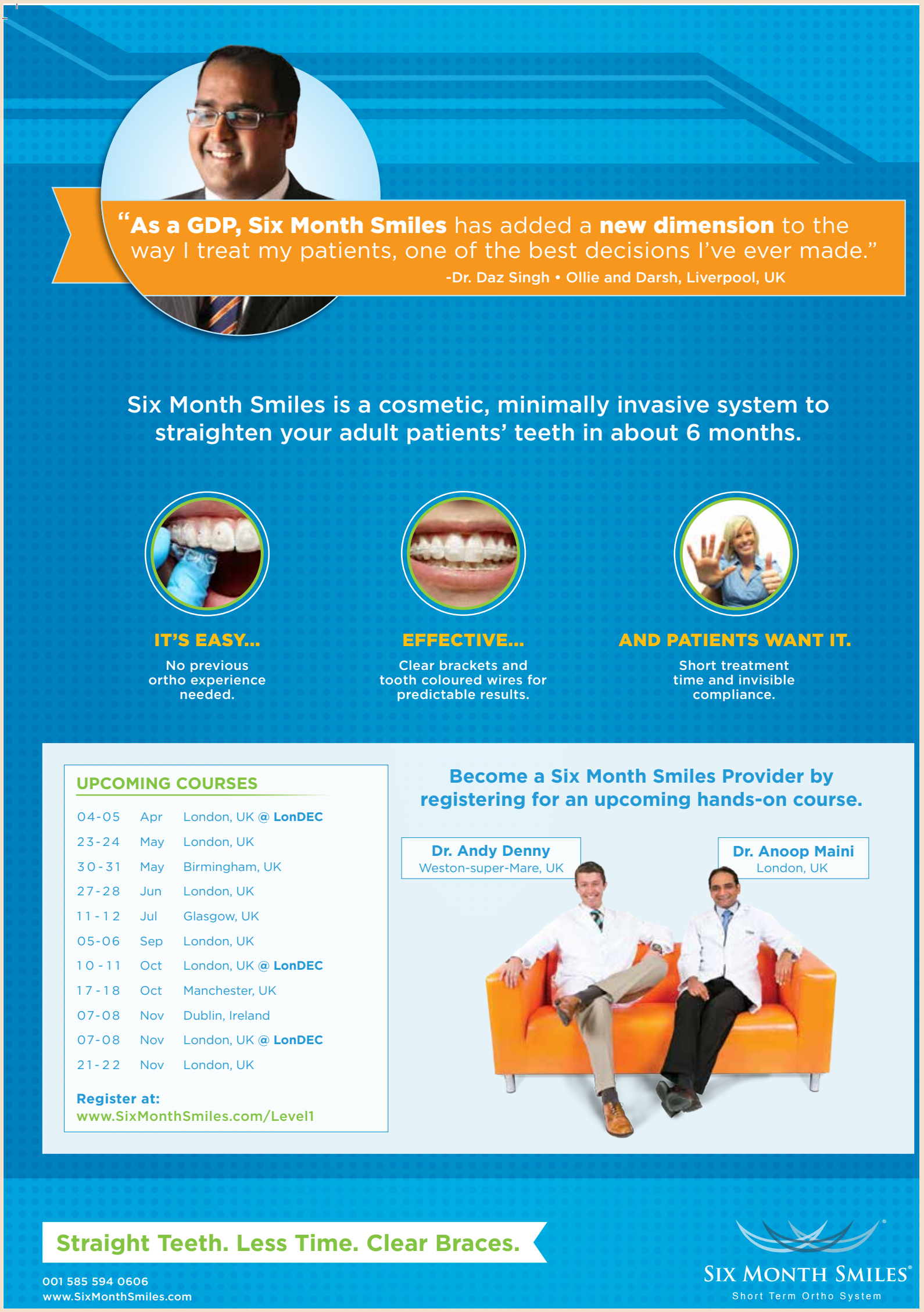
Our experience of selling dental practices tells us that city centre practices and those close to large centres of population are in high demand. There are a variety of reasons for this not least because highly populated areas attract large numbers of dentists and competition for practices can be fierce. Also, corporate bodies tend to favour having practices in close proximity for the sake of efficiency (transfer of staff, ease of visiting etc) and this is usually only possible in large conurbations.

It doesn't necessarily follow that city centre practices are more profitable than rural ones. Dentists prepared to look slightly further afield than cities and large towns may be rewarded by finding a practice which is great value for money and turns a good profit. Where you live in relation to the practice is a consideration. A commute of up to an hour each way is probably the limit for most dentists – after all dentistry is a demanding job, physically and mentally.

**How to search?**

Wherever your desired practice location, it is worth registering with all the main dental practice agents to receive details of practices coming to market. Establishing your financial position with these agents is worthwhile in order that any offer you make is taken seriously. Preparing the groundwork for this is vital and part one of this series provided details on this.

Dental practice sales agents will usually provide a prospectus outlining the main financial aspects of the practice as well as details of turnover, equipment and location. An asking price for goodwill (usually including equipment) should be stated as should the price of purchasing any freehold property, if applicable. An asking price isn't necessarily an accurate valuation, although it should be a realistic estimate of the eventual sale price. NHS practices in built

up areas often sell for more than the asking price due to competing buyers. In this situation the agent should set a closing date for offers.

Many practices are sold by word of mouth, so keep your ear to the ground with colleagues and friends. Often associates get first refusal on buying the practice they work at. This can be a good way to buy, although negotiations on price can be difficult between a principal and an associate or associates trying to maintain a working relationship.

**How to value?**

As mentioned, the asking price may be determined by the selling agent. Making your own assessment of the value of a practice can be difficult. The key element to this is profitability and not, as is often thought, the turnover. While asking prices are commonly expressed relative to the turnover (e.g. 100 per cent of turnover) this is not necessarily a meaningful way to arrive at a valuation. For example, two practices in similar locations with a similar turnover but different levels of profit are probably not worth the same.

*'Dentists prepared to look slightly further afield than cities and large towns may be rewarded by finding a practice which is great value for money and turns a good profit'*

A professional valuer (see www.aspd.co.uk) will be able to offer their assessment of the practice having reviewed the financial information and equipment. For associates buying a practice where they already work, a jointly instructed valuation with the principal can be a good idea. However, the value here may be hard to dispute for either party, so this can work against you in some situations. Factors that increase or decrease the value of a practice tend not to be cosmetic and are usually financial. For example a practice with private fee income from a capitation scheme is likely to be valued higher than one with fee per item private income. Practices that are deemed to be overstaffed or those with a relatively high cost lease will find it harder to command the highest price.

**What to offer?**

You must view the practice before making an offer. This can be an important element in the vendor's decision making process. Turn up on time, ask relevant questions and try to build a rapport in a professional manner.

Practice owners are unlikely to be impressed with an offer significantly (probably 10 per cent or more) lower than their stated asking price. For practices in popular locations this approach just won't work. If the practice is being sold through an agent, remember the agent is acting for the vendor and not you the purchaser. Agents will take note of your credentials as a buyer including your financial position and discuss this with the practice owner.

If 'best and final offers' are requested this usually means there are multiple offers on the table and the practice is popular. Without stating the obvious, put your best offer forward, having first checked this is financially viable. Don't be too disheartened if you aren't successful. The experience will be valuable and most dentists don't buy the first practice they look at.

In part three of this series we will look at the different ownership options including partnerships and limited companies and the financial implications of each. DT


**Author Bio**

Jon Drysdale is an Independent Financial Adviser for PFM Dental, specialising in arranging finance for dentists buying a practice. For further information on the issues covered in this article please contact PFM Dental on 0845 241 4480 or visit pfmdental.co.uk

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VOCO THE DENTALISTS

# “Kennedy’s wound was clearly incompatible with life”

**Few people are granted the opportunity to become an active part of historical events. Seventy-six-year-old Dr Don T. Curtis, a former dentist and oral surgeon from Amarillo in Texas, is one of them. As a resident in oral and maxillofacial surgery at Parkland Memorial Hospital in Dallas, he was one of the first doctors to have performed emergency treatment on US President John F. Kennedy after he was shot on 22 November 1963. DTI Group Editor Daniel Zimmermann had the opportunity to speak with him about that day and the reason he thinks that there was more to the assassination than a lone gunman**

*Dr Don T. Curtis as a dental student in 1962 (DTI/Photo courtesy of Baylor College of Dentistry, USA)*

*US Secret Service agents and local police examine the presidential limousine outside of Parkland Memorial Hospital in Dallas, as President John F. Kennedy is treated inside (DTI/Photo courtesy of John F. Kennedy Presidential Library and Museum, USA)*

**DTI: A feature film about the events at Parkland Memorial Hospital, produced by Tom Hanks and starring Billy Bob Thornton, has just been released on the 50th anniversary of the Kennedy assassination. Have you seen it, and does it stay true to the events, in your opinion?**

**Dr Don T. Curtis:** I have not seen it but I have heard criticism that it paints rather a sensationalised picture of the events. I guess I would go see it if it were shown here in Amarillo.

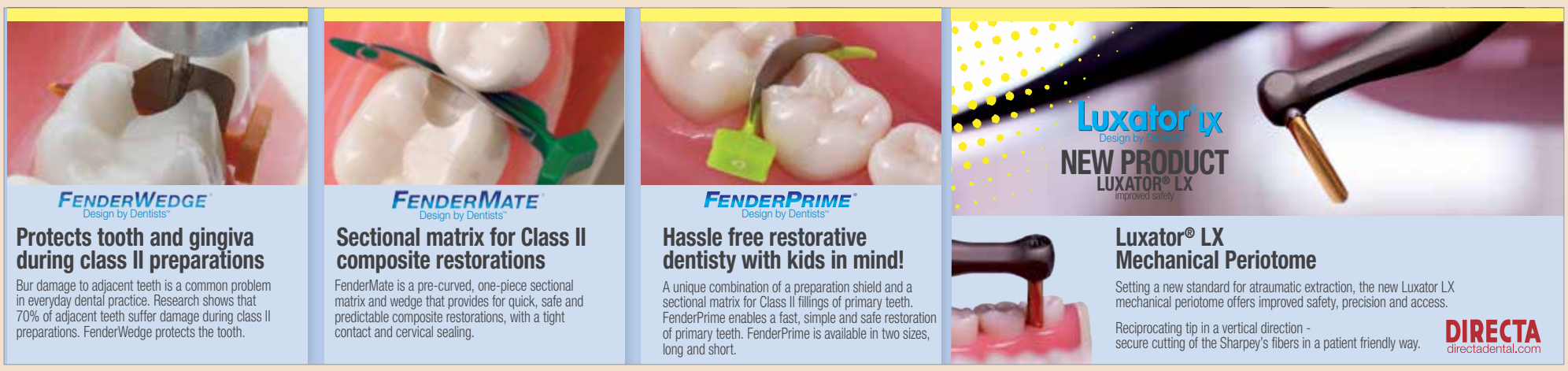
**You began working at Parkland Memorial Hospital in 1963. What was your position back then?**

At that time, I was half way through my first year of residency in oral and maxillofacial surgery. Before I took a residency there, I also completed an internship. I became interested in the field while working as a surgical technician in a general hospital during my time in dental school at the Texas A & M University Baylor College of Dentistry in Waco.

**Were you aware of the president being in Dallas on 22 November 1963?**

I was not aware of that and was surprised when they brought him to the hospital. I had a surgery scheduled for later that day and was on my way to have lunch. The way to the lunch-room however required me to leave the building and walk across the receiving area of the emergency room,

> *‘When I got there, it was obvious that the president was in extremis. He tried to breathe but was unable to do so’*



where I noticed police cars and the presidential limousine, which had blood on it and roses that were given to the First Lady, Jacqueline Kennedy, when she arrived at the airport. When a policeman asked me whether I was a doctor, I said yes. He then replied that the president was hurt and escorted me to the trauma room where President Kennedy was.

**In what condition was Kennedy when you arrived?**
When I got there, it was obvious that the president was in extremis. He tried to breathe but was unable to do so. Dr Charles James Carrico, a Parkland resident surgeon, had placed an endotracheal tube in an attempt at ventilation. However, that did not work because there was a blockage of the president's airway, so he decided to do a tracheostomy.

I helped the nurse to undo the president's tie and remove his shirt to prepare him for the procedure. Then Dr Malcolm Perry, a senior surgeon, came into the room and it was decided that he should do the tracheostomy. Dr Carrico assisted Dr Perry, and I performed a cut-down on the left leg to provide for intravenous replacement of blood. When I looked up later, the room was filled with the senior chiefs of all surgical departments at Parkland. There were also some people I did not know.

*'Nothing that we did made a difference. Kennedy's wound was clearly incompatible with life'*

**Were you aware that the president had been the subject of an assassination attempt?**
I was unaware of the nature of the injury to the president because his head was on a pillow and I could not see a wound. I remember the chief of neurosurgery, Dr Kemp Clark, rotating Kennedy's head to the left, revealing that the posterior part of his skull had been radically fractured. He then said, "Stop; this injury is incompatible with life."

**What was the atmosphere in the room?**
It became very quiet. Nobody said anything.

**In your opinion, was there any chance that the president's life could have been saved?**
Nothing that we did made a difference. Kennedy's wound was clearly incompatible with life.

**According to eyewitnesses, discussions broke out about who was authorised to do the autopsy. Did you notice any of that?**
I did not because I left the trauma room soon after the president had been pronounced dead and went back to the clinic to see my patient in the operating room. However, I found that all scheduled surgeries for that day had been cancelled and all patients had been sent back to the ward. Only a few surgeries were underway at that time, including that of Governor John Bowden Connally, who had also been injured during the shooting.

I told my patient that her surgery had been postponed. She understood that. Since there was nothing else for me to do, I then cleared my business in the clinic and went home. There, we spent the weekend watching television and listening to the news on the radio. We were relieved that President Lyndon B. Johnson had made it safely back to Washington and that the government was uninterrupted. Finally on Sunday, we learned that the suspect, Lee Harvey Oswald, had been shot, which indicated that there was something going on in addition to just a lone shooter.

**The majority of Americans do not believe that Oswald acted alone, as concluded by the report of the Warren Commission appointed by the government to investigate the circumstances of the assassination. Did you observe any irregularities between this official version and the events you witnessed?**
The Warren Commission's report reflected what the people wanted to hear, which was that Oswald acted alone and that there was no conspiracy. The

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