

UNIVERSITY OF BRISTOL



**Newsletter
of the
Bristol Dental Alumni
Association**

No. 18 May 2008

BDAA

BRISTOL DENTAL ALUMNI ASSOCIATION

The aims of the BDAA are:

- to promote continued contact between graduates and the Dental School
- to support worthy causes within the Dental School

Committee 2007-2008

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CONTENTS

	Page
From the Chairman/Editor	2
An Investment For The Future – <i>Gordon Gray</i>	5
The Students’ Year – <i>Christoph Harper</i>	9
New Students Common Room and Hathorn Bar Renovations – <i>Scott Deacon</i>	11
Student Electives	
• Cavities, Composites and Culture in Germany <i>Jennifer Haworth</i>	12
• Candidal Carriage in Bangkok <i>Jemina Patel and Joon Seong</i>	15
• Histopathology in Bristol <i>Adam Radford and Louise Long</i>	17
• Under-water Dentistry <i>Chand Shah and Indika Weerapperuma</i>	18
• Orthodontic Elective in Perth, Australia <i>Bhavisha Shah</i>	22
• Sun, Sea, and MTA! <i>Emma Saliba and Shiva Abbassi-Ghadi</i>	25
Hakuna Matata - <i>Simon Ernst</i>	30
The Fifty Shilling Dentist - <i>Rob Evans</i>	36
Reports of Alumni Reunions: 1957, 1966, 1977, 1997, and 2002	42
Alumni News	50
Forthcoming Reunions	52
Notes for Reunion Organisers	53
Income and Expenditure	55
Where Are They Now?	56

From the Chairman/Editor



During nearly 30 years at the Dental School I got to know the place like the back of my hand. Now, on my occasional visits, I need a guide to show me way around. As Gordon Gray describes in his article, the recent developments, financed by a huge grant to enable the enrolment of almost a 50% increase in student numbers, have transformed the place. I remember showing visitors around the School years ago, feeling embarrassed with its run-down appearance and offering excuses about

shortage of funding, but also claiming that it's quality within that is more important than outward appearance. Now the outward appearance can only be a source of pride and we must hope that the quality within can be maintained – which may be difficult when, as Gordon points out, there is a 'freeze' on new academic posts.

Working in a modern environment with up-to-date equipment and facilities must be stimulating and inspirational for students, helping to make them, as Christoph Harper points out, "Proud to be Bristol". Christoph is the new UBDSS President and, as such, we have welcomed him to our committee. (Christoph, not Christopher – a crucial difference when another student in the same year is called Christopher Harper!) Christoph is from Warminster, Wiltshire, and attended Bishop Wordsworth Grammar School. In Bristol he plays rugby league for the University 1st team (yes, rugby league – didn't know this northern version had reached Bristol) and football for the dental student team. When not playing sports he is out socializing and enjoying his second passion ...wine.

All alumni will be interested to know how the new students' common room and Hathorn Bar are developing. Scott Deacon's report brings us up to date, and it seems that it will soon be available again not only for students and staff but also as a popular meeting place on a Friday evening for alumni returning for reunions. Last year's Newsletter included a sponsorship appeal to help finance the provision of facilities beyond those originally planned by the

developer, and several alumni have made donations which are greatly appreciated and will be formally acknowledged in a plaque in the completed room. Further donations would be welcome – they should be made payable to ‘University of Bristol’ and sent to me (Dr Reg Andlaw, 18 West Dene, Stoke Bishop, Bristol BS9 2BQ).

As usual we supported a number of students on their electives last year and, as usual, they travelled far and wide: to Germany, Thailand, Australia, Malta ... and Bristol ! Emma Saliba and Shiva Abbassi-Ghadi, who carried out part of their project in Malta, are to be congratulated not only for winning the regional Dentsply/BDA Young Clinician of the Year award but also, when Shiva presented it at the national event in London, winning the Adjudicators Award for Clarity and Professionalism. We also supported Simon Ernst, a 2007 graduate, who spent 6 months doing voluntary work in Tanzania, Uganda and South Africa – his experiences are described in this issue.

Also in this issue is an interesting account by Rob Evans, a 1970 graduate who retired in 2006 and later volunteered for a 1-month stint in Kenya, sponsored by Rotary International. After surviving the initial culture shock and adapting to primitive working conditions in outlying villages, they ended up with great admiration for the “proud and dignified” people they met – so much so that they plan to return this year.

Five of the 10 reunions listed last year as being ‘forthcoming’ actually materialised – the 1957, 1966, 1977, 1997 and 2002 years – and three more are being held in Bristol this April, as we go to print. The 1966 year (or, at least, a hard core of them) continue to maintain their impressive record of having met every year since they graduated.

We again donated £1000 to the Dental School library, bringing our total donations since we started in January 2002 to £ 8513, which has been used to buy 225 new books. (The details given on page 55 show the donation as £2000 but this is because our 2006 donation was not cleared before 15th November 2007.) It is uncertain if and when these books would have been bought without our help, but our support is greatly appreciated by the University who repeatedly express their appreciation.

We also supported the Final Year Dinner again (or was it the Dental Ball ?) by sponsoring a jazz band for the evening. They obviously had not heard of The Muskrats (or perhaps they had !).

Ian Callaghan, who graduated in 2003, is planning to ride the entire Tour de France cycle route with a friend in July and raise money for two charities. They will be following the route taken by

the best cyclists in the world in what is one of the most popular and spectacular events in the sporting calendar. The route covers 2,200 miles and takes in 19 high mountains in the Alps and Pyrenees. They are aiming to complete the ride in 23 days – approximately 106 miles per day. Their chosen charities are Macmillan Cancer Support and CLIC Sargent. They have a blog at www.ianandmatt.blogspot.com which has links to sites through which donations can be made. He and his friend would be grateful for donations to support their charities.

Finally, I want to thank all who have contributed to this Newsletter, and Dominic Alder who put it all together.

An Investment For The Future

Gordon Gray, Dental Clinical Dean



A recent media report has stated that Britain is no longer just trying to 'Keep up with the Joneses' but that we have gone into overdrive and become a nation of 'spendaholics'. We are trying, apparently, to 'Keep up with the Celebrities' and are buying all the latest trendy accessories as if they were going out of fashion. As I reported last year, Bristol Dental School has had some £16.3million investment allowing us to gain entry to the spendaholics club beside the

Beckhams, but the investment has altered the School in a way that would have previous graduates wondering where they were.

A year.....12 months.....52 weeks.....365 days...8760 hours or 525600 minutes. They all mean the same thing, but depending on how you wish to emphasise what you are saying will determine the one you choose. The past year has been just a blink of an eye – despite all of the disruption of living in a building site. It is now coming to an end and I am pleased to say just in time for the increased year size to enter our newly refurbished clinics. An increase to 79 students is quite a jump from our current fourth year student group of 44. Those of you who have had a grand reunion tour in the past year have marvelled at the changes and have looked enviously at the dental units and the general ambience of the new clinical environment. Some have even been moved to comment on the shock awaiting graduates entering Vocational Training!

The new facilities may be exciting to those of us who have eugenol in our veins but, like the celebrities and their 'must have' accessories, we have also been under the surgeon's knife and undergone a nip and tuck. A University of Bristol freeze on new academic posts has seen only one new person take up post this year. This is a very daunting situation when we are faced with a 48% increase in student numbers. However, we are delighted to welcome Helen Peterson back home as a Wallport Academic Clinical Fellow.

She will work closely with Professor Howard Jenkinson to study for a PhD in molecular microbiology within thrombosis research in relation to bacterial endocarditis. After graduating from Bristol Dental School, Helen did her Vocational Training in Wales where she took up two posts under the GPT scheme, one as a Community Dental Officer in Rhondda Cynon Taf and the other as a Maxillofacial Senior House Officer in hospital at Merthyr Tydfil.

After the Christmas break Bristol Hospital and School welcomed a new manager. Michael Wheeler, who holds a joint University of Bristol and United Bristol Healthcare Trust appointment. This is the first joint appointment of this type in the country and it brings together the management of all the hospital and school activities divided into the three main areas of teaching, NHS service delivery, and research. I am sure that the eyes of the other dental schools will be watching us with interest to see how this exciting new post evolves. In the past, the NHS Manager and the University Manager have had disparate roles and presented quite contrasting priorities.

Michael Wheeler is no stranger to Bristol as he has worked for the Dental School for nearly three years on a part-time basis as programme manager for outreach dental training. He also had a post as capital projects adviser for the Dental School expansion project. Michael has a long history in dentistry. He qualified as a dental hygienist nearly thirty years ago and spent the first twenty years in the Royal Air Force where he undertook a variety of roles, including leading on the development of dental team training and the project management of a dedicated dental fitness monitoring system. He joined the NHS ten years ago as Oral Health Promotion Co-ordinator for the old Somerset Health Authority before taking over as project manager for the Primary Care Dental Service, bringing together the old Community Dental Service with the Dental Access function. With the introduction of PDS contracts he became Dental Development Manager for South Somerset PCT and also led on the introduction of the new dental contract, and knows more about Units of Dental Activity than any sane dentist would want to know. He is currently President of the British Society of Dental Hygiene and Therapy, a member of the NHS Dental Workforce Review Team and a DCP adviser to the Faculty of General Dental Practitioners.

All the major works associated with the redevelopment of the Dental Hospital and School have now been completed. This was achieved on time and within budget which is a feat that is seldom

achieved within the building trade today. During the two years of redevelopment work there was no loss of teaching or patient service delivery. This was achieved by careful monitoring of the project through a steering group made up of all the stakeholders with representatives drawn from both the Dental Hospital and School, Bristol University, UBHT estates, the local PCT, Laing O'Rourke (the principal building contractor) and Gardner and Theobald who acted as the project managers for the refurbishment project. Laing O'Rourke management of the refurbishment was recently recognised as they received an award for the most outstanding managed major refurbishment project in the South West and Wales.

This gives Bristol the most modern dental teaching facility in the UK. The Dental Hospital and School is made up of four buildings: the main building on Lower Maudlin Street; the Welcome Building completed in 1975; University extension opened in 1985 and The Chapter House that was officially opened by the Queen and Prince Philip in 1995. The new Dental Hospital and School site changed beyond recognition.

The highlights of the refurbishment are:

- An increase of 50 dental chair numbers from 113 to 163
- A dedicated consultant suite and oral surgery extension
- All dental operating units and associated cabinetry of a standard design, to facilitate better training in primary dental care
- New prosthetic teaching laboratory
- Extension of the clinical skills laboratory from 30 to 45 units
- Improved research facilities
- Totally new library facility with state-of-the-art computer-aided learning suite.
- New Student Common Room and patio area (thanks to the many alumni members that contributed to this project)
- Upgrade of all associated support facilities within the Lower Maudlin estate including two dedicated primary dental care decontamination suites complete with large-scale washer disinfectors and vacuum autoclaves.
- Upgrade of the Information Technology system to facilitate a paper-light patient management system and digital x-ray system.

Although the refurbishment has been completed, there are still many pressures on office space for academics and support staff and further problems associated with dental chair utilisation. Not only do we

have an annual intake of 79 dental undergraduates but we have 12 dental therapists on a graduate programme who require clinical space.

The next phase of the student expansion project is the development of a 21 chair dental outreach clinic, which is part of the new South Bristol Community Hospital that will become fully operational in early 2010 and will finalise our new dental curriculum that now sees students treating patients as early as Year 2 of the undergraduate course.

The splendid new facilities will now allow us the potential to hold postgraduate courses to establish the ethos of Life Long Learning in our graduates. These courses may be far reaching beyond the single day Section 63 course and allow us to establish Certificate, Diploma and Masters degree programmes. Watch this space to see how this exciting new development unfolds.

We are always delighted to hear of students past and present who earn recognition in the wider dental community. Recently, we have had a few such occasions. The first was the 31st Anniversary of the Dentsply BDA Student Clinician Programme which took place at the Sheraton Hotel in Park Lane London recently. A project by Emma Saliba and Shiva Abbassi-Ghadi was presented as the entry from Bristol along with presentations from all dental schools in the UK. We were delighted to learn that Shiva received the Adjudicators Award for Clarity and Professionalism for her presentation. The second occasion was when Michael Lessani and Matthew Brennand Roper, who graduated in 2007, were awarded the Elective Award by the British Endodontic Society for their study of the use of ozone in the management of endodontic infections. It is always a pleasure to see Bristol win some nationally recognised prizes and fly our flag proudly.

I am looking forward to the challenge of another year and hope I can manage to keep up with the Jones without becoming a spendaholic.

The Students' Year

Christoph Harper, UBDSS President



I wouldn't be wrong in saying that every UBDSS President and committee start off hoping that their time will be remembered as influential. In some ways this natural evolution, building on those blocks left behind by previous committees, is what pushes Bristol Dental School forwards and makes the students "Proud to be Bristol".

I had the pleasure of taking over from Adam Radford and his committee in October. Thanks must go to Adam for keeping spirits high during the main extension of the dental school.

So the autumn term kicked off with the usual bang of freshers' initiation, this year with a public workers theme which included a good mix of trades, including the token sex workers.

BDSA sports day was held in October at Dundee. Twenty Bristol heroes made the twelve-hour journey north to become the most southern dental school present at the event. The few sociable drinks everybody enjoyed on the Friday evening seemed to have a profound effect on the quality of play early Saturday morning – either that or the haggis that was served for breakfast. Once again our cheerleaders made up for our lack of silverware.

Jon Mahoney, our social secretary, has been doing a sterling job organising Tuesday evening socials and we have closed the gap that has always existed between the pre-clinical and clinical years.

The dental ski trip over Christmas was organised by Nick Hemmings and myself. Twenty six snow riders made it sound, safe and uncomfortably (via the infamous bus) to Val Thorens, where we made the most of the great conditions.

The Dental Ball committee must be congratulated on organizing possibly the best dental ball ever and attracted record numbers with the Arabian nights theme.

The BDSA conference held in February at Birmingham was well attended with some inspiring lectures by top lecturers. Bristol won "best fancy dress" and received a complimentary limousine to the

BDSA Ball, much to the envy of those other schools travelling on the buses.

The Hathorn Bar is soon to be opened, with the first Friday bar hopefully happening around the middle of April. Those of you who haven't had the pleasure of seeing the new bar will be delighted to know that we are now the only dental school that still has its own bar. Not only this, but a bar that puts most university union bars to shame.

Coming up in the summer term is a joint social between Bristol and Cardiff, an inter-year football and netball tournament, and, quite excitingly, the possibility of Bristol holding the first ever BDSA southern dental sports day. The Hanover exchange is also almost upon us, with 16 students travelling across to experience the hospitality of the German dental programme, and thanks must go to Dr Gray and Dr Hooper without whom this couldn't happen.

Bristol Dental School is being represented at local and national levels by students, and we are showing the country that we are alive and kicking – and this is why in our eyes we are the best dental school out there.

Plenty more to come from Bristol!

STUDENTS' COMMON ROOM AND HATHORN BAR RENOVATIONS

Scott Deacon, Senior Staff President, UBDSS



It gives me great pleasure to inform you that the redevelopment of the students' common room, Hathorn Bar and courtyard space, which have been underway these last 12 months, is almost complete, with the delivery of a canopy from Australia helping to complete the major work to the outside space. The students have had use since last autumn of the new common room, which blends both an indoor seating area around the bar and a new conservatory. *(See photograph on centre page.)*

The Hathorn Bar has a long history and it is good to see that the tradition will continue in this new era. This includes the Hathorn Bar sign, which has been decorating my office this last year! The bar is now a smart mixture of wood and slate tiles. Many will notice that the facility is smaller than previous, but hopefully this will add to the friendly atmosphere of the place. The bar has two new enthusiastic student managers in Colin McGrath and Aled Thomas to take on the task and fulfil the legacy of providing free drink to ex-bar managers for life (ex-Bar Manager dropping subtle hint here). Hopefully, after renovations are complete and the dust has settled, the student body will host an evening, which will officially re-open the Hathorn Bar.

I would like to take this opportunity to personally thank all those members, including previous staff and students, and organisations that have contributed to the redevelopment fund. It is largely down to these that the outside and inside spaces will be enjoyable areas of relaxation and finding common ground between staff and students in the future.

My sincerest thanks go to the following alumni members: Martin Addy, Reg Andlaw, Rajbir Singh Deol, Ian and Alison Grant, Kate Gunnery, Frin Mills, Louise Nash, Jeremy and Michelle Peak, Sarah Sheen and Chris Stephens; and the following organisations: Bristol Dental Alumni Association, Dental Defence Union, South West Postgraduate Deanery, 3M Unitek, and University of Bristol.

STUDENT ELECTIVES

Cavities, Composite and Culture in Germany

Jennifer Haworth



In July 2007 I was lucky to be able to spend a month in Hannover. In 2006 and 2007 I had been a member of the Bristol-Hannover dental student exchange programme and this had given me the opportunity of visiting Hannover and meeting German dental students. As a result of this exchange, I felt that Hannover would be a great place to spend my elective. With the help of Dr Gordon Gray in Bristol and Dr Michael Eisenburger in Hannover I was able to do this.

I spent my time in the dental hospital, which is part of the massive site of the Medizinische Hochschule in Hannover. My research was a lab-based project examining the changes in cavity size associated with restoration removal. Removal and replacement of fillings is staple work of any general dental practitioner and I was



*Phantom head
laboratory in
Hannover*

interested to find out just how good dentists are at removing fillings conservatively and preserving natural tooth. I placed amalgam and composite restorations in extracted natural teeth, positioned these in a phantom head, and then asked German dentists to remove the fillings. I then measured the increase in the size of the cavities, by taking impressions of the cavities using impression material. My results were interesting and sometimes surprising. The dentists were better at removing amalgam restorations than composite restorations: removal of composite restorations resulted in an average increase of 30% in cavity size compared with 12% after removal of amalgam.

During my time in Hannover I worked with various German dentists. Most of them had been qualified for a few years and were working in the hospital treating their own patients and teaching undergraduates. I spent time in the emergency clinic which gave me insight into some of the similarities and differences between German and British dental care. All the staff were very kind and did their best to help me in my research. One member of staff even offered to take me in her private plane on a flight over Hannover! That was a great experience which allowed me a birds-eye view of the beautiful city,



*Hannover
town hall*

with the historic old-town, the large Maschsee lake and the formal Herrenhäuser Gardens. Other free time was spent exploring the numerous shops and cafes, where I developed a full appreciation of that wonderful German custom, “Kaffee und Kuchen”. In fact my German dental student friends were always keen to introduce me to a wide range of German culture, food and beverages. Fortunately for

me, there was a heat wave in northern Germany during July, so outdoor musical entertainment in the picturesque squares in the evenings was very common.

One striking aspect of Hannover is its very close association with Bristol. It was twinned with Bristol in 1947 and it is great to see proof of this friendship throughout the city; even the town hall is on a street called “Bristolweg”. I also had opportunities to travel out of Hannover. I spent one weekend in the nearby countryside where I visited the Marienburg Schloss castle. This is a true fairy-tale style castle with dreamy turrets and spires. I also travelled by the superbly efficient train service to Berlin, where I spent time taking in the famous sites of this exciting city.



*Brandenburg
Gate, Berlin*

I thoroughly enjoyed my stay in Hannover. I was able to carry out some good research, experience something of German life and I also made lasting friendships. I would like to thank Dr Gray and Dr Eisenburger for their help with my project and the Bristol Dental Alumni Association for their kind financial support.

Candidal Carriage in Bangkok

Jemina Patel and Joon Seong



Our interests in oral malignancy and desire to travel somewhere very different from England, took us to the Kingdom of Thailand, South East Asia.

The aim of our elective project was to determine the candidal carriage and Fluconazole susceptibility in patients treated for head and neck squamous cell carcinoma. We were shown great hospitality by our Thai supervisor, Dr. Kanokporn Bhalang, who was very supportive during our project. We spent the first two weeks of our stay in Bangkok, collecting samples from the associate hospitals of the Chulalongkorn University and culturing them at a laboratory based in the dental school within the University. Our results showed



*Joon with
Dr Bhalang*

that patients in Thailand treated for head and neck cancer had Candida that was innately resistant to Fluconazole and some Candida that possibly acquired resistance to Fluconazole, despite no previous history of antifungal use.

Thailand was a fascinating destination for our elective. The nightlife was always bustling, with busy night markets and street vendors selling exotic foods ranging from familiar pad thai and tropical fruits to the tantalizing deep-fried grasshoppers and praying mantis! It was a culture shock, but a most enthusiastically welcomed one, seeing as it cost us next to nothing! Pad thais were going for 25p and foot massages were only £2 an hour. The best £2 we have ever spent!

Bangkok Transport System was an exciting day out in itself. Standing several feet above the ground was the sky train which provided transport to local areas in central Bangkok. It was clean, efficient and would definitely give the London Underground a run for its money as it was minus rats and with the added benefit of mobile phone reception.

Chulalongkorn University itself is the oldest university in Thailand and was in fact commissioned by the King himself. Reflecting this, the University looks more like an ornate temple, with



University building

intricate detail, rather than a modern university. It was surprising to see how pivotal the King was to the everyday life of the Thais. On first landing in Bangkok, I wondered if there was a universal uniform of yellow but was then informed that everyday of the week was given a colour and that Monday was yellow, and this was the day the King

was born and therefore the royal colour that everyone wore. It was not long before us tourists were showing the same respect for a king we hardly knew.

All in all, it was a great elective in a fascinating place, an academic and cultural experience we'll find hard to forget.

Histopathology in Bristol

Adam Radford and Louise Long



We travelled far away to a strange city for our elective experience. After overcoming the difficult language barriers and strange customs of the natives we were able to settle into our elective project in the sunny city of Bristol!

Unlike most normal people our subject of interest was in oral pathology. We teamed up with Professor Jon Eveson and the lovely Histopathology technician Mrs Suzy Threadgold. The aims of our project were two-fold: to assess the feasibility and reliability of an immunohistochemical staining method devised to quantify lymph vessel growth and density in oral squamous cell carcinoma (SCC), and to assess whether an increase in these factors are linked to head and neck lymph node metastasis. Based in a laboratory in the BDH with a load of deformed mice in jars and the best of Rod Stewart CDs for company, our vision gradually deteriorated from endless hours of light microscopy.

During the 4 weeks we managed to escape from the lab and experienced many wonderful things. We swam in the exotic warm waters of the union swimming pool and visited the eighth wonder of the world, the Cabot Tower. We also experienced fine cuisine in Gregg's of Broadmead and sampled local tipples such as cider in the infamous King's Arms.



*Adam and Lou
enjoying a tippie*

We managed to use the method successfully to obtain some preliminary results which suggested that there is a link between increased lymphatic density and new vessel growth in SCC, and cervical lymph node metastasis.

Our elective was a truly unforgettable experience and would not have been possible without the help of our supervisors and various Bristol bar tenders. We would also like to thank the Bristol Dental Alumni Association for sponsoring our elective.

Under-water Dentistry

Chand Shah & Indika Weerapperuma



Our elective project takes us to the farthest yet popular land of Australia. The land down under paints a picture of sun, fun and sand to the youthful mind; however, our intentions were of course more academic. The wondrous world of scuba diving and the greatest reef

in the world enticed us to look into the little known area of diving and dentistry. Mr Rob Jagger's previous studies laid down the foundation for us to look into the prevalence of oro-facial pain and odontocrexia (tooth shattering) in scuba divers.

Twenty-three flying hours from London Heathrow took us to Brisbane, the hub of Queensland. After a restful night we took a flight upto Cairns on the north-east coast of the Sunshine State. Cairns proved the ideal place to start our elective work as hundreds of enthusiastic scuba divers descend upon it for the easy access to the Great Barrier reef.

We had devised a simple questionnaire with relation to toothache, jaw pain, sinus pain and odontocrexia. We distributed this amongst the dive centres and boats departing each morning with scuba divers. Of course we were on one of the boats ourselves! Chand endured four days of gruelling training to obtain his dive certification and the sea water seemed to have bleached his hair!



*Diving at
the Great
Barrier
Reef*

Cairns is not all about diving; it is a tourist hub with more activities than you can shake a stick at. During our stay we were challenged by the rapids of the Russell river where we had to raft down on a two-man boat on our own. By the time we left Cairns Chand had already tempted fate by jumping out of a plane at 16000 feet and survived!

Having exhausted the diving population of Cairns we proceed south to Ayr beach, which is a little-known area but which offers a

fantastic wreck dive. The SS Yongala sank in 1912 and has provided an amazing artificial reef for the sea life – from 4-foot long Potato cods to turtles to poisonous sea snakes and hundreds of different species of fish and coral. It was the most amazing dive to date. Of course we were collecting data from all the divers as we went along. The beauty of our project was that we could carry on with our holiday whilst collecting data at the same time, so we kill two birds with one stone!

A 16-hour southbound coach ride took us to our next destination: Airlie beach, the gateway to the Whitsunday Islands. These collections of islands provide an excellent passage of sailing and some of the best beaches in the world. Crystal clear blue waters and sparkling white sand was certainly a breathtaking sight. We were on an 80-foot sailing boat with 20 other like-minded backpackers. Apart from stopping at the beach, we also snorkelled along the coral shores during the day and admired the most breathtaking night time sky.



*The beach at
Whitsunday's
Island*

Continuing our southbound journey our next stop was Rainbow beach. This was one of the embarkation points to Frasier Island. Frasier Island is one of the largest sand islands where only 4-wheel drive vehicles are permitted. Such being the case we hired a 4x4 Toyota land cruiser (which looked like it had been in the wars) with seven other backpackers, got tents and supplies to last three days and a short ferry ride brought us to the shores of Frasier. Driving on the sand was a new experience, with numerous instances where the jeep

was stuck in the sand and had to be pushed or dug out! The island boasts freshwater lakes and springs falling into the ocean. It even has a shipwreck on the beach. We camped on the beach under the stars for two nights (I strongly advise those pitching tents in the near future to do so before it gets dark as we found out it's more difficult than normal!) and drove around the island during the day. We were fortunate to see whales and manta rays swimming in the oceans from one the cliffs on the island. Frasier island was a truly unique experience and definitely the highlight of the trip.



*The
shipwreck
on Frasier
Island at
sunrise*

Our next stop was Brisbane, where I tried my hand at kayaking with a dolphin on the river and abseiling down an abandoned quarry. You certainly get over the fear of heights! Alas we were nearing the end of our elective period on the east coast of Australia. Backpacking, staying in hostels and the great outdoors certainly created a lasting impression of the continent down under.

Having obtained 125 responses from divers we returned to Bristol to analyse the data. The data were entered on spread sheets and tables were drawn up to compare the results. Our conclusions was that oro-facial pain was common among the diving population (sinus pain being the most common) but that odontocrexia was rare, with less than 1% of the sample experiencing it.

On reflection we felt that the elective was successful and enjoyable as we were able to mix business with pleasure and obtain encouraging results.

Orthodontic Elective in Perth, Australia

Bhavisha Shah



I have always wanted to travel to Australia, to visit my friends who are studying there and to explore parts of the country. An elective seemed like the perfect way to do a project in a subject of interest and visit a new country at the same time.

My elective in Australia started with a 24-hour flight to Perth. Luckily I had my friends, with whom I stayed, at the other end to whisk me away as soon as I got there. I met my elective supervisor, Mr Singer, on third day there, by which time I'd accustomed to the Australian way of life, which was to have a relaxed outlook at everything! The aims of my project were to compare the Index Of Treatment Needs of the case loads of a dental practitioner working under the NHS to that of a private practitioner in Australia, and to assess whether the differences in funding influences the case loads in the practices. I carried out my study by grading 100 study models of patients receiving orthodontic treatment by way of fixed appliances in both arches. I had already collected half my data at a UK dental practice and only required the data from Mr Singer's practice to compare results with. The elective went underway without any problems.

After my elective was completed I had three weeks to travel. My friends had an itinerary all planned out, and we started with a flight to Melbourne. Melbourne is a wonderful city with lots to offer. Around every corner there were so many restaurants all offering different cuisines from around the world, it was fantastic. We hired a car on one of the days to go to the 12 Apostles along the Great Ocean Road, which was a 4-hour drive along the ocean, a magnificent view all the way!

Our next stop was Sydney, very like London, busy in every way possible! Our view of the Sydney Harbour Bridge and the Sydney Opera House and the city from our hotel room was spectacular. We managed to see most of the inner Sydney city in the three days that we were there – this included the Darling Harbour, Circular Quay, Blue Mountains, Botanical Gardens. We spent a lot of time in the markets, which were a sight to see, full of vibrant colours with lots of different ethnic varieties being sold from all over the world and, of course, flooding with souvenirs of Australia.



*The 12 Apostles,
Melbourne*



*A view to
Sydney
Harbour
Bridge*

After Sydney we travelled to Gold Coast, one of the hotspots for tourists, with glorious beaches and a lively city. This was the best part of our trip to the East Coast – we spent three fun-filled days enjoying the rides at Dreamworld Theme Park and Wet and Wild! We also managed to go to an ice bar aptly named ‘Minus 5’, indicating the temperature that kept the ice structures in the bar solid! It was a one-off experience that shall never be repeated!



Our East Coast trip ended with a day trip to Brisbane, where we spent the day in a boat on the River Brisbane. Back in Perth, the

adventure hadn't ceased – we off to a day trip to a vast plain of sand dunes overlooking the ocean for a session of quad biking and a desert safari at Lancelin. We held on to our dear lives for the desert safari ride – it was a ride full of bumps and excitement! We also spent some time further south, visiting vineyards, and went to the point where the Southern Ocean meets the Indian Ocean – the waves crashing against each other was an incredible sight! It was then time to end the summer holiday!

Back home, I assessed my results, patients suitable for orthodontic treatment were noted in both UK and Australia. There was evidence to suggest that the different funding systems reflected the cases seen by the practices. The NHS practice in UK had a higher percentage of patients with greatest needs for treatment whereas the practice in Australia had a relatively low percentage for the same.

Sun, Sea and MTA !

Emma Saliba and Shiva Abbassi-Ghadi



In the Winter of 2006 we were faced with the daunting task of presenting a protocol for our upcoming elective period. Our contacts led us to Malta Dental School and specifically Dr Josette Camilleri, a very enthusiastic researcher of the relatively new dental material, mineral trioxide aggregate (MTA). Her research had highlighted properties of the material that required further investigation. This presented us with a perfect opportunity to build on her findings with our elective project. Under the guidance of Dr Camilleri and our very own Consultant Senior Lecturer, Dr Susan Hooper, we decided to investigate how varying additions of bismuth oxide to MTA affected its compressive strength and radiopacity. Bismuth oxide is added to MTA to make it radiopaque for dental use – however, it has been

shown to decrease the biocompatibility of the material. Therefore our aim was to see if lowering the bismuth oxide content for the sake of the material's biocompatibility would have a negative impact on its compressive strength and radiopacity.

With a project title chosen, our elective adventure began before most people had even booked their flights! The preliminary experiments on compressive strength were undertaken as early as November 2006 and continued forward into the New Year. The initial stages were performed in the giddy heights of the top floor Bristol Dental School research laboratories, where we worked alongside PhD students, giving us an insight into postgraduate research. We had great fun learning how to use the expensive machines and being careful not to break them! One evening we managed to get ourselves locked out on the dental school roof – a rather worrying display of the combined brain power of two future clinicians!

Preparing the specimens for testing required a strict weekly timetable and precise preparation. We prepared 12 specimens for each of six varying cement compositions to be tested, 72 in total, and left them to set in de-ionised water for 28 days. We also decided to produce another 72 specimens to be stored in artificial saliva to see if a change in storage medium had any effect on the cement's compressive strength. The compression testing was by far the most exciting part of our not-so-exciting experiment! The explosive fracturing of the specimens under load induced regular squeals from our corner of the lab that we are sure the PhD students didn't appreciate!



Finally the time had come for our project to take us to warmer weather. Malta was where the radiopacity testing of the specimens would take place. As we stepped off the plane the hot air swept a big grin over our faces – we knew we'd have a good time! Our apartment was situated in a brilliant location in the city of Sliema, near the beach and in close proximity to Malta's vibrant nightlife! Emma also had family in Malta and many of our evenings were spent talking about Maltese history and dining on traditional Maltese cuisine with her grandparents – yum!

Spending time at Malta Dental School was a really interesting experience. We were surprised at the small size of the dental years (only 5 - 6 people in one year) and also by how similar their curriculum was to ours in the UK. The students work almost entirely without the help of a dental nurse, in ageing facilities with no air conditioning (a necessity in the sweltering summer). What troopers! But life was soon to get a lot better for the Maltese dental students as their brand new dental school, situated in the £300 million Mater Dei hospital in Msida, was soon to be unveiled. We were very lucky to be shown around their wonderful new facilities by the dean of the dental school, Dr Simon Camilleri, and suddenly envy began to replace our sympathy!



Our experiments went smoothly and gave us plenty of free time to unleash on the unsuspecting population of tiny Malta! Our escapades included an all-night party with the Maltese dental students that went on till 4am. The Maltese dentists know how to party! But Bristol rose to the challenge and proved we could keep up with the pace by appearing (not so) bright-eyed and bushy-tailed at the dental hospital the next morning, something our fellow party-goers failed to achieve!

We faced up to cockroach attacks in our bathroom, jellyfish assaults in the warm seas, over-amorous Italian holiday-makers, and multi-tasking bus drivers who were never seen behind the wheel of a bus without a mobile phone glued to an ear and a drink in hand (they did occasionally remember to look at the road!). We tried our hand at the traditional Maltese crafts of glass-blowing and silver filigree and made some memorable friends, especially our supervisor Josette, who has the most amazing shoe collection known to mankind, and Raymond, our taxi-driver/personal chauffeur for the duration of our stay!



*Emma
glass
blowing*

Sadly after four fabulous weeks it was time to leave. We couldn't have wished for a better elective experience. But it wasn't all fun and games. We also worked tirelessly at producing a top-class elective project. Our most important finding was that the bismuth oxide content in MTA could be reduced from the current 20% addition without negative effects on compressive strength or

radiopacity. The importance of this is that a lower bismuth oxide concentration will help enhance the material's biocompatibility further. Our project was included in a larger study that has been submitted for publication in the International Journal of Endodontics. The project also won the local BDA/Dentsply Young Clinician of the Year award and went on to win the prize for Best Presentation at the national competition. Many fond memories were made, but I can safely say that if we never hear the words 'MTA', 'bismuth oxide' and 'compressive strength' ever again, we will be very happy dentists!

Many thanks to Dr Susan Hooper, Mr Richard Vowles, Dr Josette Camilleri and Mr Joseph Camilleri for all their kind help, and the Bristol Dental Alumni Association for their generous donation.



*Shiva working
on silver
filigree*



1957 Reunion – June 2007

Clockwise: Adrian Morrey, Vitold Maksymiak, Clive Goodman, Elaine Goodman, Alan Meredith, Jan Meredith, Val Mumford, Barry Mumford, Phyllis Vann, Gordon Tucker, John Curthoys and Pierre Viader



1977 Reunion – November 2007



1997 Reunion – October 2007

New Students' Common Room



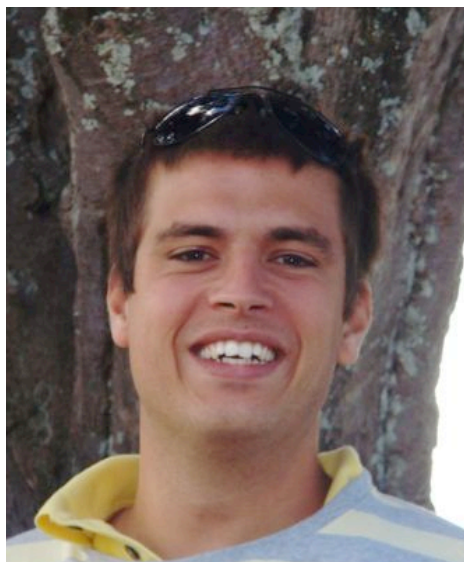
*Extension
into the
courtyard*





HAKUNA MATATA

Simon Ernst



When I started out planning this adventure 18 months ago I did not realise just how incredible it would be. I was to volunteer for a period of 6 months in three different African countries: Tanzania, Uganda and South Africa. I would be working with different organisations providing, and facilitating the provision of, dental care. As for a specific motive, I cannot say, only that it was something I had always dreamt of doing. What I can say is that the people, the places and the

culture have touched and enriched me in ways I cannot describe. Whatever preconceptions you may have about Africa and working in Africa, it is a unique experience I strongly recommend to all ages, genders and professional grades, dentists and doctors alike.

I started out with the simple idea of volunteering in Africa. There was something mysterious about Africa that had always appealed to me, perhaps the raw nature of it. I chose a time period of 6 months, immediately after vocational training, at a time when commitments were not yet tying me down, i.e. mortgage, cars, wife, kids, further professional training, etc... Six months would also be as long as I could financially sustain myself without an income.

I then began my search for organisations on the internet and, although lots of search results come up, when one types in 'volunteering' and 'dentist' (or words to that effect), and take the time to follow them up, there appears to be relatively little work available in Africa. What I found on many occasions was that medical organisations would often place a dental link on the website but not put any information in it or indeed ever think about it again. Then there were other larger organisations, e.g. Volunteer Services Overseas and Medicines Sans Frontiers that required more experience and training and I would also have little say in where I would be placed. As was the situation with charities like The Smile Organisation – they required more in-depth training and experience

with cleft lip and palate. There were other American-based Non Governmental Organisations that wanted people in South America, but I was insistent on Africa. I had heard mixed reports regarding experiences aboard Mercy Ships and decided it was not for me. I thought it would be easy – why would anyone not want a UK qualified dentist willing to come out and work for free? I did not understand and still do not fully understand. Maybe for a few months was not enough? Maybe I was too inexperienced? I do not know.

By April 2007, a mere 4 months short of my proposed leaving date, I had still not received a single positive reply. I had been looking for 8 months and was beginning to lose hope. I feared that I would never again have such a golden opportunity as this. My African Adventure was to be cut down at the first and ever-so-important hurdle. I was resigned to the fact that, come the end of April, if I still had no invitations to work in Africa, I would be forced to look for a job in the UK. I sent a last barrage of emails imploring for work and then waited and hoped.

Two weeks later, two days short of the cut-off date I had set myself, I received three different invitations, from three different organisations, in three different countries in Africa! The first was from Dr Ian Wilson of Bridge2Aid (B2A), based in Mwanza, Tanzania. He was excited about the prospect of me working for a couple of months but was also worried about what experience I may have and how I would cope in an African environment. My referees and I reassured him that I was as eager and ready as I would ever be. The second invitation came from Dr Chris Barton at the Rugarama Health Centre in Kabale, Uganda. Being a former vocational trainer, and as he regularly supervises Bristol dental students on electives, he was more familiar with my level of training. He was also very grateful for my interest and willingness to help. The third invitation came from the unlikely source of a Dr Ahmed Adam, Medical Director of the Government District Hospital in Hlabisa, South Africa. My details had somehow been passed on to him and he was only too happy to receive me, regardless of experience.

Fantastic, I thought, the rest will be easy. How wrong could I have been...? Before me now was the task of filling out all the paperwork, applying for visas, work permits, inclusion on local medical boards, and tying up loose ends back here in the UK. I was also embarking on further examinations before I left so as to improve my chances of obtaining a job for my return. All this whilst working longer hours to earn as much money as possible to see me through the

6 months. And if anyone thinks bureaucracy is bad in the UK, I will not even begin to talk about Africa. So by the time I was ready to leave for Mwanza, my first port of call, I was ready for a holiday.

It had been a seriously stressful final 4 months but I was ready to take on whatever was thrown at me. The time had come to depart so with great difficulty and many tears I said my goodbyes to my partner and, both eagerly and apprehensively, headed off into the unknown...

Africa was alive with sounds, colours and scents all day and night. It was a truly surreal experience with constant music, church bells, and calls for prayers from mosques. Drums were rumbling, people were singing, crickets were chirping, dogs were barking and even the cows were mooing! The sounds appeared to be coming from everywhere! The world around me was alive. The clothing was fascinating with bright, vibrant colours and patterns that would just seem out-of-place in the UK. There was a definite “Hakuna Matata” attitude to life there and I felt right at home. All this contributed to the whole tropical feel. The people were friendly and always smiling, big white smiles, with the odd missing front tooth... It struck me that in the face of all the socio-economic adversities, these people were still happy.

I was very surprised to find that in Mwanza the work was very similar to that carried out in any NHS practice back home, which meant that adapting was easier. I was there to manage the clinic, giving Ian the freedom to work with the rest of the B2A team on other projects and fund-raising exercises. The obvious language barriers proved challenging but with the help of everyone around, especially the nursing staff, I was able to just about get by... I think! I was also there to provide a “Flying Dentist” service to some of the gold mines in the area. This involved flying in tiny 4-seater Cessnas and landing in the middle of nowhere on gravel runways!

B2A is involved in improving the standards of living and oral health in the more impoverished communities in Mwanza. They dedicate much of their time to surrounding schools, orphanages and the ‘Maskini’ (homeless people on the streets of Mwanza). One of their main projects, however, is that of improving the standards of living of a leper community just outside the city. The other main project is using UK-based dental volunteers to provide Clinical Officer Training in Emergency Dentistry for deep rural areas during residential courses. The whole team really loved what they were doing, and that enthusiasm and drive to go further, do more and

impact on more people was contagious! It was clear that the locals appreciated their presence and valued all that was being done.

Work in Kabale was to be completely different from Mwanza: I was there to teach. Two locally trained Clinical Dental Officers, similar to Dental Therapists, saw most of the patients in the Dental Department at Rugarama Health Centre. I was there to supervise and



Oral health and hygiene instruction with the dental van at an orphanage in Mwanza



Another happy customer, or maybe just relieved...

advise them as was necessary. I was also there to help teach a course on oral health, simple exodontia and cross-infection control to local

clinical officers. I had little previous experience in teaching until Kabale but found it remarkably rewarding.

Through much effort, funds and equipment donations, Chris and Polly have been able to set up regular outreach visits to schools, churches and medical centres. This is essential as most people live in rural areas and are unable to travel to Kabale for treatment. Their projects also include setting up dental clinics in rural areas and arranging equipment, mainly through Dentaaid. They then sponsor selected people to go to the capital, Kampala, and train as Clinical Dental Officers to go and work at these rural clinics. Unfortunately their time in Kabale has come to an end but I am sure others will be in their shadows to pick up where they left off.

When I reached South Africa, my partner and fellow dentist – Katie Noble – had joined me. We arrived in Hlabisa to find no preparation for our arrival. We therefore set about organising outreach visits to many different rural clinics in the most basic of surroundings with the most basic of equipment. Treatment here consisted of extraction only. We were both shocked at the lack of facilities and oral health promotion campaigns in what was meant to be the most developed African country. We stressed the importance of this to Dr. Adam and he vowed to address the situation and implement the changes we suggested.

Hlabisa Hospital in the KwaZulu-Natal region of South Africa is run by the local health authority. They aim to develop a sustainable, co-ordinated, integrated and comprehensive health system at all levels based on the primary health care approach. This should be with local doctors and dentists but, due to a lack of local dentists and doctors willing to work in a rural hospital, Dr. Adam is constantly looking abroad. He is in the process of supervising the build of a brand new hospital in Hlabisa and I am sure will be requiring more dentists and doctors than ever before.

By the time we came to depart from Johannesburg we were both melancholic. We were heading back to the UK to take up our lives where we had left off. We were glad to be going home but at the same time Africa would be sorely missed. After all we had experienced, it was finally over.



Screening pre-treatment in Uganda



Curious kids, everywhere!

Obviously this is only the tip of the iceberg when I think about this trip, the people I have met and the things I have seen. There is so much more to discover and so much more work to be done. I strongly recommend such an experience to everyone. There is always something that can be done so long as there are people willing to sacrifice their time and energy towards it. I dedicated much time and effort to this expedition and I regret nothing. Hopefully I was able to impact on just a few lives the way that Africa made an impact on me.

My trip to Africa and all it represented was a truly magical and enlightening experience that lived up to and surpassed every one of

my expectations. I could write entire books on all the adventures and the stories, but I feel that it is not something you cannot just read about, it is something that has to be lived first hand.

If volunteering is not for you, you can always donate:
 Bridge2Aid: www.bridge2aid.org or Rugarama:
www.rugaramahospital.org

THE FIFTY SHILLING DENTIST

Rob Evans



I retired in October 2005 having worked as a G.D.P. in Stratford upon Avon since my qualification in 1970. I have also been a member of my local Rotary Club since 1987 and after retirement someone asked if I would be prepared to do Dental Voluntary Service in Kenya on behalf of Rotary International. My wife

Christine and I agreed to serve for 1 month during the period of June and July 2007 based at the 'Immaculate Heart of Mary' Hospital at Kilimambogo, 25 kilometres from the nearest town Thika, approximately 60 miles north of Nairobi. I would be doing the dentistry and Christine would be my assistant.

Eighteen hours before we were due to depart I received a copy of an email from Mabel, a dentist from Uruguay and the person from whom I was taking over. She stated that the internal ceiling in the dentist's cottage needed repairing because scorpions were falling from the roof space and one morning she had found five large scorpions in the bathroom! Also the political situation was deteriorating with the Munguiki tribe killing people just 30km from the hospital. We nearly decided to call the whole thing off!

Kenya is approximately the size of France, slightly larger than the UK, and spans either side of the equator. According to 2005 government statistics Kenya has a population of approximately 30 million, 1 doctor for every 6,850, 1 nurse for every 900, and 1 dentist

for every 38,600. Most dentists practise in the cities so in the rural areas the figure is more like 1 dentist to every 60,000 of the population.

Kilimambogo in Swahili translates as ‘Hill of the Wild Buffalo’ and is in a rural area surrounded by a large Del Monte pineapple plantation. The local people either work as labourers on these plantations or have their own small business in the local villages. Some with a small parcel of land will augment their income selling locally-grown produce such as potatoes, tomatoes, avocados bananas etc. The average monthly wage for those lucky enough to be in employment is 5,000 to 7,000 Kenyan Shillings, approximately £50 to £60.

My base surgery was attached to the local hospital and situated only 100 metres from our cottage that was appropriately named St Apollonia. On Monday morning I had the first glimpse of my working surroundings. I had two assistants, Michael and Bernard, who looked after the clinic and made all arrangements, told me when we were running short of any consumable, and did all the administration. They also acted as interpreters as most of the local population spoke only Swahili.



*Outpost clinic
setting up*

We had a collapsible chair, an inspection light on a stand and an old-fashioned electric pressure cooker-type autoclave without timer.

There was one small sink with cold running water. Cold sterilisation was done with diluted Dettol bought locally for £25 per 5 litre container. I was asked politely not to waste Dettol! My main task was the relief of pain for the local poor community and on that first day I saw 41 patients, completing 50 extractions, 5 of them surgical, and 2 amalgam fillings. This was quite a culture shock because before retirement I was used to seeing only 20 to 25 patients at my practice. The fixed charges for my services were 150 Shillings (£1.20) for an adult or 50 shillings (0.40p) for children and students, per visit. For this fee I could do 2 extractions or 2 fillings per patient but for practical purposes I would often do in excess of this amount.

My regular working pattern would be Monday and Friday sessions at the Immaculate Heart of Mary Hospital, but on Tuesdays, Wednesdays and Thursdays we would travel to outpost clinics in villages. These villages were often up to 2 hours' drive from Kilimambogo along very badly maintained dirt roads and would have a visit from the dentist once a month. We would load up the clinic truck with an even more rickety portable chair, which would occasionally partly collapse when the patient was sitting having treatment! Also loaded were the light, a portable unit with mini compressor, an amazing array of forceps and elevators, plus generator in case of power failure, a not uncommon occurrence – however I was to learn that many of these outpost clinics did not have electricity !

Day 2 saw us in Ngorongo village at a government clinic in the middle of a large coffee-growing area, and on arrival there were already 20 patients waiting. Our allocated room was in a filthy condition with red mud on the concrete floor, a dirty sink, cold water only (of course) and the fluorescent tube was missing! As we set up surgery I made a mental note to take cleaning materials and a mop to future outpost clinics. We were informed that we had to finish by 4pm to allow the cleaners into the room. After a while we saw why the floor got so dirty. We were out in the country and all paths and roads were surfaced in red mud that clung to the patient's shoes and so was impossible to keep out of the room. During the afternoon I suffered severe cramp in my right forearm, wrist and fingers due to so many extractions and I had to stop to recover for 15 minutes. I saw 35 patients, 67 extractions, including 4 surgical extractions and finished by 4.30pm, but I did see everyone.

Another of my outpost clinics was in the village of Mata'ara. This village was in the middle of the tea-growing area of Kenya, a beautiful and lush area. The room was a disused schoolroom and

quite presentable despite having neither water nor electricity, and iron gratings for windows. We of course had our own generator and water arrived in a 5-gallon oil drum, having been bought and brought from the local school 500 metres away. The organisation at this clinic was excellent, a local elder organising the queue so that we saw all the schoolchildren first. Unfortunately I had to do extractions on most of them but they were all very well behaved. On this day I saw 53 patients and it was dusk by the time we arrived back at our cottage.



Bernard arriving with water for the day's clinic at Mata'ara

My busiest clinic was at Kereita village that was over 2 hours' drive from our hospital and on the edge of the Great Rift Valley. They had not had a dentist visit in the previous month. We had an interesting drive through coffee and tea plantations but the morning was very misty and we had no view over the edge. I saw 57 patients, doing a total of 108 extractions that day. Fortunately not many were too difficult. Interesting observations at this clinic were that there was a far greater incidence of periodontal disease in this area, which of course made the extractions easier, and also a significant number of the populace had protrusive upper incisors. Altitude-wise this was my highest clinic at 8,000 feet but I am sure this was of no relevance. It was, I remember, a very cold day, something I was not expecting only 65 miles south of the equator.

This working pattern was to repeat itself for my entire stay. Many of my patients had severe caries with either large cavities or broken teeth, even some of the teenage schoolchildren were in this condition. The local population would often be seen chewing raw

sugar cane, which was readily available and cheap. I suspect that carbonated drinks were not often to blame because the poor people of this region could not often afford such luxuries. I also removed several crowded and misplaced upper and lower canine teeth, as orthodontics was not an option. We were not able to do conservative dentistry at the outpost clinics as this took up too much time – patients whose teeth could be saved were referred back to our base clinic. Some patients flatly refused fillings! Another reason for not doing fillings was that the amalgamator was rather sensitive and after a bumpy ride in the truck would often not work. Our helpers Michael & Bernard told us that it was much safer to leave the amalgamator at the base clinic. The antiquated autoclave suffered also suffered a similar fate. The electrical connector was obsolete and the insulation was failing regularly. My assistant Michael did a splendid job twice a day repairing the insulation with a rubber glove! As we left the clinic after our month's duty we were still waiting for the proper spare part to be sourced from Nairobi. I am convinced that the modern electronically-controlled autoclaves that are in general usage these days would not last longer than a few weeks in the dusty and bumpy conditions experienced on roads in Kenya.

We tried to do something towards dental education where possible, which included producing a handout written in Swahili about simple dental hygiene and tooth brushing. We conducted our own



Dental education in the 'waiting room' at Mata'ara Clinic (note clinic generator in foreground).

survey on what the locals used for brushing teeth and found that, of those who did clean their teeth, approximately 50% used a

conventional toothbrush and the other 50% a twig from a eucalyptus tree, a fresh one every day.

On our various travels in the clinic truck we would drive through several police roadblocks but we were rarely stopped. When we asked our assistants about this they told us that they would rarely stop a vehicle containing a “mzungu” (European) as they could cause them trouble. However, the local population were not so lucky. They would be asked to pay a bribe to drive through, otherwise they would be reported for a trumped-up motoring offence with no redress in the local courts. At the end of the day each police officer would be expected to give his senior officer a percentage of his takings. This style of corruption is not uncommon in rural Africa. We were once stopped on a very rural road, which concerned our driver Bernard, but it turned out that the policeman had not seen anyone for an hour and just wanted a chat.

On another occasion we were overtaken by a ‘matatu’, a local minibus taxi transport, which contained about six people and eight goats. We were told that the matatu fare would be double for each goat as the driver had to clean out the mess at the end of the journey and the goats would almost certainly be the “bride price”. In the country areas the men have to buy their brides from her parents and polygamy is common. The life expectancy for females is shorter than for males, probably because women work hard searching for timber for fuel for cooking and in many areas also fetch water from the local river. Our local river, the River Athi, had water for 12 months of the year but it was very brown with silt. The ladies let this water stand for 2 hours before using for washing, cooking and drinking. It was not usual for this water to be boiled before drinking. The river was also used by cattle and goats, and hippo lived in the river. Fortunately the water in our cottage was rainwater, which we were advised to boil. On our first day in Kenya we saw a government advertisement that was promising to reduce by 50% the number of Kenyan homes without running water by 2015 – such is the quality of life in this country.

At the end of our one-month period I had extracted a total of 876 teeth and completed 62 fillings – my surgical techniques have never been more acute! We then gratefully handed over to Charles, a retired dentist from Texas.

After the first three days of this venture we vowed we would never do it again. However, over the next few days we completely changed our minds. The more we came to know the locals the more

humble we felt amongst these proud and dignified people. They have very little material wealth but seem to have a happy and fulfilling family life. Christine and I also became involved with a local charity for Aids orphans, and with two local schools which we are raising funds for in this country. We look forward to seeing improvements for these children when we go again in 2008.

We then spent a wonderful 12 days ‘on safari’, living in amazing luxury in tented accommodation “Out of Africa”-style – but that’s another story.

ALUMNI REUNIONS

1957 REUNION, 30 June 2007

Gordon Tucker

A reunion of students who qualified in 1957 was held on 30th June 2007. Those present were John Curthoys, Clive Goodman, Witold Maksymiak, Alan Meredith, Adrian Morrey, Barry Mumford, Gordon Tucker and Pierre Viader. This may seem a small gathering but 50 years is a long time in dentistry and inevitably, for various reasons, some of the happy band were missing. Mike Woods, John Britton and Bill Chapman had sadly long departed to that great surgery in the sky; Vivienne Brewer (Jefferies) is now living in Florida; Margaret Jones in South Africa; and Norman Thomas in Canada. Gill Willetts in Tewkesbury and John Macpherson in Herefordshire were unable to join us, for domestic reasons.

We met, with wives and partners, for lunch at the Victoria Rooms with some hundred or so other 1957 graduates from other faculties of the University. This was an organised lunch for the 50-year occasion, part of the University’s Annual Convocation weekend, and it lasted well into the afternoon. Then, after a short break to smarten ourselves up again, we gathered at 16 Westfield park, Redland, for a glass or two of celebratory champagne, and then made (by taxi would you believe) the short trip to the Entalia restaurant close by the former Whiteladies Cinema, where we enjoyed an excellent dinner in a Mediterranean atmosphere, with much flashing of digital cameras. *(See photograph on centre page.)*

The whole day was a great success (as might have been hoped for on such a landmark occasion), although it rained all day (as might

not have been hoped for). Nothing had changed much, barring a few creaking joints (hence the taxis) and a few expanded waistlines. We had had a lovely evening and went our merry ways into the rain and dark, with talk of when we should meet again. Thought: are we the oldest living Bristol dental reunion holders ? (*Ed: definitely !*)

1966 REUNION ('66 SOCIETY), 1 December 2007

John Lucia

Were there to be an entry in the Guinness Book of Records for the greatest number of consecutive annual reunions held by any group of dentists anywhere in the known world, the Bristol 66 Society would surely have it. Every year for 41 years and still going strong; or as strong as the ravages of time permit. A small but select gathering, somewhat like a boil, they have met on the first Saturday in December somewhere in Bristol ever since 1966 to celebrate the anniversary of their own Final Year Dinner. Together with colleagues, friends and members of staff who were around at what must surely be considered the golden age of British National Health Service dentistry, they continue to hurl ritual insults at each other and embellish tales of derring-do from the past, whilst comparing marital status, tonsorial challenges and current medication. Many members have long since forgotten why they attend, who the other people there are, or indeed who they are themselves. It is of no matter – as soon as the Very Reverend Hawkesby-Mullins intones the grace before the sumptuous repast: “Levator Labii Superiores Alequae Nasi”, the years roll away, the eyes mist over, the lower lips quiver, the shoulders shake and the legs go to jelly. Yes, most are still drunks.

Should there be anybody out there who was around Lower Maudlin Street in the mid sixties we would be delighted to hear from you – even through a spiritualist. If you have aged totally beyond recognition or owe any of us money please carefully consider your position before replying. The next Society extravaganza will be on Saturday 6th December in Bristol – venue to be announced. Contact Bob Binnarsley on 01432 344514 or at <http://Bobbin@aol.com>. Look forward to seeing you!

REUNION OF THE 1977 FINEST VINTAGE, 24 November 2007
John Smalley

The '77ers are not renowned for reuniting very frequently (we last lit up Bristol in '97 having left 20 years for memories to grow fonder!), but when we do, we do it properly. Gill Smalley was the one to get up a head of steam to try to rekindle the spirit of togetherness that unites a dental student year group. This time the turnout was 79% of our group with 34 dentists accompanied by 21 partners. Our chosen venue was the new Mercure Holland House Hotel on Redcliffe Street; directly across from the church. We were treated to a classy hotel obviously trying hard to impress. The Orchard Suite is on the 5th floor, a lovely room with a superb view of the city. With an ante-room that was used for the buffet and the essential group pictures, and also another large bar room, we had plenty of space to enjoy each other's company.

The early starters arrived on Friday evening and we met for a meal at the Hole in the Wall Inn, just a short walk from the hotel. This select group of around 12 found it a great way to break the ice and start to catch up on everyone's news. However, I would caution any of you 'reunioners': don't miss out on the first evening, or in fact any part of the weekend, because if you're not there you run the serious risk of being the subject of the gossip, and there will certainly be the opportunity for those embarrassing memories to resurface unhindered! Sadly, even though I had obeyed the rule and was very much there, it didn't stop someone relating the embarrassing incident of the Glentworth Road bath plug – ask me sometime, but first buy me a drink!

Half of our delegates gathered for a tour of the Dental Hospital on Saturday afternoon. Gordon Gray was our most informative and entertaining guide and expert flasher of his swipe card. (The place seems to be more secure than Fort Knox!). This skill was essential as various stragglers were left behind in toilets/corridors relying for rescue on 'phone calls to the rest of the party and Gordon's card. We mostly had to pinch ourselves to remind us that this was actually the place where we spent all those years. Comments like "was this the bar?" or "what happened to that 'new' lecture theatre?" were heard. There is an amazing camera in the Phantom Head room that can zero in on any unsuspecting student who whips their 'teeth' out of the head for some final direct-sight trimming. We all agreed Bob Paice would

never have got his fillings in the 'show cabinet' if that had been around in our time!!

The general consensus was that with the incredible array of new, state-of-the-art dental units and cabinetry that have been provided, the present-day students have it way too good. When they come knocking on your door for an Associate job or VDP position and say "what nice equipment", believe me what they actually mean is "this rubbish should have hit the skip long ago – we trained on MUCH better than that!"

Thanks to Gordon for giving up so much time to show it all off; all they need now is enough patients to give the 70 or so students in each year group the experience they require.

One of the nicest memories of the weekend is of the smaller groups that met up, usually in the hotel bar or pool before the evening extravaganza; so much to catch up on leaves no time for sitting and relaxing in a hotel room. Sadly, though, we did have to contend with a rival attraction on the night – the start of 'Strictly Come Dancing' saw a mass exodus of the fairer gender! In fact we delayed the drinks before dinner for the late comers so they could regale the prompt arriviers with news of Brendan Cole and Anton Du Beke! Sad!

Nigel once again did the honours with the pictures before the serious chatting could begin. (*See photograph on centre page.*) The plan was for various members of the year to punctuate the course changeovers by giving a short talk. (Amazingly we had many volunteers to speak if called upon and one or two were upset not to be 'used' and will thus have first spot in 10 years time!) We heard from our highest Hospital climber (in the absence of Professor Partridge), Consultant Orthodontist Joe Neal, about whom there were so many ribald tales from 30 years ago that, in the event, he got off remarkably lightly. The rub of his talk was that he was always unable to make a decision so Orthodontics was the only direction for him to take. The modern way of avoiding extractions has meant he doesn't have to even decide which teeth to remove. A good career choice, Joe!

Steve Gooda told us of his career working in Holland. He was followed by Maureen Stevens who really needed an atlas to show us her journey around the world – we travelled in Africa, were told of zygoma repairs following a textbook in the jungle, visited Australia and eventually landed back in Brum – where all good fairy tales should end!

Finally we had a double act from our very own pair of postgraduate deans (can any of the other years beat that?), Al Miller

and Helen Falcon (Bott). They told us what postgraduate deans actually did – this took a very short time..!

As we progressed through the self-serve buffet, not only did we have speakers, we also changed the seating so most everybody had to put up for a moment with Tony Smith – hey ho!

Perhaps the most amusing anecdote, if you ignore the memories of how bad the Hyenas were at table football, concerned a lad from the '78 vintage, Carl Johnson. In conversation with Prof. Darling he said, "Is it true that you have written a book?" Upon this being confirmed he added "Is it any good?" From memory the delay on his qualification was only about 4 years – we all wished we could have seen the Prof's face!

Jane Fielder (Spark) produced some prints illustrating events and occasions which, happily, most had completely forgotten. But, you know what they say, at least in those distant days, cameras didn't lie! Did we really plumb the depths of a staff/student sports day? Wheelbarrow races?

At around 2 in the morning the bar ran out of beer, which signalled a slow, dazed end to the proceedings. When we surfaced in the morning we were welcomed into breakfast by the sound of the church bells ringing at St Mary Redcliffe. We later learnt that one Gill Roberts (Collard) and her husband were guest bell ringers and had been up with the lark to ring bells at no less than three churches that morning!

Reminiscences over breakfast continued until nearly lunchtime as no-one seemed to want to leave. There was the usual '7 hour afterward' enthusiasm for the next get-together – five years was strongly advocated by some but, as I suspect happened last time, sobriety brings reality and 10 years will probably be quite soon enough for the majority!

Gill's organisation was faultless. She even brought a photocopier to reproduce copies of all our old exam papers saved by that sad Liz Bailey. Probably the only things everybody agreed upon were: 1) We would never be able to answer the questions now, and 2) What possible use to newly qualified dentists facing a barrage of caries was knowing about Von Korff's fibres or Raschkow's plexus!!!!

Thanks to everyone for coming and to Gill for organising it all.

1997 REUNION, 20 October 2007

Scott Deacon

This was our second chance to meet following our qualification 10 years previously. Having spent a vast amount of time trying to arrange the weekend to avoid all the expected deliveries from the numerous pregnant ladies, who would have known 9 months earlier that England would be in the World Cup Final on the same evening of as our reunion!

Those returning to Bristol had the opportunity to see the 'new' Dental School, which was near completion for the dental student expansion modernization. Unfortunately the Hathorn Bar was still in hibernation at the time of the reunion so we were unable to hold the usual Friday night evening for those who returned for the reunion weekend slightly earlier.

The evening got off to a great start at the Berkeley Square Hotel in Clifton (*see photograph on centre page*) with a champagne reception that had been kindly sponsored by Richard Peters at Forestadent. This allowed some quality time to reunite everyone after the last 5 years, prior to all the rugby fans disappearing to the bar to watch the rugby game. Everyone agreed the dinner was exceptionally good despite the hotel rearranging the courses to accommodate the sporting event on the evening. After the disappointment of the rugby result (England lost, for those that don't know!) it was down to our ex-president Andrew Bain to lift dampened spirits with a stirring speech, which included his official retirement from dentistry and a demonstration of his singing prowess with a very professional and enjoyable rendition of Nessum Dorma. I am sure that all the year would wish Andrew every success with his operatic/singing career.

It's great to see after 10 years that everyone looked the same as they had done on the day of qualification despite the joys of parenting. Of course there are still a few of us males in the group who are stoutly defending the bachelor lifestyle, and I am sure we were put off the idea of entering into family life after listening to the rest of the group discussing their various parenting anecdotes throughout the evening.

I look forward to seeing everyone, including those people who could not make it this time, in five years' time. Any volunteers for organising...?

2002 REUNION, 22 September 2007
Izabella Kudanowska

I started to organize our 5-year reunion nice and early as I knew it would be no small task getting hold of everyone in our year and then making sure everyone kept the weekend free in their social diary. I managed to get hold of all but one with the help of Hannah Fielding and the GDC. The time flew by and before I knew it on the 22nd September 2007 the year of 2002 celebrated their 5-year reunion.

At mid-day a tour of the Bristol Dental Hospital was kindly given by the Dean, Dr Gray. It has changed so much with all its extensions and modernised clinics, making it difficult to recognise some areas. However, it still brought back wonderful memories of drunken nights in the Hathorn Bar and cheesy chips from the canteen at lunch times!

The evening entertainment started with pre-dinner drinks at the Elipse bar on the waterfront, followed by a tasty 3-course dinner aboard the Glass Boat. There was a good turnout with almost 50 colleagues and partners attending the meal. It was great to see everyone again; some friends had not even seen each other since graduation so there was a lot of catching up to do. Nobody seemed to have changed much since the day we graduated, except being a little less able to put back quite so many drinks this time around! A few brave souls tried to re-live their student days with a trip to the Lizard Lounge after dinner and the evening ended with a nightcap or two back at the Elipse where everybody promised not to leave it quite so long next time.



*(L to R)
Rhiannon
Roberts,
Izabella
Kudanowska
and Lindsay
Holm*

I also wanted to thank Rhiannon for helping me write this article and all those who managed to make the trip to Bristol. It was great to catch up with everyone who attended and we missed all those who couldn't make it – you missed a brilliant night but hopefully you will be able to make the next one.

ALUMNI NEWS

1970

After retiring from general practice in Stratford upon Avon in October 2005 **Rob Evans** was persuaded to do a month's voluntary service in Kenya. He and his wife Christine went out there last summer, and his interesting account of their experiences can be found in this issue.

1974

Mike Fleetwood returned from Australia in January and worked three days a week in Chichester before starting a project in Tower Hamlets on evaluation of the salaried Primary Care Dental Service.

1976

As the Director of the Global Child Dental Health Taskforce, **Raman Bedi** last year visited the Philippines where the prevalence of dental caries in children is very high. He launched a national dental health campaign with a blow of a whistle – the signal for a mass display of toothbrushing by hundreds of children. During his visit he offered to provide online continuing education in paediatric dentistry for Filipino dentists.

1984

Philip Benson is the new editor of the Journal of Orthodontics (formerly the British Journal of Orthodontics), succeeding **Friedy Luther** in the post.

1988

Frin Mills is still working part time, which allowed her to take a long summer holiday with her young family in the Dordogne (“reading the Daily Telegraph a day behind and dishing out money for ice creams”) and in Gran Canaria.

1993

Zoe Harrington was awarded a prize by the British Society for the Study of Prosthetic Dentistry which funded an elective visit to the Memorial Sloan-Kettering Cancer Center in New York.

1996

Ciara Scott moved to Dublin in 2001 for a 6-month registrar job – and is still there. She finished her MOrth in 2005 and now works in

the hospital orthodontic service and also supervises undergraduate students one session a week. She is still sailing, usually racing in Dun Laoghaire, but last spring she joined an expedition to Antarctica, sailing from Puerto Williams in Chile, across the Drake Passage to the South Shetlands and Antarctic Peninsula – quite an expedition ! *(You may remember that Ciara was a crew member of the Toshiba Wave Warrior which came 2nd in the BT Global Round the World yacht race in 1996-97. Ben Pearson (88), who was a fellow crew member, described their adventure in our 1998 Newsletter – I'm sure you've all kept your copies !).*

1998

Constantine Ong is the periodontist in the Bow Street Dental Group, a 'state-of-the-art' private clinic in central London. He obtained Membership in the Faculty of Dental Surgery (RCS Eng.) in 2001, and later gained a Master's degree at the Eastman and Membership in Restorative Dentistry (Periodontics).

1999

At last year's spring scientific meeting of the British Society for Restorative Dentistry, **Matt Jerreat** and **Matthew Garrett (01)**, with Consultant Paul King, won the case report prize for their description of a clinical technique to replace missing lateral incisor teeth using resin-retained bridgework.

2003

Ian Callaghan will be cycling the entire Tour de France cycle route with a friend in July for charity. They will cover 2,200 miles in 23 days (including two rest days). They are hoping to raise substantial sums for their chosen charities, which are Macmillan Cancer Support and CLIC Sargent. They have put together a blog at <http://www.ianandmatt.blogspot.com> which has links to donor sites.

2006

Simon Ernst is back in UK after spending 6 months in Africa working in Tanzania, Uganda and South Africa. An article describing his activities can be found in this issue.

2007

Jennifer Morecroft suffered a shock to the system starting her VT job – having to see 30 patients a day instead of four as a student at

BDH ! She has enjoyed living in Oxford, cycling everywhere on the flat and not having to walk or cycle up Clifton's Constitution Hill any more. **Michael Lessani** and **Matthew Brennand Roper** won the Elective Prize of the British Endodontic Society for their study of the use of ozone in the management of endodontic infections.

FORTHCOMING REUNIONS

Reunions of 1971, 1982 and 1987 graduates are being held this April. We have been notified that the following, whose contact details are given below, are planning reunions for later this year.

1958 Ken Tyrrell	email: anne@atyrrell.fsnet.co.uk
1978 Janet Scott	email: jfscott@adam.com.au
Jane Rooney	email: j.c.rooney@bristol.ac.uk
1983 Shilly Sharma	Tel: 01275 392789
	email: sharmasx5@longashton55.wanadoo.co.uk
1988 Tim Sunnucks	email: tim.sunnucks@btinternet.com
1988 Jim Gabriel	Tel: 01243 372065
	email: jamesrgabriel@msn.com

NOTES FOR REUNION ORGANISERS

Addresses

The Data Protection Act does not allow us to release addresses of alumni. However, the University's Campaigns and Alumni Relations Office can inform organisers of the number of graduates in their year and then, if that number of sealed and stamped envelopes is sent to the office, address labels will be attached and the envelopes posted.. To use this service contact Laura Merlino – telephone 0117 3317139 or e-mail laura.merlino@bris.co.uk For those who qualified up to and including 1993, emphasize that you refer to those who qualified in December of the specified year and graduated the following January (plus a few, perhaps, who were referred). After 1993 qualification and graduation have been in June/July.

Unfortunately, it cannot be guaranteed that all the addresses are up to date – the only (but time-consuming) alternative is to use the Dentists' Register.

We would be happy to reimburse organisers' stationery and postage expenses.

Venues

Most reunions have been centred on hotels with whom a combined fee has been negotiated for dinner and accommodation.

Information about hotels that have been used in recent years may be obtained from Reg Andlaw or found on our website.

For full details about Bristol hotels and information about what's on in Bristol during your reunion, contact the Bristol Tourist Information Office – telephone 0117 9260767, e-mail tiharbourside@bristol-city.gov.uk , website www.visitbristol.co.uk.

The Hathorn Bar

For those arriving on a Friday evening, the Hathorn Bar in the Students' Common Room was, until June 2006, a convivial place to meet – students and staff used to meet there every Friday evening. Unfortunately it had to be closed due to the major works being carried out in the building, but the good news is that it will open shortly and will again welcome alumni gathering for a reunion.

Group photographs

We can arrange for a group photograph to be taken (normally just before your dinner) which would be available for purchase at reasonable cost (Nye Fathers, of BDH, is the photographer). We (the BDAA) would buy a copy, frame it and hang it on a wall in the Students' Common Room – the plan is to decorate the walls by placing reunion photographs next to those taken at graduation (which were taken from 1991), so we would like to encourage you to have one taken (even if you qualified pre-1991). Please inform Reg Andlaw if you would like this to be arranged.

Dental Hospital tour

A Saturday morning tour can be arranged by contacting the Clinical Dean's office.

Contacts

Reg Andlaw –

Tel: 0117 9682653

email: regandlaw@talktalk.net

Clinical Dean's office

Tel: 0117 9284308

email: Theresa.munns@bristol.ac.uk

BDAA website: www.dentalschool.bris.ac.uk/alumni

INCOME AND EXPENDITURE 16/11/2006 – 15/11/2007

Income

Subscriptions	£ 3,669.00
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Expenditure

Newsletter

Preparation	£ 200.00
Printing	£ 393.00
Distribution	£ 306.09

Display boards	£ 740.25
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Reunion photographs	£ 54.00
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Miscellaneous (stationery, postage etc)	£ 93.26
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Bank charges	£ 148.14
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Donations

Dental School library	£ 2,000.00
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Student electives	£ 900.00
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UBDSS

Final Year Dinner	£ 380.00
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Alternative Prospectus	£ 100.00
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Miscellaneous	£ 250.00
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Total expenditure	£ 5,466.18
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Excess expenditure over income	£ 1,797.18
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Bank balance	at 15 November 2006	£ 9,901.24
	at 14 November 2007	£ 8,104.26

WHERE ARE THEY NOW?

We do not have valid addresses for the following members. We would be very grateful for information about their current addresses.

Christopher Andrew (99)
 Scott Bentley (95)
 Gordon Black (02)
 Gordon Carey (01)
 Simon Carlyle (79)
 Erica Davies (05)
 Justin Dinley (99)
 Aimee Devine (95)
 Simon Dunstan (84)
 Melanie Edwards (01)
 Indraaj Gabri (02)
 Carol Gough (96)
 Brian Halvorsen (73)
 Zoe Harrington (93)

David Hickleton (01)
 Stephen Keane (98)
 Joanna Man (02)
 Gregory Peake (92)
 Sarah Richards (98)
 Maya Ringstall (01)
 Richard Seaton (01)
 Fleur Shanson (01)
 Caroline Tothill (96)
 Fiona Turner (91)
 Nicola Waller (95)
 Helen Walters (95)
 Clare Watson (93)
 Danyel Lisa Yates (93)