

## STANDARDISED CIGARETTE PACKAGING TO BE FAST-TRACKED

The Government is to fast-track legislation to introduce 'plain' packaging for cigarettes by 2016. After a series of public consultations on the issue, MPs will be asked to vote on the plan before the General Election.

The Stirling Review published in April 2014 - an independent review of public health evidence for standardised tobacco packaging - found that standardised packaging is less appealing than branded packaging; that graphic and text health warnings are more credible and memorable on standardised packaging; and that products in standardised packages are more likely to be perceived as harmful than those in branded packaging with colours and descriptors.

The British Dental Association (BDA) has welcomed the news. The Association has campaigned vigorously for action on plain packs and is a member of the Smokefree Action Coalition and a supporter of Action on Smoking and Health (ASH).

The BDA's Scientific Adviser, Professor Damien Walmsley, said: 'Action on plain packs is great news for the future of Britain's oral health. Distinctive packaging remains one of the tobacco industry's top promotional tools, so there was never any excuse for delaying this initiative. In Australia the evidence shows that plain packs are already helping make smoking less attractive. Taking the sheen off tobacco is an essential step to helping smokers break the habit, and preventing the next generation reaching for their first cigarette.'



## GDC TO PILOT EARLY DIALOGUE WITH NHS

The General Dental Council (GDC) has launched a pilot scheme to ensure that concerns about dentists' performance are handled where appropriate by the local NHS in England, rather than through the GDC's fitness to practise processes.

The approach will require an early dialogue between the GDC and the NHS, which manages the contracts offered to dentists, to ensure that the GDC deals only with fitness to practise cases while the NHS deals with other issues of performance management.

The pilot, which began in January, will aim to explore the full potential of this approach and will involve the GDC working with five NHS England Local Area Teams (LATs) over 12 months.

## BDA MUSEUM

# DENTURES: NECESSITY OR VANITY?

The first European dentures we would recognise as such, with a base plate resting on gum, were carved from solid blocks of ivory or bone in the fifteenth century. The mouth would have been measured with a type of calliper with the fitting surface hand carved to produce the best 'fit'. Needless to say neither stability nor function was achieved and with an ivory denture easily weighing 0.045 kg, retention was non-existent!

To help with stability, dentures in the early eighteenth century had flat whalebone springs connected between the upper and lower ivory bases to keep them 'sprung' apart and against the gums. Within 50 years whalebone had been superseded by the more efficient coiled gold or silver springs.

The first tangible improvement to denture comfort came in 1756 when Philipp Pfaff of Berlin used wax for a jaw impression and then cast a plaster model from the imprint. This meant the ivory block could be carved to fit the model without the patient being present for numerous adjustments. To improve their aesthetics the blocks often had human incisors and canines attached to the labial surfaces. The teeth used were either extracted from the mouths of the destitute for money or 'resurrected' from the dead for free. The supply of teeth became much more plentiful in times of war and so became known as 'Waterloo Teeth'.

Ivory and bone are porous and if worn for any length of time became foul, producing an unpleasant taste for the wearer and an even worse halitosis to be endured by

neighbours. Fans were not only a fashion accessory in the eighteenth century but an essential element in wafting away the odours of mankind.

The 1780s brought relief from denture smells with the production of one piece porcelain dentures. They were first made by Alexis Duchateau, an apothecary in Paris, but developed further by Nicholas Dubois de Chemant. He moved his practice to London in 1792 to avoid the excesses of the French revolution and the loss of his aristocratic clientele. The porcelain paste for his 'mineral paste dentures' was supplied by Wedgwood, but severe shrinkage on firing meant the fit was never satisfactory.

With the failure of ivory, bone and porcelain as satisfactory base materials, dentists turned to metal, especially gold, for the answer. By the 1820s the plaster models were being duplicated in lead or zinc which made them strong enough for gold sheets to be tamped down onto them without breaking. This was superseded in the 1840s by swaging, whereby a gold sheet was compressed between opposing cast moulds, thereby producing the most accurate fitting base plate to date. This remained true until the early twentieth century when it was superseded by the 'lost wax technique' which is still in use today.

Until the 1850s all dentures were very expensive and beyond the reach of all but the wealthy. This was all to change with the invention of 'vulcanite' by the Goodyear Rubber Company whereby natural rubber was infused with sulphur making it pliable, odour free and no longer sticky. Thin strips of vulcanite were cut to fit a dental model and the strips fused together when subjected to pressure

