

THE FIGHT AGAINST SUGAR CONTINUES

Carb consultation

The Government has launched a consultation into the level of carbohydrates, including sugars, in people's diets. The *Draft report on carbohydrates and health* is open for comment until 1 September 2014.

In response to the news, the chair of the British Dental Association's (BDA's) Health and Science Committee, Graham Stokes, said: 'While the current debate rightly focuses on the links between sugar and the nation's expanding waistlines, we must not forget that sugar is the leading cause of tooth decay. Last year alone over 25,000 young people in England had a general anaesthetic to remove rotten teeth. This is a distressing experience for both children and their parents and is entirely preventable.'

The BDA, via its long-running Make a Meal of It campaign, has been engaging the dental profession and public in the fight against sugar consumption and is also a signatory to the Action on Sugar campaign.

Sugar reduction

The Faculty of General Dental Practice (UK) (FGDP[UK]) has welcomed the publication of Public Health England's paper *Sugar reduction: responding to the challenge*, on 26 June 2014, but stressed the need to consider food policy as part of the key determinants of oral health.

FGDP (UK) policy spokesperson Charlotte Worker said: 'We support PHE's initiative to place sugar reduction high on the public health agenda. We also welcome the fact that the PHE's report recognises good oral health as being an integral part of ensuring good overall health for all age groups.'

The FGDP(UK) also supports the Action on Sugar campaign, and would like to see added sugar contribute to no more than 5% of total energy intake, echoing advice given in the *Draft report on carbohydrates and health* published by the Scientific Advisory Committee.

1914-2014

To commemorate the centenary of the start of the Great War, the *BDJ* has commissioned a special cover series for Volume 217.

Art Editor Melissa Cassem explains the inspiration behind the series: 'We had seen some amazing objects when researching the Odontological Collection cover series [Volume 216] at the Hunterian Museum at the Royal College of Surgeons of England. We felt that these items and others from the British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS) collection and the BDA Museum would make a really interesting cover series. A set of covers exploring dentistry during WWI will highlight what an incredibly important time it was for dentistry, especially maxillofacial surgery.'

The artist

The cover of this issue, Volume 217 issue 1, depicts a WWI field treatment tent. Artist Philip Banister, who will create all 12 covers for Volume 217, has produced this original watercolour based on a black and white photograph (pictured).

Philip has been a freelance illustrator for 30 years: 'My watercolour style has evolved over that time but my love of history has remained a constant. People and buildings with some feeling for drama or mystery have become my specialities and I particularly enjoy illustrating stories, classic literature and historical subjects. There have been huge changes in the practicalities of work over the years but I'm still an old-fashioned pencil and brush artist. The difference now is that my work is scanned and sent to the client in minutes – although original artwork is supplied if required.'

Wartime dentistry

Rachel Bairsto, Head of Museum Services at the British Dental Association (BDA), provides

NEW COVER SERIES COMMEMORATES WORLD WAR I



A photograph of a WWI field treatment tent, used as the inspiration for the cover of volume 217 issue 1 of the *BDJ*

some historical background on the first cover:

At the outbreak of the First World War there were no adequate facilities for the dental treatment of the soldier at home and no provision in the field except for occasional extractions by medical officers. It took Sir Douglas Haig to suffer from toothache on operations and discover that a dentist from Paris had to be sent for. As a result 12 surgeons were sent to France in November 1914. They served at casualty clearing stations (CCS) where they had few facilities for the full range of dental care they were expected to provide and no equipment for the making and repairing of dentures.

Casualty clearing stations were usually a mix of tents and huts with only a minority of beds in buildings. By 1916, as more and more general surgery was undertaken, many casualty clearing stations had become well equipped with an X-ray lorry and triaging.

C. V. Walker, dental surgeon in the Army Medical Corps (AMC), wrote on his arrival at casualty clearing station no. 23: 'He lined up the [dental] patients like an officer

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taking a parade – looked each from head to toe and said “Have you been through the chair?” The surgery was a place of hessian canvas and poles and the remarks of patients could be plainly heard.’

The ‘surgery’ was equipped to provide for extractions and basic restorative work. The kit was packed in three boxes: a large one containing the necessary instruments; another containing the portable chair; and a small one with nitrous oxide gas and apparatus. The box with the chair served as a footrest as revealed in the photograph. Also shown is a bracket table with a metal spittoon and a treadle drill. On top off the shelves a bottle of Lysol, used for instrument sterilisation, can be seen next to a sterilising vase. Electricity for lighting was provided by a generator.

One of the first dentists sent to France, J. M. Barnes, was able to use the pathology laboratory attached to the CCS and identified the first case recorded in the war of Vincent’s Angina (ANUG). Owing to its prevalence amongst the troops, the term ‘Trench Mouth’ was commonly used.

The soldiers were transported by field ambulances to the CCS. However, provision for dentures or their repair necessitated a return to base camp where larger dental centres with laboratory facilities were eventually established. Dentures were frequently broken or lost resulting in soldiers away from the front. It wasn’t until 1916 that mobile dental clinics were introduced which avoided the evacuation of troops from the front lines for minor dental ills.

Future covers

The cover of Volume 217 issue 2 will be based on a photograph of a standard issue WWI soldier’s toothbrush.

Other forthcoming covers in the series will feature key dental and oral surgeons of the period, namely Kelsey Fry, Charles Valadier and Harold Gillies, in addition to patients with war facial injuries at the Queen’s Hospital in Sidcup.

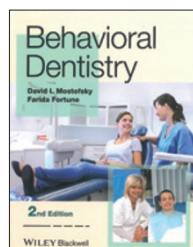
PHOTO STORY



Dorinda Lo, first point of contact, is pictured at the launch of The Clinic at The Luke Barnett Centre in Watford. The Clinic is a stunning new facility that has been devised to be a ‘neutral zone’, which enables dentists to offer

care to patients on a session by session basis. It is particularly suitable for more complex cases where an on-site aesthetic laboratory will be of greatest benefit. The launch of The Clinic has led to new branding with the Laboratory, Clinic, Precision Coping Company and Tray Production all coming under the Luke Barnett Centre umbrella.

BOOK REVIEW



BEHAVIORAL DENTISTRY, 2ND EDITION

D. I. Mostofsky, F. Fortune

Wiley Blackwell

price £37.99; pp 432

ISBN 9781118272060

‘I hate coming here’ – sound familiar? If it does, have you ever understood why the patient says this to you but is, nonetheless, still attending for recall? Have you ever done anything about it to try and improve that patient’s experience? These questions are just a sample of those raised within this book. Dental fear and anxiety are just one of the areas addressed and, in my opinion, one of the most interesting.

Social science and the close relationship it has within dentistry is being recognised and current research is having an impact in shaping how care is delivered in terms of looking at how patients cope and comply with treatment, including the difficulties faced in the provision of care to the young and the elderly.

This book at the outset acknowledges it is not the definitive guide for all behavioural issues found within dentistry but serves as a detailed introduction into each separate topic. Each chapter is clearly referenced, which would easily signpost a reader to various journals should they wish to know more in greater depth. The chapters have been updated and expanded upon from those in

the first edition and whereas a chapter may have only had one contributor before, several are now involved. As research into behavioural sciences has progressed since publication of the first edition in 2006, so have chapters been developed and re-categorised. A new chapter is included on the important subject of body dysmorphic disorder in relation to cosmetic dentistry, as is a short chapter on work stress within the profession, how to recognise it and how to try and prevent it escalating. The addition of a brief relaxation procedure in the appendices is also a nice touch.

The contributors are mainly American, but as the focus is not upon clinical dental techniques, this makes little difference. An interesting read and a must-read for undergraduates needing to know more about behaviour techniques. For the established practitioner, if there are certain patient groups you see with behavioural quirks you wish to know more about, most likely this book will cover it.

K. McDERMOTT