DENTAL TRIBUNE

The World's Dental Newspaper · United Kingdom Edition

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News in Brief

Tooth cupcakes

As a dentist-in-training Erica moulds teeth out of many materials, including amalgam, resin, wax, and acrylic; however, recently her talents have taken on a slightly more edible design! Erica has started her own brand of cakes and cookies from medical and dental related to seasonal designs! Her creations include EKG cookies and lately she has upped her game and created incredibly realistic molar cupcakes. On her website www.ericasweettooth.com Erica claims that the anatomies of the molar cakes are pretty accurate! (She even plans to make them sugar-free!) Her cupcake making was a project she had set herself during Hurricane Irene, when Erica expected to lose power. To make the molar like shape Erica moulded crumbled up baked cake and frosting onto the cupcakes and then covered them with a thin layer of pre-rolled icing. She said in her online blog that the cakes were a celebration to the start of the next chapter in her education. Erica added that she hoped her crowns and fillings for her future patients will come out as pretty as her cupcakes (but definitely less sugary!)

What a pretty packet

Putting the gruesome and graphic images aside, young people are still attracted to tobacco displays. The findings come from a study, published in the journal *Nicotine and Tobacco Research*, which found out that young people who recall seeing tobacco displays in shops are more likely to start the habit. According to a report, Cancer Research UK-funded scientists, who interviewed 950 youngsters, aged 11 to 16, who did not smoke, found out that 27 per cent of them were susceptible to smoking, as determined by their views on whether or not they thought they might smoke in the future. What's more, four-fifths of the youngsters said that they had noticed behind-the-counter tobacco displays, and one in four thought they were eye-catching. Lead researcher Anne Marie Mackintosh, who is based at the University of Stirling, said: 'Our findings show a link between the smoking susceptibility of young people and tobacco displays in shops. 'Demonstrating that young people who had never smoked appear vulnerable to the colourful and brightly lit tobacco displays is a real concern and reinforces the importance of putting those displays out of sight.'

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Neel Kothari discusses the clinicians role in snoring

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GDC "must do better" says regulators' Regulator

CHRE publishes report showing failings in FTP processes

The publication last week of an Audit of the General Dental Council's initial stages fitness to practise process by the Council for Healthcare Regulatory Excellence (CHRE) has been deemed to create further concern about the organisation's performance.

The audit, published on Monday 5 September, identifies a number of significant issues with GDC processes including inadequate information gathering, on-going weaknesses in explaining the closure of cases, extensive unexplained delays in the referral of cases and poor recording and management of case information. Damningly, the review also says that GDC assurances that it would take action to address weaknesses identified by previous CHRE reports have either not been fully implemented or have failed to have any noticeable effect. The audit follows a critical review of the GDC by CHRE in July.

The audit revealed that there were incomplete information gathering by GDC FTP staff

- Decision letters that did not fully address all the issues or properly explain why the GDC was taking no further action
- Unexplained delays in the FTP processes
- Poor record keeping
- Non-compliance with the GDC's policy that cases cannot be closed by a single caseworker unless their decision is appropriately authorised.

We were pleased that in this audit we found no evidence of cases that had been closed too early, or of closure decisions that we considered were unreasonable.

At the end of this report we refer to the changes that the GDC is already implementing to its FTP processes, which we hope will help to address the weaknesses we have identified during our audit.

Peter Ward, Chief Executive of the BDA, said: "This report is a catalogue of errors that asks profound questions about the GDC's ability to fulfil one of its core responsibilities. It does not reflect favourably on an organisation that has undergone significant change in recent years, with a poorly-managed move away from professional self-regulation and a massive expansion in the professionals it registers.

"The publication of the report comes on top of BDA concerns about the GDC's priority setting and is likely to damage the confidence of both patients and dentists in the body. It must now concentrate on addressing the concerns this report identifies and demonstrating it is a competent force in the regulation of dentistry. Dentists and patients alike need a regulator that they know is reliable, professional and fit for purpose."

In response to the CHRE's latest audit of the initial stages of its fitness to practise (FtP) process, the GDC said: "The audit findings clearly highlight areas for improvement and the major reform programme currently underway is aimed specifically at addressing those deficiencies. We were pleased that the CHRE found no evidence of cases having been closed too early, or of closure decisions that were considered unreasonable – both are critical in terms of patient protection."

The CHRE report states: "We are confident that the GDC is now aware of the work it needs to do to achieve the necessary improvements to its FtP processes, and that it has plans in place to achieve those improvements within a reasonable timescale."

The GDC states that progress is already being made in achieving these improvements and regular updates are given at the GDC's Council meetings. DT

You've got the whole world in your mouth

It was World Oral Health Day 2011 on 12th September and the theme of this year's event was 'Noncommunicable diseases (NCDs)', which are sometimes called chronic diseases.

The aim of the day was to increase awareness on oral health, including the impact that oral diseases can have on the body and a person's general health. All around the world countries took part, with photo competitions and various events to raise public awareness. The day also brought an opportunity for schools to promote oral health to pupils of all ages.

Partners from public health associations, dental education and businesses also took part in the day, and announced the launch of the European Platform for Better Oral Health, which is intended to help improve oral healthcare and reduce the cost of oral diseases in Europe.

The platform's website www.oralhealthplatform.eu was launched by the platform's members, including the European Association of Dental Public Health, the Association for Dental Education in Europe, Wrigley Oral Healthcare Programs, GlaxoSmithKline Consumer Healthcare and the Council of European Chief Dental Officers.

Further help was given to associations by the FDI, who launched the WHPA Action Toolkit.

The Action Toolkit, which is aimed at prevention and targets people with certain behaviours and health issues who do not consider themselves to be ill, has been described as a practical tool that nurses, pharmacists, physical therapists, dentists and physicians can use when communicating with patients and the public on NCDs. The Toolkit includes:

- A Health Improvement Card
- A guide for professionals on using the Health Improvement Card and discussing its contents with patients and public
- A guide to the Health Improvement Card for patients and public
- Cover "Together making a difference against NCDs"

For more information on the toolkit, please click here. http://www.fdiworldental.org/content/fdi-produces-media-kit-world-oral-health-day-2011#choice.of.theme. DT

The Toolkit targets people with certain behaviours and health issues who do not consider themselves to be ill

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Editorial comment

This week I want to tell you about something important that is happening in the background as we speak – the creation of an editorial board for *DTUK* and its portfolio of specialist titles (*Cosmetic Dentistry*, *Implants* and *Roots*).

Whilst not unique, the creation of the editorial board marks an important step in *DTUK's* evolution. To maintain the quality of the articles and clinical studies we provide, the time has come to enlist the support of clinicians, dental professionals and those close to the sector.

This does not mean that I don't want to hear from readers who want to submit articles; in fact I want to hear from more of you! Email me Lisa@dentaltribuneuk.com with your article suggestions.

Look out in the next issue for a list of Editorial Board members.

Just a quick note about the rugby as I write this after the first weekend; England were unsurprisingly nervy, boys please don't make us sit through a performance like that again!! Roll on Georgia... 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?

If so don't hesitate to write to:
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Smiling for charity

Smile Star, a charity running dental camps and hospitals in India, Uganda and Kenya, are holding a Charity Ball on Friday 4th November to raise funds to send a team of dentists out to Kenya in April 2012.

Since it started the charity has been treating local people suffering from cataracts, and provides a dental 'camp', offering dental treatment to those people who would not normally have access to such treatment.

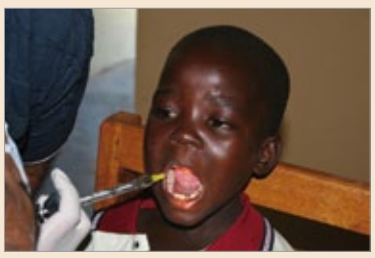
The charity was set up by Dr Mitesh Badiani, with the aim of supporting rural villagers in India, Kenya and Uganda by providing desperately needed hospital and dental care; they also works alongside the C-Group providing free dental care to medically Discharged Royal Marines.

In the summer of 2010 and Easter 2011 the charity sent a team of dentists and support staff, and they are hoping to raise enough funds to send another team out to Kenya in April 2012.

To raise funds for the 2012 trip, Smile Star are holding a Charity Ball on Friday 4th November; they are looking for auction items or sponsorship to raise enough money to buy equipment and materials. No matter how big or small it all helps.

The ball is being held At the Palace Hotel, Torquay, Devon and any support or donations will be greatly appreciated.

Tickets are available from Emily Rundle on 01364 653142, or email emily.r.mpc@gmail.com. DT



Smile Star helps out on a charity mission

Lifetime blood donation ban to be lifted

The lifetime ban on blood donation by men who have had sex with men is to be lifted following an evidence-based review by the Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO).

The recommendation, which has been accepted by the health ministers in England, Scotland and Wales, means men whose last sexual contact with another man was more than 12 months ago will be able to donate, if they meet the other donor selection criteria. Men who have had anal or oral sex with another man in the past 12 months, with or without a condom, will still not be eligible to donate blood.

The change will be implemented by NHS Blood and Transplant (NHSBT) in England and North Wales on Monday 7 November and by the Blood Services of Scotland and Wales on the same date.

The news comes as another positive step forward following the review from earlier this year, when the Department of Health confirmed that the policy which currently prevents HIV-positive surgeons and dentists from working in the UK would be reviewed.

The Advisory Committee, comprised of leading experts in the field, joined by patient groups and key stakeholders, carried out a rigorous review of the latest available evidence including:
• the risk of infection being transmitted in blood
• attitudes to compliance with the donor selection criteria
• improvements in testing of donated blood

The Committee found the evidence no longer supported the permanent exclusion of men who have had sex with men.

The change means the criteria for men who have had sex with men will be in line with other groups who are deferred from giving blood for 12 months due to infection risks associated with sexual behaviours.

Public Health Minister Anne Milton said: "Blood donations are a lifeline, and many of us would not have loved ones with us today if it was not for the selfless act of others.

"Our blood service is carefully managed to maintain a safe and sufficient supply of blood for transfusions. Appropriate checks based on robust science must be in place to maintain this safety record and the Committee's recommendation reflects this. It is important that people comply with all donor selection criteria, which are in place to protect the health of both donors and transfusion recipients."

Professor Deirdre Kelly from the Advisory Committee on the Safety of Blood, Tissues and Organs said: "Around two million individuals generously donate blood every year in the UK to save patients' lives. The SaBTO review examined the best available scientific evidence for UK blood donor selection in relation to sexual behaviours. Our recommendation takes account of new data that have become available since the last review in 2006, as well as scientific and technological advances in the testing of blood.

"Adherence to the donor selection criteria is vital to maintain the safety of the blood supply, and donors need to be assured that the criteria are evidence-based. We are confident that this change maintains the safety of the blood supply."

Dr Lorna Williamson, NHS Blood and Transplant's Medical and Research Director said: "NHS Blood and Transplant's priority as a blood service is to provide a safe and sufficient supply of blood for patients. We welcome this review and its conclusions. It gives us an opportunity to broaden our donor acceptance on the basis of the latest scientific evidence." DT

Lack of confidence in sector future

According to a new Healthcare Index published by Lloyds TSB Commercial, dentists' have an increased lack in confidence in the future of the health care sector.

Based on a combined 'Confidence Index' drawn from a number of questions, where any figure greater than zero represents a positive outlook and figures below indicate a negative one (the maximum value achievable is plus 100 and minus 100), dentists registered minus 26. GPs registered minus 61 and pharmacists registered minus 50.

The figures indicate that whilst dentists are uncertain about the proposed NHS reforms and how these will hit their profit margins, they are the most positive of the primary healthcare respondents overall.

The findings of the report also included that:
• Dentists are responsible for the only positive figure in the index research; plus 12 say that they have a positive outlook in the short term (gauged over 12 months). This figure is reflective of the significant contractual changes that the profession has already experienced, especially those that have already opted out of the NHS.

• In contrast however, dentists' collective long term confidence (gauged over five years) falls significantly to minus 64. This is the greatest shift in confidence of the three sectors.

• Overall confidence in the future of the dentistry sector reflects concern around finances and growing competition; 85 per cent of dentists are expecting further financial pressures over the next five years and 91 per cent anticipate increased competition in the market place over the same period.

• Nearly half (43 per cent) of dentists expect to see an increase in profits over the next twelve months, with 33 per cent expecting profits to remain flat.

• 41 per cent of dentists have experienced claw-back in the last twelve months for NHS underperformance.

Ian Crompton, head of healthcare banking services for Lloyds TSB Commercial, said: "Our findings suggest that further consolidation is expected in the dentistry profession, with many expecting to see a rise in the number of groups of multiple practices.

"As with any significant change, those most able to take advantage of new arrangements will be the ones who adapt the quickest, looking for fresh opportunities and new partnerships."

Despite the relatively low levels of confidence reflected by the index findings, only 22 per cent of dentists said that they were not confident that they would find someone to take over their business when they retire.

Ian Crompton added: "Although dentists are more optimistic in the short term, take away the relative stability of a current NHS contract and they appear to share the same financial fears as GPs and pharmacists.

"A significant 84 per cent of dentists are saying that financial pressures have increased over the last five years and on this basis, we could see a lot of older dentists selling up and retiring from the profession in the very near future."

To view the full Healthcare Index please visit www.lloydstsb.com/healthcare DT

Feedback saves dental clinic

Plans to close Leighton Buzzard's community dental clinic on Bassett Road have been dropped by NHS Bedfordshire thanks to a group of patients.

The announcement came after proposals for a modern, high-quality community dental service across Bedfordshire were approved by its Trust Board. Currently, Community Dental Services (CDS) has 13 clinics across Bedfordshire and Luton. Although the clinics contain specialist equipment, have the services to treat patients with special care needs, and provide access for those in deprived areas, a number of the clinics only run part time. Furthermore, the buildings in which the clinics are held no longer meet new standards.

Originally it was planned that five clinics would be closed to ensure that CDS could deliver a more efficient service. NHS Bedfordshire wrote to those patients that would be affected and when they learnt that the clinic at Leighton Buzzard would be closed they stated in their feedback the difficulty they would face with regards to travel. As a result, the proposed closure of the Leighton Buzzard clinic was dropped.

Tony Medwell, NHS Bedfordshire's Head of Primary Care Commissioning, was quoted in the www.leightonbuzzardonline.co.uk saying : "These changes across Bedfordshire will enable CDS to provide the same full range of high quality services for the same number of patients in a far more efficient way. That is essential at a time when the NHS has to get the best possible value for the taxpayers' money.

"However, following feedback from patients using the Leighton Buzzard clinic, it was clear that it would have been more difficult for them to travel to the nearest clinic compared to patients using clinics in other parts of Bedfordshire.

"This feedback has been valuable in helping us to develop proposals to ensure we have clinics spread across Bedfordshire and Luton which continue to offer good access for patients."

The Community Dental Service's mobile unit and home visiting service to patients living in residential care are both unaffected. DT

Leighton Buzzard dental clinic was too good to lose

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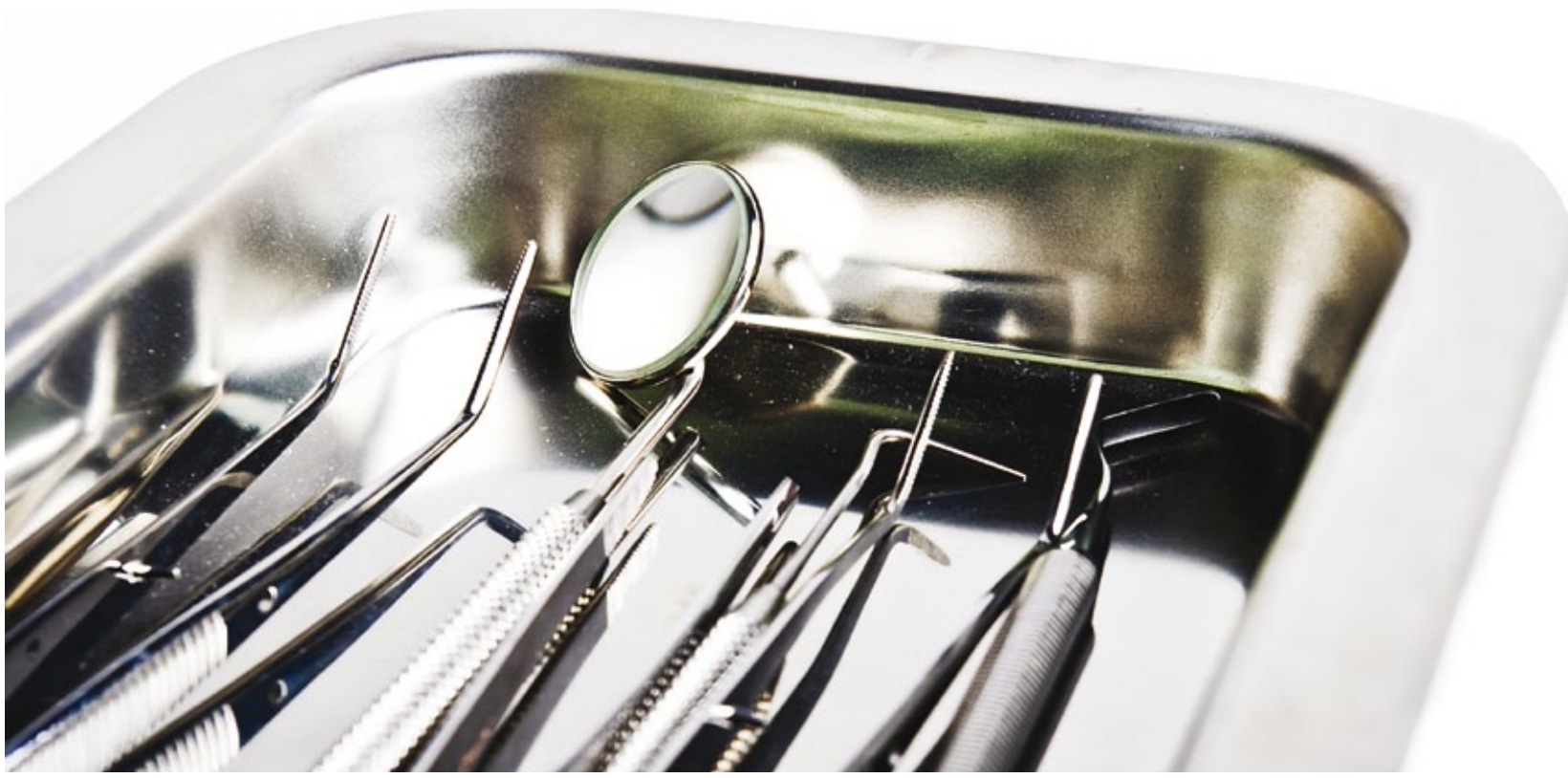

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BADN decides not to proceed with conference

The current difficult economic climate, and the fact that few dental nurses are able to obtain funding from their employers, has caused BADN to reluctantly decide not to proceed with the 2011 National Dental Nursing Conference, which was to be held in Glasgow in November.

"Although we have been able to keep the cost of Conference the same since 2009, there is even less funding available for dental nurses to attend Conference" said outgoing President Sue Bruckel. "The cost to delegates of £120 for the two day Conference is already considerably less than the actual cost, which is closer to £3-400 per person, at a conservative estimate. We manage to keep the cost down to just £120 through sponsorship from dental trade companies, by speakers waiving their usual fees, and because our staff organise the Conference in house and give up their weekend to actually run it. BADN receives no official funding; unlike Deaneries, for example, or NES, who can therefore put on events with only a nominal fee to delegates, we have to fund Conference through sponsorship and delegates' fees.

"The majority of General Practice dental nurses have always had to pay themselves to attend Conference; and often have to take annual leave to attend as employers will not allow study leave or contribute towards the cost of their dental nurses fulfilling their CPD requirements. Traditionally, there has always been a strong core of dental nurses from other sectors of dentistry attending Conference, because employers such as PCTs or Deaneries have provided partial funding. However, this year, even that funding has been severely curtailed or even withdrawn. This, together with the GDC's outrageous demand for £120 registration fee for every dental nurse, means that very few dental nurses are able to afford Conference. We have therefore had to make this very difficult decision."

The Presidential Inauguration of incoming President Nicola Docherty and the BADN AGM will now be held on Saturday 22 October at Dental Showcase, courtesy of the BDTA. There will also be a buffet lunch, sponsored by Phillips Sonicare. Dental nurses wishing to attend the Inauguration and lunch, and current BADN members wishing to attend the AGM, should contact Katie Ball at Katie@badn.org.uk.

"I am of course very disappointed that Conference cannot go ahead in my home town of Glasgow" said Nicola "but appreciate that we are in very difficult times financially. I should like to thank both the BDTA and Phillips Sonicare for their generous sponsorship of the Presidential Inauguration and the AGM, and look forward to speaking with as many dental nurses as possible at Showcase."

BADN will be reviewing their Conference strategy later this year and hope to run an updated, more compact 2012 Conference. DT

The public reveals its thirst for knowledge

An analysis of more than 150,000 enquiries from the public over the past five years reveals which dental issues are most important to the public.

The British Dental Health Foundation has been providing an independent and impartial dental helpline since 1997. New data released by the Foundation reveals the top five most common enquiries from the public and some of the trends over the past five years.

In 2006, five issues accounted for well over half of all enquiries from the public (58 per cent). These included NHS Regulations (15 per cent), Dental Charges (13 per cent), Finding a Dentist (11 per cent), Prosthetics (11 per cent) and Complaints (8 per cent).

In 2011, the same five issues accounted for 44 per cent of all enquiries, 14 per cent lower compared to five years ago. Implants, crowns and bridges and other removable appliances now top the list with around one in seven (13 per cent) of all enquiries. The greatest changes concern the NHS, with significantly lower enquiries relating to dental charges (-8 per cent), NHS Regulations (-4 per cent) and Finding a Dentist (-3 per cent). Increasingly important issues to the public include seeking advice on oral hygiene (7 per cent) and legal and professional conduct issues (6 per cent).

Sharon Broom, the Foundation's Director of Operations, said: "A new dental contract in 2006 created significant interest in NHS regulations and charges. Since then, the public has become more familiar with NHS Dentistry. However, with a new dental contract being piloted in some parts of the UK, we are already forecasting another increase in calls when the new contract is rolled out.

"Overall, the public has remained fairly consistent with its information needs over the past five years. We are pleased that the number of calls regarding oral hygiene is increasing. A greater awareness of consumer rights in all aspects of everyday life is also spreading into dentistry, with more and more callers seeking information on legal issues."

"The Foundation's Dental Helpline is staffed by qualified dental nurses and costs, on average, £9 per call. It continues to be funded entirely by charitable donations and we hope the dental profession and trade continue to support this unique and important part of patient communication." DT

Bold approach puts workers at heart

Manchester's The Lowry will play fitting host to the latest in an exciting series of CPD events created by Baxi Partnership Healthcare.

Speakers Dr Simon Gallier, John Grant and Pat Langley will focus on offering dentists new ideas to help tackle the challenges of practice ownership, including the latest guidance and advice on dental law and regulatory compliance, as well as exploring a completely new business model for dentistry.

The lectures are free, and food will be served; and delegates will be awarded 1.5 hours' CPD. The next two venues are: Manchester (4th Oct) The Lowry, 5.30pm registration for a 6pm start; Leeds (5th Oct) De Vere Village Hotel, 6pm registration for a 6.30pm start

If you cannot attend any of these dates but are interested in learning more about the employee ownership model, please contact Simon Gallier directly at simon.gallier@baxipartnership.co.uk or visit www.baxipartnershiphealthcare.co.uk to find out more. DT

Myth buster - DH strikes back

The following statement was published by the Department of Health (DH); email us to let us know what you think.

MYTH: The Health Secretary will wash his hands of the NHS
The Bill does not change the Secretary of State's duty to promote a comprehensive health service.

MYTH: Bureaucracy will increase significantly
We are abolishing needless bureaucracy, and our plans will save one third of all administration costs during this Parliament.

MYTH: You are introducing competition in the NHS
Competition will not be pursued as an end in itself. We have said that competition will be used to drive up quality, and not be based on price. Nor will we allow competition to be a barrier to collaboration and integration.

MYTH: You are privatising the NHS
Claims that we aim to privatise the NHS amount to nothing more than ludicrous scaremongering. We have made it crystal clear, time and again, that we will never, ever, privatise the NHS.

MYTH: Private patients will take priority over other patients
The NHS will always be available to all, free at the point of use and based on need and not the ability to pay. Nothing in our proposals will enable private patients to "leapfrog" to the front of NHS waiting lists.

MYTH: NHS hospitals will be managed by foreign companies
Even if independent sector management is used, NHS assets will continue to be wholly owned by the NHS. And there would be rigorous checks to ensure that any such independent provider is reputable and fit for purpose.

MYTH: The Bill hasn't had proper scrutiny
The Bill has so far spent longer being scrutinised than any Public Bill between 1997 and 2010 - 40 Committee sittings, and over 100 hours of debate. Even Opposition MPs acknowledged that every inch of the Bill has been looked at.

MYTH: The NHS doesn't need to change
The NHS does need to change to meet future challenges of an ageing population and rising costs of treatment. The independent NHS Future Forum confirmed the NHS must change to safeguard it for the future.

MYTH: You are introducing EU competition law in the NHS
The Bill does not change current UK or EU competition legislation or procurement legislation or the areas to which they apply.

MYTH: These plans were not in the Coalition Agreement
The Coalition Agreement clearly said doctors, nurses and health professionals will be handed freedom to decide what is right for their patients; that we will establish an independent NHS board; that patients will be in charge over their care; and that we will cut the cost of NHS administration by a third to reinvest into the front line. DT

• Email lisa@dentaltribuneuk.com with your thoughts on the statement.

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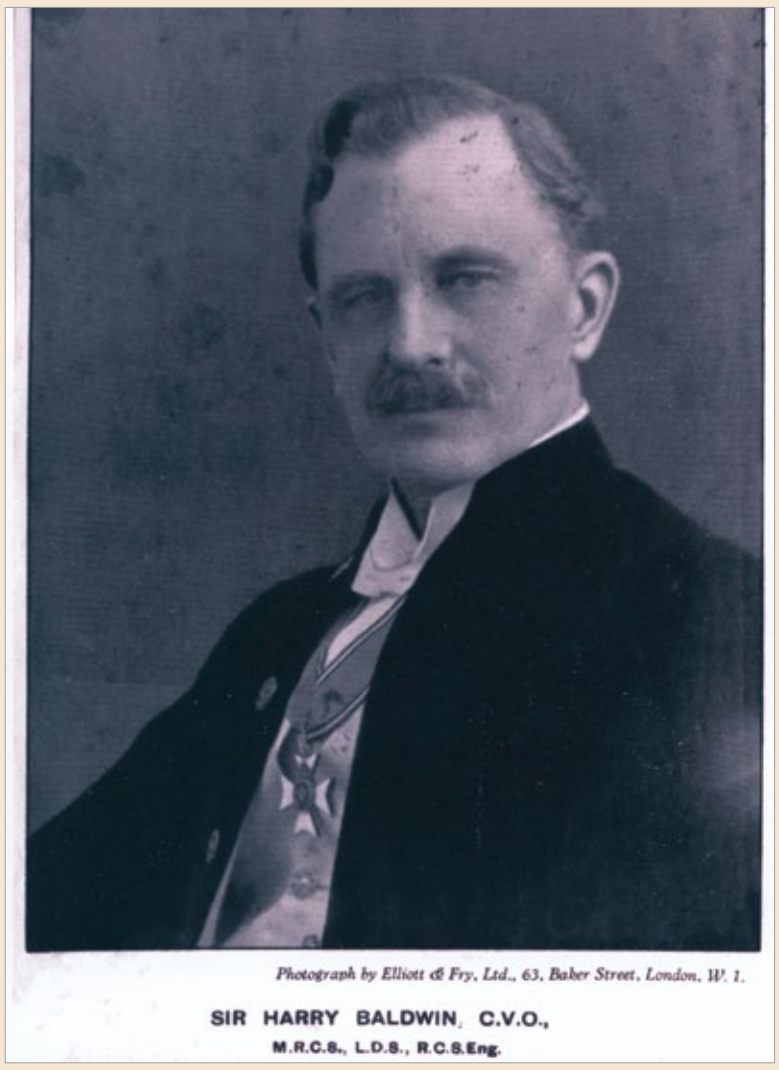
The truth from the trenches

In this three part series *Dental Tribune's* Laura Hatton explores the forgotten history of the dentist's role during World War I



Sir Harry Baldwin, courtesy of Richard Fowler

The beginning of this research began with a remarkable conversation with a gentleman named Richard Fowler, who enlightened me about a close family friend and a noteworthy dentist, Sir Harry Baldwin. Being the godson of Sir Harry Baldwin's only child, Mary Baldwin, Richard was able to reveal the intriguing story of Sir Harry, which captured my imagination. Born in 1862 into a family of drapers in Nottingham, Harry developed a passion for dentistry and after qualifying in 1884 he became acquainted with Sir Charles Tomes, and worked alongside him at the Cavendish Square Practice for many years. In 1913 Harry became President of the Metropolitan Branch of the British Dental Association (BDA), and in 1915 was appointed President of the Section of Ondontology. Harry's later life was intertwined with various connections to the Royal Family, becoming dentist and surgeon dentist to Queen Victoria and King George V, and as will be uncovered in the second part of this series, he was a favourite of Queen Mary.

Richard had heard the stories, held the mouth casts of Queen Victoria, and what began as a history of an astonishing Victorian gentleman who had introduced Plaster-of-Paris to Britain and created the amalgam filling, turned into a remarkable story with a historical climax. Together, with the help of Richard and the archive material which he donated to King's College London, the story of Sir Harry Baldwin unfolds in the midst of World War I, where his role in society arguably changed dentistry forever…

At the beginning of World War I no specialist hospitals existed for soldiers who had received facial injuries whilst fighting on the front line and it became clear that these men desperately required experts to attend to their injuries. Although such hospitals were set up in France, Britain had not followed suit and it was to take months of perilous travel and detailed documentation before serious action was to be taken. The milestone began on the morning of December 31st 1915 in a military hospital on the front line in France, when a gentleman of fair hair and a 5ft 9in build walked into one of the largest rooms of a military hospital in France; Hospital Dentaire de Paris. Even with his dental know-how and 53 years of life experience behind him, nothing was going to prepare him for the scenes that lay before his eyes: the gentleman, Harry Baldwin, was about to witness some of the most extensive jaw cases of the Great War.

As Harry walked through the room hundreds of soldiers lay before him; many of these men, some barely old enough to be enlisted, had extensive loss of tissue in the lower part of their face. Harry spent the morning observing and documenting the degree of shrapnel damage that had maimed and disfigured the soldiers, noting how all the cases needed complex levels of reconstructive treatment. However, it wasn't until Harry found himself observing a false eye surgically enclosed into the flesh of a piece of cheek that he realised that this was no ordinary hospital: the era of reconstructive surgery had commenced.

War injuries

On 3rd January 1916 in Lyon, Harry's perception on the treatment of jaw cases was significantly altered. He had spent the last few days witnessing horrific scenes and facial injuries at the Hospital Dentaire de Paris and had worked alongside Dr Frey at the Val-de-Grâce, however his journey was to lead him to the hospital Service de Stomatologic de Lyon, in the presence of surgeon dentist Dr Pont. Recording every step, Harry watched in fascination as Dr Pont attended to an officer that had suffered what had been classified as a "war injury to the jaw".

To clarify what was commonly labelled as "war injuries to the jaw" I will refer to a speech that Harry made on his return to Britain: The term was implied to those who had suffered severe injuries of the maxillae, or in other words, wounds that had been caused by bullets, pieces of shell, or bombs striking the bone at high velocity. "The effect of these impacts", Harry explained, "is to comminute the bone and generally destroy or completely carry away some sector of it. Pieces detached, and likewise teeth, frequently have so great a proportion of the momentum of the bullet imparted to them that they themselves act like projectiles and tear through the soft tissues in a radiating manner, inflicting very large flesh wounds."

> *'The appearance of the patient is often ghastly, mastication is impossible, speech is very difficult, and when the chin and symphysis are gone there can be no control of the saliva…'*

Harry devised how such injuries could be classified into six sections or types, determining the true extent of the damage and the treatment that would be best suited for treatment. Type 1 wounds were fractures of the jaw caused by a gunshot wound where there was no disarrangement in the line of teeth; Type 2 were single fractures of the mandible with lateral displacement (this tended to cause a loss of articulation); Type 3 were single fractures with vertical displacement; Type 4 were cases with two or more fractures with loss of substance (this level of injury was usually caused by a shell); Type 5 were gunshot wounds to the maxillae that had caused complications, such as possible haemorrhage and teeth embedment; Type 6 cases were the most severe injuries and as Harry explained, the most distressing of cases (in these instances most of the anterior portion or more of the bone and soft tissues had been "carried away").

The Service de Stomatologic de Lyon was one of the first in France, accommodating 830 cases, which were assembled in six large hospitals; five other hospitals were annexed to the central hospital, Hôpital de Stomatologie et Prothèse Bucco-Faciale. One of these hospitals was reserved for jaw injuries that had been complicated by sinus and ear wounds, whilst another had been reserved for jaw injuries that had been complicated by wounds of the eyes.

The soldier on this particular afternoon had suffered a Type 4 injury, and with his fate in the hands of the dental surgeons, the soldier was put under the effect of ethyl chloride (a form of anaesthetic that had proved popular during the War). Harry recorded the procedure in detail:

"Dr Pont used a shankspoon in the pocket of a sinus and eventually scraped out the fragment of shell and two longish pieces of bone – one unpleas-

antly the point of the chin, the other a fragment about an inch wide through the whole…of the jaw and containing two teeth – one a wisdom tooth – these, Dr Pont said, unfortunately were dead – the soft tissues were then divided by completely splitting up the sinus, which was under the chin, and a clay of kind was soaked in --- of iodine and packed into it. Bandages were then applied to the fracture."

In the beginning

It became obvious to Harry that hospitals such as this were a necessity to the survival of soldiers during the war and on querying the situation further he was invited to read the hospital's first annual report. The Hospital Service de Stomatologic de Lyon begun in September 1914 as an ambulance of 30 beds, which was located in the presence of a school and strictly reserved for wounds of the face. Scarcely had it been created was it perceived as insufficient to support the number of wounded men that were being sent from the front line. By 1915 the total number of beds had increased by 250; this later increased to 690, with 771 soldiers admitted in November 1915 alone.

'The soft tissues were then divided by completely splitting up the sinus, which was under the chin, and a clay of kind was soaked in --- of iodine and packed into it. Bandages were then applied to the fracture'

The hospital was surrounded by a large garden where the wounded would spend time recovering before being sent to the centre of the Service, Auxiliary Hospital No. 19, where the soldiers would be attended to by dental surgeons.

Between December 1914 to December 1915, 374 splinter extractions were carried out, along with 92 extractions of missiles and 90 plastic operations, not to mention a whole array of operations including the 18,834 extractions, 722 scalings, 3,186, 1,779 plates (artificial teeth), and 25 metal chin caps. There were 947 recorded apparatus for the retention of fragments of jaw, 674 apparatus for the reduction of displacements and 255 apparatus to prevent cicatricial retractions.

Harry realised the momentous role that the hospital was performing and on his return to Britain he began writing letters to various people. His words painted a clear image of what he had seen and on January 15th 1916 Harry received a letter from Norman Bennet stating he accepted the idea of dental hospitals, and that it would not be impossible to create them; he went on to confirm that Harry's concerns would be pressed upon Surgeon-General Russel at the War Office, as he was the man "who [was] really responsible for dental and jaw treatment in the Army." Mr Bennet further mentioned how a French correspondent had declared that the majority of the dental profession in France was to be utilised in dental work for the Army. For Harry this information was invaluable and was soon to become the backbone of his campaign.

Rewriting history

On his return to Britain Harry had come equipped with enough evidence to launch an appeal to create stomalogical hospitals in every district in Britain. His message amplified how such hospitals offered a chance for those soldiers who had become mutilated wrecks to return to society as men presentable and happy, and not as objects of horror and commiseration.

In one of his earliest speeches on his return, Harry related how the failure to create a stomological service early in the war had resulted in soldiers coming back to the hospital, with their mouths sewn up and distorted; many of them had

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