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.

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.

BOOK REVIEW

BEHAVIORAL DENTISTRY, 2ND EDITION

D. I. Mostofsky, F. Fortune

Wiley Blackwell

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‘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