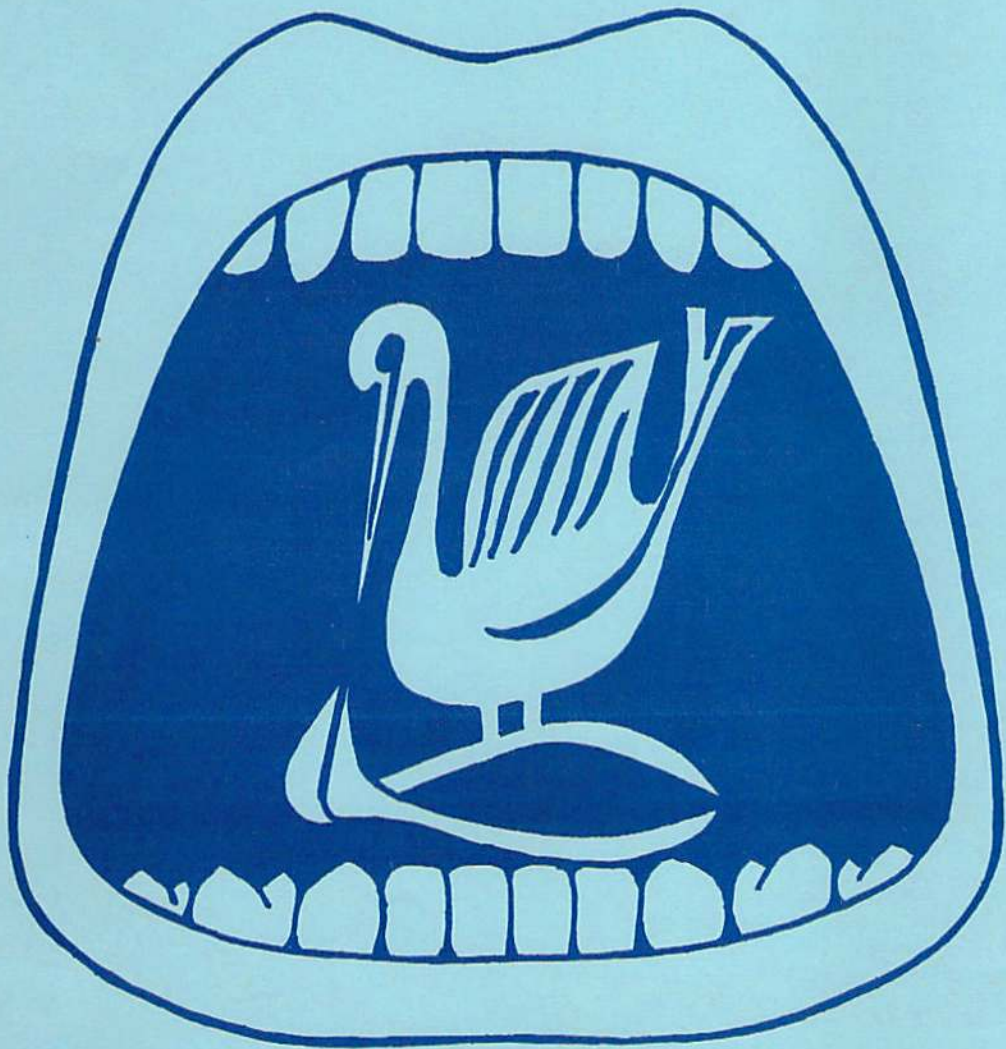


MOUTHPIECE



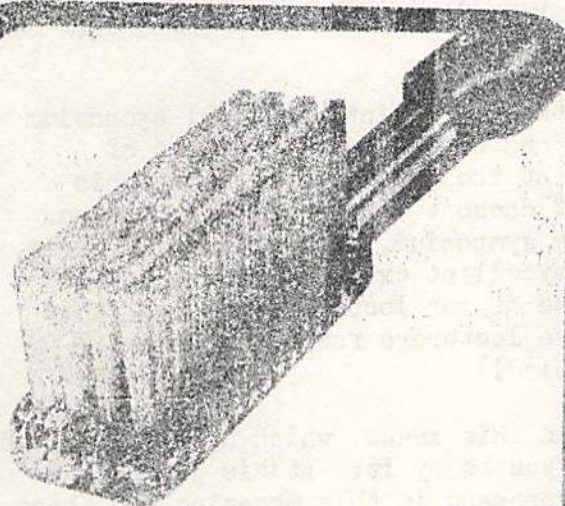
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As the number of Mouthpieces produced by the same editor increases, so it becomes necessary to depart from the usual style of begging for letters and articles and think of something else to write. Not many previous editors of Mouthpiece have had this problem! In any case, now that people are realising that Mouthpiece IS appearing at least once a month, I have no trouble whatsoever in collecting articles.

In this issue, we are fortunate in having three major articles written especially for Mouthpiece by members of the staff, and we are very grateful to Mr. Adatia for allowing us to be the first journal to publish his article on "Toothbrush and Teeth". Rex Holland's article has, unfortunately, been messed up slightly in printing because of an experimental plastic stencil used on our overworked Gestetner machine which is on its last days - a particularly messy combination as you can see. Nevertheless, this article on 'Recent Advances in Dentine Innervation', hand-typed for Mouthpiece by Rex himself, makes very interesting reading, especially as it is up-to-date evidence on a subject dealt with in 2nd B.D.S. No, this is not a hot-tip for the 2nd B.D.S. exam! Don't panic! (But if the question comes up and you haven't bought your copy of Mouthpiece, then don't come crying to me!)

Professor Anderson's report on the recent international symposium held here in Bristol on "The Clinical and Physiological Aspects of Mastication" hasn't been written yet, at the time of my writing this editorial, so don't be surprised if it doesn't appear in this edition. For my own part, I found the three-day symposium, interesting as a whole, and boring in a few places when some excellent examples of how not to lecture were given. (If you think some of our lecturers are bad, then you should try comparing them with some lecturers from other Dental Schools, and you'll soon change your mind!)

There is also some controversy, in this issue, which has been edited by the U.B.D.S.S. Committee, so I hope you enjoy it. At this juncture I wish to point out that the opinions expressed in this magazine are those of individual contributors and do not necessarily represent the views of the editor or the U.B.D.S.S. Committee.

Please let me know if you would like to help in the production of Mouthpiece in any way, as it won't be long before somebody has to take over the job of editor, and a knowledge of, for example, how to encourage the printing machine to work at over 3% efficiency will obviously be to that person's advantage! Please support Mouthpiece well - it is now by far the largest dental student's magazine in Britain, thanks to Hilary's typing. Let's keep it that way and continue to maintain our image within the B.D.S.A. as one of the top dental schools in the country.

G. C. Downer



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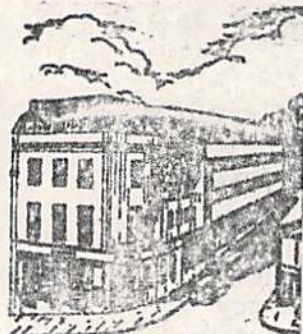
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SUMMER 1975 - U.B.D.S.S. PROGRAMME

May 13th Lecture: Dr. Brown on acupuncture.

July: Saturday 5th: Hanover students arrive.
Tuesday 8th: Nurses Farewell Dance.
Friday 11th: End of term.
Sunday 13th: Hanover students leave.

Any suggestions for vents are always welcome;- please refer to Mouthpiece Vol 4 No. 1 for the names of everyone on the committee.

There are twelve students coming here for 10 days from Hanover this year, and we hope to entertain our visitors as well as they entertained our Bristol students last year.

---oOo---

I NEED A COFFEE ...

Feeling tired and fed up after a hard morning in the clinic? About 99% of us would react to such feelings by turning to a cup of coffee. A recent article in the B.M.J., however, suggests that, so far from helping you recover, drinking coffee to excess (as most students do!) could indeed be helping to make you worse.

Perhaps you may have noticed yourself become irritable, shaky, with palpitations, tachycardia and disturbed sleep and somachs around exam time. This could in fact be caused as much, if not more, by the almost inevitable excess caffeine intake than the pressure of exams.

Three cups of strong coffee, followed by a couple of tablets for a headache, and a drink of cola, and you could have taken in 500 mg of caffeine by the time you have been up a couple of hours, and that is twice the maximum therapeutic dosage.

The article states case studies in which patients had had anxiety neuroses diagnosed before it was realised that each had been drinking between 10 - 15 cups of coffee a day. Their excess caffeine intake had caused their symptoms.

Attempting to explain the reasons for people drinking so much coffee, the article suggests it may be to relieve headache, lethargy or feelings of inadequacy. Well, that sounds like most of us - but perhaps before reaching for the kettle and a coffee to drink while reading Mouthpiece, you should think again. If you feel you really 'need' that coffee it could be a sign to stop, or at any rate cut down.

A bad-tempered dentist with a shaky hand is a pretty formidable thought!

H.J.D.

TOOTH BRUSH AND TEETH

A. K. ADATIA

Nigel Hawkes's "Brush-off for tooth brush" in the Sunday Observer of 26th January, 1975, must surely rank as one of the more sensational and eye catching phrases of recent months, because oral hygiene has for long been considered one of the chief preventive measures against dental disease. Early in the seventeenth century it was realised that sugar in the diet "rotteth the teeth" and "maketh them look black". Since the taste of sugar and other refined foods was difficult to resist, perhaps the next best thing to do was to remove the residue after a meal or a snack of them, for folklore at that time suggested that toothache may be prevented by cleaning the teeth "when as you feede". There is experimental and epidemiological evidence which suggests that efficient and meticulous oral hygiene, practised after meals, can, as a single measure, make a contribution to reduce the incidence of dental caries and periodontal disease. Yet the prevalence of dental disease continues to rise in our society. It would seem that the majority of people are either unable or unwilling to exercise the necessary effort required for constant dental care. On the other hand the alarming rise in the prevalence of dental disease parallels the rise in the consumption of refined foods. It would not be unreasonable to ask, therefore, whether the deterioration

in dental health evident in modern times is due to a lapse in the oral hygiene habits or to a change in the diet. It would appear that the standard of general hygiene of people in this country has improved during the last century. As far as I am aware, there is little evidence to suggest that the average oral hygiene habits in modern society have markedly declined when compared with those of the sixteenth and seventeenth centuries.

It cannot be denied that one of the most significant changes in the diet has been the appearance of enormous quantities of refined foods in the diet of the average modern person compared with that of a few hundred years ago. Sugar and refined flour take the pride of place in this change. Three quarters of a century ago Wallace wrote that foods "with much sugar leave the teeth with a coating", which we now call plaque. There is a great deal of recent experimental evidence to suggest that the amount of plaque formed on high sucrose diet is considerably greater than on sucrose-free diet. At the same time it has been shown also that the manner of consumption of sucrose is perhaps more important in the context of dental disease than the total amount eaten, for it has been demonstrated that the cariogenic effect of sugar is exerted locally and not systemically. A small quantity of sucrose eaten over a long period in the day can have a greater adverse effect in the mouth than a large quantity eaten at once. Consumption of

sticky type of sugary foods and eating between meals, therefore, become significant factors in the aetiology of dental disease. Thus it is obvious that not cleaning the teeth after eating sugary refined foods would promote conditions favourable for the initiation and progress of dental disease.

It is a common experience, which has been supported by experimental evidence, that unrefined foods such as bread made from high extraction flour is chewed for longer period than bread made from refined flour. The masticatory effort required in the consumption of unrefined foods encourages salivary flow of high buffering power, clearance of the oral cavity of food particles and promotion of periodontal health. It has been reported that an exclusively liquid diet of milk and honey led to accumulation of plaque and severe gingivitis, which almost disappeared within two days of resumption of normal diet. Several studies have reported that mastication of firm fibrous foods, even eating one slice of crisp apple after meals and after eating between meals, helps to remove debris from the exposed surfaces of the teeth and promotes gingival health. Although there have been recent reports that chewing a carrot or eating an apple after the midday meal has no significant effect on the degree of plaque formation or on the gingival health, it would be unfair to overlook that in these studies there was apparently no control regarding food eaten between meals. Indeed it was observed in one study that many a child indulged in eating sweets

immediately after eating the carrot.

Can it be said that avoidance of unrefined foods such as sugar and white flour would promote dental health even if the oral hygiene regime were not as frequent and perfect as any keen preventive dentistry programme would require? The answer may be in the story of the islanders of Tristan da Cunha. When Sampson visited this island in 1932, he recorded the dental condition of the inhabitants. Their diet consisted largely of fish, potatoes, milk, eggs and vegetables. They never had bread or flour unless a ship happened to call. Of their oral hygiene habits he wrote "they never clean their teeth". 83% of the islanders as a whole and 100% of children aged 1 to 5 years were free of dental caries. 95% of the people were free of periodontal disease. Five years later, Barnes found that only half of the population was free of dental caries and 31% had periodontal disease. Apparently the only radical change in the habits of the islanders in these five years had been an appreciable increase in the consumption of sugar and flour. When sugar and other refined foods became "essential foodstuffs" no more than mere 22% of the islanders were free of dental caries by 1952, and the def rate in 1 to 5 year old children soon became comparable to that in Britain.

Food particles are bound to become lodged interdentally at least in some areas of the dental arch in most persons if not in all interdental spaces in all persons. If sugar and other refined carbohydrate foods form a considerable part of the diet there will be a far greater tendency for plaque to accumulate even on exposed surfaces of the teeth than if the diet were of unrefined foods. It is clear, therefore, that some form of oral hygiene procedure to clean the exposed and interdental surfaces of teeth is essential for health and social reasons. Preventive dentistry may well have to start with manufacturers of food products as much as with manufacturers of tooth brushes and other aids to oral hygiene.

I.A.D.S. 1974 Congress AMSTERDAM

I am sure that many of you have never heard of I.A.D.S. (International Association of Dental Students) of which you all are members via B.D.S.A. (British Dental Students Association for the few who read no notices!) I.A.D.S. exists to join together Dental Students from all over the world and to represent their views at an international level. At present, the main activities of I.A.D.S. are an annual congress and an international exchange programme. In addition, there is a growing interest in voluntary dental health work in developing countries - for those interested in this field, I.A.D.S. can provide the link.

It's difficult to know where to begin in describing this year's Congress held from 5-15 August in Amsterdam. About 150 students attended from over 20 countries. This in itself made the whole thing worthwhile with regard to the friendships made all over the world. Perhaps I should start by saying something about the scientific programme. Lest, that is, any non-student readers should get the idea it was a 10 day continuous party!

The theme of the congress was 'Dentistry in the Future' - this being related to the three main discussion sessions:-

1. Psycho- and Social Sciences in Dentistry.
2. New forms of organisation of Dental Health Care.
3. Prevention and how to integrate prevention programmes into general dental practice.

Each session began with an introduction by a guest speaker followed by reports from various member countries and then a general ree-for-all discussion.

Discussion Group I was led by Mrs. R.K. Soble, an assistant professor in Social Sciences at the Dental School of the University of Maryland. I found it amazing how much formal teaching was attached to this subject in most American Schools. We were shown video-tapes of imaginary Dentist/Patient situations which were used as starting points for student discussion groups. It was hard to visualise any of the situations occurring in real life - but it is reassuring to know that if they do, the Maryland graduate will be prepared! I had entered the Discussion Group expecting to be convinced of the need for the inclusion of Psychology and Sociology into the Dental Curriculum. In fact, the reverse happened. As pointed out by an Irish student - the basic parts of these subjects which were discussed could largely be classified as Common Sense - even though there may be some who consider this trait totally absent in the average dental student!

AMSTERDAM cont.

The second discussion was led by Dr. P.J.A. Crielers from the dept. of Social and Preventive dentistry at the University of Amsterdam. It was centred around the generalised shortage of dental manpower and the subsequent need to delegate certain tasks to hygeinists, auxilliaris etc.. Most countries already seemed to have adopted this scheme to varying degrees. Some, however - notably Egypt - maintained that no-one other than a fully qualified dentist should be allowed to treat a patient. They felt that, in their country, this would result in a loss of patient/dentist co-operation because of the cultural background of the people. The Nigerian students felt that this was true in their country as well.

The final discussion was led by another American - Capt. N.E. Beesley from the U.S. Army and former president of the European Society for Preventive Dentistry. He presented a very extensive programme for group therapy in Preventive Dentistry which he himself uses. The discussion was followed by a talk on Imaginative Dental Health Education by Colin Davis F.D.S. of the London Hospital Dental School and Director of the Gibbs Oral Hygeine Service. This included the showing of many films - e.g. one which I think we're all familiar with on a dentistry project in a primary school. He put Bristol on the map as having put a similar project into practice with Junior Wear students. The incorporation of Dental Health Education into normal school subjects seemed to be a new idea to several countries.

In addition to the general discussion groups, small workshops of 6-10 people were held. The topics for these included:-

Dental Health International

The future of I.A.D.S.

Dental students in preventive programmes

Dentists' role in a changing society

Fluoridation

They provided an opportunity for the exchange of ideas and attitudes on a smaller scale.

Four general assemblies were also held to discuss I.A.D.S. business. The last of these also contained Workshop reports, the Exchange Officer's report and election for next year's executive committee.

For those of you still reading, I would now like to point out that the Congress was not only academic. The social programme was equally (or perhaps rather more!) extensive. Each evening provided a slightly different 'event' e.g. and Old Dutch Evening, a Carnival, a Farmhouse Barbeque, a Jazz Concert, a Pub Crawl through Amsterdam's Brown Bars and the Annual Ball. During the day, some excursions were also made to different parts of Holland.

It's impossible to put down on paper the atmosphere which existed throughout the 10 days. All I can do is suggest that you go and find out for yourselves next summer in Israel!

MARY SUFFIELD

PLEAS FOR YOUR WORK

Sayings of the Week/Month

It has been suggested by many (well 1 or 2) irresponsible members of the student body!? that a 'Sayings of the Week' spot should become a regular feature in this magazine. If any student, member of staff, nurse or hygienist hears a comment or phrase uttered in this building that is an innuendo or is witty, sarcastic, topical, cynical, boring, inventive, intolerable, sick, stupid - or even interesting, please submit the aforementioned remark in a plain envelope to the Editor. (Mouthpiece pigeon hole)

e.g. -

As I slide down the banister of life I shall remember the U.B.D.S.S. as a splinter in my bum. (Male bog No.3)

Remember cavities begin at home.

... with a rusty pen-knife in a helicopter - it works! (M.M.)

We also ask you for limericks - if we get a good response we shall have a competition with prizes of Oral-B toothbrushes each month.

e.g.

A dentist called Deubert one day Decided to try a new way He applied rubber dam Found himself in a jam And was still there the very next day.	Whilst inspecting a student's gold crown A dentist named Charlton did frown He screwed up his eyes Looked up to the skies Then covered his head with his gown.
---	---

Test your skill against theirs!
We're still asking folks - this time for short poems, or even long ones.
If you can't make the 'Sunday Times' you can try Mouthpiece.

e.g.

ODE TO A COFFEE MACHINE (for those of you in the Medical School)

If Fate decrees that I should thirst,
'Twill be because this machine is cursed.
In dire straits I staggered here,
Hoping for solace in the cup that cheers.
A hiss; a clank; was all I heard,
An empty cup is all I'm served!

Bristol Symposium. "Clinical and Physiological Aspects of Mastication" April 14th - 16th.

About 150 basic scientists, clinical scientists and clinicians met in Bristol recently to discuss this important topic. The meeting had been arranged as a satellite to follow the first general meeting of the International Association of Dental Research to be held outside the United States. This took place in London during the previous week. Bruce Matthews and I organised the Bristol Symposium with the intention of bringing as wide a scientific spectrum as possible to focus on Mastication and we were certainly not disappointed in the attendance which included visitors from Scandinavia, North America, Europe, Australia, Tasmania, South Africa, Japan, Britain and a few from Bristol. Comparative aspects of mastication were dealt with by Dr. Poole and Dr. Karen Hiismae of Guy's. Dr. Storey of Toronto, whom some of you may remember spending a sabbatical year in Bristol, gave a fascinating paper on his work on Egyptian Mummies. There was considerable coverage of the properties and control of masticatory muscles and the problem of the mandibular rest position with contributions ranging from general considerations by Professor Buller, through more special aspects by Professor Taylor of St. Thomas' London, and of course Dr. Yemm and Drs. Dibdin and Griffiths.

The neurophysiological aspects of muscle control were dealt with by Bruce Matthews, Dr. Bratzlavsky - Ghent, Dr. Hinrichsen - Tasmania, Dr. Goldberg - California, Dr. Sessle - Toronto, and Dr. Sumino - Tokyo. There were particularly valuable contributions by Dr. Earl of the Hospital for Neurological Diseases London on disturbances of mastication associated with neurological disorders, and by Messrs. Heslop and Wreakes of Queen Mary's Hospital Hospital Roehampton on the adaptations in the masticatory system following oral surgery.

Professor Watt of Edinburgh discussed his work on "Gnathosonics" and Professor Picton of U.C.H. London gave a very lucid account of the changes in the supporting tissues, following abnormal tooth contacts. Finally, Mr. Hamish Thomson, Institute of Dental Surgery London reported on clinical observations on the effects of abnormal occlusions.

The symposium was made possible thanks to the generosity of about 20 sponsors whose financial assistance ranged from £750 to £20 and who provided us with over £2000, which enabled us to contribute towards the travel costs of invited speakers and the cost of publication of the Proceedings, which we hope will appear within twelve months.

We were also very fortunate in the local help for the provision of hospitality and we were able to let our visitors enjoy the practical aspects of mastication (which of course generally require some lubrication) with local products such as Somerset cheese and cider, Wiltshire ham and sherry and wines. A local merchant of national standing provided real coffee, the smell of which was an excellent bait for an instrument exhibition which had been arranged in the laboratory where the coffee was served.

The social side of the meeting began with a University reception in Hiatt Baker and on the following night participants either tasted sherry at Harvey's or attended a performance

at the Theatre Royal. On the next evening we all dined at the Pump Room at Bath and the Royal Venison put no strain on the masticatory apparatus but stimulated the gustatory cells deliciously. There were no speeches, just a Mozart quartet. On Wednesday the Academy of the B.B.C. gave us a concert in the Great Hall and afterwards we went to Wells and were given a fascinating tour of the Cathedral which was followed by tea in the Bishop's Palace.

In retrospect, we have suffered a feeling of anticlimax and have wondered whether the work of organising the symposium, which we embarked on a year ago, produced really valuable results. Certainly the scientific level was in some respects disappointing, but perhaps it was useful to have good science cheek by jowl with the second rate. However, the comments we received during the meeting and subsequently have been reassuring. Certainly for many of the visitors who came to Bristol for the first time it was a surprisingly enjoyable experience.

D.J. Anderson.

A professor of dental medicine asked a student what dosage of a particular drug should be administered to a patient, during a discussion on dental and medical emergencies. "Twenty milligrams, sir" replied the student hopefully. But a moment later he raised his hand diffidently.

"Professor," he gulped, "About that last question of yours ... I think the answer should have been ..."

"Don't bother, young man" broke in the professor, glancing at his watch. "Your patient has already been dead for thirty-five seconds!"

There is something ominous about the fact that dentists are usually described as 'practising' ...

1st dentist: What did you do all that advanced conservation treatment on that patient for?

2nd dentist: Two hundred and fifty guineas.

1st dentist: No, I mean what did he have?

2nd dentist: Two hundred and fifty guineas.

"Your child has a nice set of teeth, Mrs. Lucre, but I think it would be best if we coated them with silver nitrate as a prophylactic treatment against any possible carious attack."

"Silver!" cried rich, social-climbing Mrs. Lucre. "What's wrong with gold nitrate?"

A rather pompous oral surgeon was in the middle of a long speech after a dental club dinner.

"Let it never be said," he intoned, "that our profession receives its full due in the eyes of society. Indeed we have many critics in this world."

"Not to mention," muttered a sardonic colleague, "those in the next."

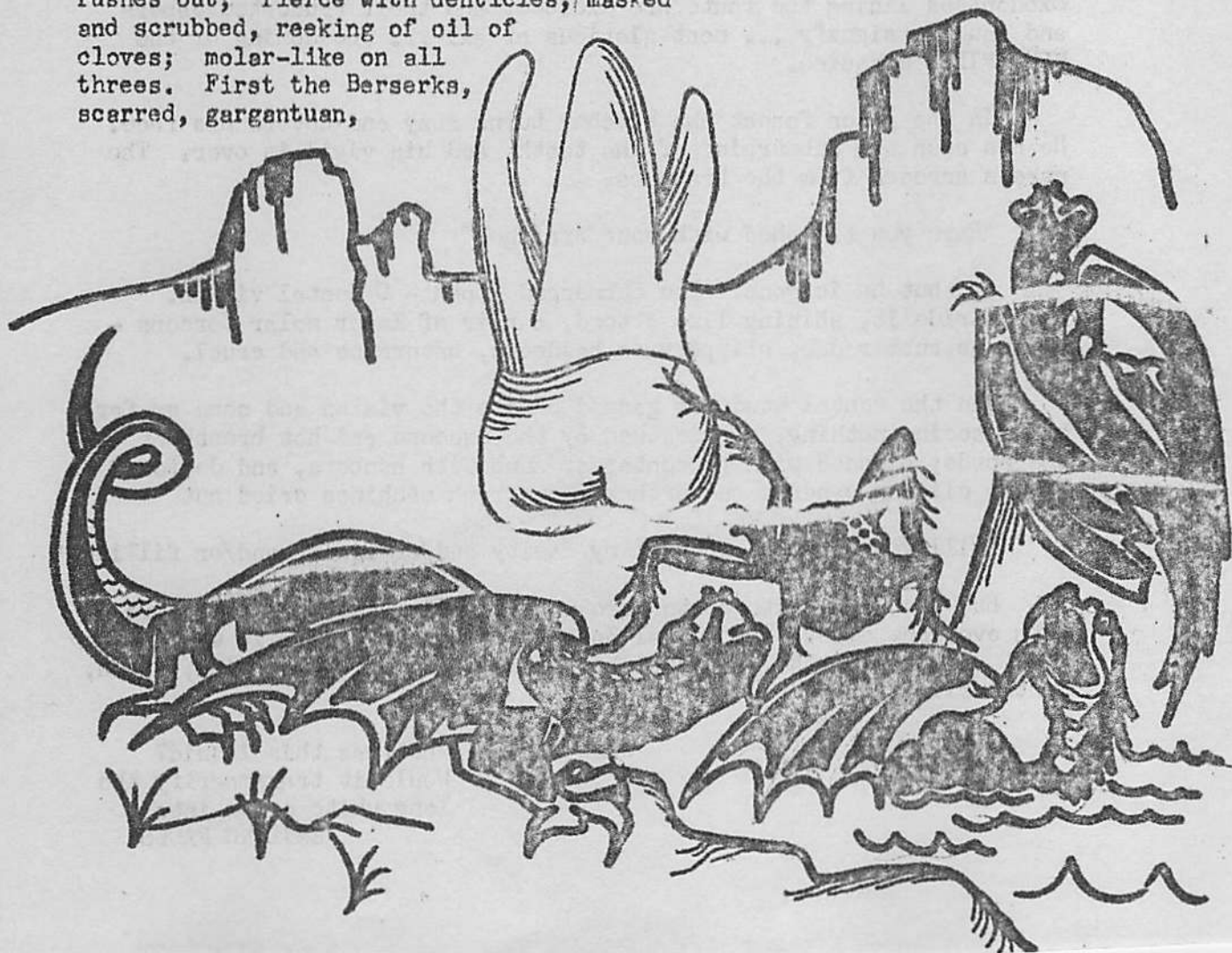
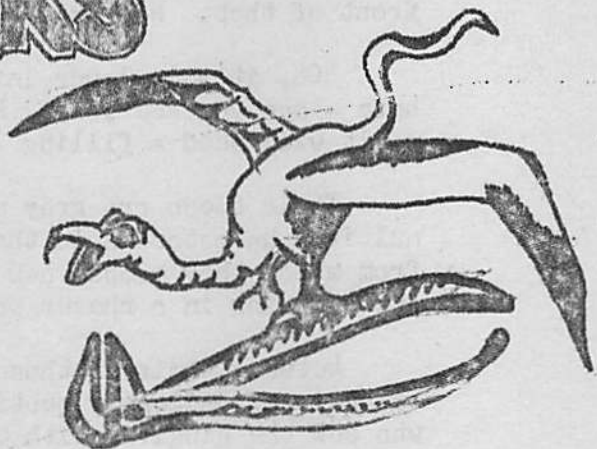
THE COMING OF THE BERSERKS

PART 2

Last Month there was a great excitement at the Dental Zoo. An inmate had caught a patient, a pulp died and a periapical abscess appeared. This was particularly serious as abscess was spelt incorrectly. Now... read on.

THERE'S A BERSERK IN MY MOUTHWASH

From the Dental Zoo, a hideous throng rushes out; fierce with denticles, masked and scrubbed, reeking of oil of cloves; molar-like on all threes. First the Berserks, scarred, gargantuan,



The Coming of the Breserks cont.

drugged with roots; stamping and biting on their shields, feverish with a pain in the lower jaw that was especially bad when eating betel nuts and bolts. Next the receptionists, with appointment cards in front of them. Now come the medical students who know everything.

"Oh, it's my lower left 6, don't you know. This premolar just here - can you see it ... Probably acute inflammation of the enamel so it will need a filling I expect. Can you do it for me?"

Their faces are grey with bleeding their patients white and causing multiple haematomata in their cubital fossae. They tow huge wardrobes from which they choose new attitudes towards dental students. (Singing and swinging in a rhesus proboscis way).

Between their stethoscopes (bless them) run the Dwarves and Dylantines, endlessly quoting in the wake of the Vegetable Normopaths who sew the gingivae with mattress sutures so that the aseptic technique (unheard of to the medicopaths) may be amintained. The Exodontees lining the route are excited, and their truncated capers and squeals signify ... most glorious of all ... the coming of the MOUTHPIECE magazine.

In the green forest the Watcher turns away and covers his face. He has seen the submerging of the tooth, and his vigil is over. The nurses screech from the branches,

"Have you finished with your syringe?"

... but he is gone. The Submerged Tooth - O dental vision. And astride it, shining like a toad, a pair of lower molar forceps - sleek as rubber dam, slippery as haddock, saturnine and cruel.

And the dental students gasped before the vision and some so far back, seeing nothing, so sickened by the squeeze and hot breath of the horde; blinded with percentages, numb with numbers, and deafened by the clicking cameras and orthopantomograph machines cried out.

"Will you come and look at my cavity and/or lining and/or filling?"

But the long white coats were not there. They were downstairs with everyone else. The Dental Zoo had come to a halt - it was feeding time, and Mrs Knight, the head keeper was hurling the special, brown, dental elixir under the cage door.

Next Month: What was this liquid?
Would it transmogrify the
long white coats into
SMILING FACES?

LETTERS TO THE EDITOR

Dear Sir,

I suggest that in the Autumn when the new clinical intake arrives, we ask Alf to issue all name labels with our names but no Mr. Mrs. or Miss. At this point men reading this letter will roll around giggling at such "pettiness" and most girls will say "Well I don't mind whether it says Miss, Mrs. or Ms..

These are the two attitudes which typify the general reaction to any attempt at changing existing conventions, especially small changes like this which, when added together matter very much in total. You will say "Well, it's no insult to a woman to acknowledge her marital status: this is only an attempt at equality where it is irrelevant."

I have two answers to this. Firstly, if a woman (or a man) is proud of being married, she(he) can display the fact in the normal manner, with a gold ring on the appropriate finger. Secondly, yes it IS an attempt to nullify yet another set of accepted rules because in most circles (even the Dental Hospital sad to say) the uniform way of addressing all women as Ms. is not even considered.

If that offends you, then why don't we take up the Medics' way of putting Felicity Bagwash in full, with no courtesy title, or just initials and surname.

Laugh if you like, but think about it - others do.

Yours
F. BAGWASH

Dear Sir,

I feel I must respond, as a woman, to a woman's letter. I refer to that concerning name tapes, submitted by Ms. Bagwash (?).

I am amazed at her attitude: I know of no woman who likes being an indeterminate muzz (Ms.) and personally, I find it quite offensive.

Trying to disguise the title cannot disguise the status, which is the normal status in almost every society, of marriage. Indeed, perhaps it is only those who feel some peculiar shame at not being married who would wish to invoke the use of those two ugly little letters. Women's Lib has its points, but as Shakespeare put it in another suspicious instance - "I confess, the lady doth protest too much."

Until lady dentists are Doctors, Professors, Baronesses or whatever, they will be either Misses or Mrs.s and normally, will not have any hang-ups about being known by the appropriate title. Please be sensible, Miss Bagwash.
Yours faithfully, HILARY J. DEIGHTON (MISS)

Letters to the Editor cont.

Dear Sir, (Mr.)

I had F. Bogwash's (Miss) load of hogwash thrust upon me by the Editor (Mr.) as a challenge, so here goes:-

Firstly, about the rings: I never intend to wear a wedding ring as a practising dentist (Mr.) and I am amazed that wedding rings are allowed to be worn by students (Mrs. Miss Ms. Mr.) in the clinics. I should be fascinated to see what a multitude of bugs (Mr. and Mrs.) could be coaxed to leave their home from underneath a ring when presented with a succulent culture plate to leap onto. I therefore suggest that the name badge is a convenient alternative.

Secondly, what are we supposed to call you in the clinic? If we are to address you by your surname, please could you tell us how to pronounce "Ms." Is the first bi-labial nasal consonant followed by a voiced Z or an unvoiced S? Or would you rather be called just Bogwash, as they did when you were at school?

Yours faithfully,
D.M.F. (Mr.)

P.S. Did they tease you for being called Bogwash at school?

Dear Sir,

This letter represents the student feeling here at Walabaluloo Dental School, Australia, and we reckon that F. Bogwash's ideas are pretty stupid. Why, even a kangaroo could tell you the answer to the problem: just call all the female students (married or unmarried) Sheilas to avoid confusion! Glad to have been of some help.

Yours faithfully,
BRUCE (Mr.)

Here is an analysis of Miss Bogwash's letter from the Consultant Psychiatrist to Mouthpiece:

Sir,

As the consulting TrickCyclist to the Dental faculty I have had frequent contact with the problem of this type. The lady in question is clearly experiencing an hysterical psychoneurosis possibly the conversion type. The label Miss represents the tenuous link between the youthful trauma which my good friend Sigmund Freud saw as the precipitating factor in such cases of unhealthy suppression with hysterical symptomatic conversion.

Strip this lady of her protective label and the block to self-awareness structural within the psychoanalytic therapeutic relationship is removed. The risk of Catatonic withdrawal into mute obsessional neurotic repetition of routine extraction and filling (qualified dentistry) or true schizo-affective psychosis is present, but slight.

PROFESSOR M. VON PROOPS (VIENNA)

Letters to the Editor cont.

Dear Sir,

As from 14th March 1975, the prices of the snacks sold in the Dental Hospital Canteen have gone up rather drastically, in my opinion. What is more, a cheese roll which used to cost 5p now costs 9p and has also diminished in size.

Sitting in the students' common-room I have noticed more and more people buying their snacks from outside shops. These shops exist to make a profit and yet their prices seem to be lower than the hospital canteen prices!

Commonly speaking, it is customary to make a greater profit on snacks than on a 'square meal' but even so, I feel we should - in what is supposed to be a non-profit-making institution consider the justification for raising the prices to this level, or at the very least look into possibilities of reducing production costs and keeping the selling prices at the same level.

Yours sincerely,
P. HINDOCHA.

Dear Sir,

Is this a coffee I see before me?

Having viewed with interest the variations in technique that fellow students employed to persuade a certain machine to empty its contents randomly into white plastic beakers, or alternatively, the spill tray where dying creamer, coffee, chocolate and soup powder lay wasted I wonder whether this system is the best possible.

Do we in fact need someone to pour out our beverage where the choice is coffee or nothing for afternoon refreshment tea or nothing? Judging by the performance the answer is yes.

But what of the economics, if indeed it is just a matter of economics. Is it better to retain the more personal approach and be able to talk to the person we buy our drinks (of a standard mix) and bear the increasing cost of a conversation, or would we rather be a party to modern trends, keeping production costs low, choice varied though not necessarily pleasant, and reduce waiting time and perhaps spend more time talking to colleagues. The choice is ours.

Claire Fotheringham

Dear Sir,

I should like to complain about your magazine, so please publish something distasteful.

Yours faithfully,
DR. GROPELY ODDHANDS (Mrs.)

Letters to the Editor cont.

Dear Sir,

After reading the article in B.D.J. March 18 (Vol 138 Page 229) entitled "Entry to Dental Schools with 'A' Level in Mathematics rather than Biology". I was inspired to put my thoughts on paper.

In this article it states "There is no evidence that those without biology are at a disadvantage in the courses".

This line of thinking can be taken much further: the main academic requirement for Dentistry is a reasonable memory. Someone studying History at 'A' Level, therefore, may be suitable for selection to Dental School. A basic science understanding is desirable, however, which could be shown by having good passes in science 'O' Levels. All this would give the schools a wider selection of students.

Schoolboys and girls would not have to decide after 'O' Level that they want to do dentistry and so be compelled to take science 'A' Levels. They would be able to decide when two years older and more able to make a good decision.

At present a student spends a year on the course before knowing if he is sufficiently manually dexterous, (two years if they have done the pre-dental year). Perhaps the curriculum could be re-organised to have Op Tec as the first term, omitting almost half a year, which is spent on holiday anyway, in 2nd B.D.S..

There is a great deal of wasted learning in 2nd B.D.S.. Either the subjects don't seem very important, or by the time the student gets to the clinic, he has forgotten what he has been taught, which the staff will verify.

Anatomy and Histology could be taught during the Human Disease and Oral Pathology course and learning the diseases of the heart could be linked with lectures on its structure and physiology. This would increase the length of these courses but there is time to fit these extra lectures in later. At present there are only lectures during the University terms (30 weeks per year) however Dental students work 44 weeks a year and so there are 14 weeks during which there are no lectures. Over the 3 years whilst in the dental hospital, this amounts to 42 weeks which is almost a dental student's academic year.

At present there are 6 months between 2nd and 3rd Part Finals, a month of which is spent on holiday forgetting most of what you revised for 2nd Parts and then a long-drawn-out Autumn term in which students do/

Letters to the Editor cont.

/the occasional cons dresser. Apart from that, little else is done, but worry about 3rd parts... Some people have to find other pursuits to them going mad with boredom. It might be good, therefore, to incorporate 2nd and 3rd Parts in Finals in the summer.

I realise that I have overlooked many things in this article, but I don't know all the intricate politics involved in organising a Dental Course, so this is merely meant as 'food for thought'.

Yours faithfully,
ANON.

A FAREWELL FROM MRS. KNIGHT

1 Park Avenue

Dear Boys and Girls,

I hope you had a very good Easter holiday. This letter is to say Goodbye to you all, as I have to leave the Hospital to look after my Mother as she is very ill. I feel very sad about having to say Goodbye in this way, as I have spent six very happy years in the Common Room with you all, listening to your joys as well as your problems. I will wish you all the very best of luck with your exams and I am sure you all have a very good future in front of you.

Goodbye. God Bless you.
Yours sincerely,
MRS. KNIGHT

GOODBYE TO MRS. KNIGHT

The coffee just doesn't taste the same since Mrs. Knight left us at Easter, having been with us for six years. She had to leave in order to look after her ailing mother and it was only with the greatest difficulty that she was able to arrange to come to say a proper Goodbye and to receive the card signed by everyone. We gave her as a parting present a glass sherry decanter with matching glasses. Her emotional reaction to the gesture goes to show her amazing sympathy with us - she said it was like leaving "her family".

Most people seemed not to believe it when they were told she had left permanently: "When's she coming back?" was the commonest reply!

Mrs. Knight, if ever you can come back, we will welcome you with open arms!

REPORT OF THE MANCHESTER RUGBY CONFERENCE -- April 1975

As the B.D.S.A. representative of Bristol, I had the pleasure of attending the Manchester conference last month. May I begin as I intend to continue, by saying how much we all enjoyed the four days spent in the Woolton Halls of Residence.

On our arrival we were given a guided tour of the University's brand new Dental Hospital, which is marvellously equipped. Each student was given a folder containing the conference schedule, tickets, and a very useful and interesting article on the diagnosis and treatment of hangovers.

The reception on the first night of our stay was organised in order that we might all get acquainted, something that became increasingly easy as the evening wore on, and the free beer dissolved away any remaining inhibitions. Belfast students made the most of the evening and a visit to a local brewery the next day. (Beer in Belfast is 27p a pint.)

However, don't let me give the impression that the conference lacked academic interest (groans). During our stay, Mr. P. Rothwell from Manchester gave a most interesting lecture on TMJ disfunction; Mr. L.B. Lux, the president of the G.D.P.A. introduced us to Dental Politics.

The hospitality of Mancunians was typified by the reception given in our honour by the Mayor and the Lady Mayoress in the City. We all had a truly enjoyable evening. We were shown the impressive Council Chambers and the intriguing method of electronic vote registration operating there.

Late evening entertainment always ended up in the most famous local night-spots. These clubs however, were always dominated by the high spirits of the large groups from Cardiff, Belfast and London, the other 14 Universities sent smaller parties to make the total number present 150.

The Trade Fair was a great success, organised by various companies and societies well-known to dentists, such as the Medical Sickness Society, and the Wrigley Gum Company to name but two. As they had already given £500 towards the cost of the conference, it was very generous of the firms involved to give so many free samples of their products to the delegates.

Of course, B.D.S.A. conferences never close without a full council meeting, where I represented the Bristol Dental students. The main item on the agenda was the recent survey on grants and Dental Hospital facilities carried out nationally by the committee. I am attaching an analysis of the survey to this report, as I am sure the results will be of interest to all.

But to get back to the nitty-gritty, if you like throwing food at each other, then it would appear that the Rugby Conference Dinner is the place for you, Mr. Lux's speech at the dinner was the highlight of an evening of comedy. It was at his point that notable the Irish contingent, (being hot-blooded and all that) started throwing things at the head table. One wonders if this is a suitable moment to say that Belfast man Dave Owen was congratulated upon becoming an honorary Life Member of B.D.S.A, and perhaps therefore entitled to throw more food than anyone else (Dave is

Manchester Conference cont.

an ex-house officer from Bristol).

Regrettably for some, we were awoken for breakfast on the last day of the conference at 8.15 a.m. so that we could all go and see the rugby competition. The matches were played on the Manchester R.F.C. ground which was kindly loaned to us.

Cardiff, in true Welsh tradition, entered three teams in all, but found no strength in numbers. Despite rumours of an all Welsh final, only one Cardiff team got there, and despite some "up and under" (a fascinating phrase which I don't understand, but had to use) weren't good enough on the day, and were beaten by Dundee.

On the last night Dundee drank to celebrate; Cardiff to drown their sorrows and everyone else drank so as not to feel left out. (Me, I drank because I like it. Who said that?!) This last, of course, did not include Belfast. They were paralytic throughout the conference anyway.

The Conference closed on the 13th April, and we all headed for home with various souvenirs (except Belfast, who couldn't get the door from the ladies' loo onto the 'plane.)

The information gained at the conference concerning curricula, content of individual courses and how other schools run their societies and organise finance, is invaluable to us all as students and to the organisations of U.B.D.S.S. as a whole.

As I have said, I thoroughly enjoyed the conference, and if it sounded like fun to you then the next one is due soon in London. Hope to see more of you there.

Maya Patel

.. .. .

ELECTIONS TO SENATE

Last year the Faculty of Medicine was represented on Senate by our very own Steve Lisney, being the Clinical student representative. This year we have nominated High Devlin from T-year, hoping that for the second year running that dentist will represent all the Clinical Vets. Medics and Dentists.

If it comes to a vote, I, therefore, urge you to vote for Hugh, and prove yet again that the Dentists are the most socially aware and active of the Clinical students in this University.

Cathy Asher

BDSA SURVEY ANALYSIS April 1975

Number of Schools in survey was twelve

Course Length 5 .. 5

Course Length 5½ .. 7

No. of weeks in clinical year

43	..	..	..	..	..	..	4
44	..	..	..	..	..	..	7
45	..	..	..	..	..	..	0
46	..	..	..	..	..	..	3
47	..	..	..	..	..	..	1

No. of Students per year

30-40	..	..	..	..	..	1
40-50	..	..	..	..	..	2
50-60	..	..	..	..	..	5
60-70	..	..	..	..	..	1
70-80	..	..	..	..	..	3

No. of White Coats Supplied/Cost

				£		
2	..	..	..	4	..	1
3	..	..	..	18	..	1
4	..	..	..	13 - 18	..	3
6	..	..	..	18 - 30	..	2
8	..	..	..	32	..	1

No. of Hospitals using Quota System - 10

in Cons	..	..	..	..	..	10
Pros	..	..	..	..	..	7
Ortho	..	..	..	..	..	4
Child	..	..	..	..	..	6
Perio	..	..	..	..	..	7
Oral Surg	..	..	..	..	..	4
G.A.	..	..	..	..	..	2

Number of Schools using Continual Assessment was 11

Does N.H.S. provide:

	YES	NO
Dental Instrument kit?	12	0
(deposit required)	6	6
(kits returned in full)	10	2
(kits returned in part)	1	0
White coats supplied?	4	8
Free laundry?	11	1

I should also be interested to know how many schools use the F.D.I. charting system - Ed.

—oOo—

WINE AND CHEESE EVENING

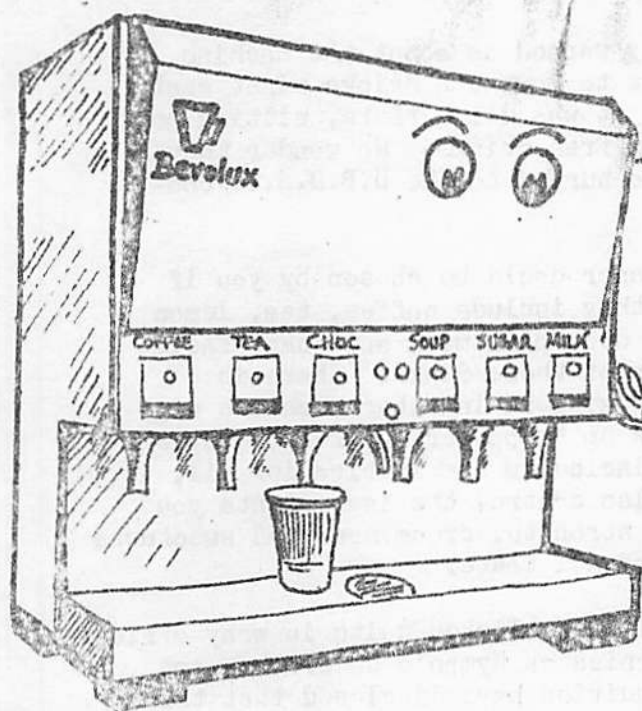
It can ceratinly be said that the evening had an explosive air about it, what with one thing and another. Most of the people I spoke to seemed to be enjoying themselves.

It was one of the few occasions when the society actually 'broke even' and from the financial point of view, at least, the evening can be regarded as a double score. We should like to thank all those who supported the function.

S. GOODA SOCIAL SEC. B.D.S.S.

P.S. would those who cannot resist serving themselves with drinks outside normal functions please refrain from doing so - it's other students' money that you're taking!

The new tea lady



--- Good Morning Sophie ---
! on your new tea lady ---

Oooh!

Personal choice is what matters to most of us, and to many that means, for example, drinking coffee in the afternoon in preference to tea. Obviously, we cannot expect the poor old tea lady to pull a long train of trolleys similar to that fascinating and snakelike method of transporting mailbags on railway platforms, with an urn containing a different beverage in each one, and neither can we expect her to stand all day in the common room trying to sell it all off.

Apart from a few people who over-reacted at the one-day presence of a beverage dispenser in the common room a week or two ago, the majority of the students thought that the choice of drinks available and the high standard of the ingredients used were a very welcome change, now that Mrs. Knight had left (a free whisky dispenser couldn't even compete with Mrs. Knight). Moreover, these drinks were available throughout the day at our convenience, at NO COST (courtesy of Vendelux Ltd.).

Free drinks did not dispel suspicions surrounding this monolithic, mechanical tea-lady and this was not surprising, considering the feed price rises that we have had recently. "Fine, but how much are drinks going to cost if we allow this thing to take over?" "They've put in best quality ingredients now, but once it's installed and we're paying 5p per cup it won't take them long to put Marvel and Gateways instant coffee into it!" were/

The New Tea Lady cont.

among many remarks to be heard. Nobody warned us about the machine coming; no information was available as to how much drinks might cost, and people just didn't know quite what it was doing there, sitting on a table giving away endless supplies of free drinks. No wonder they were suspicious, and no wonder everyone turned to the U.B.D.S.S. committee and to Mouthpiece for answers.

The choice of drinks in the dispenser could be chosen by you if you decided to accept the machine and they include coffee, tea, lemon tea, soup, chocolate, hot blackcurrant etc. plus milk and sugar facilities. The machine will accommodate four of these drinks. There is absolutely no possibility of flavours mixing as in other machines e.g. that in the Medical School that charges up to 5p per cup for an unpleasant mixture of everything it contains including the lubricating oil, and even drinks it for you! You can also control the ingredients you require for your drink so that varying strength, creaminess and sweetness is possible for your individual and personal taste.

Bevolux hot drink dispensers are well established units in many offices and are sold in such office supply companies as Ryman's under the name of "Thirst Aid Posts". Independent enquiries have disclosed that the cost of the hot drinks per cup would be 2p, including the cup, stirrer and BEST QUALITY "executive" ingredients, i.e. Gold Blend type of coffee and Coffee-Mate type of creamer. A choice of coin boxes is available so that if the U.B.H. catering department (who would be responsible for its maintenance) wish to make a profit they could order a coinbox of more than 2p per cup. (The machine in the Medical School is maintained by a private company which is why it is so expensive.)

More than one machine could be installed to avoid queues, and what is more, these machines are convertible to serve refrigerated fruit drinks if you wish, with flavours such as 40°F ice-cold lemon tea, coffee, nine-apple, cherry, blackcurrant, orange, lemon, strawberry and many others, throughout the day.

The simplicity of this type of machine makes it very hygienic and reliable, and with prices of around 2P for first class ingredients all the day long, this alternative method of supplying drinks does seem preferable to paying 3p for inferior coffee that you have to pour yourself from an urn anyway, under our present system. Now that Mrs. Knight is no longer with us, most of us couldn't care less about the so-called 'Personal touch' of a tea lady - certainly if she charges 1½p more per cup for the privilege.

Weighing the pros and cons, the only thing that could seriously threaten the coffee machine would be if Mrs. Knight came back, otherwise/

The New Tea Lady cont.

we look forward to the installment of a first-class hot drinks machine in our common room, but only if it is a BEVOLUX, run at the MINIMUM PRICE PER CUP by the U.B.H. catering office and not a private firm, and maintained with FIRST CLASS INGREDIENTS.

If you're prepared to give up the occasional smile from a tea lady, and accept the machine, you'll be laughing.

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Miss C. Fotheringham and Miss J. Pym are now interviewing prospective female candidates for a single room in their luxury Westbury Park apartment. This room becomes vacant at the end of June. Rent £6.00 per week including rates but NOT including gas and electricity. 30 mins walk to the University and Centre, and buses from White Tree. Applications to pigeon hole F or P in the Dental Hospital.

HOSPITAL CHRISTIAN FELLOWSHIP - in the B.R.I. Chapel.
Tues. 5.15 Fellowship
Fri. 1 - 1.30 Prayer meeting
Details of other meetings - on the chapel notice board or contact Raman Bedi, T6.

2 Tim I:7 For GOD did not give us a spirit of timidity but a spirit of power and love and self control.

P.S.A. Nerve Blocks for the Upper First Permanent Maxillary Molar:
Mouthpiece Magazine would like to remind all students that Mr. Adatia would still be very grateful for their assistance in a study of the effectiveness of local anaesthesia using the P.S.A. Nerve Block for these teeth. If any student working in any of the Departments requires to anaesthetize an Upper First Permanent Molar, would he or she please contact Mr. Adatia first, please, so that he can administer the local anaesthetic.

DESPERATE Dentist desires dishy debutante demanding Dental deployment. Are you under 40 with own legs and lungs, and can you read write and indulge in competitive corridor sprinting then why not apply for exciting post as Dental Nurse in Exotic Rubery 445-2238.
(Seen recently in the National Press!)

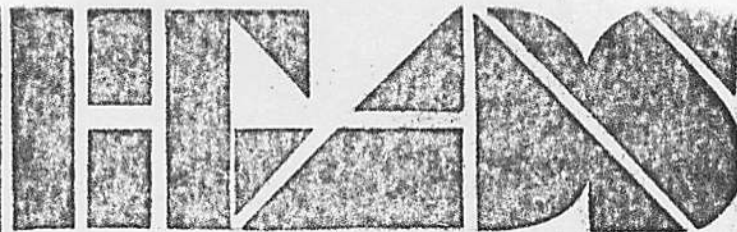
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THE TRIANGLE,
BRISTOL, 8.



TEETH ILLUSTRATIONS ARE FROM A FORTHCOMING BOOK CALLED "DENTAL MORTUOSITY: ILLUSTRATED GUIDE."



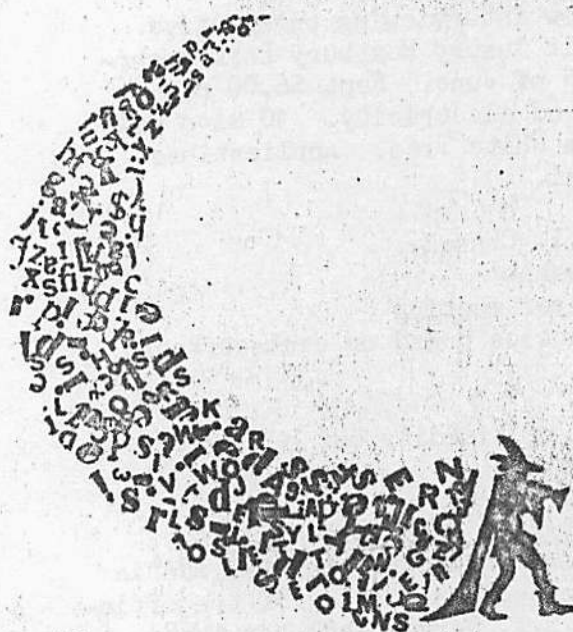
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RECENT EVIDENCE ON DENTINE SENSITIVITY

-R. Holland-

The history of investigations into sensory mechanisms in dentine is long and punctuated with controversy. Until the middle of this century most of the work was carried out using histological techniques. Unfortunately histological techniques can give only very indirect information on physiological problems and in addition are difficult to apply to hard tissues. The results of these limitations may be exemplified by the contents of the Proceedings of the Royal Society of medicine for 1924. In this year two eminent dental histologists read papers to the society whose titles alone are sufficient to obviate the opposition of their views. Mummery read a paper entitled "The nerve supply of dentine" and later in the year Hopewell-Smith read the antithetical "The non-innervation of dentine". This also reveals the limitation of investigation to the question of the innervation of dentine. Innervation of dentine and dentine sensitivity are not synonymous problems. The nerve fibres may not be sensory and even if they were some transducer system may exist between the stimulus and the nerve ending. Light microscopy by Fearnhead has shown that human dentine is innervated and studies by Frank have described nerve-like structures within dentinal tubules accompanying the odontoblast process though I am not convinced that these structures have been proved to be sensory neurons. It is particularly difficult in this field to separate the scientific wheat from the tendentious and imaginative chaff: an innervation of enamel has been postulated on at least one occasion. All the plausible studies on dentine innervation show it limited to the inner third but as the clinicians tell us that the enamel-dentinal junction is particularly sensitive some mechanism must exist to carry the stimulus from the periphery to at least the inner 1/3. An alternative explanation not often voiced is that technical problems prevent the demonstration of nerves in the outer dentine.

Only a few decades after other sciences dental science discovered the experimental method. Anderson and colleagues various in the 1950s & 60s carried out experiments in the sensitivity of human dentine to chemical and osmotic stimuli. This, combined with the work of Brannstrom in Sweden led to the hypothesis that sensation is transmitted across the dentine by the movement of fluids within the dentinal tubules—the so-called 'hydrodynamic' mechanism. Obvious limitations on the use of human experiments led to the animal investigations of Horiuchi and Matthews. The responses of cat dentine to stimuli measured as electrical activity either in the dental nerves or in the dentine itself take very much longer to appear than the responses in the human. This and other data suggest that a 'hydrodynamic' mechanism is of little importance in the cat and that chemical stimuli act by diffusing through the dentine and affecting nerve endings in the inner dentine or outer pulp.

The work I have done over the last 3 years has been designed to look at some of the points outlined above. In general we needed precise anatomical data on cat dentine and in particular we wanted to know if the outer dentine of the cat contained cells (nerves or odontoblasts) that could be responsible for stimulus transmission and whether there were any large differences in the structure of cat dentine which would account for its apparent direct sensitivity to chemical stimuli. Cats

were fixed by perfusing aldehydes through their vascular system. The teeth were removed, cut into transverse discs and embedded in epoxy resin. A technique was devised for taking sample sections from various points in the tooth for electron microscopical examination. This method allows examination of the contents of the dentinal tubules at many levels between the pulp and the enamel. The results showed that at least the outer half of the dentine contained no cellular material. At first I thought this was an artefact due to the fixative not being able to reach the outer dentine. This may also explain the limited extent of nerve fibres in human dentine. However a series of experiments in which the concentration of the fixative and the duration of the perfusion were increased produced the same result. Even in the narrow dentine of ferrets the process seems to be limited to inner dentine. That the finding is valid is confirmed by testing chemically for the fixative on the outer surface of the dentine. A sensible conclusion from this would be that stimuli are transmitted across outer dentine by a mechanism that does not need the activity of a cell, nervous or otherwise. Incidentally the incidence of nerve-like structures found in cat dentine was so low as to be unmeasurable.

If cat dentine is stimulated by chemicals diffusing through to nerve terminals then one would expect cat dentine to be much more permeable to chemicals than human dentine in which this does not occur. It would seem reasonable to suppose that cat dentine had larger and/or more numerous tubules. In fact a survey of a series of 100 micrographs show this is not the case.

		diameter μm	no./ mm^2
Human	inner	3-4	65,000
	outer	1-2	15,000
Cat	inner	1	6,000
	outer	0.25	900

It may be that the permeability of dentine does not depend on these factors but rather on the size of the periodontoblastic space or the relationship between cells in the odontoblast layer. In man the odontoblasts are joined by full junctional complexes in the cat however there is only the occasional desmosome and in consequence the 'membrane' may be much more permeable. In this layer the number of nerve-like processes is vast. Some are linked to odontoblast cell bodies by specialised 'gap' junctions similar to those found at electrical synapses in crustacean CNS. Clearly interest focuses on this region of the outer pulp and especially its permeability and innervation. Future work at present in the planning stage will look more closely at this region.

S P O R T S P A G E

U.B.H. F.C. 1st XI

After some excellent results recently U.B.H. are now clear leaders of Bristol and Avon Division 2 League.

The first of these was a fine 2 - 1 win over 3 Star. Goals by Martin McNally and Rob Firth, a penalty save by Phil Ratcliffe, and a goal-line clearance by Mart Bean ensured 3 Star's first defeat for 33 games.

The following weekend we played them again and this time ran out clear winners 4 - 1 with goals from Guy Kuamme, John Simpson and Barry Gilling (2).

These wins put us in 2nd place in the league, the next match being against Speedwell also joint second. In a very hard fought match (so hard in fact that their manager tried to attack the referee after our second goal!) we ran out worthy winners 2 - 0 thanks to two goals from Guy Kuamme. This win put us in top of the table.

An away win against mid-table Wyndham (5 - 3) further strengthened our position, and the last game before Easter was against Park Rovers, who beat us on our own ground at Brislington earlier in the season, and now themselves in second place.

We took the lead in the first minute through Dave Glover, but the "Park" struck back precisely 20 seconds later. Further goals by Barry Gilling (2) soon put us in an impregnable position, but we found ourselves struggling after losing John Grant with a broken nose. We weathered the storm however and two more goals by Clive Harris and Mart McNally gave us a great 5 - 1 win.

CURRENT RECORD

<u>Pld.</u>	<u>Won</u>	<u>Dr.</u>	<u>Lost</u>	<u>For</u>	<u>Against</u>	<u>Pts.</u>
21	18	1	2	97	28	37

GOALS

LEADING GOALSCORERS

B. Gilling	35	J. Simpson	6
M. McNally	25	D. Glover	6
R. Firth	7	K. Miller	6

---oOo---

I am not the pheasant plucker, I'm the pheasant plucker's mate,
I'm only plucking pheasants because the pheasant plucker's late.

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