IN THIS ISSUE



In this issue *BDJ* Managing Editor Dr Ruth Doherty gathers details on global tooth fairy traditions.

Ruth joined the *BDJ* editorial

team less than two years ago, but in that time has already introduced themed issues and arranged a sequence of brainstorming events that have culminated in the newlydesigned *BDJ* news pages that launched in issue 1 of this volume.

Prior to working for the *BDJ*, Ruth spent her time causing minor explosions in laboratories while studying for her PhD in chemistry – before finding employment with the Royal Society of Chemistry in Cambridge for five years.

Ruth continues to be delighted by life in the Big Smoke and is particularly fond of attending the live filming of quiz shows.

Did you know? Ruth is allergic to kiwis.

STOPTOBER SUCCESS

'Stoptober' encouraged an extra 350,000 attempts to quit smoking, according to research by UCL researchers.¹

Stoptober, run by Public Health England, aims to support a social movement that encourages smokers to kick the habit by setting them a realistic and achievable goal: quitting for 28 days.

UCL researchers studied the number of people attempting to quit smoking in Stoptober 2012 compared to other times of the year. Fifty percent more tried to quit compared to other months in the same year. Stoptober was also found to be cost-effective. Based on the number of people who gave up during the month, it is estimated that about 10,400 years of life were saved at a cost of only £550 per year.

 Brown J, Kotz D, Michie S, Stapleton J, Walmsley M, West R. How effective and cost-effective was the national mass media smoking cessation campaign 'Stoptober'? *Drug Alcohol Depend* 2014; 135: 52-58.

DENTAL ART

STUDENTS ANALYSE HISTORIC DENTAL PRACTICES THROUGH ART



Fig. 1 Transplanting of teeth. Thomas Rowlandson (1756–1827). 1787. Engraving. Reproduced with permission from the RCSEd

Final year Glasgow dental students Rebecca Little and Lorna Hopps sought out and analysed countless pieces of dental art for their fourth year elective study. Their final presentation earned them each an 'A' grade and they offered to share the highlights with readers of the *BDJ*.

Rebecca and Lorna explored the dental library in Glasgow, the British Dental Association Museum in London and the Menzies Campbell collection in Edinburgh. They commented: 'Studying dental history teaches us how our profession has developed and shows us how we are viewed and consequently portrayed by the public. Unfortunately, we are often shown in a negative light. This reminds us to continuously strive to be a comfort to our patients and professionals in whom they can have complete confidence. As practices up to the nineteenth century were often barbaric and dangerous, we realise how privileged we are to work in our field in this day and age'.

The following descriptions are taken from Rebecca and Lorna's project. Further images from their collection will be featured in future issues, including 'The Blacksmith Dentist', 'Le Mal de Dent' and 'The First use of Ether'.

Transplanting of teeth

Figure 1: This engraving shows the practice of transplanting teeth. The gentleman dressed in tattered brown clothing in the centre of the image is a chimney sweep who is selling his tooth. The women of a higher class are waiting to have a tooth

inserted into their sockets. Poorer people often had healthier teeth because they did not have access to the luxury of sugar. The dentist appears to be modelled on Ruspini - a prominent dental figure at the time. The notice behind him explains that he was dentist to the Empress of Russia. The sign on the door reads 'most money given for live teeth'. The colourful clothes of the gentry contrast with the brown clothing of the chimney sweep to highlight their difference in class. The extraction forceps lie at his feet symbolising how unhygienic the treatment was. The procedure would often result in the transmission of syphilis. 1-6

The dentist showing Conrad Ackner

Figure 2: Sir John Lavery became successful through painting the rich and famous. Here, we see Conrad Ackner, a dentist with a strong interest in dental radiography. He published papers on the use of X-rays and on a maxillary splint he had invented. He also treated many notable patients including the King of Norway. The main focus of this painting, rather unusually, is the dentist, rather than the patient. A calm atmosphere is portrayed through his facial expression, soft pastel



Fig. 2 The Dentist showing Conrad Ackner. Sir John Lavery (1856-1941). 1929. Oil on canvas. Reproduced with permission from the BDA museum

The women of a higher class are waiting to have a tooth inserted into their sockets. Poorer people often had healthier teeth because they did not have access to the luxury of sugar.'

colours and the relaxed positioning of the patient. The painting features the dental X-ray machine. John Lavery was one of the 'Glasgow Boys' – a group of artists based in Glasgow from 1870 until the 1900s. They were influenced by French realist paintings and aimed to raise the standards of Scottish painting. ⁶⁻¹⁰

Rebecca and Lorna would like to thank Mrs Laetitia Brocklebank, Ms Rachel Bairsto, Dr Josephine Cummins, Mr Thomas Elliot, Professor David A. McGowan, Mrs Orla O'Donnell, Dr Maureen Park, Mrs Melanie Parker and Dr Rufus M. Ross for all their assistance with this project.

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BOOK REVIEW

ORAL IMPLANTS: BIOACTIVATING CONCEPTS



E. Ewers, J. T. Lambrecht Quintessence price £198.00; pp 500 ISBN 9781850972334

This is the second textbook from these editors and promises to be a must-have textbook providing a comprehensive synopsis of the current evidence-based understanding of perio-implant prosthesis; it does not fail to deliver.

The text is divided into six comprehensive chapters, starting with basic principles and then follows the logical progression through clinical planning and techniques, with the final chapter covering the range of complications associated with the provision of perio-implant prostheses. Each chapter is subsequently sub-divided into bite sized sub-categories to allow easy digestion of what may be an otherwise overwhelming sea of information.

The first chapter *Basic principles* is an in-depth review of bone and

soft tissue physiology. These chapters form the minimum foundation knowledge required in implantology. Although these first chapters are heavily science-based, they are perfectly balanced with explanatory colour illustrations, clinical photographs, radiographs and histopathological slides to keep the reader engaged.

The second chapter *Clinical planning* takes the reader through the logical thought-process when considering each case and is complemented well with the fourth chapter *Standard clinic situations*. The multiple clinic situations outlined come complete with step-bystep clinical photography of the surgical techniques, radiographic examinations and before-and-after pictures.

A full chapter is dedicated to bone regeneration techniques and classifications and does its best to keep the reader's attention with corresponding CTs, radiographs and photos.

Although interesting, the complex clinical situations outlined in *Special techniques* are very unlikely to be encountered outside of specialised hospital-based departments and are there merely for completeness. Finally *Complications* highlights the common complications likely to be encountered throughout your implantology career and is a valuable read.

In all, this text is a must-have adjunct to the reading material for anyone undertaking further postgraduate training in implantology. The textbook has a surgical focus but provides an excellent knowledge foundation within its first chapter. Each evidence-based chapter is extensively referenced with the current literature and thinking. The authors claim 'In short this book is a must!' and in this case I am inclined to agree.

J. DOCHERTY

HPV HOME TESTS COULD SPOT CANCER RISK

HPV (human papillomavirus) self-testing is as effective as tests carried out by doctors, according to research from Sweden. Simple HPV home tests could complement existing screening programmes, and identify more women at risk of cervical cancer.

HPV is also a cause of oropharyngeal cancers and cancers of the anus, vulva and penis.

Like the UK, Sweden has a system of regular gynae-cological smear tests, which has halved the number of cases of cervical cancer. Most of the patients who die from the disease are either above the screening age, or part of the 20% who fail to attend their screenings. The figures are similar in other countries with equivalent screening programmes.

Study author Dr Lotten Darlin, of Lund University, said: 'We are usually able to cure cases of cancer that are identified through smear tests. For those women who have not been for smear tests, the cancer has progressed considerably further by the time it is diagnosed. It is these women who are at risk of dying from the disease'.

Dr Darlin investigated the possibility of home testing, but found that the testing kits available were either complicated or expensive. Her team developed their own test comprising a cotton bud and a test tube. The test is sent off to a lab, where it has been shown



to produce just as clear results as HPV tests taken by a doctor.

In one study, self-testing kits were sent to 1,000 women who had not had a smear test for over nine years. Fifteen percent of them used the test and sent in samples for analysis.

Dr Darlin believes that the simple self-testing kit could also be used in countries that do not have a programme of regular cervical smear tests.

 Darlin L. Cervical cancer: studies on prevention and treatment. Faculty of Medicine, Lund University, Sweden: Doctoral Dissertation. 2013.