

DENTAL TRIBUNE

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News in Brief

John Lennon's tooth sold

One of John Lennon's teeth has been bought by a Canadian dentist at an auction in Stockport for £19,500. Alberta-based Michael Zuk won the tooth after a phone bid. The tooth was originally given to Dot Jarlette, who was John's housekeeper in the 60's. Other items being sold included oil paintings from John Squire of the Stone Roses and gifts from politicians. Mr Zuk, who has written a book on celebrities' teeth, said in a BBC report: "Once I heard it was up for sale I had to have it." According to the report, Mr Zuk not only plans to display the tooth in his surgery, but he plans to take it on a tour of other dental surgeries and dental schools. "Some people will think its gross, others will be fascinated by it," he added.

Teeth's a crowd

A unique study from the Faculty of Dentistry at Malmö University has shown that the size of our jaw is decreasing with age. The study started in 1949 and has since followed several dentists throughout their adult lives. Plaster moulds were taken of the participants this procedure was repeated in 1959 and 1989. On that occasion the researchers were in touch with 18 of the original 30 participants. The study found that the jaw shrinks a few millimetres, resulting in the front teeth crowding. "We can also eliminate wisdom teeth as the cause, because even people who have no wisdom teeth have crowded front teeth", Bondemark said. Researchers are yet to discover why our jaws change as we get older.

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News



Men's health

November is the month to raise awareness

▶ page 2

Feature



A Royal encounter

Laura Hatton reveals part II of Harry Baldwin's career

▶ pages 7-10

Implant Tribune



The surgical microscope

John Woods on improved clarity

▶ pages 15-18

Feature



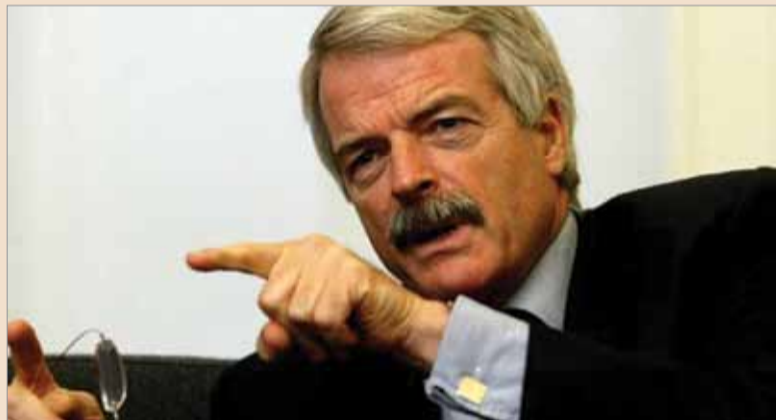
Stop the World

Michael Young on disappearing dentists

▶ pages 24-25

"I don't use the NHS"

NHS Commissioning Board head 'not a patient of NHS'



According to a report in *Pulse*, the Government's newly-appointed chair of the NHS Commissioning Board Prof Malcom Grant (pictured) has admitted that he doesn't use the NHS.

The claims came during a session with the House of Commons Health Committee last week, where Prof Grant failed to demonstrate his 'passion' for the NHS.

"Come on, what do you want me to say?" he reportedly asked the Committee. "I find it difficult to demonstrate because I am not a patient of the NHS."

Prof Grant, who is currently chief of University College London, will be trusted to spend the £60 billion budget on the NHS wisely; however, after his recent outburst GP leaders have branded Prof Grant's position as controversial and have called for the post to be filled by a GP. Even

MPs are reportedly unconvinced of Prof Grant's suitability for the role.

What comes as a further blow is that health secretary Andrew Lansley supported Prof Grant as his 'preferred candidate' to chair the NHS Commissioning Board.

Writing in the *Sunday Mirror* in response to the admission, shadow health secretary Andy Burnham said: "It really does say it all. The first choice to control your NHS doesn't believe in it enough to use it himself."

According to the *Telegraph* Prof Grant, who will be paid £65,000 a year for chairing the NHS Commissioning Board two days a week, was unwilling to give details of any private health cover.

A Department of Health spokesperson said on the issue that: "Professor Grant was se-

lected as Chair of the NHS Commissioning Board because he was the best candidate for the job. His choice of healthcare is a personal matter."

However, the feeling of uncertainty continues throughout the health profession. Neel Kohari, a practice owner in Cambridge, commented: "Given the vast funding and extensive recent reform to NHS dentistry it's a shame that Prof Grant feels that he has to go outside of the NHS to meet his dental needs."

"Perhaps it is now time to question what the NHS needs to do to attract patients like Prof Grant to use its services, or alternatively focus on a core budgeted service where every patient has a clear idea of what they can expect. After all let's not forget the high street chain Woolworth's tried to offer something for everyone but ultimately failed as the world moved on."

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A look at the state of men's health



Are you a Mo Bro?

November is famously known as Movember, a time when clean shaven men sprout moustaches and learn the art of moustachery as they groom, trim and wax their way into displaying a fine 'soup-strainer'.

The aim of the month is awareness for men's health and to raise vital funds, with the main areas of concern being prostate cancer and other cancers that directly affect men. The moustaches promote conversation around the topic of men's health – a subject that is usually swept under the carpet.

Men's health has also been put under the spotlight at Leeds Metropolitan University, after the report, *The State of Men's Health in Europe*, was debated recently.

The report, *The State of*

Men's Health in Europe, was published earlier this year by the European Commission and revealed that the male population is changing, with a reduction of 24 million men of working age (15-64) and an increase of 32 million men aged 65 and over across Europe by 2060.

Its lead author, Professor Alan White, the world's first Professor of Men's Health at Leeds Metropolitan University, presented the findings at an Expert Symposium on Men's Health as part of the launch of the University's Institute for Health & Wellbeing.

Prof White said: "The report shows that the old are getting older and the reduction of men of working age across Europe will create major new challenges to the health and social care sectors, as well as for the workforce, employers and

economies."

The report revealed several interesting facts and comparisons between men and women, which really highlighted the need to focus on men's health.

In terms of the differences between men and women, the report (among other things) revealed that:

- Life expectancy for the EU27 stands at 76.07 for men and 82.21 for women, ranging from 80yrs in Iceland and Lichtenstein to 66.3yrs in Lithuania (a gap of 13.7 years)
- In 2007, there were over 630,000 male deaths between the ages of 15 and 64 years of age as compared to 300,000 female deaths.

When the causes of these deaths were analysed they extended across the majority of conditions that should be seen to affect men and women equally. Although men's increased susceptibility to cardiovascular disease and deaths as a result of accidents in their earlier years is quite well known, their vulnerability to such a wide range of conditions is less well recognised – for instance, cancers, which makes awareness campaigns, such as Movember and Mouth Cancer Awareness Month, a vital date in the calendar. **DT**

Don't sell yourself short

The Dental Defence Union (DDU) is warning dental professionals to be wary of promoting their practice by offering discount vouchers on particular treatments as they may be inadvertently making themselves vulnerable to a complaint or even a GDC investigation.

Rupert Hoppenbrouwers, head of the DDU commented: "While in these straitened times, it may make business sense to tempt new patients through your door with a bargain, dentists need to put their professional obligations first. We have received a number of calls to our advice line from members seeking advice about whether to take part in discount voucher schemes.

"Our view is that by accepting discount vouchers for a particular procedure such as tooth-coloured restorations or veneers, dental professionals are effectively committing themselves to providing invasive treatment which may not prove clinically necessary, appropriate or in the patient's best interest on examination. If the patient has paid for and expects a particular treatment which is not in their best interest, and you are obliged to disappoint them, they may well feel justified in making a complaint or even reporting you to the GDC.

"The fact that the GDC was prompted to advise dental professionals about discount deals earlier this month suggests that this is a problem area, which is generat-

ing complaints to the regulator."

The DDU reminds dental professionals that in promoting their practice they must meet the standards set by the GDC by avoiding any offer or claim which could be seen as misleading and putting the interests of patients above their own or their business. In addition, marketing material must conform to the Code published by the Committee of Advertising Practice (CAP). The Advertising Standards Authority (ASA), which enforces the Code, can demand the withdrawal of adverts and offenders can also be referred to the Office of Fair Trading.

The DDU is happy to advise members with specific dental legal concerns about advertising or promotions. **DT**

Inmates sue NHS

According to a report in the *Yorkshire Post*, inmates who are suffering from toothache at a Yorkshire high security prison have sued the NHS more than poor dental care; taxpayers are expected to foot the £350,000 bill.

Prisoners at HMP Wakefield, which houses notorious criminals including Charles Bronson, Crossbow Cannibal Stephen Griffiths, child killer Robert Black and Sarah Payne's killer Roy Whiting, received a staggering £47,500 in total for "damages".

The figures, which were released under the Freedom of Information Act, revealed that pay-outs were decided depending on the level of pain the inmates had in relation to how long they had to wait for an appointment; individual pay-outs ranged from £1,200 to £5,000.

What is causing further outrage is that legal cost came to £300,000 after NHS chiefs were forced to pay prisoners' solicitors fees; the total cost has come to £354,500, and three claims remain outstanding.

Quoted in the *Yorkshire Post*, Gill Galdins, chief operating officer for Wakefield District Primary Care Trust, said the NHS inherited a long waiting list for complex and expen-

sive treatment when it took over prison healthcare in 2005.

She said: "The figures paid to claimants were all relatively low. When this happens it's often the case that the claimant's solicitor's costs are disproportionate.

"Where a patient experiences a breach of duty care and injury follows that they are entitled to compensation."

A prison service spokeswoman said: "All claims are robustly defended, and would only be settled on the basis of strong legal advice, and in order to seek the best value for the taxpayer."

However the assistant secretary of the Prison Officers Association (POA), Glyn Travis, said that his association would not see anyone denied of NHS care whenever they needed it.

He added: "What we do say is they get priority care that they don't pay for and when they receive poor treatment they sue. "Solicitors are happy to take their cases because they know they will get paid in the end.

"It is ridiculous; they are suing for treatment they didn't pay for in the first place." **DT**

"Clear timetable must be set" says BDA

The British Dental Association (BDA) in Northern Ireland is calling for a clear timetable for the progression of the reform of Health Service dental care to be set.

The call is being made ahead of the fifth anniversary of the publication of recommendations for the reform of dental services in the Department of Health, Social Security and Public Safety's Primary Dental Care Strategy. That document, which was published on 16 November 2006, set out a prevention-focused direction for dental services, the care patients receive and the system in which dentists practise.

The BDA has long campaigned for new arrangements that will bring a new preventive emphasis to Health Service dentistry and supported the proposals outlined in 2006. Such arrangements, the BDA believes, will help tackle the unacceptable oral health inequalities that continue to plague Northern Ireland's communities.

Dr Peter Crooks, Chair of BDA's Northern Ireland Dental Practice Committee, said: "It is now nearly five years since Government set out a vision for better dental care for our citizens. We should, by now, be seeing the implementation of new arrangements. Dentists know that continuing with the present arrangements simply isn't an option if Northern Ireland is serious about tackling the poor oral health and inequalities that plague its communities. We have been positive about the proposed changes, repeatedly stressing our commitment to constructive engagement in taking reform forward. Now is the time for action.

"We call on the Department of Health, Social Services and Public Safety to mark the fifth anniversary of its proposals by re-affirming its commitment to reform and setting out a clear and realistic timetable for it. That timetable must include a date by which pilots for a more prevention-focused contract are expected to begin." **DT**

Editorial comment

Imagine the scene – you arrive at work one day to find out you have been put in charge of the company’s football team (ok I know you’re dental professionals and don’t have company football teams but work with me here). The thing is,

you’re keen on rugby and have no interest in football – in fact you’ve never been to a game!

Sound a bit silly? Well, let’s broaden this out to something a little more close to home – you are the man in charge of commissioning healthcare services for the nation. Thing is, you don’t use this service.

Much as the medical and dental professions like to think they are different, I think one thing they may agree on is that someone who is in charge of a body such as the National Commissioning Board should really be experiencing firsthand the service that he is ‘in charge’ of.

Prof Grant has been called ‘the right man for the job’, and I am sure that a man of his experience – barrister, environmental

lawyer, academic public servant and since 2005 UCL’s President and Provost – will no doubt prove himself to be so. Still, I am of the opinion that when you are heading up a service that is supposed to react to the needs of its ‘customers’, what better way to gauge these needs but as a user yourself?

Let me know what you think – email lisa@dentaltribuneuk.com.

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?

If so don’t hesitate to write to: The Editor, Dental Tribune UK Ltd, 4th Floor, Treasure House, 19-21 Hatton Garden, London, EC1 8BA

Or email: lisa@dentaltribuneuk.com

New mouth cancer website launched

A new website dedicated to raising the awareness of mouth cancer has been launched by leading oral health educators the British Dental Health Foundation.

Visitors to the website will be able to access information on the symptoms and early warning signs of the disease, its risk factors, the latest facts and figures as well as guidance on self-examination and early detection.

Chief Executive of the Foundation, Dr Nigel Carter said: “It is frightening to think that cases of mouth cancer in the UK have grown by 50 per cent over the last ten years. At current rates the incidence of the disease is likely to double within a generation. The rise in cases can be largely attributed to the change we have seen in our lifestyles, over what has been a relatively short period of time – increases in smoking and drinking alcohol to excess being the most culpable factors.

“We estimate that over the next ten years around 60,000 people in the UK will be diagnosed with the disease. Without early detection half of these people will die.

“The new mouth cancer website will allow users to access a wide range of tools and services to help them better understand the causes and implications of the killer disease. We hope that it will make people more aware to the risks, encourage early detection and ultimately save lives.”

The website, developed by Smile-On, has been launched to coincide with the run-up to the charity’s Mouth Cancer Action Month campaign¹, supported by Denplan, which takes place throughout November.

The website can be found at www.mouthcancer.org.

Correction

In *Dental Tribune* Vol 5 No 25 pages 21-22 the contact details for Jacqui Goss were incorrect. Her contact number is 08456 448066. We apologise for any confusion caused.

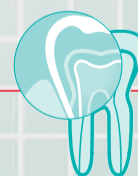
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1 Marinho V et al. (2002) Cochrane Database Syst Rev. no3.

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Gum disease likes healthy mouths

Normal bacteria which live in our mouths provide the catalyst for the development of gum disease, a debilitating condition which leads to painful gums and the loosening of teeth, new research from Queen Mary, University of London has found.

The unexpected finding could pave the way for the development of preventative measures in tackling gum, or periodontal disease*, by manipulating the normal bacteria in the same way that probiotic yoghurt works to protect the intestine.

Researchers at Queen Mary's Blizard Institute, including Medical Research Council Clinical Research Training

Fellow Mark Payne, worked with scientists in the US; they published their findings in the journal *Cell Host and Microbe* today (27 October).

The scientists introduced the oral bacterium *Porphyromonas gingivalis* to mice living in two different test conditions. The mice with normal bacteria in their mouths developed periodontal bone loss but the mice raised under germ-free conditions, in the absence of any normal bacteria, remained disease-free.

Professor Mike Curtis, Director of the Blizard Institute and co-author on the paper, said when the oral bacterium *P. gingivalis* was introduced under normal conditions "it stim-

ulated the growth of normal bugs leading to a large increase in the number of those organisms already there".

"*P. gingivalis* was introduced at very low levels yet it had a major effect on both the immune system and the inflammatory system," he said.

"This oral bacterium only appears in small numbers but appears to have a major influence on the overall ecology. It has a keystone effect in a community – working in the same way that starfish, which have relatively small numbers, control the shell fish communities in the sea.

Professor Curtis said although the findings were en-

couraging in terms of understanding the way gum disease develops, there was still "some way to go" before there was a similar product on the market for gum disease as a probiotic yoghurt is available for the intestine.

"Now we know that periodontal disease only develops through *P. gingivalis* interacting with the existing bacteria in our mouths, we need to understand the role played by our normal bacteria in both the development of disease and protection from it," he said.

"This may then provide the means to develop preventative measures for the disease."

Professor Farida Fortune,

Dean for Dentistry at Queen Mary said the research was encouraging for people who suffer from gum disease which results in bleeding gums and ultimately loose teeth which cause difficulty in both speaking and eating.

"The public still need to be mindful of the way they look after their teeth and gums," she said.

"People need to pay more attention to their oral hygiene. Their local hygienist, dental therapist and dentist can all assist in teaching them effective cleaning techniques. Just these simple preventative measures, as well as not smoking, will go some way to helping them avoid developing gum disease. DT

Historical tooth

When the discovery of ancient stone tools in Europe suggested that modern humans had been around for more than 40,000 years, the theory ignited a heated debate; apart from the tools, there was little evidence to prove the theory. Now however, scientists have the direct physical remains to prove it.

The remains, which were unearthed in the Grotta del Cavallo, Apulia, and Kents Cavern, Devon consist of two baby teeth and a jaw fragment; careful dating has

revealed they are the earliest remains of *Homo sapiens* in Europe, and are 41,000 and 45,000 years old.

The findings confirm that modern humans were not alone when they conquered Europe and confirm that *Homo sapiens* shared the land with Neanderthals. Although this recent discovery will answer some burning questions, it simultaneously raises others such as how, and why, the Neanderthals became extinct. Could the *Homo sapiens* be blamed for their evo-



lutionary cousins' demise?

"What's significant about this work is that it increases the overlap and contemporaneity with Neanderthals," explained Dr Tom Higham, from Oxford University, who led the study on the British specimen found at Kents

Cavern, Torquay.

The teeth and jaw fragment have been known about for decades; however, it is only now, thanks to modern technology and the team re-examining the shape of the teeth, including their internal structure, that scientists can

confirm that they are not that of Neanderthals.

"We've done a new reconstruction, and we've actually found that one of the teeth was in the wrong place. That's for starters," said co-author Prof Chris Stringer, from London's Natural History Museum, in a BBC report.

"But we've also done a really detailed comparison, right down to the shape of the roots and internal pulp cavities. We've gone to microscopic details to show this really is a modern human. You would never find a Neanderthal fossil that had this many modern human features." DT

Be 'fearlessly independent'



Greater efforts are needed to bridge the inequality gap

The issue of health inequalities in today's society has been causing a stir for some time, and now MPs have called for focus on the matter, and have claimed that greater efforts are needed to tackle the problem.

In a new report, which ex-

amines the government's proposals for public health, MPs on the Health Select Committee explained that the importance of improving health protection and reducing health inequalities had been spoken of.

"It is an aspiration which

we all share, but delivering the aspiration often involves facing uncomfortable questions which it is easier to avoid," said committee chairman Stephen Dorrell.

"Those questions are likely to become even more difficult at a time when the NHS faces an unprecedented financial challenge," he warned.

According to a report in *Net Doctor*, David Buck, senior fellow in public health and inequalities at the King's Fund think-tank, welcomed the report and described the current lack of progress as "the most significant health policy failure of the last decade." He has since urged MPs to act on the committee's recommendations.

It was also suggested by the committee that England's new public health body must be 'fearlessly independent'. DT

BADN AGM votes to abolish post of chairman

BADN members voted to abolish the post of Chairman of Council, expanding the role of President to encompass the duties of Chairman.

The Motion to abolish the post of Chairman, which was proposed by a BADN member and supported by several Council members, was debated at BADN's well-attended AGM - held at Dental Showcase on Saturday 22 October 2011 - and passed by a 96 per cent majority vote.

"BADN would like to thank past Chairman Angie McBain for her sterling work on behalf of the Association" said President Nicola Docherty. "Angie has been a member of Council for more than ten years, having held the posts of Regional Coordinator, President, Chairman, acting Finance Officer and Chair of the now-de-

funct Sedation and Education Groups, and has represented the Association on several working groups and Committees. We would like to wish her every success in her future endeavours."

At the AGM, members also passed a Motion prohibiting past Presidents from standing for a second term. A third Motion to make greater use of the BADN website for official notices was also passed. DT



BADN President Nicola Docherty

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Lost in Ovid

Elaine Halley reveals the power of the username and passwords

With just over three months to go before the deadline for the final handing in of the dissertation, there is a slight sense of panic rising in me which I am struggling to keep down.

I fitted my complex case yesterday and remembered to photograph the laboratory work on the models before I bonded the case – thank goodness. I'll be reviewing the case today so then all that's left to

do is upload the photographs and finish the write-up and reflection. My dental nurses asked me yesterday what I needed to do with this case for my MSc so I started to explain that I needed to provide a justification from

the literature for every step of the treatment. Yes, you guessed it – I was still talking ten minutes later and their eyes had completely glazed over.

The deadline for the com-

plex case write up has been extended to the beginning of December. So far, we have had feedback on our research question, our aims and objectives and 2,500 words of a literature review. It would have helped if I had actually read the guidance on the Harvard system for referencing as I got that wrong. I found the literature review to be a challenge which may be related to my choice of question and there being so many papers and tangents to explore.

The term 'lost in Ovid' has meaning to my fellow students. Ovid is the search tool used through the Manchester University Library that searches Pubmed and other databases. What tends to happen is that you find a paper of relevance, and then you find the references of that paper. Then you go down a trail of institutional log-ins trying to source the article in free-text. Whilst doing that, you come across other relevant articles and references which distract you from the original quest and before you know it three hours have gone by and you have a stack of references that may be marginally relevant to your research question. It does feel akin to a labyrinth and maybe a trail of white pebbles would be appropriate.

However, I must give some credit here to the system. I am absolutely in awe of the fact that armed with my University of Manchester username and password I can access all sorts of academic sites across the globe and full text articles from world wide at the touch of a button and from the comfort of my sitting room.

Meanwhile, the current topics are 3,500 words on Methodology and 1,000 on data handling and STATISTICS. The hot topic of conversation is how on earth does anyone figure out how to calculate the sample size?! We have hand-outs and web links and examples but I still am none the wiser. ☹

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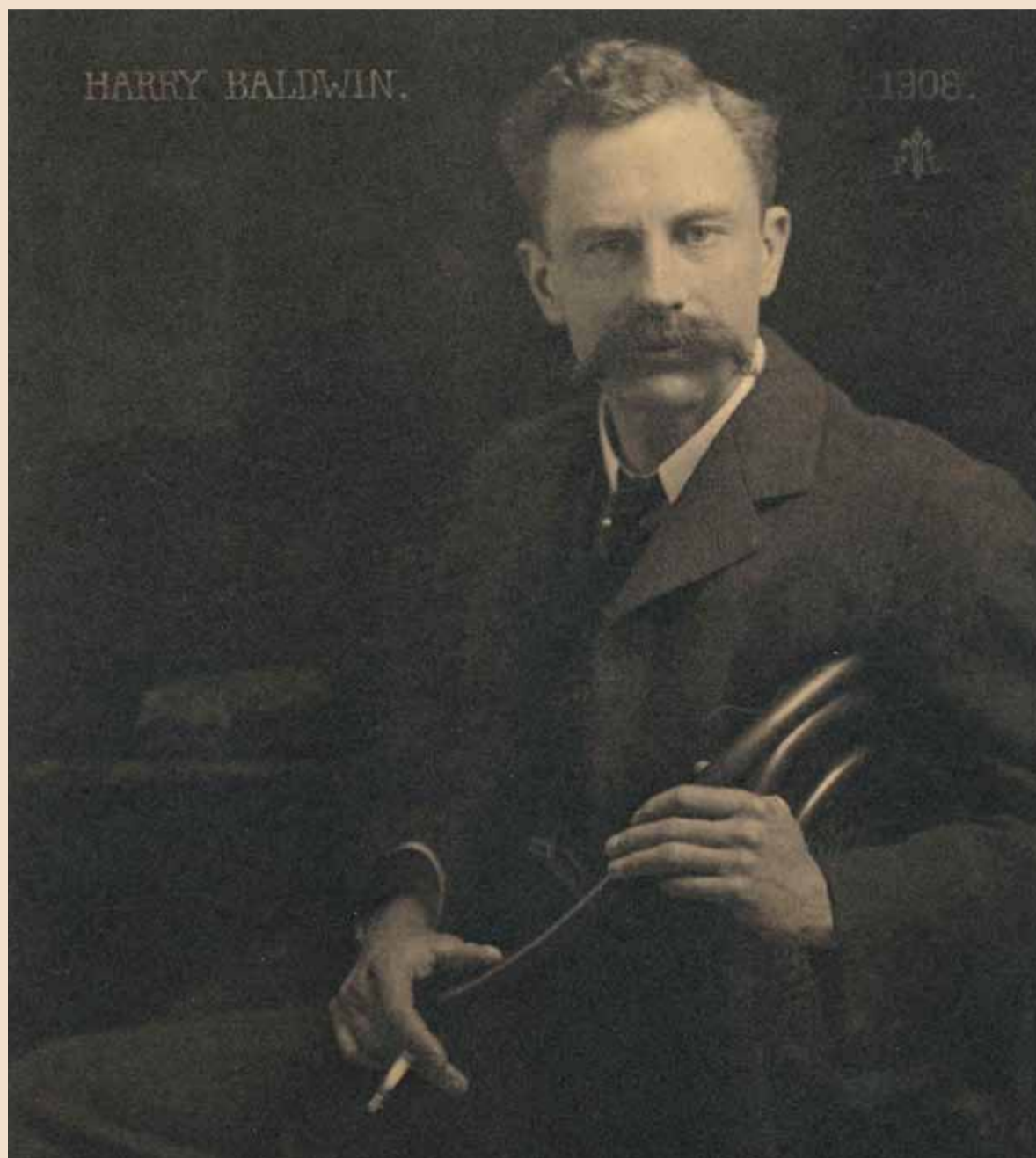
About the author



Elaine Halley BDS DGGP (UK) is the BACD Immediate Past President and the principal of Cherrybank Dental Spa, a private practice in Perth. She is an active member of the AACD and her main interest is cosmetic and advanced restorative dentistry and she has studied extensively in the United States, Europe and the UK.

A royal encounter

In the second part of our look at Sir Harry Baldwin Laura Hatton uncovers his role as the Royal Family's dentist



Sir Harry Baldwin circa 1908. Image courtesy of Richard Fowler

In last month's article I ventured into the history of World War I and revealed the incredible story of Sir Harry Baldwin and his involvement with the maxilla facial hospitals in France and Britain. However, this was only a fraction of Harry's life; the other part of Harry's career was intertwined with royalty.

A royal way

The path which led Harry to the halls of Buckingham Palace began early during his training and undoubtedly through his hard working and accomplished character. By day Harry would train and refine his skills in dentistry at the Royal Dental Hospital and Schools but by night he would fall into the role of doctor, expanding his wealth of medical knowledge at the Middlesex Hospital. During these schooling years, Harry surpassed his peers and excelled in the classroom. His focus and classroom excellence earned

him the Saunders Scholar, a scholarship that was an honour for any student. Funded by Sir Edwin Saunders, who was at the time dentist to Queen Victoria and Prince Albert, the Saunders Scholarship was a lifeline into the dental profession, and for Harry it most certainly became a helping hand in getting his 'foot in the door'.

With the Saunders Scholar under his belt and a great understanding of dentistry fast developing, (and not to mention a prize for practical surgery) Harry was an employer's dream. After qualifying in 1884 he was employed to work in the famous dental practice of Sir John Tomes' in Cavendish Square (the gentleman who was referred to by Sir D'Arcy Power, in the Dictionary of National Biography, as the gentleman who "began to practise dentistry when it was a trade, and... left it a well-equipped profession.") During these years Harry not only

completed his medical training, but he also met his future wife, a dental nurse named Lucy White, whom he married in March 1914 just before the outbreak of World War I.

Working alongside Sir John's son, Charles, (an exceptional dentist who was later awarded the John Tomes Prize) Harry's career was progressing into a prosperous profession. From 1891 to 1899 Harry shared his expertise and knowledge with the Royal Dental Hospital as assistant dental surgeon where he was "vividly remembered" as the man whose "self-reliance and keen analytical acumen" helped several junior surgeons through "many a difficult case."

Harry's career was thriving, and it was with much esteem that within a decade Harry found himself embarking on a Royal mission which led him into the halls of the Royal household.

Making impressions

And so it was that Harry was appointed to attend to Queen Victoria's dental needs in her final years. And although this information was not well known, he also held a similar post in the household of King Edward VII.

There were, however, other remarkable stories regarding Harry's royal post. During my research I interviewed Richard Fowler, who is the godson of Harry's only child. As Richard divulged on the past and the incredible history of Harry, he narrated to me of one of his childhood memories:

"Our two families knew other since 1959; I knew Sir Harry's wife, Lady Lucy Baldwin and I recall holding the mouth impressions of Queen Victoria. When Lucy died, my godmother Mary gave a lot of Harry's equipment and mouth impressions to Dental College London – I believe that the impression of Queen Victoria's mouth went there."

The story was intriguing and encouraged me to find out more regarding this particular encounter between Queen Victoria and Harry. Although the research got off to a shaky start, with the impression of Queen Victoria's mouth misplaced somewhere amongst a pile of archive material (or

left to the services of Harry, who was personally called upon by Queen Victoria. With little hesitation in granting her consent for Harry to take an impression of her lower jaw, Harry used his skills and professional know-how, and unlike no one else of that time, fitted the Queen with a lower denture.

A presidential career

Harry's career continued to excel in every direction; in 1912 he was elected president of the British Society for the Study of Orthodontics, and for many years was treasurer of the British Dental Association. In 1913 he was appointed president of the Metropolitan Branch of the British Dental Association, and in 1915 of the appointed president of the Odontological Section of the Royal Society of Medicine.

Alongside his growing collection of titles, Harry's familiarity and trust with the Royal Family continued to develop, and as Richard explained during our interview, Harry not only had a growing passion for art, but he had also become a personal favourite of Queen Mary and quite a hero (in relation to her teeth) too.

The letters

It would seem that Harry's charming manner had a way of instilling a level of trust in his Royal patients and for a number of years Harry attended

'I recall holding the mouth impressions of Queen Victoria'

so I am lead to believe), the famous appointment had fortunately been documented in the Spring 2008 edition of *Dental History Magazine* Vol 2 No 1 17. The magazine details a day in May 1897, when Charles Tomes visited the Queen to discuss and evaluate the idea of making her some false teeth. However, although Sir Charles Tomes tried, it was noted by a gentleman named Reid that although "[Sir Charles] gave a favourable opinion about her mouth... H.M. would not allow him to take a cast of her mouth yet!" And so it was

the King and Queen regularly at both Buckingham Palace and Balmoral. His accomplished manner and charm meant that Harry was often invited to social court events and after finding that Queen Mary had a love for antiques, Harry struck up a friendship with the Queen, where they corresponded to one another, exchanging notes and ideas.

Throughout my research I was granted access to a number of letters of correspondence between Queen Mary

Trust The Dental Directory for Surgery Planning

It seems that these days the old adage ‘the customer is always right’ is becoming obsolete, as many businesses sacrifice customer service for the sake of budget cuts. However, at The Dental Directory customer service

is still the number one priority and it is this attitude to personalised care that has earned the company a reputation for excellence and over 50% of the current market share in Dental Supplies.

It is not just this area that the company excels in, for The Dental Directory also provides a first class equipment service for surgery planning and supply. Here Shilpa Chitnis, of Dental Concepts in Hampshire tells us about her experiences of working with The Dental Directory on their recent surgery project.

“During the time I was an associate, the practice I was at used The Dental Directory so I have been dealing with the company for over six years. I now own Dental Concepts and, after my previous experiences, was only too pleased to continue the association. I have worked with The Dental Directory as a practice owner for around ten months now.”

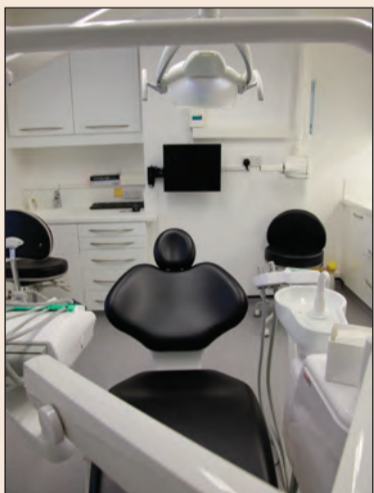
Shilpa recently undertook a refurbishment of the practice after taking over as owner and utilised the services of The Dental Directory in both an advisory and supply

capacity. After extensive consultation, The Dental Directory supplied Shilpa with a new state-of-the-art Anthos surgery and the latest equipment and Modwood cabinetry for her decontamination room. When making such large purchases, it was important to Shilpa that she dealt with a reputable and efficient company.

“I was dealing with three or four companies at once during the refurbishment so the whole thing was rather complicated, but throughout it all my Dental Directory Equipment Consultant,

Martin Gregory, was fantastic and made the process so much easier. The Dental Directory offered good prices on all the items I needed but to be perfectly honest I have stayed with this company not for the prices, but for the service. The customer care I receive is outstanding and that alone is worth its weight in gold! If ever I need something or have a question, my phone calls are answered within three rings, my messages receive an immediate response and any information or brochures requested are received within 24 hours by email, fax or post. The response time is exemplary, which is of particular benefit to me as a practice owner as I have dealt with companies in the past that take three days to get back on my queries and often don’t have any answers when they do. The Dental Directory has obviously realised that going the extra mile for its clients makes good business sense as it ensures customer loyalty.”

Even if Shilpa requires something outside of The Dental Directory’s remit, she can still rely on her Equipment Consultant to help her with this and any other queries.



“The customer care I receive is outstanding and that alone is worth its weight in gold!”

“...The refurbishment was a big job and the equipment was a massive investment but I really came to trust Martin as he was always honest and always on the end of the phone when I needed him.”



“Martin liaises with other companies and arranges for their representatives to call me, which really takes the hassle out of dealing with a new business. The refurbishment was a big job and the equipment was a massive investment but I really came to trust Martin as he was always honest and always on the end of the phone when I needed him. I know that The Dental Directory team will continue to provide top notch aftercare on all the equipment I’ve purchased from them.”

The Dental Directory only ever offers impartial and honest advice on the vast equipment range they offer – and not being tied to any one manufacturer means customers are advised on the solution that’s right for them – as Shilpa experienced first hand.

“When I was choosing equipment for the surgery the most important thing The Dental Directory did for me was listen. Martin really listened to everything I had to say

and took note of all my requirements. He even spent two hours discussing the project with me one evening after practice hours, when many of the companies I had previously spoken to refused to come out after 5pm. It was a great relief knowing the The Dental Directory was willing to work to my schedule and that there was someone there to guide me every step of the way.”

The Dental Directory offers a full equipment service from installation to aftercare with in house specialists on hand to answer any questions. Mohammed Latif, is the resident digital imaging expert with over 15 years in this field. Shilpa was extremely happy with every aspect of the service she received and to know expert help was always on hand.

“Martin went through the specifications of every piece of equipment I ordered with me before it arrived and then made sure I had the contact

details for the company’s digital imaging expert, Mohammed Latif, in case I had any more questions. Everything was delivered and installed on time with absolutely no problems. In fact, The Dental Directory was the only company that managed to keep to schedule! I would recommend The Dental Directory to my colleagues for so many reasons but the main thing I would like to emphasise is the company’s attitude to customer care. The service provided by The Dental

Directory as a whole, and by Martin Gregory in particular, has been outstanding. The refurbishment was very recent but already the aftercare I’ve received has been excellent. Ask me again in six months time and I’m certain the answer will be the same. I spoke to Martin over thirty times before making any decisions about the equipment I wanted and he was endlessly patient! He never pushed me to buy anything and he never had any guarantee that I

would even go through with the purchase, yet was still there for me at every turn. I will continue to work with The Dental Directory on both large and small orders because I firmly believe that they will endeavour to do their best for me and my practice.”

For further information please us call free on 0800 585 585 or visit www.dental-directory.co.uk

