7. Research
8. Restoration and rehabilitation (including dental technology).

A single intervention may not be effective in isolation. But a holistic approach can overcome bad cultural beliefs on oral health.'

Joseph Opendi is a dental officer in Mbarara Referral hospital in south-western Uganda. He writes: *'People here largely view health in terms of what a doctor or dentist can do for them, rather than understanding that well-being is a responsibility of the individual. It appears to me that this is the reason why they can sell, say, toothpaste that has been given to them. This is unfortunate, but it is a challenge to do more in terms of educating these communities to value their health and to live responsibly. This has worked to some extent in other areas like in the prevention efforts for HIV/AIDS, unlike oral health that is largely ignored. I think there is need for wider advocacy to raise awareness about the burden of oral diseases in developing countries because currently they are not talked about a lot in these countries themselves.'*

'There is evidence to show that money donated to NGOs does create greater impact than money donated to the general pool of the Government. This is especially true if the implementation is done under the watchful eye of a well-managed organisation where corruption is minimal to non-existent. This kind of money is more likely to reach the people it is meant for than money that passes through layers of bureaucracy.'

'There is also the question of sustainability – this is quite a big challenge and it is probably where public-private partnership may need to be considered in the long run to try to get governments to continue or integrate projects in some way when they are winding up, but of course with little guarantee that the quality will be maintained in the long run and that these services will benefit the target group as they should.'

'But for now there is no doubt that overseas volunteering is still necessary, especially in partnership with the local people who, in the long run, can be

trained and, as they acquire the necessary skills, can continue this work.'

These responses illustrate that short-term volunteering can be of great benefit to people who would otherwise suffer from dental disease that can reach levels that are never seen in the UK, providing it is combined with enhancing and empowering the existing dental personnel.

CRU has funded several of its Ugandan colleagues to do regular outreach clinics providing both treatment and oral health education, and to enable some of them to further their dental studies. The charity has also funded the provision of Dentaaid surgeries and portable equipment to facilitate sustainable treatment and education, which is carefully monitored to ensure its effectiveness.

I quote Dickson and Dickson: *'We must shift from a charity model of dental aid to poor countries to one that involves helping local efforts to extend primary care and address the causes of poor oral health'.*¹

CRU and Dentaaid have been working together for several years to develop oral health programmes which incorporate the holistic interventions described above by Apolo Mukisa. There is a need to work at all levels in order to improve oral care in needy communities and to maximise the use of the resources and skills that become available. This holistic response is ongoing and continues to be worked on because as Joseph Opendi indicates, until the question of sustainability is addressed, there is no place for complacency in the face of great need.

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1. Dickson M, Dickson G. Volunteering: beyond an act of charity. *J Can Dent Assoc* 2005; **71**: 865-869.

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LEGO OF THAT

Sir, a 7-year-old boy attended the accident and emergency department at Poole General Hospital after playing with Lego. He unintentionally lodged a piece of Lego on his first mandibular permanent incisor. After repeated attempts to remove the piece under

Fig. 1 Lego man head installed on first permanent incisor

local anaesthetic, a decision was made to undertake a short general anaesthetic, where it was removed safely.

The tooth postoperatively had some erythema associated with the cervical gingiva, but was otherwise sound.

A Lego man's head dimensions are as follows: the neck connector is 1 mm deep with a 2.5 mm radius and the head connector 2 mm and 1.5 mm. A typical mandibular central incisor has a mesio-distal diameter of 5 mm at the contact point and 3.5 mm cervically. A Lego man's head can be used as a fashionable alternative to a preformed metal crown in a 'modified' Hall's technique. Other uses include anterior open bite plane to treat overbites and NTI splint for TMJ dysfunction.

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