

1948 saw the opening of the NHS. The hospital was besieged by patients needing new, free-of-charge dentures. So many patients claimed to have lost their old ones whilst being seasick on the ferry across the Mersey that it was a wonder that there was any water left for the ferries to sail on. One old guy wanted a set to suit himself and his wife. He claimed they had shared the same dentures all their married life and he saw no reason to change.

'Cons' was run by Frank Lawton, later Professor Sir Frank Lawton. He had exacting standards and we were not short of restorative work. My wife and I first met in the conservation department as she was a 'finals' patient of my best friend.

I was most surprised to find that I had passed my finals and to be offered a house surgeon's post. In those days the university staff could be counted in single numbers. Full-time hospital staff amounted to one registrar and five junior house officers. Unfortunately, one of our number developed meningitis and so we were rapidly reduced to four. I was directed to 'extractions' and within a few weeks of qualification I was teaching extractions and, in the absence of a visiting anaesthetist, teaching anaesthesia as well. An 'extreme' vocational training. We had many full mouth clearances, both permanent and deciduous, and each morning's session would have more than 20 GAs and over 100 teeth extracted. The use of an Oxford Inhaler and Vinesthine for children was particularly brutal. It was truly 'blood and thunder dentistry'.

In due course I found myself called up for National Service. Presented with an opportunity I recorded the dental state and attitudes of army recruits. It makes unpleasant reading but is not surprising given my previous student experiences.

Later I was posted to Austria where my first patient turned out to be a soldier who had refused treatment to me several weeks earlier back in the UK. When asked why he had refused he said 'it was because he was a bloody awful dentist, sir'. [I'd been unable to offer him GA for an extraction.] I was responsible for the dental departments of the hospitals in Graz and Vienna. The equipment and materials were 'experienced' having been captured

from the German Army during their retreat through Italy. I had to commute through the Russian zone. At Semmering the Russians would put an armed guard around the train whilst troops checked all occupants. There were no illegal immigrants into the Russian Zone! This was a time of heightened tension and a great deal of intelligence activity. I had many interesting patients, not least the Czech pilot who arrived in a stolen MIG fighter! He had bridgework the like of which I had neither seen before nor have seen since.

If the 'balloon went up' my task was to drive a troop-carrying vehicle with my DSA riding shotgun at the rear of the convoy evacuating families, picking up and treating casualties as we went along. Fortunately, this was only conducted as an exercise.

I was lucky in that my wife had been able to come with me for a holiday visit which lasted for the whole of my posting. She was not allowed to work as a physiotherapist but was recruited to present Sunday's *Family favourites* on the Forces' radio. Technology was not then available to extend Jean Metcalfe's two-way family favourites between Germany and UK to Austria. It was a fantastic experience marred by the thought that National Service (NS) Dental Officers were being exploited. As a Captain my pay was £32 per month. The army charged £27 per month for my wife's accommodation and so we had just £5 uncommitted. These were special arrangements for medical and dental officers. There was no way that other NS officers could afford to bring out their wives.

Back in the UK we still had rationing, utility clothing and furniture. In Austria there was food and clothing of a quality and quantity that was beyond our experience. It seemed that we had won the war but lost the peace.

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The time came when we had to return to UK. A military train ran between the railhead at Klagenfurt and the Hook of Holland. There was no room on the train for my wife and so we just managed to scrape enough money together to buy her a Forces' ticket from Vienna on BEA. When I arrived at Klagenfurt I was told that I was Officer in charge of the train! I had to sign for 16 or more coaches. Shortly into the journey a wagon ran a hot axle and we had to abandon it. At Badgastein we were stopped and informed that a signalman had reported that a grenade had been thrown from the train at his signalbox. We were to arrest the individual and send him back under escort. I was very relieved when we finally arrived at the Hook and I was able to hand over what was left of the train without having to pay for the missing coach.

Back in the UK I decided to 'squat' a practice in Liverpool. NHS fees were very depressed and taxes were high – but that is another story.

## BDA BRANCH AGMS

### Essex

Essex Branch AGM will be held on 2 February 2015 at 6.30 pm in Chelmsford Golf Club, Widford, Chelmsford.

North Essex Section AGM will be held on 4 February 2015 at 6.45 pm in the Holiday Inn, Eight Ash Green, Colchester.

To confirm attendance or submit apologies for either event, contact Nick Barker via email: [nickbarker@tiscali.co.uk](mailto:nickbarker@tiscali.co.uk)

### West Lancs/West Cheshire/ North Wales

West Lancs/West Cheshire/  
North Wales Branch AGM will be held on 10 February 2015 at 6 pm; light refreshments from 5.30 pm at Clatterbridge Hospital Postgraduate Centre, Bebington, Wirral. For further information or to confirm attendance/submit apologies please contact the Branch secretary Linda Dunlop on [ldunlop76@aol.com](mailto:ldunlop76@aol.com).

## DO DENTURES IMPROVE QUALITY OF LIFE?

Research from the University of Adelaide's Australian Research Center for Population Oral Health challenges current thinking on whether many people with tooth loss really need dentures.

Studies have found that people with tooth loss do not have their quality of life interfered with provided they still have a certain number and type of teeth left.

These patients are considered to have shortened dental arches, enabling them to maintain functional use of many teeth. The researchers say there is a cutting off point at which tooth loss interferes with quality of life, but patients only need dentures when they reach that cutting off point.

The study, based on data of more than 2,700 Australians, is to be published in a future issue of *Community Dentistry and Oral Epidemiology*. The researchers say as many as 434,000 Australians who currently would be considered for dentures at some stage in their lives may not really need them.