

MOUThPIECE



The magazine of
U. B. D. S. S.

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M O U T H P I E C E E X C L U S I V E !

Some sneak previews of next year's exams

1. Blistering is an essential part of the pathology of:

- a) Nodular pharyngitis
- b) Cicatricial pemphigoid
- c) Noma
- d) Pemphigus foliaceus

2. In 1969 it was estimated that at 17 years of age the proportion of the population of this country with periodontitis (destructive periodontal disease) was:

- a) 7%
- b) 63%
- c) 36%
- d) 23%

3. Vasoconstrictors are combined with local anaesthetic solutions to:

- a) Prolong the duration of local anaesthesia
- b) Prevent vasovagal attacks
- c) Preserve the pH of the solutions
- d) Decrease pain during infection
- e) Produce a relatively bloodless field for surgery

4. The most reliable vitality test for a recently fractured tooth is:

- a) Application of ethyl chloride on a cotton pellet
- b) Application of hot gutta percha
- c) Electric pulp test
- d) Response to percussion
- e) Perialveolar sonic scanning technique
- f) Transillumination

5. Which of the following methods would prove the most costly?

- a) Prevention of 666,660 cavities by water fluoridation
- b) Prevention of 233,330 cavities by self-applied topical fluoride
- c) Prevention of 60,000 cavities by operation-applied topical fluoride
- d) Prevention of 25,600 cavities by use of fluoride toothpaste
- e) Restoration of 16,666 cavities by conventional methods

M.C.Q. cont.

6. Which of the following drugs are subject to Fourth Schedule Poisons Regulations under the Pharmacy and Poisons Act 1933?

- a) Aspirin
- b) Paracetamol
- c) Mefenamic acid
- d) Codeine
- e) Pentazocine

CORRECT ANSWERS:

- 1. b and d
- 2. c
- 3. a and e
- 4. c (Teiter et al.: Oral Surg. 34 649-652)
- 5. No difference (Gish, C.W., 1968; A.D.A. Newsletter 21, 23)
- 6. e

-----ooOoo-----

EDITORIAL

This is my last editorial and so I'd better make the most of it. First of all, I should like this to be thought of as my personal Christmas card from me to you ... not just the usual sort of card that everyone else sends, but a special one in the form of an editorial, especially from ME to YOU personally. (That must have saved some money this year!) You are quite welcome to respond by sending me a similar sort of original Christmas greeting, but if you haven't time, I shall understand if you just send me a Christmas card, or something.

What has been the role of Mouthpiece this year? Has it been necessary - after all this is Vol. 4 No. 5 and are we any better off? Is it justified to spend the large amounts of money involved in its production? These are questions I have asked myself many times as I saw the piles of paper taking over my flat, or as I sat alone in the basement of the hospital with a background noise of the printing machine spewing our page after page of Mouthpiece, and only the occasional cockroach for company.

There have been many students who have helped me staple the magazine and prepare it, and most of you have bought it eagerly. Many students and/

Editorial cont.

and staff have contributed articles. To all these people I give my sincerest thanks for making the production of Mouthpiece a pleasure.

On the other hand, there have been students who have criticized Mouthpiece from beginning to end without offering any constructive suggestions for an alternative. Some have regarded me as if I were trying to sell Jehovah's Witness magazines! To such people, I should like to say that you could not dampen my spirits sufficiently to stop me printing Mouthpiece for everyone else who did appreciate the hours of free time that I gave up for everyone's benefit.

I worked hard at his magazine because I knew it was right. I didn't do it exclusively for you or for me, and perhaps some of you will understand what I'm talking about.

Hilary Deighton has been the greatest help of all to me with her superb typing (who - me? HJD) considering that she is studying hard for a Ph.D. and could type only late at night, or in some cases right through the night, in order to get Mouthpiece published on time. She is not even a dental student and she did all this for nothing, and yet would you believe it ... someone still managed to criticize the typing!

I don't want to put the next editors off, however. I think that the people elected to publish Mouthpiece show great promise. They are:-

Preclinical Editor: Clive Marks

Clinical Editors: Pamela Jackson
Jacky Jones

Staff Editors: Dr. Stack and a friend

This is a very good combination and almost anything is possible now. This might be the board that brings Mouthpiece into the ranks of the glossies or the board that decides that for the future of the available advertising revenue, it would be best to amalgamate and form a joint magazine with Galenicals.

Bristol is one of the few dental schools that can boast a reputation of being "a darn good school". We also have a superb M.R.C. unit - surely it is now about time that we produced a gazette to match! This next editorial board can do it, I am sure. Dr. Stack is a very experienced editor of "Archives of Oral Biology"; symposia; and many more. He has written a great deal already for Mouthpiece and should be able to direct the talents of the student editors to the highest degree.

I should like to thank the following for their support in the past:-
Cathy Asher, Phil Key, Carol Nowill, Pratibha Hindocha, Steve Preston, Mark Davies, Roger Robinson, Maria Chambers, Dave Hardy, Steve Gooda, Jackie Masterson, Professor Anderson and secretary, Diana Ostick, Paul Baines, David Wise, Mr. C.D. Stephens, Hilary Deighton, Mr. A.K. Adatia,

Editorial cont.

Mary Suffield, Claire Fotheringham, Terry Hitch, Maye Patel, Rex Holland, Dr. M.V. Stack, Mr. J.C. Dean Hart, Mr. D.K. Stables, Stephen Lisney, Mr. M. Cooksey, Mr. J. Fletcher, Mr. Deubert, Dr. and Mrs. Yemm, Anon, Anon and Anon, and all the generous advertisers without whom the whole thing would not be possible.

Please support your next editorial board well, encourage them and and above all, write them articles. They don't have to be perfect - hardly any of us have studied 'A' Level English because we all had a scientific education - you can't have it all ways!

I hope you enjoyed what Hilary and I have produced for you, on behalf of the U.B.D.S.S.

Vol. 4 No.5

GEOFF C. DOWNER
Editor Mouthpiece

oooooooooooo oooooooooooooo

As this is the last Mouthpiece with which I shall be concerned, I should like to say a few words to the society.

Firstly, I must thank you for the beautiful bouquet which was presented to me at the Dental Ball - to my complete surprise and delight. I was very touched to receive it, indeed I could only bring myself to throw the flowers away last week, when there were rather more of them on the floor than anywhere else!

Secondly, may I say that it has been a great pleasure, despite all the work, for Geoff and myself to have endeavoured to make a success of Mouthpiece. I think on the whole we are pleased with what has been achieved, and we hope it has brought you pleasure and interest. We wish the new editors good fortune in their tour of duty! I suppose it has been good for me ... not every archaeologist knows how to spell periapical abscess, or anodontia, or Molar Tubercle of Zuckerkandl, perhaps sometimes not even every dentist either ...

Mouthpiece is a good magazine, try to make it better, it doesn't cost much effort to write even a letter to the Editor. It's everyone's responsibility. Your society has enviable resources, use them well.

To all friends old and new in the U.B.D.S.S. we wish a Happy Christmas, and a successful New Year.

HILARY J. DEIGHTON

University of Bristol



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The Medical School
University Walk
Bristol BS8 1TD
Tel. 24161 Ext.578

Professor D. J. Anderson

DJA/WRC

4th August 1975

Dear Geoffrey,

For some time I have felt that in view of the success of Mouthpiece, thought ought to be given to the possibility of producing a more prestigious journal. It seems to me that the combined activities of these medical and dental schools both academically and socially could support a journal comparable with those produced by other medical faculties. If we consider just the preclinical departments and the M.R.C. Dental Unit, I would imagine that each of the two groups could easily produce a paper twice annually. If that fantastic level of productivity were not possible, a regular series of research notes or "work in progress" would seem reasonable. Of course this is not the best time to launch a new publication, and if it is to be done it must be done wholeheartedly making a firm bid to reach a good and lasting market.

No doubt you have thought along these lines. If so perhaps we could exchange views.

Yours sincerely,


D.J. Anderson

Geoffrey Downer,
Dental School.

HOW TOOTHACHE CAME INTO THE WORLD

After God had created heaven,
heaven created earth;
earth created rivers;
rivers created ditches;
ditches created mud;
mud created the worm.

But the worm had nothing to eat.
So he went to the god of justice
and wept and wept;
and before Ea, the god of wisdom,
he poured forth his tears.

"What will you give me to eat?" he cried,
"and what will you give me to drink?"

"I will give you ripe figs," said the god of justice,
"and I will give you apricots."

"What good are ripe figs?" cried the worm.
"And what use are apricots?"

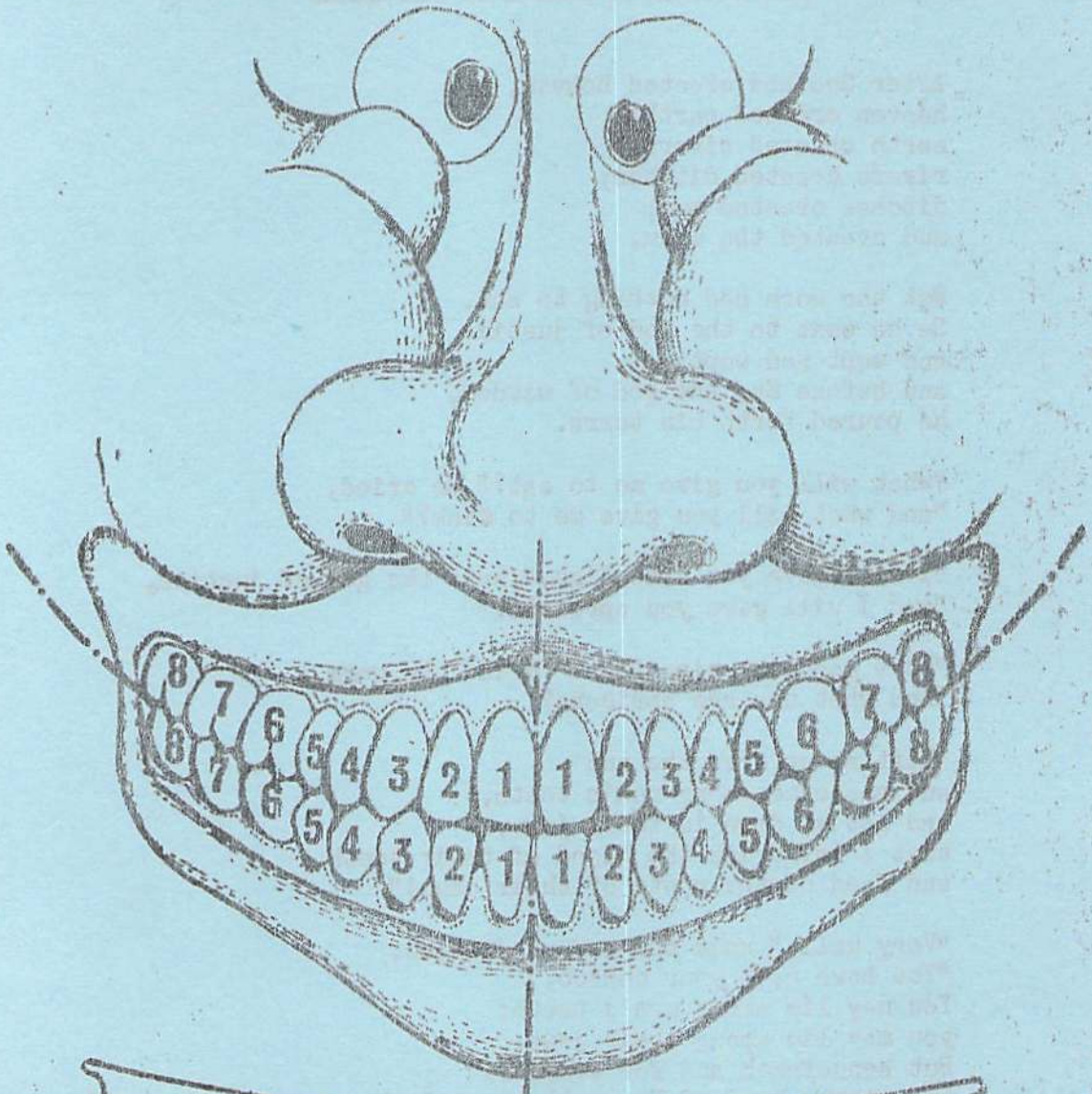
"Lift me up from the mud
and place me among men's teeth,
and set me down in their jaws,
that I may drink the blood of their teeth
and feed on the roots of their jaws!"

"Very well," said the god of justice.
"You have made your choice.
You may lie among men's teeth;
you may lie among their jaws.
But henceforth and for evermore
the mighty hand of Ea shall be against you to crush you!"

And so it has remained. The worm preys upon the teeth and gnaws at the gums of men; but the dentist, the servant of Ea, attacks him and kills him.

And that is not all. Whenever you have a toothache and you brew a drug to ease it, recite this story thrice, and you will surely be cured.

(Babylonian poem, about 4,000 years old. Translation by Theodore H. Gaster, Professor of Religion, University of Columbia)



**FLOSS YOUR TEETH
FOR A SMILE THAT COUNTS!**

A dentist went round to his local garage to query his bill. The foreman assured him that there had been no mistake.

"But it seems a fantastic amount for a routine service," complained the dentist. "You people have begun to charge more per hour than we members of the dental profession do!"

The foreman regarded him stolidly.

"Look at it this way, mate - you lot have been servicing the same old model ever since Adam. WE have to study up on a new one practically every month!"

Dentist: Your gums look much better this week.

Patient: Yes, they certainly do. I reckon it's because I followed the directions on that bottle of mouthwash you prescribed for me last time.

Dentist: Splendid, er - what directions?

Patient: It said: 'Keep this bottle tightly corked'.

The dental consultant was doing a hospital round. He stopped at the bedside of one gloomy-looking patient and examined the charts and case notes, nodding wisely.

"You are progressing very well indeed, my man," he announced at last. "I see that your jaw is still very swollen, but I'm not too worried about that..."

"I dare say you're not!" burst out the patient. "And if yours were swollen don't kid yourself that I'd be shedding any tears either!"

"Deep breathing kills germs."

"Yes, but how do you make them breathe deeply?"

Patient: And will just one course of these Metronidazole tablets cure me?

Dentist: Let's put it this way - none of my patients has ever come back for a second one!"

A chic model girl was being examined by her dentist, after complaining of toothache.

"There's no doubt about it," said the dentist, cursing his lips, "You have acute pulpitis."

The model yawned ostentatiously.

"Thank you, but I came here to be examined, not admired!"

"I'm afraid that Fred will be having rather a long series of visits to the Dental Hospital."

"How do you know - did you see the dentist?"

"No - the nurses!"

ENVIRONMENTAL LEAD DETECTION IN SEVERNSIDE TEETH

The previous report of our work within the "Sabrina Project" showed a map of the Bristol area because a geographical trend could be demonstrated; the evidence was not up to allowing us to look for a secular trend. Another study now reported covers a wider geographical area, but only a secular trend can be shown. It became possible because of a long-term collection of developing dentitions that had been undertaken in order to work out the rates of growth of the primary teeth in terms of changes in weight and size. Such teeth were dissected at autopsy following stillbirth or neonatal death; they were stored for periods of up to 15 years by the time the analyses were started.

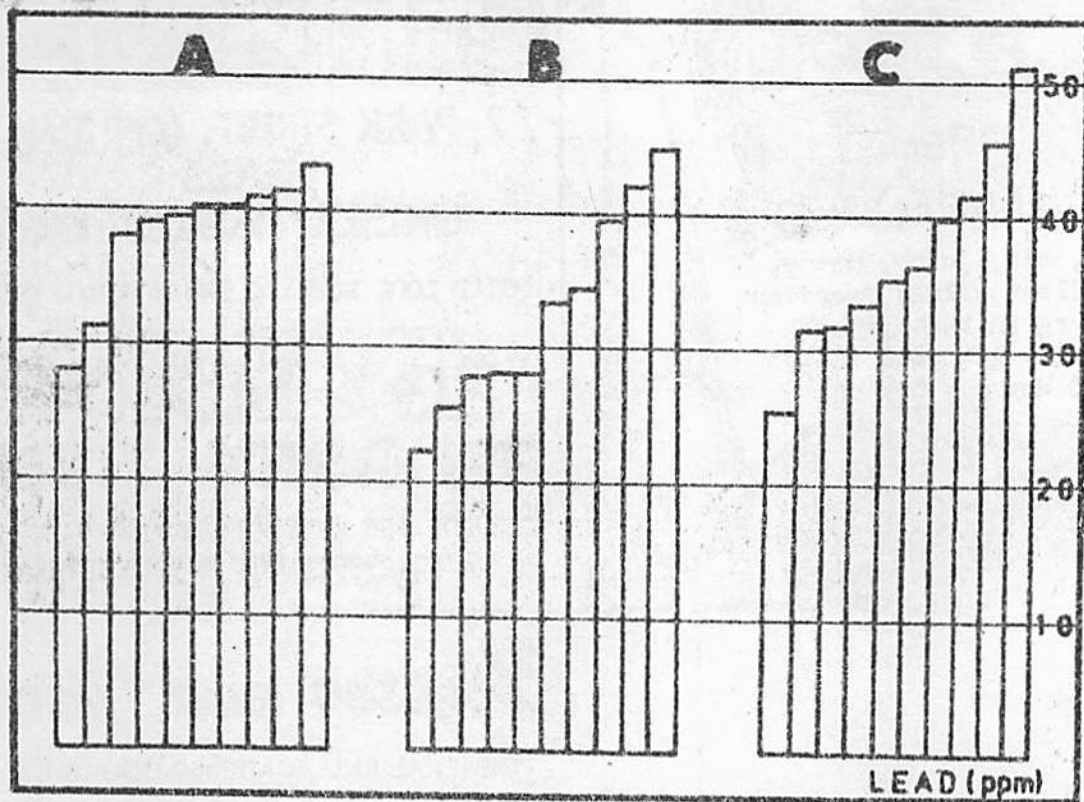
This material was grouped in two ways. Division into "urban" and "rural" groups was made arbitrarily according to whether the maternal addresses carried primary postal codes showing one digit ("urban") or two ("rural"). Division into "stored" and "recent" groups refers to one group of 20 dentitions acquired during the period 1957-63 and the other during 1972-73. We were thus able to compare trace metals in "stored" and "recent" dentitions, having used the pathologists' reports to examine any potential relationship between pathology and trace metals. For these analyses the friable developing enamel was ground off all usable immature teeth and both tissues analysed as pooled samples representing "whole" developing dentitions (whereas for mature teeth halves of crown and root samples were analysed separately). The first group of dentitions (20) were analysed (A.J.B.)* and more lead was apparent in "recent" specimens. A second group (20) were analysed by a B.Sc. student as a Finals project with the same result, but with some uncertainty about the exacting standardisation of the analyses - all this analytical effort was devoted to a total amount of calcified tissue containing no more than one milligram of lead (and one-tenth this amount of cadmium).

Over a period of about a dozen years the proportion of lead in developing teeth appeared to have increased significantly by about 20%. But neither analyst was able to show this trend for any of the other six trace metals determined in the same samples.

We thought we should compare the present lead levels with those we might be able to determine in another urban group. At that time foetal ages were being estimated here from incisor weights in a group of babies that were either "light-for-dates" or "normal" and that had failed to survive birth in Tyneside hospitals. We analysed some of these for trace metals, and found a mean value for lead which lay between those for the two "recent" Severnside groups processed by the two analysts, as is shown in the legend and "bar diagram" on the opposite page.

As was said in the previous report, we have a case here, too, for continuing this environmental monitoring, with the understanding that any increase in the amount of lead present at birth is likely to be damaging to the infant.

* Andrew Burkitt, M.Sc.,
Graham Nickless, Ph.D.
(Reader)



LEAD Concentrations in Groups of 10 Developing Dentitions

A: Severnside 1957-63, Mean 32.3 p.p.m.
(1st series)

B: Severnside 1972-73, Mean 38.0 p.p.m.
(1st series)

C: Tyneside 1973, Mean 36.8 p.p.m.

{Severnside} 1957-63, Mean(28.8)p.p.m.
(2nd series)

{Severnside} 1972-73, Mean(34.0)p.p.m.
(2nd series)

Acknowledgements: We are grateful to David Keech for completing half the analyses and reporting them as part of the requirements for his degree, to Dr. Norman Brown, Consultant Pathologist at Southmead Hospital, who has generously provided access to study material and departmental records for two decades, and to Dr. Edmund Hey, Consultant Paediatrician at Newcastle upon Tyne Hospitals, who supplied neonatal dentitions and detailed autopsy reports.

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ILLUSTRATIONS ARE FROM A FORTHCOMING BOOK CALLED 'DENTAL MOUTHPIECE' ILLUSTRATED GUIDE.

HILAN

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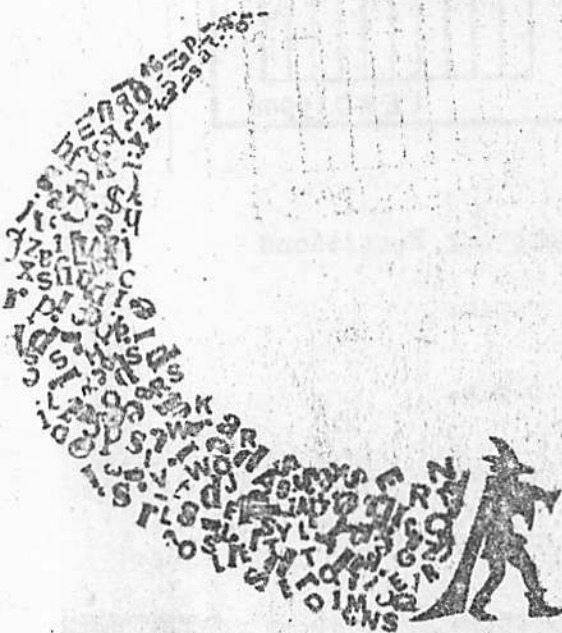
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MOUTHPIECE :-

NEW, LARGER FORMAT DUE TO BE RELEASED SOON!... COMBINED WITH MEDICS, SO YOUR ARTICLES ARE WANTED URGENTLY! DON'T LET THEM HOG IT!



December 4th, 1975.

Dear

I am writing to inform you of the student officers elected on 3rd December 1975 to the committee of the UBDSS.

Stephen Gooda	President
Frances Dowler	Vice President
Stephen Preston	Secretary
Dennis Pearce	Treasurer
Roland Kitchen	Social Secretary
Maureen Stephens	BDSA Rep
Anthony Smith	Bar Manager
Pamela Jackson	Editor of Magazine

The term of office expires at the end of November 1976.

Yours sincerely

Carol Nowill
Retiring Secretary, UBDSS.

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S.Rajpal

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Board of dental Studies

S.Gooda

M.Fardy

MEDICAL FACULTY BOARD

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M.Fardy

SENATE

H.Devlin

F NOW THE DENTISTS SAY
FORMS D^t THAT WON'T dK .
LETS FORMULATE THIS NEW FOUND TRUTH

$$dF \ d\phi \ dK \ D^2$$

JUST HOW $dF \ dK$ PREVENTS
REMAINS FOR MORE EXPERIMENTS.
BUT ITS A FACT YOU CAN'T GAIN SAY

$$D^t + F \cdot d\phi \ dK$$

$D^t - dF \ dK$
THOUGH CARE MAY KEEP dK AWAY
AND SOME BELIEVE THAT THIS IS TRUE
 $D^2 + C_{12} \ H_{22} \ O_{11} \ dK_2$

SOME ALSO SAY Ca AND P
WITH JUST A TRACE OR MORE OF D
WILL KEEP D^t FROM CARIES FREE
SAY IN THE $\sqrt{s} \ dK \ L \ b$

BUT IF $dK \ D^t$ A MAN
IT IS WELL KNOWN A DENTIST CAN
WITH Ag, Hg AND Au
FIX UP $D^t \ 4 \ U \ 2 \ CHEW$

NOW IF YOU GIVE D^t NO CARE
DK'LL GO FASTER THAN YOUR HAIR
THIS WARNING I WILL LEAVE WITH YOU
 $d \ \sqrt{s} \ D^2 \ L \ d \ K^2$

D^t = DE TEETH

D^2 = DE TOOTH

F = FLUORIDE

Typing Courtesy of
Maths Dept

THE LATEST IN ONEUPMANSHIP

For those of you unfortunate enough not to have heard, there is a scheme afoot, proposed by certain members of the 2nd B.D.S. Brigade to create a Dental scarf or badge, or even both.

You may be wondering why anyone should want either, especially a scarf, as we are already entitled to wear three. Let me elucidate for you.

On arriving, some of us were expecting to be able to buy Dental Scarves, having misinterpreted "Faculty Scarf" on Marsh's order form. Yue kneads brayns to get to Bristle nowadaze. Anyway, as there were Dental ties, it seemed quite a reasonable thing to assume. We soon realized our mistake, however, and we were told that if we could get a minimum order for three dozen, then they could get them made up for us at £3.75 each. This, combined with beginning of course keenness which some had, was enough to start minds ticking.

We realised that those who had bought scarves already would not want another, so we came up with the idea of badges, which could be attached to the end of the Medical scarf. I went to enquire about these and was told:- "Oh yes, that's easily done, with a minimum order of 75 at a cost of about £3.00 each."

This was somewhat higher than I had expected, so I have written to other firms, to try to find out about cheaper production costs.

Those brilliant ideas are all very well, but we need both designs and support - THIS IS WHERE YOU COME IN! We need designs urgently, sooner started - sooner produced! Naturally the simpler the designs, the cheaper they will be to produce.

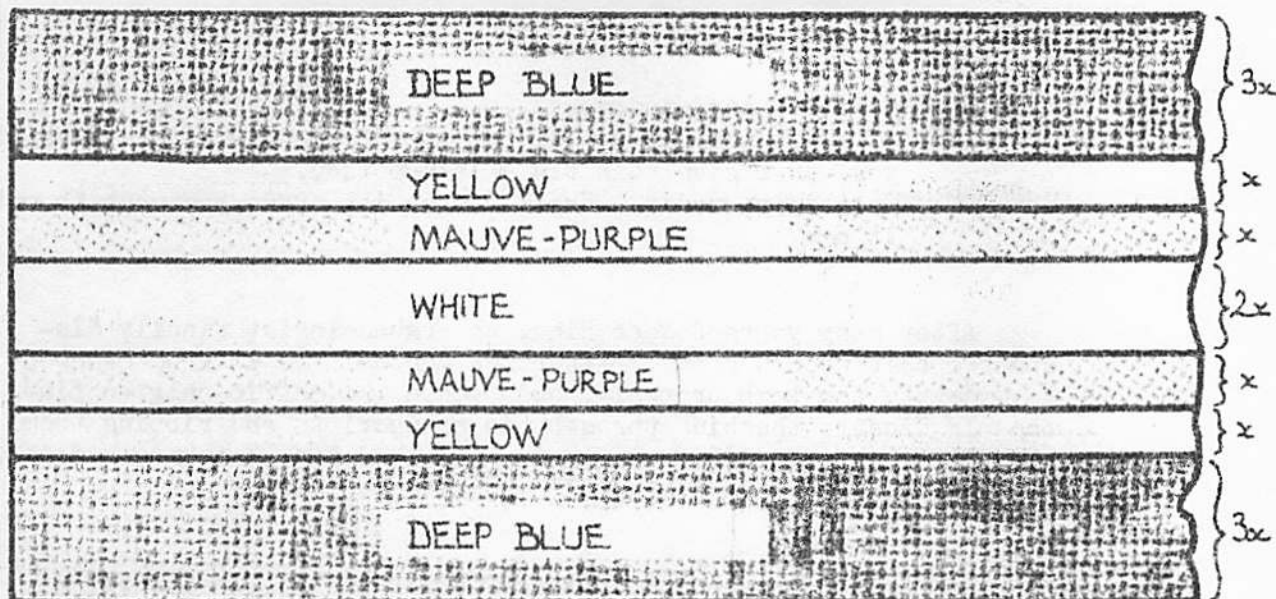
Our initial design uses the colours on our tie for the scarf, and the emblem for the badge. Some wanted the forceps mauve-purple, so that was included in addition to white. (See Design)

Your designs, and even more, your comments would be much appreciated (M pigeon hole in either the Medical or Dental School). We should also be interested in any past experience with this sort of idea that you may have. We need your comments/support as Marsh's will not wish to carry excess stock.

So, get your thinking caps on, your thought and designs on paper, and get it all to me.

Why not a DENTAL scarf?

CLIVE MARKS



Thank you very much, Clive for raising this valid point, and most important, for putting it in the form of an article for Mouthpiece! I think myself that your colour scheme is good, and the colours complement each other well, especially in the scarf design. The deep blue at the edges would make it easy for J. Marsh to make the scarf double-sided i.e. one side dental, one side medical. This is provided that the blue is the same as that on the medical scarf, which from your description, I suspect is the case. You are after all, whether you like it or not, a student in the faculty of medicine - a fact which will be driven home to you when you start your human disease course, I can assure you! What about one side medical and one side plain deep blue with the badge at each end - these are just ideas. Do you think that in order to be consistent, the background of the badge should be the mauve-purple used in the scarf? This might also complement the yellow pelican rather better, and this, I feel, would itself have to be altered slightly since through the process of being redrawn so many times, it has evolved into a curious thing resembling a constipated stork!

If you collected the various designs, painted them, and arranged to come to a U.B.D.S.S. Committee meeting, I am sure that you would be given every encouragement to organise this matter for us. G.C.D.

CHEMIST: Good morning, madam.

CUSTOMER: I don't want to prattle about the weather with a punk like you, just give me a tin of rat poison.

CHEMIST: Certainly, madam. Shall I wrap it, or do you want to eat it now?

After many years of searching, an archaeologist finally discovered Beethoven's grave. After ten months hard work he managed to excavate the tomb properly, and opened the coffin only to find the old maestro thumbing through his manuscripts and ripping them up. The archaeologist was amazed, and asked him what he was doing. "Oh," replied the great man, "I'm just decomposing."

In the reading room of a large public library, a saintly-looking man was reading birth and death statistics. Suddenly he turned to the man on his right and whispered:

"Do you know that every time I breathe, a man dies?"

"Very interesting," replied the stranger, "why don't you try a mouthwash?"

PEDESTRIANS: These fall into two categories; the quick and the dead.

Goldfish joke:

"O.K. wise guy," says one goldfish to another, "If there's no God, who changes the water?"

"Daddy, if you give me ten pence, I'll tell you what the milkman said to Mummy."

"O.K., here's your ten pence."

"He said, 'Do you want any milk today, madam?'"

Q. "Why did you buy baby such a high pram?"

A. "So we can hear him when he falls out."

Little Arthur, who hadn't spoken a word in all his six years of life, finally cried out one morning at breakfast:

"Mum, the toast's burnt!"

His amazed and delighted mother hugged him joyfully and asked:

"Arthur, why haven't you spoken before?"

"Well," he replied, "everything's been all right up to now."

CUSTOMER: "Have you got anything for complete loss of voice?"

CHEMIST: "Good morning, sir, what can I do for you?"

A short story by HARVEY JACOBS

The Tooth Fairy

When Roger Ploom lost his first tooth, his mother made an enormous fuss. She told him to put the tooth under his pillow. Under the pillow it went, and Roger fell asleep. When he woke there was 10p in the place where the tooth had been.

"The tooth fairy came in the night," his mother said.

When his next tooth loosened he was full of joy. Sure enough, the tooth came out when Roger Ploom bit into a caramel. Under the pillow it went and in the morning 10p had replaced it.

The third time Roger Ploom lost a tooth he tried to stay awake to see the tooth fairy. What was it like, this creature who exchanged money for old teeth? Was it dressed like a dentist? Was it a huge mouth? What happened to the used teeth? Roger Ploom's father owned a shop. He bought things for a price and sold them for more. Was the tooth fairy up to something like that, making a profit? There must be some reason for the business that went on under his pillow in the dead of night. Roger Ploom fell asleep before the tooth fairy came. He woke at dawn and there was his third 10p, waiting for his pudgy hand.

"Does the tooth fairy always leave 10p for a tooth?" Roger Ploom asked his mother.

"For good boys, yes," his mother said. "For bad boys, no."

So bad boys and presumably bad girls got nothing for their discarded teeth. Why? Was there something in those teeth that made them unusable? Or was the tooth fairy simply a creature who insisted on dealing with a trusted few? The whole subject interested Roger Ploom. The money interested him too. The problem was the length of time it took for his teeth to loosen, wobble and come out. For the fourth tooth he made an effort to help things along. He moved the tooth back and forth with his tongue. That produced a delicious sensation of pleasure and pain. He was sorry to see the tooth give way and fall like a leaf. But he enjoyed getting another 10p.

"You're a lucky chap," Roger Ploom's father said when Roger showed him his latest reward. "It's better than working."

His father had corroborated what Roger Ploom suspected. He was on to a very good thing. This matter of fallen teeth was one that ranked with Aladdin's lamp and Rumpelstiltskin's gold.

Roger Ploom bought his first tooth from a girl named Betty, who was in his class. He gave her 2p. She took it. Betty was a bad girl by every standard, a troublemaker. Sure enough, she never got a thing for her teeth.

Roger Ploom chose her for his initial transaction for two reasons. He wanted to see if the tooth fairy could be duped. And he wanted to know if female teeth brought the same price as his own.

"I lost a tooth," he told his mother. He showed her Betty's former incisor and put it under his pillow.

"Goodness, you're growing up," his mother said.

Roger Ploom considered this a *non sequitur*, but accepted the information for what it was worth. He was certainly growing richer. He had by now 40p well hidden in his top drawer.

That morning he felt slowly under his pillow. It was a vital test. If the tooth fairy looked the other way and accepted Betty's tooth, Roger Ploom was onto a gold mine. On the other hand, if the fairy was one of those all-knowing creatures, Roger might never get another penny for his own pearly-white gems.

There was 10p under the pillow as before. So, the fairy was a fool or the fairy needed teeth and needed them desperately. Roger Ploom, a practical boy, suspected the latter. His parents had said many times that nobody spends money for nothing. The saying made sense. That fairy needed teeth and would pay a fair price. The source was unimportant. What was important was who made the bargain and did the ritual of the pillow. Roger Ploom, a good boy, could act as agent with immunity. His bedroom was obviously perfect for the fairy and a comfortable place to visit. The school abounded with bad children. In his class alone there were three or four and each was a potential tooth farm.

But again, the problem was time. Teeth came to Roger Ploom in dribs and drabs. He bought only two in the next two months.

The first yielded 10p, as expected. The second cost Roger Ploom 5p. The boy who sold it, Billy Latham, was a hard bargainer. Since the tooth cost that much, Roger Ploom decided he should get more. How could he communicate that to the tooth fairy?

Roger Ploom suspected that his mother had some way of contacting the dark elf. He always told her about his teeth and the information got passed to the right place. How could he communicate directly and leave her out altogether? It was none of her business, anyhow.

So Roger Ploom went to his teacher and told Miss Black that he needed her help. He told her that he wanted to write a story and asked her to put some words on paper for him. Miss Black beamed. She gladly wrote

what was a demand to the tooth fairy for more money and said the story was sweet. Roger Ploom didn't see anything sweet about it, but he had his note.

The note went under his pillow, but not the expensive tooth. He wanted an answer first. That night the telephone rang and he heard his mother talking to someone. From the way his mother talked, Roger Ploom had the thought that it was Miss Black on the line. But why should she ring up? It didn't matter anyway. The important thing was the next morning there was 15p under his pillow and the next night Roger Ploom left the tooth.

At school that day Roger Ploom was too restless even to play. If the tooth fairy paid 15p, then the tooth fairy was in a buying mood. Could it be that there was a great tooth shortage where the fairy lived, a terrific crisis? How long would it last? Roger Ploom knew that he was not the only source of supply. Another good child, Lesley Vine, had got 10p for her tooth the week before. Suppose thousands of good children suddenly detached millions of teeth and the tooth fairy's purse snapped closed? The time to strike was at hand.

In bed that night Roger Ploom wished he had a brother or sister, or better still, many brothers and sisters like the families he saw on television. As it was, he had only himself and his parents. That would have to do.

His mother and father watched television and talked for what seemed hours. Finally, they went to bed. Roger Ploom stayed still until he heard the breathing that meant they were asleep. He got up quietly and found his tool chest. The pliers were cold against his mouth and it hurt when he squeezed their pincers. His plan was no good. He could not pull out his own teeth.

He heard his father snore. He was a heavy sleeper, his mother always said that. And nothing could wake him, not even the alarm. Moreover, his father had teeth he would never use, two rows of them. He boasted that he would have a perfect set until he died. It ran in his family. Such teeth might bring 20p or even 50p. Maybe a pound.

Roger Ploom tiptoed into his parents' room. His mother slept curled up facing the wall. His father was near the door, easily accessible. And better still, his mouth was wide open. A good person, his father, with his mouth wide open and a smile on his face. He must be having a pleasant dream.

Roger Ploom took his pliers and tested their grip. He giggled in the darkness. Tomorrow he would certainly have enough to buy himself a...

P A C K W O O D

TIME walks gently down the path
and vaulting over the fence
clears another barrier,

Again this path is measured
out in blood
and tears of sights gone by.

TIME walks on
knowing the road goes on
struggling, yet still strong
surely growing old.

Again the sore cry
the death found to believe
- yet now a guide
is by the side

TIME walks on
and shrugging shoulders
vaults the fence again
dropping a tear on the wood
hopefully striding forth.

Simon O'Shaughnessy

|||||

While extracting a tooth in 'Locals' here at the Dental Hospital the other day, the student carrying out the operation caught sight of what looked like a large temporary filling in an adjacent tooth. On questioning the patient about this he said that the particular tooth in question had been giving him some pain recently so he had decided to embark on some do-it-yourself dentistry. The patient's occupation of potato-growing and buying and selling used cars provided him with the necessary materials. The temporary filling was in fact "Plastic Padding" which the patient normally used to fill in dents in his second-hand cars!

curly bairnet

Salon 1 and 2

77 Park Street Bristol BS1 5PF

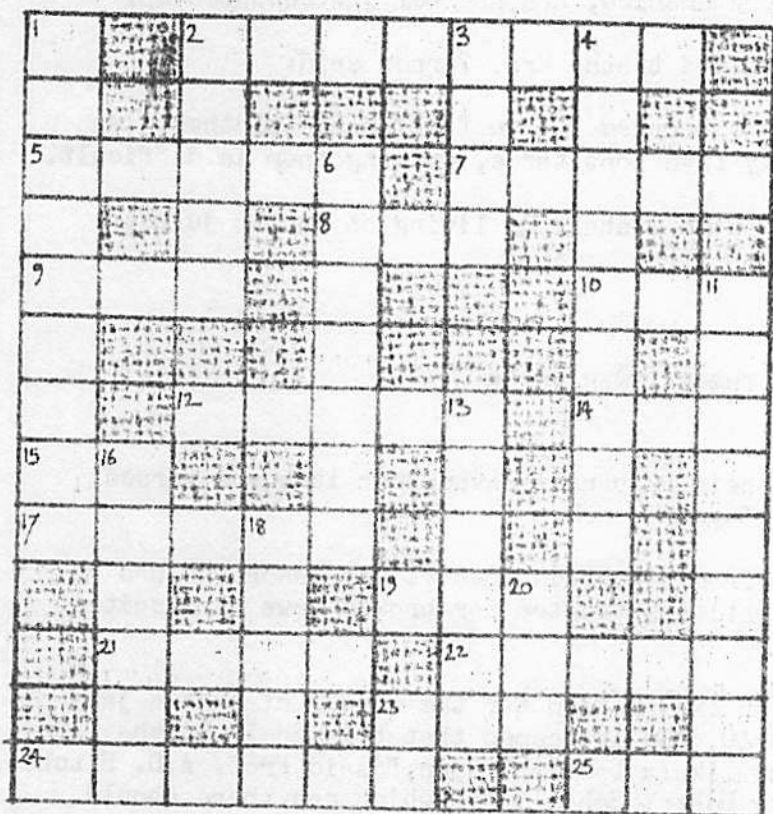
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20% Discount to Dental Students, Unisex Hairdressers.

OP-TECHS



CROSSWORD



DOWN

1. What Clementine's father used for digging holes in teeth?
2. For soggy gums?
3. What the phantom of Ann Boleyn carries.
4. Not worn as a tie.
6. Do this to date and time when sending an appointment.
11. A lazy way to restore teeth.
13. To do this shows up.
18. What you can do to your own teeth (without anaesthetic)
20. You may do this out of Op. Techs?
23. Half a pair of scissors with a bit snipped off.

PUZZLE

ACROSS

2. By gum he's a happy chap!
5. You may need an sward to do this.
7. The colour T year aim for?
8. A way of signifying you understand.
9. Alma Mater.
10. This has a bearing on which handpiece you choose to use.
12. Available in white, pink or green, madam.
14. Where you sleep before arriving at 9 a.m. lectures.
15. Cusp ___ Carabelli.
17. Mr. Charlton's favourite geographical feature.
19. Where all good Bristol Dentists visit.
21. Pen or palm?
22. Your most treasured 1" long piece of metal in Op. Tech.
23. Ten to One I'll fail.
24. What a snack can do for a gap between teeth?
25. Teeth in Op. Tech. never appear to be

TRUE STORIES

Miss Albertine Thomo of Fianararsoa, Malagasy Republic, has been fined some 25p for fraud.

Working as a prostitute in the neighbouring town of Alakamisy, Miss Thomo bought and wore a set of 'vampire teeth'.

"I never opened my mouth", she said, "until they had paid their 60 centimes. Then I gave a big smile."

As part of a supreme effort to stop herself eating, Mrs. Shirley Turner of Carlton, Nottinghamshire, has had her jaw cemented up.

Speaking through gritted teeth, Mrs. Turner said:

"I decided to do this because I love fashionable clothes. As I weigh 17 stone and only five foot three, wearing them is difficult.

"For the next six months I shall be living on tomato juice."

THE 15-YEAR PUNCH

Wives who survive their husbands' seven-year itch are warned today to beware of the 15-year punch.

The warning comes from a Scottish dental professor who has analysed statistics of patients treated for broken jaws at hospital casualty departments.

"We thought about an explanation for the number of broken jaws in women between 30 and 40, and it seemed that this could be the time when marriages were most likely to break down," said Prof. A.D. Hitchen, of the Dundee University Dental School, "in which case there should be more Catholics, because of the rarity of divorce."

There turned out to be twice as many.

English hospitals are warned to look out for two peaks - September and April, the start and end of the football season, when violent feelings are more likely.

DENTAL PROBLEMS OF THE MOUNTAINEER

A few years ago I was introduced to a doctor who had recently returned from Nepal after being the medical officer to the International Everest Expedition, 1971. During the course of conversation Dr. Steele mentioned that several of the people he had to treat had problems that would be more suited to treatment by a dentist, and although he had no definite information, he had the impression that this was often the case on major mountaineering expeditions. This prompted me to look at some of the accounts of such ventures to see if dental problems did occur, and if so, did they have any bearing on the outcome of the expedition.

In writing about the attempt to climb Kamet in the Himalaya during 1931 F. S. Smythe said that he suffered from toothache for two weeks before asking the accompanying doctor to remove the offending tooth. The impression given is that the procedure was carried out as a last resort, and it was added that three-quarters of a bottle of rum was needed to help make the extraction tolerable. (Smythe, 1933) Ruttledge chronicled the events of the expedition to Everest in 1936, of which he was a member, and described in some detail the precautions taken to avoid trouble from the teeth. On previous undertakings of this sort he wrote that there had been instances of "latent abscesses at the apices of teeth" flaring up. Thus all but one member of the party had a dental inspection and treatment as necessary at the Royal Dental Hospital. At the end of the day this appears to have justified itself, as the one person who had not been able to have his teeth checked suffered from a toothache, and an extraction had to be done. (Ruttledge, 1937)

This set the pattern for all subsequent large-scale mountaineering expeditions, but despite this, problems have still occurred. For example, Lionel Terray, one of the French team that climbed Jannu during 1961, experienced a "raging toothache", but fortunately the medical officer was able to dress the tooth with the simple dental kit he had. (Franco et Terray, 1967). Also in 1961, Josephine Scarr, a member of the Women's Kulu Expedition, developed an apical abscess on an anterior tooth, and she had to trek thirty miles to a doctor to have treatment. (Scarr, 1966)

A common problem of many mountaineering groups has been the drying effect of the cold air of low humidity, rarely greater than 5%. At altitude, the higher one goes, the lower the partial pressure of oxygen becomes, and this can be enough to cause hypoxic stimulation of the chemoreceptors. This results in an increased respiratory drive. The efforts of exertion aggravate the situation and the climber finds himself breathing cold, dry air at a rapid rate through his mouth. This gives rise to respiratory tract infections and unpleasant oral conditions. Steele (1971) had to treat two instances of glossitis which he felt were caused by this, and Lambert (1971) the medical officer to the Annapurna South-Face Expedition, reported one case of extensive ulceration of the tongue due to this. A number of cases/

Dental Problems of the Mountaineer cont.

of ulcers on the lips have been explained in this way. (Wall, 1965; Scarr, 1966; Davidson, 1969; Ward, 1972) but it has been suggested that sunburn may be a contributory factor. Some climbing parties have noted instances when the whole of the oral mucous membrane appeared to have been involved. (Francis et Terray, 1967; Davidson, 1969; Lambert, 1971).

It is possible that some of the ulceration of the lips was due to trauma that passed unnoticed at the time. Cold can block passage of impulses in nerve fibres and so there may be loss of sensation in those parts of the body most exposed. Little experimental work has been performed on human subjects to see whether "cold-block" could occur under such conditions, no doubt because of the unpleasantness of the procedures and the risk of frost-bite. However, as a possible explanation of oral ulceration in this context, it should be borne in mind.

Any expedition brings stress to its members because of the desire to achieve the goal, the unpleasant conditions endured, the physical effort, and the constant proximity of the other members of the party. These pressures may have some influence on the course of some oral conditions. Sircus et al. (1957) considered that emotional and environmental stress was one of the causative factors in recurrent aphthous ulceration of the oral mucosa, and it may be that this could explain some of the mouth ulcers that have been reported.

Herpes labialis can also be precipitated by stress. Wall referred to two of his party of three suffering from what he called "cold-sores" on their faces, while waiting in an ice cave to make their third attempt on the summit of Rongai. Unfortunately, one cannot be sure whether the author meant they were ulcerated areas which he blamed on the cold conditions, or "cold-sores" in the sense of herpetic lesions.

The matter of keeping the mouth clean appears to have a mixed reputation amongst the mountaineering fraternity. There are difficulties associated with this, such as the fact that toothpastes tend to freeze at the temperatures often encountered, and also that water has to be melted from snow, so the tendency is to use such hard-earned water for hot drinks, and not for washing purposes. Many men use chewing-gum to try to achieve some sort of tooth cleaning, while others have written how important they feel their toothbrush is as part of their equipment. (Scarr, 1966; Norbein, 1971) Hornbein mentions as an aside that another member of the expedition never cleaned his teeth, but that this did not seem to hinder him in reaching the summit of Everest.

The diet contributes to the difficulty in keeping the mouth clean. In recent years much attention has been paid to producing a nutritionally/

Dental Problems of the Mountaineer cont.

satisfactory diet, but little consideration given to the physical nature of the food. When little fresh food is eaten, and most meals are made from tinned or dehydrated products, there is practically no self-cleansing action or stimulation of the supporting tissues of the teeth. Another aspect of the diet is the frequency of eating sweets and chocolate, especially mint-cake, fudge and "Mars Bars". This is done to provide readily available energy while climbing.

Oral hygiene is important, however, Loe and his co-workers have shown experimentally that a marginal gingivitis can be demonstrated in persons with previously healthy gums, ten days after mouth cleaning has stopped. About a week after the subjects re-instated their tooth and gum brushing regime, the gingival inflammation resolved. (Loe et al., 1965) Reports of gingival or periodontal disease seem to be uncommon among mountaineers, but one example is worthy of mention. Patrick Wall, a member of the expedition to climb the Andean peak, Runday, during 1963, suffered for some days from bleeding gums. He wrote that this contributed to his inability to sleep and his general feeling of malaise. (Wall, 1965)

At one time it was believed that small pockets of air trapped inside fillings, or between the tooth and the filling material, expanded at altitude because of the lowered air pressure. This could give rise to severe toothache. (Taylor, 1965, Lambert, 1971) Most of the information concerning aerodontalgia (barodontalgia, barotaxis) has come from military aviators, two to three per cent of whom have complained of pain from their teeth while at high altitude, and in unpressurized cabins. It seems, however, that the pain does not originate from the teeth, but is referred from an occluded paranasal airspace, usually the maxillary sinus, and so should be called aerosinusitis. (Hutchins et Reynolds, 1947; Munford, 1973) The height at which aircraft pilots first reported this discomfort was 10,000 feet, but despite the large number of mountaineering parties that have gone higher than this, none has reported an instance of aerosinusitis. This suggests that the rate of climb is crucial. Dr. Steele has told me that, in retrospect, he considers the toothache suffered by Yvette Vaucher during the International Everest Expedition, was a case of aerosinusitis. (Reported by Steele, 1972)

Having said something about the sorts of dental problems that have been recorded by mountaineers themselves, it must be remembered that this may not be a representative sample. Only the more exciting and imaginative expeditions are written about, and so the sources available are selective. It would be impossible to make generalizations about the incidence of these various conditions amongst mountaineering parties.

In some of the material it does seem that the dental problems were/

Dental Problems of the Mountaineer cont.

recorded because they were relevant to the progress and outcome of the venture. On a mountain climb, each person is part of an interdependent team, and so is vital, either as part of the main climbing group, or as one of the links in the support network. It can cause disruption of the running of an expedition if an individual has to breakaway from his particular job because of ill-health, and this has been the case in some of the instances mentioned. During the attempt on the South Face of Annapurna, Michael Thompson's morale and physical state were very low, in no small part because of his severely ulcerated mouth, and he had to descend to a lower camp for some while to rest. (Bonnington, 1971) Similarly, Graham Sadler was unwell and an irritable companion because of "a huge festering sore on his upper lip" while waiting to make the final push for the summit of Rongy. (Wall, 1965) The pain experienced by Yvette Vaucher, considered to be aer sinusitis, led her to decide to leave the expedition at a time when there was considerable friction between the members, and contributed to the eventual break-up of the expedition party. (Steele, personal communication)

These examples suggest that oral and dental conditions amongst mountaineers must be taken seriously. Anything which can alter an individual's general mental and physical state when he is one of a team may in the longer term risk the success of the venture. Although the occasional dental or oral emergency must be inevitable, many of the examples that have been described could have been avoided if sufficient attention had been paid to dental care before departure. The old maxim that "prevention is better than cure" would seem to apply in this case as in all cases.

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STEPHEN LISNEY

THE TRUTH, THE WHOLE TRUTH, AND NOTHING LIKE THE TRUTH.

Some people like crosswords, others enjoy chess, yet others will find their mental relaxation in the complexities of Bridge - personally, I enjoy examining the flaws in the arguments of the antifuoridationists!

Superficially, they have proved to the satisfaction of thousands of lay councillors, that fluoridation doesn't work but causes goitre, heart disease, cancer, arthritis, allergy, osteoporosis, gastritis, colitis, mongolism - to name but a few "side effects".

The case against fluoridation has been skilfully presented and those presenting it can never - or not often - be accused of telling lies - unfortunately, nor can they be accused of telling the whole truth! It is the hobby of discovering the missing evidence which disproves their case that I personally find a fascinating relaxation.

Take the case of the "proof" that fluoridation does no more than delay the onset of caries for two years! This particular argument has been repeated in many forms and many places. It is based upon figures produced by the Department of Health (Fig. A) and the plot of these figures in a graph (Fig. B). The graph shows quite clearly that the best which can be expected is a delay in onset of caries lasting about two years. This can, therefore, hardly be considered to be "prevention".

Using the same graph, it will be seen that the eight year old child in the fluoridated area has only benefited by 0.8 of a cavity for all his fluoridated water! And even more impressively that the increase in caries between the ages of eight and ten is only 0.1 of a cavity better in a fluoridated area!

They say that there are lies, damn lies and statistics! - Now let's see how true that is. The missing information gives the guide as to how the Department of Health has apparently proved the case against fluoridation.

A. The figures relate to ELEVEN YEARS of fluoridation.

and B. The graph relates to PERMANENT TEETH only.

From this extra information we can deduce a great deal more. The graph does not compare the full protection available from fluoridation in children over the age of ELEVEN because they have not experienced a lifetime of fluoridation. It is therefore only properly valid between the ages of eight and eleven. Furthermore, the permanent teeth to which it relates are the first molars and the incisors. The incisors are particularly unlikely to produce caries while the first molars are particularly prone to caries. We are therefore considering the protection of a mere four teeth in the mouth! The four teeth which are probably the/

Study Areas Combined and Control Areas Combined

Average numbers of decayed, missing and filled teeth per child

	Average per child		Percentage reduction or increase (+)
	Baseline	Latest year	
<i>Full temporary dentition</i>			
Age 3			
Study areas	3.5	1.1	67
Control areas	2.7	2.3	16
Age 4			
Study areas	4.0	2.1	57
Control areas	4.2	3.3	21
<i>Temporary canines and molars only</i>			
Age 5			
Study areas	5.5	2.4	55
Control areas	5.2	3.8	27
Age 6			
Study areas	6.1	2.9	53
Control areas	5.8	5.0	14
Age 7			
Study areas	6.7	3.4	50
Control areas	6.6	5.6	16
Ages 3-7			
Study areas	5.3	2.4	55
Control areas	4.9	4.0	19
<i>Permanent dentition</i>			
Age 8			
Study areas	2.1	1.2	41
Control areas	2.2	2.0	8
Age 9			
Study areas	2.8	1.8	36
Control areas	2.8	2.7	3
Age 10			
Study areas	3.4	2.4	31
Control areas	3.5	3.3	5
Ages 8-10			
Study areas	2.8	1.8	36
Control areas	2.8	2.7	5
Age 11			
Study areas	4.0	3.0	26
Control areas	4.0	4.0	+1
Age 12			
Study areas	5.1	4.0	23
Control areas	5.0	3.0	+11
Age 13			
Study areas	6.6	5.4	18
Control areas	5.9	6.9	+17
Age 14			
Study areas	7.7	6.3	19
Control areas	6.8	7.2	+7
Ages 11-14			
Study areas	5.9	4.7	21
Control areas	5.4	5.9	+9

FIG. A: from Department of Health figures. (See text)

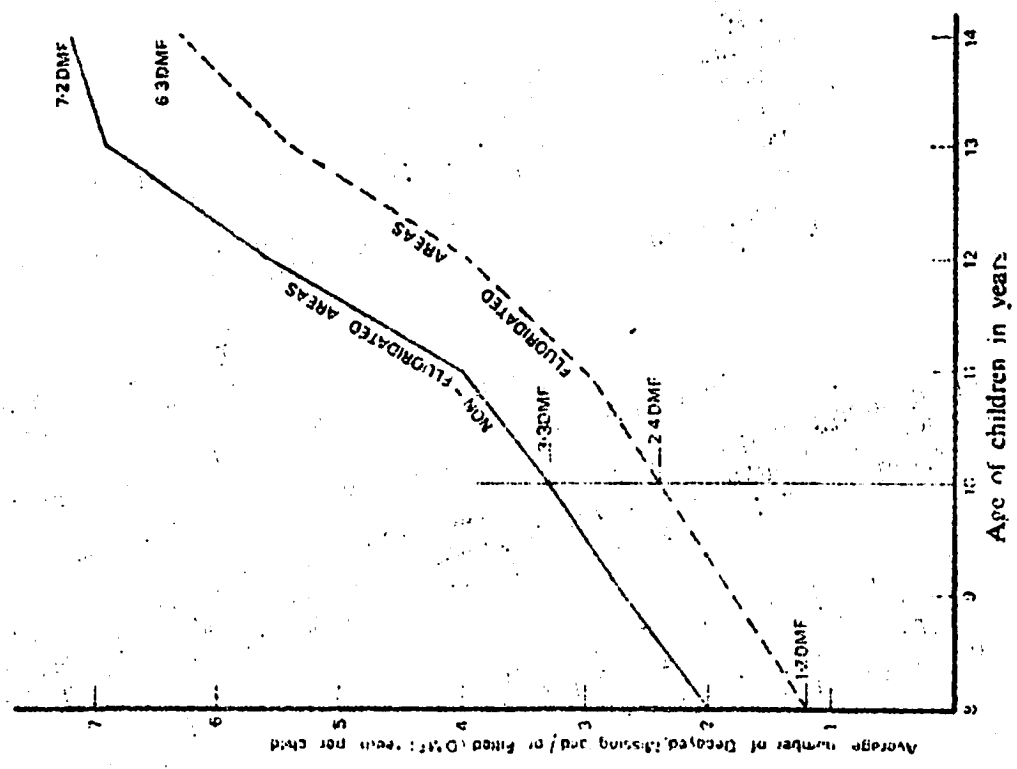


FIG. B: D.H.S.S. figures. (See text)

Truth about Fluoridation cont.

/the most vulnerable to caries.

We are also considering a mere two or three year span out of a lifetime of potential caries experience and we are considering a period when the deciduous dentition is being shed and new permanent teeth are in the process of erupting.

For those few years, we would expect the graphs to run parallel if permanent teeth only are being considered. The implication of the anti-fluoridation argument that these lines can be projected to maintain this two-year delay throughout life is, of course, fallacious. Studies over twenty-five or more years prove this conclusively.

Some will take the argument still further. They point out that in fluoridated areas, permanent teeth tend to erupt later than in non-fluoridated areas and therefore they would be expected to decay later. The delay of two years is, therefore - so they say - in part due to the delayed eruption - a sign of enzyme poisoning!

In fact, it is possible that permanent teeth may erupt slightly later in fluoridated areas, but not for the reasons given. Early loss of deciduous dentition due to caries in non-fluoridated areas, probably accounts for the slightly earlier eruption of the permanent successors. In fluoridated areas, the protected deciduous dentition is retained to exfoliate naturally and the eruption of the permanent teeth is not therefore artificially hastened.

Perhaps in a later issue of "Mouthpiece" we can examine the anti-fluoridation arguments in the light of the total evidence rather than the selected portions which are circulated to our Councillors and Members of Parliament.

M. W. COOKSEY

"Fluoridation Studies in U.K. and Results Achieved after 11 years."
Report of Committee on Research in Fluoridation H.M.S.O. (1969)

Blount, P. Clavell. St. Bart.'s Hospital Journal Vol. LXXVIII No. 5
(1974)

It is with many regrets that I bid farewell to Bristol at the end of this term. The Dental School has long been my second home. I recently discovered, in a pile of mouldering papers, the Prospectus for the year I started as a student. Without revealing the date of this document, it came as a surprise to find that only three of the present full-time dental staff were here then. In view of this I am sure you will understand, and no doubt approve of, my decision to seek pastures new at the University of Dundee.

I shall always remember the happy times that have occurred over the years in Prosthetics and Physiology, and can only hope that these have not, too often, been at the expense of our toothless fellow citizens.

Conveniently, my term of office as staff president of the U. B. D. S. S. comes to an end shortly. I thank you for the honour this has been and wish to record how impressive has been the serious and responsible way in which your elected committee has tackled its duties.

May I wish you and your Society every good fortune.

Bob Yemm

14. 11. 75

Bob Yemm.

RY/JT

Guess what?
Silently it comes,
A monster.
Slowly pumping its body from the ground
Pushing through the clammy soil toward the sky
In a vain ambition.
Tirelessly it toils,
Squirming reverently beneath the sun,
But in its blissful ignorance,
It dances

As the sun disappears, the moon rises
Only then will she dare to shine
First he hides, then she hides,
So they chase each other across the sky
Though his light blinds her, yet hers is his, borrowed
For of herself she is dark, unseen,
Belonging to the celestial void
Her two sides conflict
For though they meet all the way round
Yet they cannot face each other.

Remember the lovely home-made chutney that you had with your cheese when you went to the U.B.D.S.S. Orthodontics lecture by Derek Seel? Well, here is the recipe courtesy of the Medical and Professional Insurance Bureau:-

SPICED PEPPER CHUTNEY

6 Sweet Red Peppers	$\frac{3}{4}$ Pint Vinegar
6 Green Peppers	$\frac{1}{8}$ oz Chillies
2 lb Green Tomatoes	$\frac{1}{8}$ oz Cloves
$1\frac{1}{2}$ lb Cooking Apples	$\frac{1}{4}$ oz Crushed Root Ginger
$1\frac{1}{2}$ lb Onions	$\frac{1}{2}$ oz Mustard Seed
1 lb Sugar	1 oz Peppercorns
1 oz Salt	
1 tsp Allspice	

Wipe the peppers and discard the seeds, wipe the tomatoes, peel the onions, peel and core apples.

Mince vegetables and fruit coarsely, and put all the ingredients into a pan, tying up the spices in muslin.

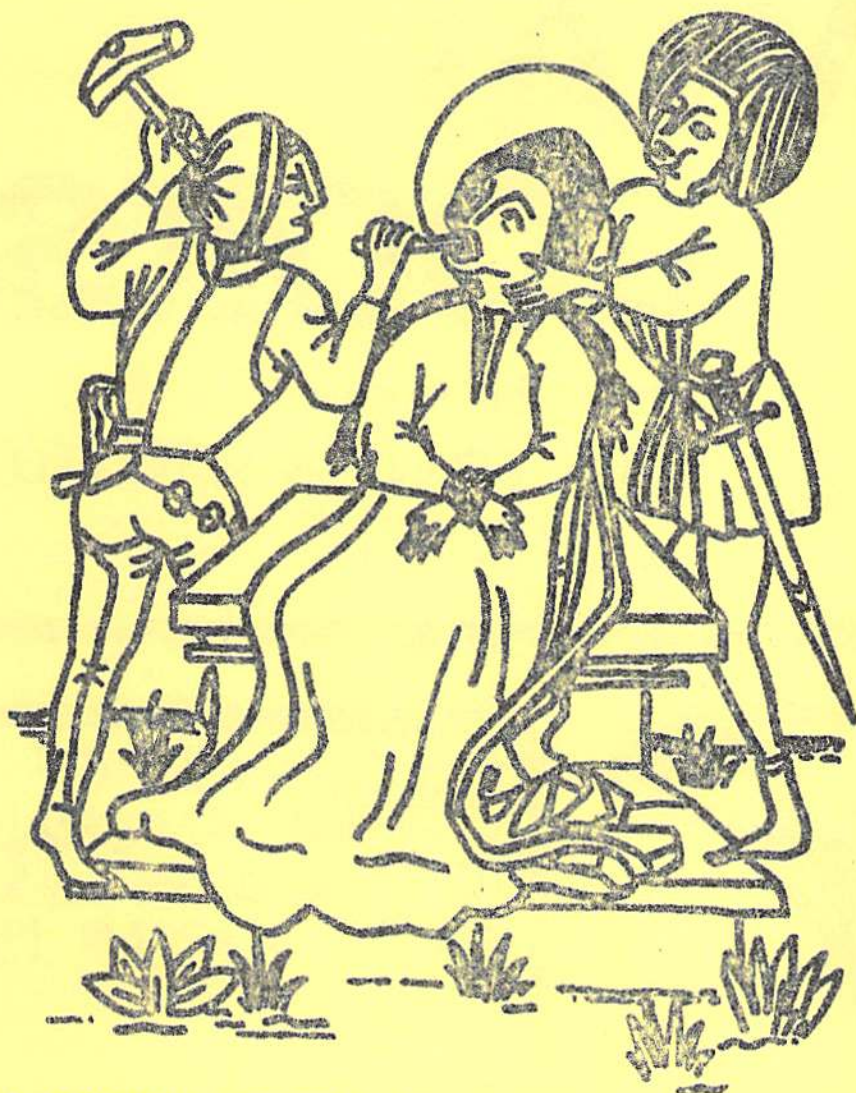
Simmer mixture for 2-3 hours, till it is thick; then remove bag of spices. Pot the chutney and cover as for pickles.

Can speak only little, painfully and indistinctly - so please read.

- (1) Have had continuous pain since Friday - top & bottom set - hence have only slept fitfully with buckets of Phensic. Gums - especially bottom, still bleed at slightest provocation.
- (2) Twice in my sleep (Saturday and last night) my tongue has ejected my bloody bottom set - I've put straight back in except last night when I discovered white "ulcers" round bottom gum at pain sources. Similar pains in top set.
- (3) Sets seem to pivot N & S as well as E to W. Front teeth don't quite meet - too vertical; my own leaned out slightly and were slightly larger (or is that the unhealed gums?). They were also made for a clerk!

In the absence of contrary advice I've stuck to what I've regarded as common-sense. Whatever adjustment or treatment you prescribe or give me now, I'd be grateful for answers this afternoon to the following Q's.

- (1) When I do speak, I lisp. Since I teach music for a living I might as well resign if this continues - how long - with or without adjustment/new teeth?
- (2) Will I sleep tonight?
- (3) When can I expect the absence of (a) pain and (b) discomfort?
- (4) Since I'm told I'll need a new set in 6 months anyway, how much less adjusted to me will these become?
- (5) How long do I leave them in? How long should I leave them out?
- (6) Could you tell me precisely what to do
 - (a) to stop excessive bleeding.
 - (b) when irritation tempts insane disposal (of self or teeth!)
 - (c) to stop bottom set lifting when I swallow or blow.
 - (d) if any prescribed treatment fails to work.
- (7) This is my second day off school. On my present diet of sleeplessness, Phensic, pain and raw eggs, not to mention a speechless mouth, I can't see me returning to work this week. From whom therefore should I get a certificate?
- (8) My breath stinks - I need a mouth wash. How and with what do I clean dentures and when can I begin doing so?



SAINT APOLLONIA - PATRON SAINT OF THOSE WHO SUFFER FROM TOOTHACHE

St. Apollonia lived in Alexandria in the third century after Christ. She was a Christian who embraced the Faith, amidst many who denied it with a frightening fanaticism. A group of these people were determined to make her deny Christ, and blaspheme against her religion, torturing her by knocking her teeth out with a hammer and chisel. When this had no effect, they threatened to cast her into a fire if she did not blaspheme. Rather than do this, she threw herself into the flames, and was martyred. Many faithful people, learning of her sacrifice and dental torture, revered her as the Saint who would help those suffering from toothache and related disorders.

St. Apollonia is depicted on the blazon of the arms of the British Dental Association, supporting the shield and holding a Branch of Palm and a pair of forceps gripping a tooth.

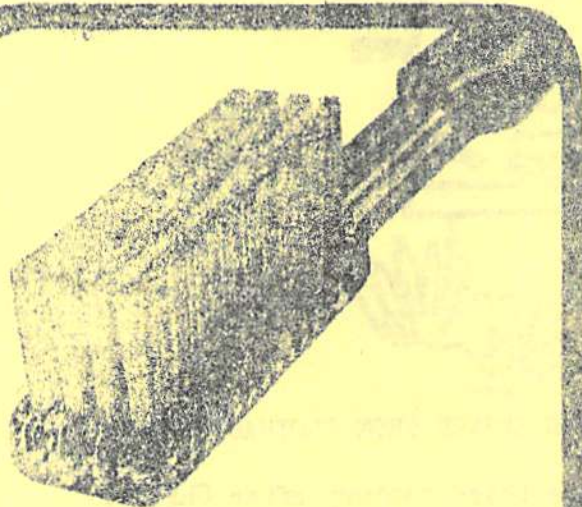
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SIGMOND FRAUD ANSWERS YOUR QUESTIONS ...

Dear Mr. Fraud,

At the moment my nine year old boy is a great problem to my wife and I. It is not just that he sets fire to the furniture, bites visitors and tries to poison his granny, but he also SUCKS HIS THUMB!

What should we do? Will this cause an anterior open bite?

Yours distraughtly,
Mildred and Ernie Goody

Dear Goonies,

You are crazy concerning yourselves with the problems of your child. The problems of a nine year old kid cannot be solved in any way, except by becoming ten.

Yours,
SIGMUND

Dear Sig,

I am very worried; our little boy is consistently telling lies. How can we stop him?

His ashamed parents

Dear Unshaved Parents,

Why stop him? I know many a good liar doing VERY well nowadays.

SIG

Dear Sigmound,

From my reading on child psychiatree, it seems that I should not beat my son over the head with a club when he is naughty, but should be his friend and talk to him about his naughtiness. What do you suggest?

A confused father

Dear Confused,

I suggest you beat your brat as much as you like. What the hell! It's good exercise after all! Whatever you do, don't be a pal to your son. Who needs a forty year old man for a friend anyway?

Fraternel beatings,
SIGGY

P.S. Dear readers, I don't want any more of your crumby letters - I've got my own problems ... O.K. give back my dolly, Mummy ... I'll scream!



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The time approaches when I shall be leaving the Dental School to embark on a new venture, or adventure!

In the New Year my task will be to commence the establishment of a Dental School in the University of Papua New Guinea at Port Moresby. For those weak in geography, it's the big island a few hundred miles north of Cape York, Australia. It is also the place where Prince Charles received a bare breasted welcome a few weeks back when Independence was granted.

Your "publication" gives me the opportunity to thank you all for helping make my nine years at Bristol University a memorable experience; and I haven't got my tongue pressed laterally when writing!

My best wishes to all for every success in your future endeavours.

A handwritten signature in cursive script, appearing to read 'L. W. Deubert'.

L. W. DEUBERT.



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THE "COMMITTED" STUDENT

Several dental students have been busily attending committee meetings during the year and, although the word "committee" to most is synonymous with "boredom", this is in fact where the changes take place. I think it is important that everyone should have an idea of what is going on, for the length of time is often long between the initial student moan and the actual changes in regulation or curriculum at a committee level. For this reason we now post up the minutes of Staff-Student Liason meetings and I recommend you to have a look sometimes because everything discussed directly affects the students here.

For instance, a month ago the S year complained that it was unfair to expect us to carry out all our clinical duties in the hospital right up to the time of Part II and III Final exams, so we put it to Staff-Student and asked that we be allowed to have two weeks before these exams free from Clinical duties (except Casualty). This "moan" made its way slowly up the committees and the result is that from now on we get 2 completely clear weeks before exams and we don't even have to do Casualty unless we want to. Ask, and ye shall be given!

It isn't usually quite as simple as that, but there is no harm in pointing out ways in which things may run more smoothly or ways in which the course can be improved.

At the Board of Dental Studies and the Faculty of Medicine Board there are two dental students and although we are rather outnumbered by the 50-plus staff representatives, it is extremely interesting to be an observer at the meetings where we see approval given (or disapproval shown!) for the suggestions put forward by students.

We at last have anonymous exam papers this year in the Dental Finals, with the sacrifice of the Common Room for two or three days in November. Your comment on this will be welcome because this is to be reviewed after we have tried it in November and June.

CATHY ASHER

ENVIRONMENTAL LEAD DETECTION IN HEBRIDEAN TEETH

The two previous reports of our work on trace metals in teeth dealt with specimens obtained locally. This report provides the "baseline" for earlier studies since it covers the range of concentrations of the same trace metals in teeth from children living on the Hebridean Isles of Lewis, where the population can be considered as free from traffic and industrial pollution as could be found in the British Isles. There has been a recent dental health survey there (by Professor Hargreaves - Caries Research: 6, 355, 1972); another reason was that a former member of staff had married an islander well known in the school dental service.

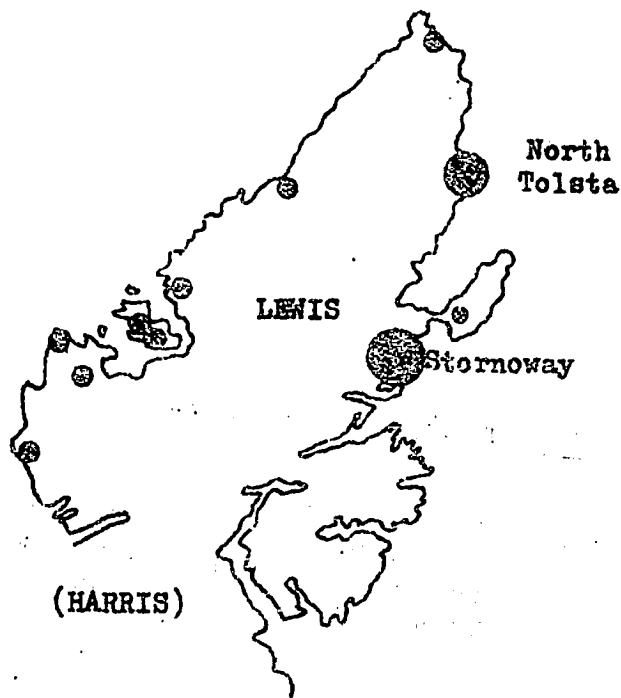
This island is peaty, with innumerable lochs draining poorly because of the metamorphic rock base. The main town of Stornoway has a water supply from a loch intake; a neighbouring community of North Tolsta has a source controlled by a dam, and small communities strung out along the remote north-west coast have rather varied water supplies. All these supplies seem to contain less than 0.2 p.p.m. fluoride, and as "the diet today is similar to that of any other region of Britain" it is not surprising that there has been a significant deterioration in oral health since an earlier investigation (King, 1937).

Our study, however, was concerned with the analysis of trace metals* without reference to dental health. We separated the material available into three groups in order to detect whether there was any geographical pattern such as had been seen in the Bristolian material. The two main groups of teeth had been collected in clinics at Stornoway and N. Tolsta, with a smaller number from the coast on the other side of the island - see outline map opposite. Although the cadmium level in teeth from the north-west coast was little over 2 p.p.m. this was nearly twice as high as that in Stornoway samples; the zinc level was also somewhat higher. It could be suggested that this reflects the degree of control over the purity of the water supplies; however, the Table opposite shows very similar values for the five other trace metals we analysed.

The values for Hebridean teeth shown in the Table ranged from 25 to 50% of those found for Bristolian teeth; LEAD, iron, and copper values tended towards the lower end of this range, with zinc, nickel and cadmium towards the upper end. Thus, the "baseline" we had been looking for was seen to be necessary for other metals as well as lead.

Variations in concentrations of trace metals in Bristolian and Hebridean teeth were so wide that we thought it might be possible to identify a tooth from a knowledge of trace metal levels in a portion of it, although we had found rather different amounts in crown and root fragments in many teeth. This we were able to do, and the provision of a new - but not particularly useful - forensic odontological tool forms the subject of our next report.

* Andrew Burkitt, M.Sc.,
Graham Nickless, Ph.D.,
(Reader)
Dept. of Inorganic
Chemistry



Mean Concentrations of Trace Metals
in Tooth Samples from
Three Locations on the Isle of Lewis

Location	Zn	Pb	Cd	Cu	Mn	Ni	Fe
N.W.Coast	81	20	2.1	2	2	8	5
Stornoway	57	17	1.1	2	2	10	5
N. Tolsta	59	17	1.7	2	2	7	5

Values are means of analyses of crown and root
Differences between N.W. Coast & Stornoway are
significant for cadmium and zinc, but not lead

Acknowledgements: We thank William Mackenzie, then School Dental Officer in Charge, Lewis, Western Isles Health Board, for supplying the teeth used in this study, and Robert Fletcher, M.R.C. Dental Unit, for processing the crown and root samples analysed.

GRANT TODAY - WHAT TOMORROW?

As a dental student with one year left before qualification I have many questions about the course my career will take, and naturally the matter of remuneration crops up among these questions. After managing on a grant for some years the prospect of having four or five times as much money to spend is very attractive. Many jobs within the range available to dentists are salaried, but if I choose to work as the majority of dental surgeons, within the National Health Service, then I will receive money proportionate to the amount of work I do. However, from talking with dental practitioners who provide treatment within the N.H.S. framework, and from reading letters and articles in the 'dental press', it is clear that the relationship between work done and payment received is causing much concern. This is not a recent problem brought on by the inflation that everybody is experiencing at present, but one that has its origins some years ago.

When the National Health Service was instituted in 1948, payment was made to dental surgeons on the "item of service" principle. However, as the profession became more efficient and the use of the air-turbine handpiece became widespread, the Government made changes in the scale of fees in order to control the amount of money earned.

In effect, dentists were penalized for their own success. These introduced by the Government caused increasing discontent amongst members of the dental profession which came to a peak in the late 1950s. The situation was improved by the Report of the Royal Commission on Doctors' and Dentists' Remuneration of 1960, which resulted in the establishment of the Dental Rates Study Group. This independent body was instructed to produce a scale of fees for work done under N.H.S. contract which would enable the "average dentist" to achieve the "target net income", and this scale of fees was to be reviewed annually.

A restoration of confidence among dentists working under the N.H.S. umbrella resulted from these steps, but the British Dental Association still felt the system was lacking in several respects and the Tattersall Committee was formed. Their report published in 1964 made recommendations for change in the method of remuneration, but no changes were forthcoming. The whole matter was left as it was and generally it seemed to work adequately. More recently, however, this system of payment to dentists has shown itself to be unable to cope with the rapid rate of inflation that has been experienced since 1972, and this has led to doubts concerning the future of dental services within the N.H.S.. Certain stop-gap measures have been made, but what is urgently needed is a complete re-examination of dentistry and its relationship to a Government controlled health service. In the long-term it will not be sufficient to increase the scale of fees whenever

Grant today - what tomorrow? cont.

the situation reaches a crisis-point. The anticipated development of the dental profession and its role in the community must be assessed and then appropriate measures introduced so that dentists can see some direction for their work and know that they are proceeding toward it. Many factors will have to be borne in mind before any such plan of intention can be formulated.

Inflation is an immediate problem and it is difficult to forecast how it will move in the future. What it has shown, however, is the inadequacy of the Dental Rates Study Group. The scale of fees is constructed from figures that are two years old and the indices that are used to bring them up to date must, by necessity, be several months behind current events. At present, the machinery of the D.R.S.G. is too ponderous to cope with the increases that dentists are faced with; on materials; on payments to ancillary staff; and on fuel; and so, ineffect, the N.H.S. is being subsidized by the profession. It is imperative that the D.R.S.G. be streamlined and given the power to alter the scale of fees as it considers necessary, without approval from higher authorities.

Many believe that the system of payment as employed at present is far from perfect, placing emphasis on palliative treatment rather than trying to prevent dental disease. In brief, this lobby says that dentists ought to be paid to keep patients out of their surgeries rather than in them. This was the problem that the Tattersall Committee dwelt on longest, and recommendation was made for a sanitation fee for patients maintained in a state of dental fitness over a stated period of time, as well as a scale of fees. Although this appears to be a compromise situation and it does not completely eliminate the "piece-work" system, it is an improvement over the present arrangements. It does have the disadvantage of being complex to administer, and this may be the final stumbling-block. The system of payment, however, must be reviewed.

The attitude of the Government to dental services within the N.H.S. must also be borne in mind. The national political parties have made health services an important part of their policy programmes and so it must be accepted that dentistry is not going to be released completely from Government control. It is therefore vital that the dental profession does not alienate itself from Westminster. Dentists who choose to treat private contract patients only, because of dissatisfaction with the N.H.S. as presently constituted, may find that in the future they are penalized for making this decision.

At present it is estimated that only 40% of the adult population of Great Britain receive regular dental treatment and, encouragingly,

Grant today - what tomorrow? cont.

this proportion is slowly but steadily increasing. Undoubtedly the Second World War had some influence on attitudes to dentistry, but a major factor has been the fact that dental care has been available for the last twenty-five years at a comparatively low cost to the patient. This is illustrated by comparing the charges in Britain with those in Europe and North America. In Britain we have a situation where most people are just beginning to accept the idea of regular dental treatment and that looking after their mouth is worthwhile. If the price of treatment is allowed to rise too quickly without educating the public accordingly, there is a real danger of a decline in people making regular visits to the dentist.

A decade ago the dental surgeon could consider himself in a high income group with social standing in the community. At present there is much social change, and certainly in terms of income, the dentist finds that he is being challenged by those of the new technical and managerial sectors. In fact, the position for many professions including dentistry within the structure of society is in doubt. If dentists wish to enjoy the standard of living that they did ten or fifteen years ago, their income must increase considerably, but it may be that this will not be possible if current trends continue.

These are some of the points which must be reckoned with when trying to make recommendations for the remuneration of dentists in the future. The British Dental Association, during the recent crisis stated that they were looking for, "a clear declaration by the Government that it desires and intends dental practice within the National Health Service to continue", and it called for some indication of what steps would be taken to make it a viable proposition. I believe that it is safe to assume that dentistry will continue under the N.H.S. but also that the dental profession should not wait for Government initiatives. We should be planning and moulding the future of our own profession and taking our proposals to Government. This can only be done by giving the professional organizations our complete support, and by channelling our wishes through them. This is how our remuneration for the future should be planned and realized.

D.M.F.

Did you hear about the man who told his friend to go and drown his sorrows. His friend told him the difficulty was to get his wife to go swimming in the first place.

HEALTHSCOPE

ARIES (The Ram)

Aries rules the head, brain and face such that, people under this sign are liable to headaches, brain fatigue and neuralgia. But health can be good - Mars provides the vital strength and it's not surprising that Arians are on the move both physically and mentally. So take this admonition to heart: rest the Achillian feet and active brain - take life calmly and do not let pettiness have too much the reign.

Health points to note: Nerves and stomach.

TAURUS (The Bull)

Venus ordains the Taurian with creativity. These all-too-absorbing crafts may lead to neglect of food and especially, the right kinds of food. The secret to good health is - a sensible diet. Being outdoor people in general, you should maintain a regular exercise or sport otherwise there is a tendency to muscle wasting and obesity. As Taurus rules the throat, there is a marked susceptibility to sore throats and catarrh.

Health points to note: Digestion.

GEMINI (The Twins)

The Gemini star sits on both arms - ruling them, the hands, shoulders and the lungs. Your obvious complaints are from respiratory malfunctions and common ailments to the nervous system. Mercurial thoughts are synapsed at high speed; thus there is an obvious tendency to over-activity of the brain and thought processes, coupled with too many interests on the apparently superficial level. This is dangerous and may lead to a nervous breakdown. So take life quietly and encourage tranquil thoughts.

Health points to note: Nerves, lungs and eyestrain.

CANCER (The Crab)

Ruled by the Moon, and like the Moon, you pass through phases, especially those of emotion, which may subsequently lead to nervous exhaustion, the early symptoms of which affect your digestion - so take regular meals, even in moments of crisis or pressure. Do not hurry your food and, above all, make sure it is well cooked. A steady and balanced approach to everyday problems will have a beneficial effect on your whole being.

Health points to note: Stomach, liver, nervous exhaustion.

HEALTHSCOPE cont.

LEO (The Lion)

The sun confers energy and resourcefulness upon you and likewise, longevity is associated with your star sign. But to ensure that you live to a ripe old age, it would be wise if you were to ake things easy, putting your feet up, preferably during but, at least, at the end of the working day. The lionhearts should take care of their namesake, and, after 50 it should be tacitly understood that you treat it well by avoiding undue strain by overexertion.

Health points to note: Overexertion, weak circulation, heart and back.

VIRGO (The Virgin)

Ruler of the intestines and, in true accord, you worry about your health and maintenance. For your preservation you will esort to al sorts of efficacious remedies. Needless worrying, usually of a petty nature is one of your major pit-falls. This, together with your innate desire for perfection and high standards nearly always leads you to further distress. Mercury, your ruling plener, enshrouds you with a veil of reserve making you always appear happy and pleid while, underneath, always worrying. Your health rule, then, is to keep your mind on pleasant things, happy memories and realistic future hopes. Above all, avoid dosing yourself too often.

Health points to note: Diet, stomch, nervous exhaustion, and minor thret troubles.

LIBRA (The Scales)

Your kidney, lumbar regions and skin are all held in balance by the planet Venus and, as such, you are prone to kidney ailmons skin disorders and lumbago. By this you should note that it would be sensible to drink plenty of cold water ad avoid satisfying that sweet tooth of yours: the abstemious, humbl and moderate way of life should be cultivated. You ae not given to petty argument or irritability and, thus, you are often witnesses as being plcid on the surface, though harbouring dpression underneath. So avoid ugly and depressing surroundings; live amongst the pleasantries of good companions and beautiful things! Aim high for that joie de vivre. Truly, your strength may lead up to too high a living and subsequent nervous exhaustion - beware!

Health pointsto note: Kidneys, backache, diabetes.

HEALTHSCOPE cont.

SCORPIO (The Scorpion)

Mars, your ruling planet, makes you very strong-willed, determined and yet cautious. Your personal magnetism is abnormally strong, your recuperative ability - amazing. You can worry too much about people around you and this is, frequently, a cause of psychosomatic complaints. You are inclined to go to extremes and it would be wise to show more moderation. If you smoke or drink, avoid excesses and, of food eat moderately. You tend to bursts of energy and then creep away to rest, just as the scorpion scuttles away periodically to a private lair. Your health rule should be to take frequent short rests.

Health points to note: Heart, genitals and nasal catarrh.

SAGITTARIUS (The Archer)

Sagittarians are accident prone and, as the hips thighs, nerves and arteries are under the Rule of Sagittarius, it is not surprising that the commonest injuries suffered are those affecting the lower limbs - with particular reference to sprains, dislocation of the hip and fracture to the thigh. This is reflected by your ruling planet - Jupiter, which makes you restless, fond of outdoor life, sports and being constantly on the move. Filling your lungs with fresh air is, of course, an excellent way to enjoy life, and it is this that makes you susceptible. A good health rule should be to keep your blood in good order - this will be rewarded with good health. Also, take care of yourself from dangers of rheumatism and sciatica. Keep your hips and thighs warm whenever possible.

Health points to note: Nervous exhaustion, blood disorders, rheumatism.

CAPRICORN (The Goat)

Your most vulnerable regions are your lungs and liver, This does not mean that longevity is not associated with your sign. On the contrary, your ruling planet Saturn bestows the power to reach a ripe old age but, only if you take the appropriate measures in caring for your lungs. Capricorns are susceptible also to skin disorders, chills and rheumatism, falling also to injuries affecting the knees. Your watchword should be - take care! Your health rule should be to wrap-up as warmly as possible avoiding cold winds, protecting yourself at all times from coughs and colds but, at the same time, avoid tight and restricting clothing. Lastly, a word on social life: the more sociable company you entertain the more your health responds with subsequent personal optimism and/

HEALTHSCOPE cont.

/cheeriness which makes you warm-hearted and very amiable.

Health points to note: Knees, liver, teeth.

AQUARIUS (The Water-Bearer)

Two planets guide and rule you - Venus and Saturn. These make you keenly interested in such topics as hygiene, food reform, dietetics and, as an accomplished practitioner, you will often be the best person to keep you and your family healthy. Though you are capable of allaying their pains and problems you must seek the appropriate treatment for your own - which you are apt to neglect. In direct contrast with your realistic qualities stand the idealistic, strong-willed, over-sensitive traits and the tendency to overwroughtness. Aquarius rules the legs and ankles and suggests that you are prone to injuries of those parts. Watch, not only your movements but, also, your circulation. Do not encourage a poor one or you may suffer from cramps and nervous indigestion.

Health points to note: Nerves, legs, ankles.

PISCES (The Fishes)

Your ruling planets are Jupiter and Neptune. These make you intensely sympathetic and you feel for others so deeply that you are apt to reflect their symptoms with that vicarious commiseration of which you are so fond. It would be prudent not to give way to your emotional and sensitive dictates - controlling Pathos, whenever possible. As Pisces rules the feet, most Pisceans seem to suffer from trouble, chills, stout and sluggishness of the liver, so take care not to go out ill-clad, maintain a strict diet, avoiding the plethora of rich food and keep your feet warm and dry.

Health points to note: Rheumatism, chest, feet.

---oOo---

The physician was a family friend who rallied round in time of need. He sent the following telegram to the man of the house who was away on business.

"Regret inform you your mother-in-law dead Stop Do you wish her buried, cremated or embalmed?"

He received the following reply:

"All three - take no chances!"



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"Bliggs has built himself quite a reputation as a dental surgeon, but really he should have ben in business," said one jealous colleague to another. "He's the sort who is quite capable of taking a small operation and making it into a major undertaking."

After the birth of her first child, a young housewife became pre-occupied with cleanliness and hygeine. She had always been very house-proud; now she went to inordinate lengths to disinfect or sterilise everything with which her baby might come into contact.

Her friend's remonstrances were met with peremptory assertions about the criminal negligence most parents displayed in their lack of concern for their children's health. One day she announced that her baby was cutting his first tooth and asked what she should do.

"Don't worry," advised an older friend soothingly. "Just put your finger gently into his mouth - " She broke off, noticing the young mother's horrified expression, then added hastily: "Naturally, you boil the finger first."

On the tombstone of a well-beloved and always cheerful dentist:--

"Please approach this spot with gravity,
John Brown has filled his last cavity"

DENTIST: A professional man who suffers from good dental health.

The periodontist shook his head reproachfully after completing his examination of the oral tissues of a rich, self-willed old lady.

"This won't do at all," he said, "I asked you to call me at once if your symptoms returned. Now, how long has your mouth been like this?"

"Oh weeks" snapped the old lady. "But I've never seen much point in coming to see you. Teeth give you trouble when they come and they give you trouble when they go etc., etc.. As you know, I haven't the slightest faith in dentists!"

"Well, don't let that worry you in the future," smiled the periodontist placatingly. "I'm here to put you right. After all, a donkey hasn't much faith in veterinary surgeons, but they can cure him just the same."

Querulous patient: Do I have to have gas?

Dentist : Yes you do.

Patient : Will it hurt?

Dentist : No, of course not.

Patient : Will it make me sick?

Dentist : I don't think so. Now please stop worrying -

Patient : How long will it be before I know anything?

Dentist : This is an anaesthetic, not a miracle drug!

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