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Surgeon Lieutenant Mervyn Clive Townsend & HMAS Sydney

The recent discovery of HMAS Sydney has reminded many of us of the tragic loss of life on board that vessel when it sank on 20th November 1941. Included in the numbers lost was Surgeon Lieutenant (Dentist) Mervyn Clive Townsend.

Mervyn Clive Townsend was born in Bairnsdale on 5th February 1917. His father Edward Townsend was an early headmaster at Bairnsdale High School from 1916-1929. The family moved to Bendigo in 1930 and Mervyn attended Bendigo High School until 1933 where his father was headmaster. In 1934 he attended Melbourne High School for a final year before enrolling as a student in the Faculty of Dental Science at The University of Melbourne.

He was a high achieving student, graduating with a Bachelor of Dental Science in Sept 1939, just as World War II was declared.

Mervyn worked as a locum in the Toorak practice of the late Max Casley before accepting a commission in the Royal Australian Navy on October 14 1940, joining HMAS Sydney as a dental officer on the ship's return from the Mediterranean in April 1941.

In November 1941 HMAS Sydney was on patrol off the north-west coast of Western Australia when it became engaged with the German raider HSK Kormorant. As a result of this action HMAS Sydney was sunk with the loss of all crew. Mervyn served on board the Sydney with his dental assistant, Sick Berth Attendant Stewart Thomas Laxton. Both men's names are included on a commemorative plaque in the Chapel at HMAS Cerebus which honours all members of the Dental Department to lose their lives during World War II.

As the first of five members of the Victorian Branch of the Australian Dental Association to lose their lives during World War II, the ADAVB established an annual prize in Lieutenant Townsend's honour: the Mervyn Townsend Memorial

Prize in Orthodontics. This prize is awarded annually to the student in the Bachelor of Dental Science course at The University of Melbourne who attains the highest academic achievement in orthodontics in final year. The award is presented to the student at a ceremony conducted by the ADAVB and attended by staff from the School of Dental Science.

Mervyn Townsend was the younger brother of Professor Sir Lance Townsend, who held the Chair of Gynaecology and Obstetrics at The University of Melbourne from 1951-1977. Professor Townsend was appointed the University's first Professor of Obstetrics and Gynaecology in 1951 and was knighted for his services to Obstetrics and Gynaecology in 1971. From 1971 to 1977 he was also Dean of the Faculty of Medicine and in 1978 he was appointed Assistant Vice-Chancellor of the University.

Continued on next page...

Pictured Top :
Dental Follies, c.1937. While Mervyn was a high-achieving student, he also took time off for fun. Mervyn Townsend pictured (far right) bearing the ordinal "6th". Photograph from the Henry Forman Atkinson Dental Museum.



A Word From the Head

The School of Dental Science has increased student numbers in the Bachelor of Oral Health (BOH) and Bachelor of Dental Science (BDSc) courses at the request of the Department of Human Services and the Australian Dental Association in an approach to address the dental workforce shortage in Victoria. The intake into BDSc and BOH in 2008 is 76 and 28 respectively.

Expansion of Infrastructure

The space in the Royal Dental Hospital of Melbourne (RDHM) building at 720 Swanston Street is inadequate to accommodate the current School's activities. The School urgently requires additional space and infrastructure for the increased student numbers. The infrastructure required is student teaching and learning facilities, student laboratory space and staff and graduate student offices. The financial viability of the School depends on the expansion of student numbers and the School's infrastructure to cope with the increased student numbers.

Teaching and Learning

The School is progressing in the development of a 4 year graduate-entry Doctor of Dental Surgery (DDS) degree to be introduced in 2011 as the BDSc is phased out from 2010. This professional course will involve advanced clinical training, be research-led, evidence based and international in focus, producing graduates who will become the leaders of their profession.

Research and Research Training

The School of Dental Science is the major research provider in the CRC for Oral Health Science. Through the School the CRC for Oral Health Science employs 44 researchers and administrators who make a major contribution to research, research training and commercialisation activities of the School and University. The School now has a record number of students, including dentally qualified students, enrolled in a PhD with most engaged in a CRC research program. The School has support from all its industry partners to submit a re-bid to the CRC program in 2009 for a second round of funding and hence continue this outstanding contribution to research, research training and commercialisation at The University of Melbourne.

Workforce Planning

The School is engaging in a detailed workforce plan in parallel with development of the DDS course. The advanced clinical training and greater contact hours will require an increase in academic staff to deliver the DDS. The School faces a number of challenges with its academic workforce, the most critical is the global shortage of dental academics which is exacerbated by the establishment of new dental schools at La Trobe University, Charles Sturt University, James Cook University and Griffith University. A significant challenge is to remain competitive with the new schools which have received substantial set up and ongoing funding from the Federal and State governments.

PROFESSOR ERIC REYNOLDS AO

HMAS SYDNEY

Continued from page 1...

Recent newspaper articles have linked the human remains found in an unmarked grave on Christmas Island with possible survivors of the Sydney. Brendon Nicholson in The Age on March 18, 2008, writes:

"THE navy has launched a DNA search to try to identify a sailor, believed to be from the Sydney, whose remains were found floating on a naval life raft near Christmas Island in 1942. The raft was found in February 1942, about three months after HMAS Sydney was lost. It carried the decomposing body of a man wearing a sun-bleached boilersuit.

The body was buried in an unmarked grave on Christmas Island. Navy chief Vice-Admiral Russ Shalders said the navy was almost certain the sailor had come from the Sydney. With the body was a pair of boots of a size unlikely to be worn by the dead sailor, raising the possibility that at least two men survived the cruiser's sinking, only to die on the life raft. Last year the navy found the grave on Christmas Island and the remains were flown to Sydney for DNA examination.

Preliminary analysis indicated the remains were those of a relatively young Caucasian male. Examination of tiny fibres in a stud on his overalls indicated he was wearing white overalls and that narrowed the search down to 11 officers and warrant officers and two civilian canteen workers."

Surgeon Lieutenant Mervyn Clive Townsend's name is among the list of officers.

The School would like to thank the ADAVB for use of the article by Dr John Wark and Judy Appleton, daughter of Sir Lance Townsend and niece of Surgeon Lieutenant (Dentist) Mervyn Lance Townsend, for her assistance and the shipboard photographs.

Pictured below: Surgeon Lieutenant Mervyn Clive Townsend on board the HMAS Sydney with his assistant c1941

Dental Surgery on board the HMAS Sydney c1941





VIETNAMESE EXPERIENCE

Rotary Australia -Vietnam Dental Health Project 2007

Ms Rujuta Bhide Class of 2007

Rotary Australia -Vietnam Dental Health Project has been running for nearly two decades, under the adept leadership of Dr Jamie Robertson, a very dedicated and practised volunteer. The team is made up of volunteer dentists, specialists, dental nurses and therapists from Australia, who travel to Vietnam to provide dental care to rural Vietnamese schoolchildren and education for local health care workers. Additionally, owing to the generous travel prize sponsored by GC Corp. Australia, the program has been able to recruit a final year dental student to travel with the team. I would like to thank Dr Jamie Robertson and GC Corp. for allowing me to experience what we rarely experience at dental school - 'delivery of dental care in desperate situations'.

One of the first things Dr Robertson did when the teams were finalised was take us to a Vietnamese restaurant on Victoria Street, Richmond, an opportunity to brush up on Vietnamese table etiquette and the use of chopsticks. Another meeting was held to divide up all dental equipment and materials. We were told to pack light because if one was under the weight limit, another was bound to be over. There was no room for hairdryers, large make-up bags and other luxury items. Our luggage mostly consisted of pre-emptive medications (antimalarial prophylaxis, antibiotics, antihistamines, antidiarrhoeal, laxatives) and other necessities (high grade insect repellent, fisherman pants, comfy yet breathable crocs, stay-in shampoo and conditioner, 'wet ones' and plenty of deodorant). With an immune system boosted with a multitude of vaccinations, we were ready for action.

On arrival in Saigon, we were split up into two 'field teams'. Each team consisted two dentists, two dental nurses, a few local dentists and an interpreter. The first destination for our team was Ben Cau, a small village near the Cambodian border, about 2 hours north-west of Ho Chi Minh City. The first morning session was spent resuscitating the autoclave and air compressors to life. I learnt here, that to run a dental clinic such as this, one would have to have the skills encompassing a myriad of fields - mechanic, electrician, plumber and dentist, in addition to a good sense of humour.

That afternoon the local school children started to arrive. Dressed in white shirts, navy trousers with red neckties, the children scrambled hurriedly onto the veranda to get a better look at the 'foreigners' and their fancy equipment. The children were 10-14 years old but some were only as big as a 7 year old Australian child. One by one, they hopped onto one of two triage tables where our dentist determined what treatment each child could have on that day. Many children required numerous extractions and restorations of various sizes. The aim was to stretch our limited resources (GIC, local anaesthesia and time) across as many children as possible. Also, perhaps a more important aim of the project was to equip the local dental workers (who would be looking after the community for the other 51 weeks of the year) with materials, knowledge and confidence. We found it important to guide them in areas of infection control and provision of effective local anaesthesia.

I learnt a lot just nursing during triage and for some of the treatment. Towards the end of each session, I would take over some of the restorative work while the dentists commenced the extractions and usually got to finish with a couple of supervised extractions. There was a world of difference in the behaviour of these children, compared to those I had come across in Melbourne.

The children in Ben Cau were much more timid, did not question what was being done, were very tolerant of pain, the awful taste of anaesthetic and were so desperately in need of treatment.

1000 fissure sealants, 250 fillings and 25 extractions later, our week in Ben Cau had come to an end. The week had been physically and emotionally draining for all with many memories of little triumphs to take back to Saigon. The weekend was spent sharing stories and offering advice to the other field team about what to expect in our respective villages. Our team was comforted to learn that Vi Thanh, awaiting us in the second week, had better clinical facilities and more comfortable accommodation. After much needed rest in Saigon, Monday morning was upon us and we were off on a 6 hour drive into the Mekong delta for another challenging week. It was a bigger village than Ben Cau and seemed more prosperous, but dental disease was just as rampant. On the last day in Vi Thanh, with some of us feeling a bit nostalgic, Merryn, our dental nurse, bought a cheap set of speakers from the local electric shop and connected them to an MP3 player. The last cavities were sealed listening to Robbie Williams and Snow Patrol.

As I arrived back at Tullamarine, a week later with a certificate and a wooden statuette, I couldn't help but think of how fortunate I was to be living in one of the most liveable cities in the world and then to be offered this humbling experience to put it all into perspective. I would once again like to thank GC and Dr Jamie Robertson for making this happen. I hope to be able to support this worthy program in years to come and would certainly encourage others to do so.

Regular readers will remember a similar story from Amanda Leen (Class of 2005) in Issue 5 of Dent-al. The Vietnam experience is clearly a highlight for students and the School is grateful to Dr Robertson and GC Corporation for providing them with such a wonderful opportunity.

Pictured above:
Top: In Ben Cau. Rujuta with a young patient.

Middle: School children in Ben Cau- thrilled to be at the dentist's or maybe just to be in the photo!

Lower: Rujuta 5: At the breakfast table with hospital staff in Ben Cau. From far left- Merryn Campbell, Rujuta Bhide, Dr. Jamie Robertson, Laura Cater, Dr. Sunita Asthana.



Continuing Professional Development

MARCH

11 - 12 2803 All Ceramic Restorations - Inlays, Onlays, Veneers and Full Crowns (\$1,155)

APRIL

4 2801 Periodontics via Distance Learning (Study Day 1)
11 2804 Combined Orthodontic/Restorative Management of Complex Cases (\$830)
18 2805 Cracked and Split Teeth: A Diagnostic and Restorative Challenge (\$830)

MAY

9 2806 Surgical Crown Lengthening (\$830)
16 2807 Directly-Placed Tooth-Coloured Restorations - A Structured Approach (\$830)
29 2808 Principles of Restorative Implant Dentistry: Modular Implant Course for General Practice - 1 (\$3,000)

JUNE

5 2809 Digital Photography in Dentistry (\$550)
18 2808 Principles of Restorative Implant Dentistry: Modular Implant Course for General Practice - 2
26 - 27 2810 Contemporary Endodontics (\$1,155)
30 2811 Dentoalveolar Surgery Refresher Course (\$4,200)

JULY

1 - 4 2811 Dentoalveolar Surgery Refresher Course
9 2812 My First Implant (\$830)
16 - 18 2813 Local Analgesia for Dental Hygienists (\$1,155)
21 - 22 2814 Orthopantomographic (OPG) and Lateral Cephalometric Radiograph training for Dental Therapists and Hygienists (\$850)
24 2808 Principles of Restorative Implant Dentistry: Modular Implant Course for General Practice - 3

AUGUST

1 2801 Periodontics via Distance Learning (Study Day 2)
13 2815 Surgical Crown Lengthening (\$830)
19 - 20 2808 Principles of Restorative Implant Dentistry: Modular Implant Course for General Practice - 4
27 - 29 2816 Introductory Orthodontics (\$1,890)

SEPTEMBER

2 - 3 2817 Management of the Worn Dentition (\$1,155)
9 - 10 2808 Principles of Restorative Implant Dentistry: Modular Implant Course for General Practice - 5
22 - 24 2818 Prosthodontics for Practice (\$1,680)
29 - 30 2819 Orthopantomographic (OPG) and Lateral Cephalometric Radiograph training for Dentists (\$850)

OCTOBER

9 2808 Principles of Restorative Implant Dentistry: Module 6
15 2820 The Role of the Dental Practitioner in Special Needs Dentistry (\$330)
23 2808 Principles of Restorative Implant Dentistry: Module 7
24 2808 Endodontics Extraveganza (\$400)

NOVEMBER

12 - 14 2821 Orthodontics for Dental Hygienists and Dental Therapists (\$1,580)
27 - 28 2822 Contemporary Endodontics (\$1,155)

DECEMBER

5 2801 Periodontics via Distance Learning (Study Day 3)

For course enquiries and bookings please contact Samantha or Elena at the School of Dental Science

PH (03) 9341 1506
FAX (03) 9341 1595
Email: cpd-dent@unimelb.edu.au

Associate Professor Peter Wilson

The School recently farewelled Peter Wilson who has taken up the position of Professor and Head of the new Dental School at La Trobe University Bendigo Campus. Peter joined us in 1991 after having completed his Master of Dental Science in Newcastle, UK and commenced a PhD at The University of Melbourne. Peter was Convenor of the prosthodontic specialisation Doctor of Clinical Dentistry. The School looks forward to working closely with Peter in his new position.

Dr Ross King

At the Australia Day Honours Awards, Dr Ross King, Class of 1961, was awarded the title of AM for service to dentistry as a clinician, educator and administrator, particularly in the area of standards and accreditation and to the community.

Dr Ross King graduated Bachelor of Dental Science at The University of Melbourne in 1961 and commenced practice with his brother in Altona. In 1988 he retired from the practice to take up the position of Head of Undergraduate Teaching Clinics at the Royal Dental Hospital of Melbourne. He was also a Senior Clinical Associate at The University of Melbourne. During this time he acted as teacher, counsellor and mentor to hundreds of undergraduate dental students. As well as his many duties in the University and Hospital, he was on numerous committees and prior to the time of his appointment was a member of the Hospital Committee of Management.

BEQUESTS AND DONATIONS

Dr Gordon Paul Castles, Class of 1944

Dr Gordon Castles, Class of 1944, kindly left a substantial bequest to both the School of Dental Science and the Faculty of Medicine. The bequest is paid annually and will be used for

a Scholarship or Bursary, subject to approval of the various School and Faculty Committees.

AWARDS

Professor Martin Tyas has been awarded the Remote Sensing and Photogrammetry Society's E.H. Thompson Award as an author of an article, entitled "Stereo photogrammetric mapping of tooth replicas incorporating texture" published in the Journal Photogrammetric Record. The award is made every two years and is for the originality of the content and the value of the paper to photogrammetry. This is the third award and the two previous awards have been made to principal authors who are of the very highest international standing.

Dr Nathan Cochrane was recently awarded the European Organisation for Caries Research (ORCA) 2008 Young Investigator's Award at the 54th ORCA Congress in Denmark in July 2007. The award is intended to encourage young researchers and comprises a certificate and payment of the registration fee for a future ORCA Congress. Nathan received the award for his poster on 'Effect of pH on in vitro remineralisation with casein phosphopeptide nanocomplexes' co-authored with F. Cai, KJ Cross and EC Reynolds).

At the recent Australian Society of Orthodontists' 21st Congress held in Queensland, **Dr Anita Bonic** won the Australian Orthodontic Board clinical prize, **Dr Alwyn Wong** received the ASO Foundation Travelling Fellowship for study in the USA in 2009, and **Professor Michael Woods** was awarded the Society's Distinguished Service Medal.

RESEARCH NEWS

At the recent International Association for Dental Research (IADR) Meeting in the Barossa Valley, South Australia, The University of Melbourne staff and students were awarded prestigious research prizes, including the Alan Docking Award which was presented to Professor Louise Brearley-Messer for outstanding scientific achievement in the field of dental research. This further underscores the talent we have within the School and the strength of the research that is conducted here. Mr Ching Seng Ang won the senior division of the Colgate Travel Grant which will enable him to present his research at the Global IADR meeting in Toronto this year. Dr Ivan Darby was elected the Vice President of the Australian and New Zealand Division of the IADR.

The next global IADR meeting will be held in Toronto, Canada in July 2008 and will offer staff and students a great opportunity to present their research to a world-wide audience. For further information see <http://www.iadr.com/>

Tooth Mousse Clinical Trial

The Clinical Trials Unit in the Cooperative Research Centre for Oral Health Science recently completed an investigation into the progression and regression of white spot lesions in post-orthodontic adolescents using Tooth Mousse. The double-blind randomised trial included a total of 45 subjects with white spot lesions. Half the subjects applied Tooth Mousse twice daily for 12 weeks and the other half applied a placebo cream for 12 weeks. The subjects were clinically assessed periodically by three examiners and a transition matrix was used to assess changes in the severity and activity of white spot lesions between examinations. The trial found that significantly more post-orthodontic white spot lesions regressed with Tooth Mousse

compared to the placebo control group. Trial results will be presented by CRC-OHS researchers at the 2008 ORCA Congress in Groningen, The Netherlands, in June.

Results of the First Study into the Dental Health of Melbourne's Older Chinese community

The study, conducted by the Cooperative Research Centre for Oral Health Science at The University of Melbourne in partnership with the Chinese Health Foundation of Australia (CHFA), found that older Cantonese migrants appeared to have better oral health (less dental caries history and less periodontal disease) than their Australian counterparts.

More than 110 Cantonese-speaking participants were recruited for the study. The participants completed an oral health interview in their native language, and underwent an oral health examination. The project's principal investigator, Dr Rodrigo Mariño, says that the findings show a more encouraging result in terms of dental status and periodontal disease than previously expected.

"The findings of the study appear to contrast with previous reports and assumptions about oral health in migrant groups. In fact, participants in this study appeared to have better oral health than their Australian general population counterparts."

Dr Mariño says the results raise questions about how to maintain the high oral health status of older Chinese people and the findings from the study will assist in the development of culturally appropriate oral health policies and services for older migrants.

"Little is known about the oral health needs of older, culturally and linguistically diverse (CALD) people or their access to dental services," says Dr Mariño.

"The effect of those gaps in the information may be that CALD older people lack access to adequate oral health care services and are living with deficiencies that could seriously affect their quality of life. Gaining information through studies such as this one significantly help us to design culturally appropriate and effective oral health prevention and treatment programs, and to discover which groups are most at risk."

VALE Wallace Arthur McDougall

Wallace Arthur McDougall was awarded the degrees Bachelor of Dental Science in 1947, Master of Dental Science in 1952, Bachelor of Science in 1956 and Doctor of Dental Science in 1962 from the University of Queensland. He was a reader in Oral Biology at the University of Queensland prior to accepting an appointment as Associate Professor and Reader in Conservative Dentistry in the Faculty, now School of Dental Science at the University of Melbourne in 1967. Wal was an honorary consultant in Preventive Dentistry to the Royal Dental Hospital of Melbourne and

served on a number of the Hospital's committees. He had a major role in teaching and curriculum development in the School and was recognized internationally for his seminal works on caries prevention, dental plaque composition and the molecular processes of periodontal disease. In fact, a paper published by Wal in 1971 entitled "Penetration pathways of a topically applied foreign protein into rat gingiva" is still amongst the most highly cited papers in the dental literature. Staff and students of the School gave Wal a standing ovation when he first presented the work at the School's research presentations. Wal's training as a dentist and as a scientist is clearly evident from his published work but was also evident to those who were privileged to work with him. His detailed knowledge

The study had two components, one quantitative and one qualitative. The qualitative aspect obtained information on the concerns of Cantonese speaking, China-born older adults living in Melbourne, relating to health in general and oral health in particular, and to explore and explain the biopsychosocial influences on the oral health of elderly Chinese migrants. Focus group discussions were held with older Cantonese adults to discuss the key issues of concern to them.

The quantitative part of the study collected unique and comprehensive information from the participants regarding their oral health status and factors associated with oral health status; oral health knowledge, attitudes, and practices; the patterns of use of oral health services, and barriers to the appropriate use of oral health services; and the links between oral health status and quality of life.

An important feature of the study's methodology was the extensive consultation with the Chinese community through the Chinese Health Foundation of Australia.

and ability for analytical thinking were unparalleled. Wal was a mentor for many students and staff in the School and he gave generously of his time. He was one of the most respected and admired people in the dental school and hospital. He was a true gentleman and an eminent scholar. Wal retired in 1991 after 24 years of dedicated service. He made an outstanding contribution to the School, University, profession and the wider community. Wal will be sorely missed but he will be remembered for his outstanding achievements and for his humanity.

The quantitative component of the project was funded by a grant from the Australian Dental Research (ADRF).

Key facts:

:: About 15% of Victorians are aged over 65.

:: 27.4% of older Victorians were born overseas.

:: Chinese represent the second largest culturally and linguistically diverse (CALD community in Victoria).

:: Poor oral health can cause pain and difficulty with eating which can lead to poor nutrition.

:: Oral diseases can have serious implications for overall health, including associations with peptic ulcers, respiratory and cardio-vascular illness.

For more information about the Older Cantonese Oral Health Project please contact:

Dr Rodrigo Mariño
Cooperative Research Centre for Oral Health Science
School of Dental Science
The University of Melbourne
Telephone: 61 3 9341 1558
Facsimile: 61 3 9341 1597
Email: rmarino@unimelb.edu.au



Wallace Arthur McDougall

from the Museum

The Blood and Vulcanite Era

In recent times whenever the history of dentistry or dental health is on the agenda the problems of the so called 'blood and vulcanite era' often reappear leading to much self-flagellation as to why treatment by wholesale extraction followed by dentures was used instead of treatment by preventive and conservative measures.

The expression is relatively modern but refers to changes in dental treatment that occurred in the period from the late 1920s, including the depression years of the 1930s, to an indeterminate end date after the Second World War in the early 1950s. This matter was brought to mind once again by an article in a recent edition of the ADJ* entitled "Decline in the edentulism epidemic in Australia" and subsequent correspondence, hence this brief note.

Opinions in the profession were starkly divided as to the need for this form of treatment, feelings ran so high that some members suggested that prosthetics be removed from the dental course and 'given to the mechanics'! There is no doubt that there was a period in which this form of treatment was paramount but to appreciate the necessity for it, a journey into the past is required.

In the mid 1800s there were explosions of knowledge that affected the very foundations of dentistry, amongst which were the works of Charles Darwin, Louis Pasteur and Joseph Lister. Added to these were; the application of the vulcanisation of rubber to the fabrication of dentures, the development of porcelain teeth, the use of nitrous oxide gas as a general anaesthetic, the discovery of and synthesizing of cocaine, the giving of the first hypodermic injection, the development of accurate impression compositions

and the use of the foot powered dental engine.

Developments in all branches of dentistry at both the scientific and practical levels proceeded rapidly, probably the most noticeable being in prosthetic treatment. Previously dentures were either carved from bone or ivory and in the more sophisticated examples fitted with human 'Crimea Teeth' (obtained from the victims of war). Some were swaged from metal plate; a complicated and tedious procedure which took days and even weeks but with the introduction of the new vulcanisation techniques

infinitely better results were obtained in much shorter periods. Well fitting, aesthetically pleasing, durable dentures with porcelain teeth on vulcanite

bases became available at a much reduced cost. The technology advanced so rapidly that with apprentice dentists and mechanics doing most of the preparation in the workroom, dentists had time for additional patients and thus practices flourished. No longer did the principal have to spend hours at the chair-side carving and fitting a denture. Interestingly though some dentists, in order to keep a semblance of their importance in the treatment programme, continued to use the name 'Fitting Room' on surgery doors!

Concurrently the leaders of the profession were advocating preventive and restorative measures based on the approach that 'clean teeth do not decay'. Local authorities and governments were approached to establish dental clinics for school children. Pamphlets and books on dental health with recommendations on diet and cleaning were published

and made available to the profession and dental schools. There was a universal feeling developing in the profession that dental preventative measures could be effective.

Catastrophe struck in 1914 with the commencement of what was to become The Great War (WWI) in which the British Empire was fighting for its very survival. Every effort was made to defeat the enemy, all available men and women were called from civilian life to serve. University students left in their thousands to volunteer for war service resulting eventually in shortages of professionals.

In general, food rationing was not introduced until 1918, the last year of the war, but since 1914 the availability and quality of food had been steadily decreasing. This was mainly due to the demands

of the armed services, the decrease in local production and the sinking of supply vessels by enemy submarines. To add to the trials of the general public, arrangements had not been made for the issue of basic rations to nursing mothers, young children, the sick or the aged. Thus by the end of the war the general health of the nations was poor and dental health appalling. Any so called rationing which had occurred during this period was by cost alone as the wealthy had the means of obtaining additional supplies while the poor queued for whatever might become available in the local shops.

On the cessation of hostilities in 1918 unemployment was rife, military requirements ceased, shipyards closed, work was nowhere available. Strikes occurred with the late 1920s seeing the commencement of the years of the Great Depression. For a generation the nations of the empire

had endured a continuous fall in living standards seen at its greatest in industrialised countries such as Great Britain where the daily diet of unemployed families was, when available, 'white bread, tea, sweetened condensed milk, and aspirin'. The effect on the dentition was ruinous.

A child of the post war depression years, delivered from a mother who had survived on a totally inadequate prenatal diet, was at a considerable disadvantage health wise when faced with exposure to the local inadequate caries producing diets. Such was their lot that, later in life, when driven to seek dental treatment for pain relief there was only one possible diagnosis - the removal of all remaining teeth and roots and the supply of dentures. The treatment proved highly successful, the quality of life improved dramatically as within three months the patient's general health was better; with dentures and a new smile they could face life with growing confidence, never to have toothache again!

To accommodate the changed social conditions many practices, especially in industrial centres supported in some measure by government health policy and private health insurance clubs, extended their hours by setting aside Sunday mornings for 'extractions under gas'. The working week then was five and one half days, Saturday afternoon was for rest and relaxation, soccer or the dogs, but Monday morning was back to work or the job would be lost. Some dentists operated on very strict business lines employing debt collectors to supervise the financial aspects of the practice so that some weeks after the first pain relieving visit, when sufficient funds had been secured, an appointment would be made for the extractions. Then if after two or three more months additional funds had accumulated, further appointments would be made and dentures supplied. This was a very lucrative form of practice and the cause of much comment and jealousy in the profession, some of which was justified as the odd practice

gave doubtful advice to patients and introduced unacceptable methods of treatment.

With distinct memories of life in the UK during the last years of WWI, and much later at school and university as both student and dentist, followed by hospital and academic appointments to WWII, the recollections of those times are clear. However, one stands out in great detail, the appalling dental state of the poor and that the only possible treatment was the removal of all teeth and the supply of full dentures. There was no alternative, it was the best and only treatment under those circumstances.

How different the preparations for World War Two! Immediate rationing, special war time recipes, special arrangements and supplements for mums and babies, school lunches and a school dental services together with a greatly increased and much better educated dental profession.

*L.A. Crocombe and G.D. Slade, Australian Research Centre for Population Oral Health, the University of Adelaide, South Australia, "Decline of the edentulism epidemic in Australia", *Australian Dental Journal*, vol. 52, no.2, June 2007.

Letter to the Editor from H.F. Atkinson MBE on the above and reply from L.A. Crocombe. G.D. Slade, *Australian Dental Journal*, vol. 52, no.4, 2007.

Cultural Collections Student Projects Program

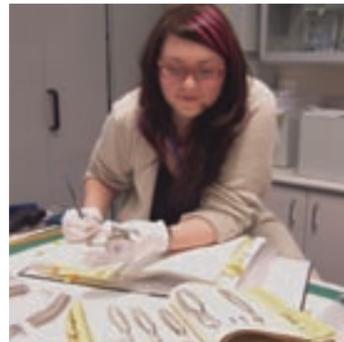
The University of Melbourne's Student Projects Program (Cultural Collections) provides students, both undergraduate and postgraduate, with a wonderful opportunity to work with one or more of the many fascinating and diverse cultural collections owned by the University.

Students from a broad range of disciplines including history, science, engineering, music, cultural conservation, art history and curatorship, as well as many more areas of study, benefit from the insights, experience, skills and opportunities acquired through participation in the program. While some students join the program to gain vocational experience as part of a course requirement, others take up a placement for much broader reasons; a long held interest in a collection or the simple desire to learn new skills relevant to their career path.

The projects are developed by the Student Projects Coordinator, Helen Arnoldi in consultation with the collection managers and aim to give students experience in all areas of collection management. In return, collections benefit from projects in a range of areas including conservation, cataloguing, research, publications and exhibitions.

The program is open to students from both within and external to Melbourne University. Jasmine Targett, a final year Bachelor of Fine Arts student at Monash University, Caulfield campus, recently took up a student project with the Henry Forman Atkinson Dental Museum.

Over the past few weeks Jasmine has been working with the museum's collection of approximately 250 dental extracting instruments which date from c.1750s to the present day, ensuring that the instruments are



Pictured above:

Left: Vulcanite dentures c.1920 Full upper and lower vulcanite dentures with complete upper porcelain gum blocks and retention springs. Reg. no.1730, Henry Forman Atkinson Dental Museum.

Middle: The Vulcanite Room (detail) c.1907 Sepia toned photograph showing two vulcanisers on the side bench of the 'Vulcanite Room' at the Australian College of Dentistry, Spring Street. Reg. no. 1232/364. Henry Forman Atkinson Dental Museum.

Right: Fine Arts student Jasmine Targett at work at the Henry Forman Atkinson Dental Museum.

fully catalogued by reviewing and expanding on the existing catalogue worksheets. Jasmine is checking all the current information against the original maker's catalogues, recording the dimensions of each artefact, renumbering where necessary, checking for inscriptions and finally, assessing and recording the object's basic condition.

The information Jasmine has gathered will be added to the electronic database and eventually uploaded to form part of the collection's online catalogue. The existing catalogue is thereby enhanced and knowledge of the collection expanded.

Duration of the project is ten weeks, and is carried out on a weekly basis. Each Wednesday afternoon Jasmine takes leave from her regular studies in painting, hot glass and art history, and spends an afternoon with the dental museum curators working on the collection's dental extracting instruments. With a view to a completing a Master of Art Curatorship at Melbourne University, Jasmine finds working with the dental collection a change from her normal course work and an ideal opportunity to learn fundamental skills in collection management relevant to her future aspirations.

Jasmine has said of her placement, "working with the University of Melbourne's Cultural Collections, Student Projects Program at the Henry Forman Atkinson Dental Museum has been an immensely enjoyable and rewarding experience".

To access the Henry Forman Atkinson Dental Museum's online catalogue go to: <http://www.cshs.unimelb.edu.au/mhm/guides/dhm/dhm.htm>

For information on the Student Projects Program, including other projects at the Dental Museum go to: <http://www.unimelb.edu.au/culturalcollections/projects/>

Left to Right:
Harold Messer,
Louise, Gae Sestero and
John Brownbill



WOMEN IN DENTISTRY

Profiles

Professor Louise Brearley Messer

Professor Louise Brearley Messer started as a dental student in this Dental School nearly fifty years ago and has been associated with the School post-graduation for nearly twenty-five years.

After completing her undergraduate and postgraduate education at The University of Melbourne she then moved to the University of Minnesota in the US where she joined the faculty of the dental school in pediatric dentistry. In the following years, she completed a PhD in Nutritional Biochemistry, passed the American national and state dental board examinations, and established a private intramural pediatric dental practice.

Professor Brearley also spent two years on the faculty of the dental school at the University of British Columbia in Canada and held a senior scientist fellowship in the National Institutes of Health at the University of Alabama. In 1989, she accepted the position as the Elsdon Storey Professor of Child Dental Health in the School of Dental Science, University of Melbourne and later became Director of Graduate Studies. She has been at the University of Melbourne since 1990 and has been responsible for the teaching and training of undergraduate dental students and postgraduate students in pediatric dentistry, and was also responsible for the research program in the specialty. Louise has authored approximately 200 papers and abstracts in many aspects of clinical research in pediatric dentistry, has trained over 60 postgraduate students, and has lectured widely in Australia, USA, UK, Thailand, Malaysia, Taiwan and Jordan.

Louise's first interest was medicine but after a tour of hospitals in final year of school, she found the hospital smell in the foyers and starched triangular veils of the ward sisters put her off, so she considered dentistry as she was very interested in biology and had also done Latin at school. At that time, Latin was considered a wise selection for anyone contemplating a career requiring a thorough understanding of medical terminology.

Dentistry was growing as an acceptable career for women at the time: there were two women on the teaching staff of the then Dental College in Spring Street and one or two women in each of the five years of the course. There were also a considerable number of women dentists on the staff of the Royal Dental Hospital of Melbourne. While several of these women were principals in their own private practices and some were in joint practices with their dentist husbands, the world of commerce was not yet quite ready to accept women as owners of dental practices as it was not unknown for a woman to have to arrange for her father or husband to stand guarantor for bank loans or mortgages in order to finance the purchase of a practice.

Louise was one of two women who entered dental school in 1958 in a class of about 25 first year students which included four international students on the Colombo Plan. Most years would have one or two women students in a class of about 20 to 30 students. Women were certainly nowhere near the approximately 50% they currently represent in dental school classes, and there was minimal female representation or voice on key committees and in dental professional groups.

Dental school was a much stricter place then than it appears to be today. For a number of first year subjects the students sat in assigned seats in the lecture theatres and an attendance roll was taken by the Dean's secretary. This was the era of the Commonwealth Government Scholarships, a very early predecessor of the HECS scheme, and a forerunner of FEE HELP. If you were unlucky and did not get a scholarship based on your results, your parents would pay annual fees of about 400 pounds (approx. \$800 then) for Dental School. But good marks soon led to CG Scholarships in subsequent years and most students graduated fully supported and without any bonding or payback required.

The final year examination was also an examination for the license to practice as a dentist in the state. Examiners from the Dental Board co-examined in the clinical examinations along with examiners from the Dental School. The clinical examinations were very thorough; you had to demonstrate clinical competence by completing a number of clinical

The only clinical postgraduate programs available were in Orthodontics and Oral Surgery; research-based master's degrees were available but other clinical specialties were yet to be fully developed in Australia.

procedures on patients - no simulations then! Louise recalls doing an amalgam, a class III gold inlay, a periodontal procedure, several extractions (both in the chair and under GA), and making a denture all under examination

conditions on real patients. Students were all addressed by the staff as 'Mr' or 'Miss', and the environment discouraged any social interaction. A number of the staff were ex-Army personnel who had completed their dental training in the early post-war years. The strong British tradition required then that the Dean of the Dental School was jointly-trained in both medicine and dentistry.

The only clinical postgraduate programs available were in Orthodontics and Oral Surgery; research-based master's degrees were available but other clinical specialties were yet to be fully developed in Australia. Consequently, many dentists headed to the US or the UK for advanced training in clinical subjects. The US was a popular destination for prosthodontics and the doctoral degree (DDS or DMD) available to Australians at several US universities for completing the last two years of the course was an attractive bonus beyond the Australian bachelor's degree.

Subtle and not-so-subtle pressures maintained a dress code for the students in the 1960's. Male students wore ties all the time and women would not have considered wearing other than dresses or skirts.

Pants or slacks were unheard of as clinic attire for women dental students. The clinic and labs at Spring Street were of course without air-conditioning and could be unbearably hot in the summer months.

Louise's interest in Pediatric Dentistry expanded when she moved to the US. Dentistry for children had just matured into a defined specialty in the US, with two-year master's degrees offered at a number of universities and a specialty board just established. She believes this was in part a consequence of the early success of community water fluoridation, when for the first time clinicians could turn their attention to procedures other than extraction and simple restorations for children, as the caries backlog looked like having an endpoint. As a result, she was exposed to new clinical materials (adhesion just beginning), new techniques (surgical approaches for clefts instead of obturators) and research possibilities that were just exploding all round. She had the opportunity to study with and observe the developmental work of research leaders at the time in fluoride (Wallace Armstrong, Leon Singer), oral pathology (Bob Gorlin, Carl Witkop), dental materials (Bill Douglas), public health nutrition (Juan Navia), and had the privilege of being involved in the training of many pediatric dentistry postgraduate students who have gone on to stellar careers and professional leadership in the US and in many other countries.

Professor Louise Brearley Messer retired from her position in the School of Dental Science on 31st January 2008 and she was immediately appointed Emeritus Professor by the University. In this capacity, Louise will continue to be involved in teaching, research and research training and the School will continue to benefit from her academic contributions. In announcing her retirement, the Head of School, Professor Eric Reynolds said, "On behalf of the School I would like to take this opportunity to thank Louise for her substantial contributions to the School over a long period of time and in particular for her outstanding leadership. We are extremely grateful and delighted that Louise's association with the School will continue."

Ms Su-yan Barrow

Prior to joining the School of Dental Science, Ms Su-yan Barrow held the position of Clinical Associate Professor at New York University College of Dentistry and Nursing (NYUCD/CN) in the Dental Hygiene Programs, where she was the coordinator of the Dental Hygiene Baccalaureate Program as well as course director of several distance learning courses for associate and baccalaureate level students.

She developed and implemented the International Student Exchange Program with Dental Hygiene Programs in Europe.

Ms Barrow holds a B.Sc. in Dental Health Education and a M.A. Health Education from NYU, a MPH in Community Health Education from Hunter College, City College of New York and a certificate in Clinical Dental Research Methods from University of Washington, Seattle. She is currently completing her doctoral degree in Public Health from Walden University, investigating predictors of the oral health status of a sample of New York City Asian children from their caregiver's self-reported data.

Having been involved in academia for over 20 years, Ms Barrow has taught at New York University College of Dentistry and Nursing, University of Medicine and Dentistry in New Jersey, and the Dental School and Hostos Community College, City College of New York where she studied dental hygiene.

Ms Barrow began her research activities at the University of Medicine and Dentistry of New Jersey as the dental coordinator and examiner investigating the nutrition and oral health status of children in day care centers. Joining The Minority Oral Health Research Center at NYUCD/CN initially as an examiner, she participated in a

Ms. Barrow has held several positions at the local level of the Dental Hygienists' Association and served as Director, President Elect and Legislative Chair for the New York City component.

National Institutes of Dental and Craniofacial Research project on the Oral Health Epidemiology of Minority Adults in New York City Ms Barrow completed the project as its Principal Investigator.

Ms Barrow has conducted similar investigations with minority children in New York and the Caribbean, presenting her research findings at the meetings of the International Association of Dental Research and the American Association of Public Health Dentistry. Most recently she has directed the New York City component of the New York State Centers for Disease Control and Prevention funded Oral Health Surveillance System and served as a city research scientist for the New York City Department of Health.

Ms. Barrow has held several positions at the local level of the Dental Hygienists' Association and served as Director, President Elect and Legislative Chair for the New York City component. As coordinator of the Student American Dental Hygienist's Association at NYUCD/CN she emphasised the importance of community involvement, and as a result has directed and coordinated health promotion and disease prevention activities in New York City, Jamaica, Dominican Republic and Nigeria.

Su-yan has published articles on topics such as the use of technology in the dental office environment, the assessment and management of dentin hypersensitivity, the importance of dental sealants and case studies. She co-authored a chapter on the Patient with Orthodontic Appliances in the Clinical Practice of the Dental Hygienist by Esther Wilkins, 9th edition as well as content contributor to the accompanying instructional web site. She serves on the editorial advisory board of Access, the publication of the American Dental Hygienists' Association and the International Journal of Dental Hygiene.

Ms. Barrow has been and continues to be an invited lecturer at numerous international meetings and has conducted numerous continuing education courses.

The total enrolment for females in the Bachelor of Dental Science in 2008 is 57% compared to approximately 8 females enrolled in 1958. For more information on Victorian Women in Dentistry, please log on to <http://www.vwda.org.au/>

LETTERS TO THE EDITORS

*Correction from Dr Omar Breik
(Dent-al Issue 8 2007)*

Dear Readers,

I would like to correct some information in my last article published in August 2007 titled: "Seeing the face of poverty", regarding statistics on the city of Zaria, Nigeria. Firstly, the city of Zaria houses 1 million people. Secondly, the prevalence of HIV-AIDS in persons above 15 years of age in Nigeria in 2005 is quoted by UNICEF to be 3.9%.

Unfortunately, my statement regarding the new ABUTH has been misinterpreted by some. It is a hospital associated with the University of Zaria, which is the second largest university in Africa. It was first opened in 1962, and the hospital was opened soon after. The original location of the hospital was the city of Kaduna, it only recently was relocated to Zaria. It is a large open planned hospital with great facilities.

I would like to emphasise the brilliance of those great surgeons and dentists that I worked with at ABUTH. Their skills and their compassion was so clear, that even with the limited resources, they had fantastic clinical results. I salute them on the fantastic work that they do everyday, and the contribution they make to their community.

OMAR BREIK
MARCH 2008

REUNIONS

The Class of 1988 will be holding their 20 year reunion on Friday 23rd May at Vasilis and Yiannis Greek Tavern, 265 Johnston Street, Abbotsford. Cost is \$40.00. Please rsvp to Dr Esperance Kahwagi, Acting General Manager, Royal Dental Hospital, 720 Swanson Street, Carlton, 3053, or email kahwagi@dhsv.org.au. Cheques should be made payable to 'Esperance Kahwagi'. No payment will be accepted on the night.

From the Editors

We hope you enjoyed reading this edition of Dent-al, the School of Dental Science's newsletter for alumni.

We would be very pleased to have your feedback on this issue and if you would like to contribute in any way, or have any suggestions for future issues, we would be very pleased to hear from you.

If you have any items of interest, please let us know.

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Sandra Turner

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